



Durham Dales, Easington & Sedgefield CCG Ambulance Update Report October 2016

1. Introduction

NEAS prides itself on delivering excellent patient care and experience and has worked as part of the whole health system to support the region. This is vital to ensure patient care is not compromised as demand and pressure continues to increase.

Demand and acuity has increased over the last eighteen months, however the service has looked to continuously improve operations, reducing the pressure of urgent and emergency service. In the last year, conveyance to Emergency Department has reduced slightly as a result of introducing new ways of working including:

- We have trained 286 paramedics in enhanced care courses which teaches improved clinical decision making skills, provides extra equipment to aid diagnosis and a small range of enhanced care drugs via Patient Group Directive.
- We have also invested in 15 Advanced Practitioners, both nurses and paramedics who have a wide range of clinical assessment skills and medicines who are targeted at those patients with acute exacerbations of long term conditions in order to see and treat or refer to appropriate services outside of Emergency Department (ED).
- We have also invested heavily in the Clinical Support Hub in the Emergency Operations Centre to further support call handlers getting the most appropriate dispositions for patient need and reducing the need for ambulance dispatch where possible.

Our future strategy and operational model will continue to reduce conveyance and use alternatives to ED.

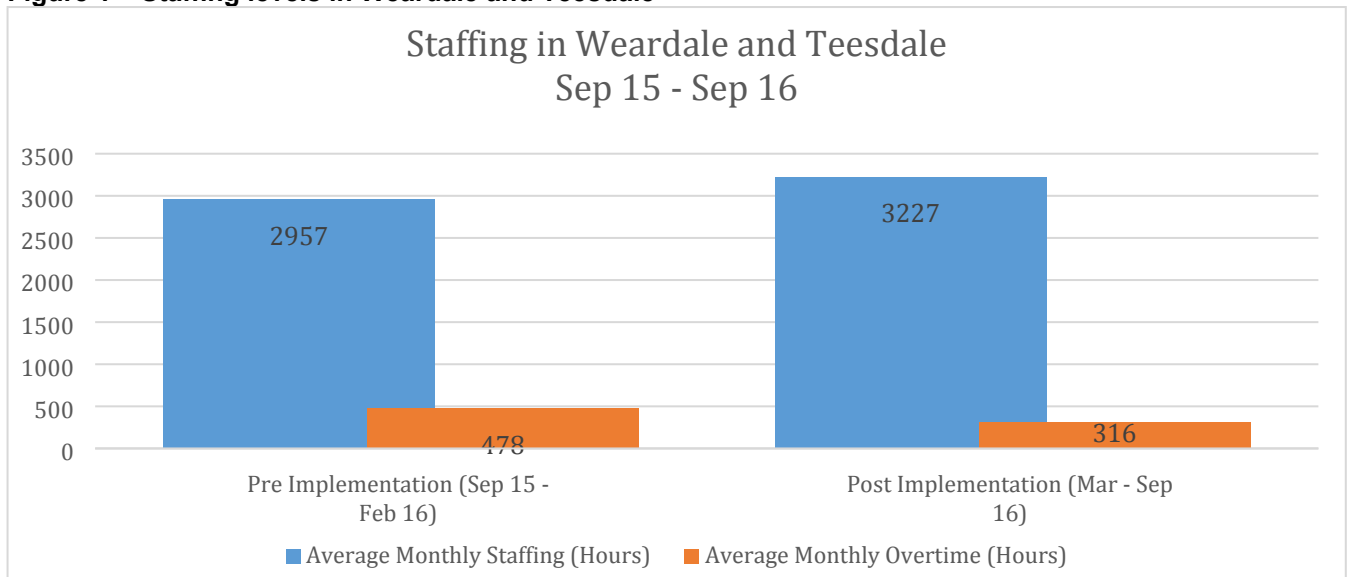
Whilst continuing to maintain the quality of care provided, NEAS has had difficulty in meeting its national response targets. The drivers that influence the attainment or otherwise of these targets are complex and are impacted on by numerous factors across the North East footprint. The need to manage resources across wider areas has been impacted on by the increased pressure on services, resulting in a higher number of periods of clinical escalation where otherwise ring-fenced resources are allowed to be used across a wider geography to meet the needs of those most acutely unwell. It is therefore important to consider NEAS' performance in the context of the whole region and not just as individual, geographic areas.

