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Dear Colleague

Subject: Stakeholder Report

Welcome once again to our quarterly stakeholder newsletter which provides an update on our year to date performance, developments and our Foundation trust application

To date we have had a remarkable year and now benefiting from our long running transformational programme. SCAS is now one of the top performing Ambulance Trusts in England and one that our public, patients and stakeholders can be proud of.

Our emergency response times have improved in all PCT areas and our overall year to date performance against the category A8 standard is amongst the top three in the country. We also place a great importance on the quality of care provided by our staff and we are therefore extremely pleased to report that SCAS continues to be the top performing Ambulance Trust benchmarked against a range of clinical performance indicators for a second year.

Rising 999 demand is of concern and is a real pressure on the service. Currently demand has risen by 3.07% which is slightly below that seen in previous years but is 11% above the contracted position for 2010-11. If demand cannot be reduced then as a health system we must look to new ways of managing it and from the work SCAS has already undertaken we believe that we have a key role to play. We were pleased with the governments decision to extend the number of 111 pilot sites and we see this as a real opportunity for SCAS to integrate further with other health partners as a provider of this new service.

SCAS is fully committed to the principles of *right care, right time, right place* and we are continuing to work with our PCT partners to develop a range of '*hear and treat*' and '*see and treat*' care pathways. These pathways often avoid the need for patients to be conveyed to hospital. By signposting patients to the most appropriate care we provide a positive patient experience and reduce pressure and costs of the wider health economy. Currently 42.6% of 999 patients receive advice or treatment without having to be conveyed to hospital which is a 3% improvement over last year and the lowest conveyance rate in the country.

Update on our Foundation Trust application

Our application to become a Foundation Trust is now gathering momentum and we remain on target for Monitor authorisation by 1st October 2011.

We have broad support from the Strategic Health Authority and our Commissioners and are currently undertaking a public consultation which ends on the 28th February 2011. We have previously written to all of our stakeholders and would very much welcome your support and feedback. At the same time we will be recruiting members and we would be grateful if you could assist in promoting this process in any way we would be extremely grateful. A copy of our

consultation document is attached, should you require more copies please do not hesitate to contact me, alternatively electronic copies and feedback can be accessed through our website at <http://www.southcentralambulance.nhs.uk/careers/publicandpatientinvolvement.ashx>

Performance

SCAS has made a significant shift in its performance focus towards a range of quality measures which improve patient care and experience.

Clinical Improvements

• Our Clinical Performance Indicators are the best in the country

Over the past year we have focused on improving our performance against the National Clinical Performance Indicators. We exited 2009-10 (cycle 4) with the best performance overall of any English Ambulance Service and were the top performing Ambulance Trust for Asthma, Stroke and Hypoglycaemia and eighth in the management of Heart attacks (STEMI).

Provision Cycle 5 data for this year indicates that SCAS remains top performing overall and for STEMI, and Stroke. We are ranked second for the management of cardiac arrest and asthma and third for hypoglycaemia.

We have now ceased to perform pre hospital thrombolysis due to the improved availability of primary angioplasty (pPCI) and the strength of evidence supporting that this is the best treatment for patients suffering STEMI. We are on course to achieve pPCI YTD trajectory of 75% with 75.9% of incidents being treated within the required target time.

Emergency Performance April-December 2010

- Category A8 performance is 2nd best in England
- Emergency demand has increased by 3.07% over last year

The improvement in SCAS's emergency performance this year has been exceptional and we are grateful to both our staff and our health partners for their efforts in enabling efficiency improvements to be made. December was however a very challenging month for SCAS due to the extreme weather conditions caused by heavy snow, ice and freezing temperatures and the wider 'winter' pressures which led to significant increase in activity. Despite these pressures SCAS has continued to perform well and remains on target to achieve both the A8 and A19 standards and the B19 commissioned target

The following table illustrates half year performance by PCT and alongside this the timeframe in which we achieved the target. The table puts the response times in perspective and provides the assurance that the margin between successfully achieving the targets and failing them is small. Clearly it is important to understand the extent of any impact on clinical effectiveness, patient experience and safety and the Trust has comprehensive systems in place to govern this area.

