



Title	Health Overview and Scrutiny Panel - Portsmouth
Author	Tracy Redman MSc Head of Operations SE South Central Ambulance Service NHS Foundation Trust (SCAS)
Date	January 2018

Contents	
<ul style="list-style-type: none">• Developments<ul style="list-style-type: none">National Ambulance Response Programme (NARP)Staff rotations into the wider Health SystemAdmission avoidanceContinued engagement with the A&E Delivery BoardOngoing engagement with the development of the ACS / LDS• Performance• Challenges<ul style="list-style-type: none">Retention of experienced staffRecruitment of qualified staffEmbedding NARP and new service delivery modelHospital/System resilience and capacity - impact on Hospital Handover delays	

Developments	
<p><u>National Ambulance Response Programme</u></p> <p>UK Ambulance Services have seen some significant changes over recent months with the introduction of the National Ambulance Response Programme (NARP).</p> <p>The Programme aims to improve patient outcomes and increase the operational efficiency of ambulance service provision.</p> <p>The changes include call handlers being given more time to assess 999 calls that are not immediately life threatening, which will enable them to identify patients' needs better and send the most appropriate response.</p>	

SCAS fully implemented NARP on 31st October 2017 and is currently working thorough local demand modelling to ensure the optimum service delivery. This requires changes to the fleet and some alterations to staff rosters.

In addition the call categories have changed to allow more effective prioritisation of resources.

The new call categories are:

CATEGORY 1 - LIFE-THREATENING

Time critical life-threatening event needing immediate intervention and/or resuscitation e.g. cardiac or respiratory arrest; airway obstruction; ineffective breathing; unconscious with abnormal or noisy breathing.

CATEGORY 2 - EMERGENCY

Potentially serious conditions (ABCD problem) that may require rapid assessment, urgent on-scene intervention and/or urgent transport.

CATEGORY 3 – URGENT

Urgent problem (not immediately life-threatening) that needs treatment to relieve suffering (e.g. pain control) and transport or assessment and management at scene with referral where needed within a clinically appropriate timeframe.

CATEGORY 4 – NON-URGENT

Problems that are not urgent but need assessment (face to face or telephone) and possibly transport within a clinically appropriate timeframe.

TYPE 5 – SPECIALIST RESPONSE (HART)

Incidents requiring specialist response i.e. hazardous materials; specialist rescue; mass casualty

Staff rotations into the wider Health System

SCAS continue to work closely with partner health care providers to ensure efficient and effective collaboration. SCAS staff have previously worked in Primary Care in the South East Hampshire area and following a successful pilot further work in this area is under development. This will support wider system working as well as providing opportunities for staff to develop.

Admission avoidance

SCAS are integral to ongoing programmes of work to support patients being treated in their own home or at the most appropriate place. This includes SCAS clinicians managing conditions at home; either via the telephone or face to face and onward referrals to other health care professionals where required.

Further to this the health system are using electronic patients to transfer information across partners and develop appropriate care pathways.

Performance

Aligned with the above categories are a new set of Ambulance Quality Indicators (AQIs) which are evidence based to support patient outcomes.

SCAS performance under new AQIs (November 2017):

	National Targets		Hampshire			Portsmouth CCG		
	Mean	90th	Demand	Mean	90th	Demand	Mean	90th
Cat 1	00:07:00		1,384	00:07:17	00:12:39	218	00:06:03	00:09:51
Cat 2	00:18:00		7,900	00:15:12	00:30:07	1,158	00:12:54	00:25:44
Cat 3		02:00:00	6,901		01:51:53	962		02:12:56
Cat 4		03:00:00	938		02:51:08	99		02:40:39

Challenges

Retention of experienced staff / Recruitment of qualified staff

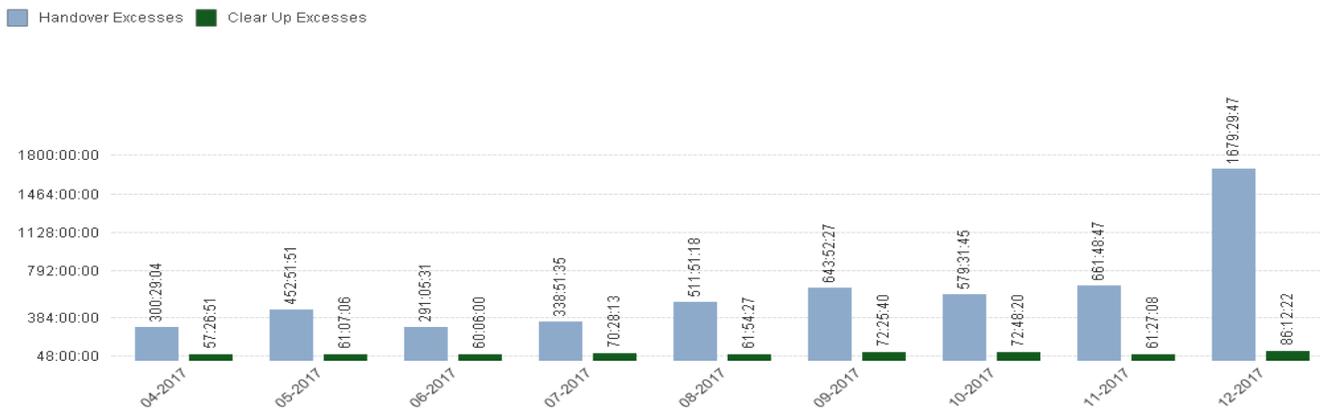
A continued area of challenge due to workforce dynamics and other opportunities for health care professionals.

Embedding NARP and new service delivery model

Establishing local delivery models with changes to fleet and staff rosters.

Hospital/System resilience and capacity - Impact on Hospital Handover delays

Hospital handover delays remain the most significant challenge to SCASs service delivery; the chart below shows the number of Ambulance hours lost by month from April 17 – Dec 17.



SCAS continue to work closely with Portsmouth Hospitals and other health and social care providers to mitigate the effects of these delays on patient care, and the impact on staff.