There continues to be improved performance in all areas and we are continually reviewing data and processes to see where further improvements can be made.

	A8	75% achieved	A19	95% achieved	B19	95% achieved
Berkshire East PCT	78.75%	00:07:36	97.37%	00:15:19	93.10%	00:21:29
Berkshire West PCT	76.27%	00:07:56	96.72%	00:16:39	92.62%	00:22:09
Buckinghamshire	67.07%	00:09:17	94.41%	00:20:09	90.54%	00:23:13

PCT						
Milton Keynes PCT	84.56%	00:07:02	99.00%	00:13:05	97.81%	00:15:36
NHS Hampshire	73.25%	00:08:15	91.36%	00:22:38	86.34%	00:28:22
Oxfordshire PCT	76.45%	00:07:52	93.64%	00:20:19	91.23%	00:21:56
Portsmouth PCT	84.88%	00:06:54	97.60%	00:13:35	92.74%	00:21:55
Southampton PCT	81.99%	00:07:13	97.51%	00:14:44	89.57%	00:25:59
SCAS	76.45%	00:07:53	94.89%	00:19:10	90.35%	00:23:55

Figure 1: Emergency Performance Table – April – December 2010

Emergency Demand

Reducing demand is the central strategy for reducing the variation in performance and in this years contract our Commissioners have committed to addressing this issue by targeting a reduction of 8% in quarter 2; 14% in quarter 3 and 15% in quarter 4.

Despite a number of initiatives demand has continued to rise and is currently 3.07% above last years levels. The following table illustrates emergency demand in comparison with the same period last year.

Berkshire East PCT	2.97%
Berkshire West PCT	0.87%
Buckinghamshire	2.03%
Milton Keynes	5.38%
Hampshire PCT	3.83%
Oxfordshire PCT	4.98%
Portsmouth PCT	2.02%
Southampton City PCT	0.66%
SCAS	3.07%

Figure 2: Growth in Demand by PCT

Non Conveyance to Emergency Departments -

SCAS continues to improve its non-conveyance rates and is now a national leader in the field with 42.6% of patients being treated without having to be transported to hospital – an increase of 3% over last year.

There is however considerable variation in non conveyance rates across the region as displayed by the following table and we need to undertake further work to better understand why these variances occur.

	% Non conveyed
Berkshire East PCT	46.40%
Berkshire West PCT	52.45%
Buckinghamshire PCT	43.58%
Milton Keynes PCT	35.28%
NHS Hampshire	40.97%
Oxfordshire PCT	40.05%
Portsmouth PCT	40.12%
Southampton PCT	42.78%

Figure 3: Non Conveyance Analysis by PCT

Future Developments

New 111 Urgent Care Number – the government has announced its intention to expand the number of 111 pilot sites. SCAS believes that it has a key role to play in providing this service and is in early discussions with a number of PCTs.

New ambulance performance standards - On 17 December 2010, the Secretary of State announced the introduction of a set of clinical quality indicators for ambulance services that will take effect from April 2011. This set of 11 indicators will replace the Category B, 19-minute response time target, which has no clinical justification and will therefore see a move to an ambulance service that measures its performance on what matters most to patients and the NHS – quality and patient outcomes. The indicators will apply to all ambulance calls. We currently await further details of the new standards from the Department of Health.

Conclusion

There is little doubt that the coming year will be a challenge for us all. There are enormous changes taking place both in health, social care and other local government services. In delivering these changes there is new opportunity for reducing duplication of services and developing greater partnership working.

SCAS has state of the art call centres in Hampshire, Berkshire and Oxfordshire and would be pleased to discuss opportunities for hosting call facilities for health and social care partners creating a health hub concept.

We may also be able to assist in other ways. SCAS provides localised services in the form of Equipment Loans, a Logistics Service transporting pathology specimens, records etc between centres, Training Services such as First Aid at Work etc.

Finally, if you have any suggestions on how we can contribute further to the changes taking place in the wider health economy or how we might work closer with partners we would welcome your suggestions.

Yours sincerely



John Divall MBE
Foundation Trust Project Director