2. Enhanced Workforce

Paramedic recruitment has been a high priority for the Trust and over the last 2 years NEAS has successfully reduced paramedic vacancies from 140 to 70. These remaining vacancies will be filled by students currently in training and due to graduate by April 2017, bringing us to full establishment. For the Durham Dales area we have also recruited 11 Technicians, above our existing establishment, who will be based at Peterlee and Bishop Auckland, which will provide additional capacity for the locality.

Adjustments were made to the Durham Dales workforce in March 16 which have resulted in an 8% increase in the staffing levels available between March and September 2016. This has also resulted in a reduction in the level of overtime worked for the same period.

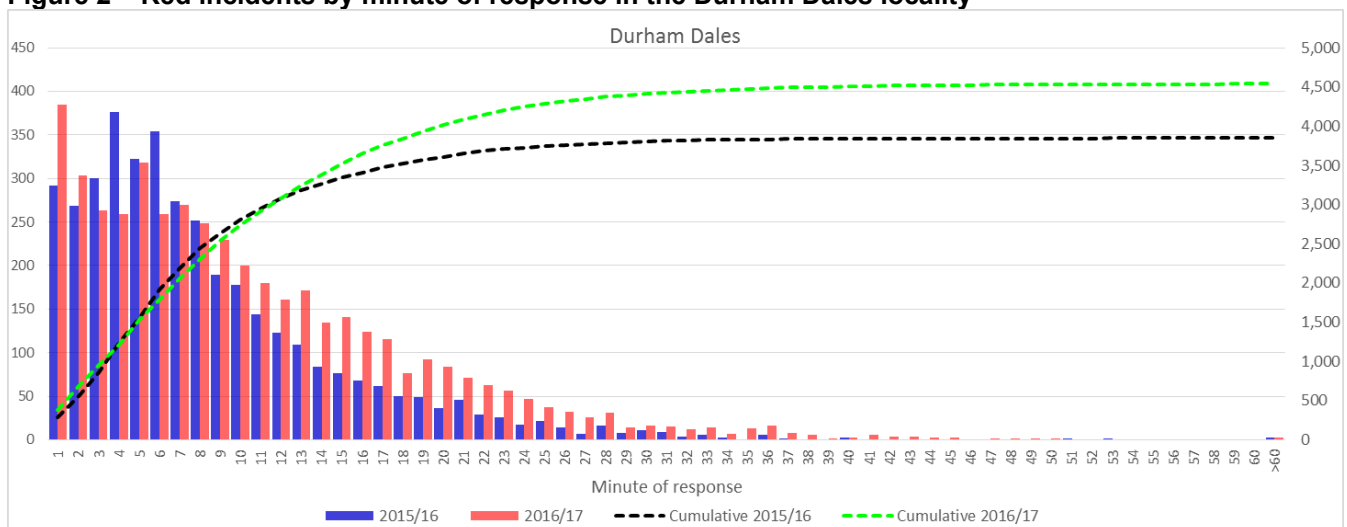
Figure 1 – Staffing levels in Weardale and Teesdale



3. Response Times

Whilst achievement of national response times remains a challenge for NEAS we are reaching more patients more quickly than in 2015/16. The graph in Figure 2 shows the number of patients who received an ambulance response by minute. The cumulative lines show that in 2016/17 (green line), NEAS responded to 9.5% more Red incidents within 3 minutes than in 2015/16. However the volume of responses in the longer categories are higher this year in comparison to 2015/16, which is indicative of the increased volume of red incidents.

Figure 2 – Red incidents by minute of response in the Durham Dales locality



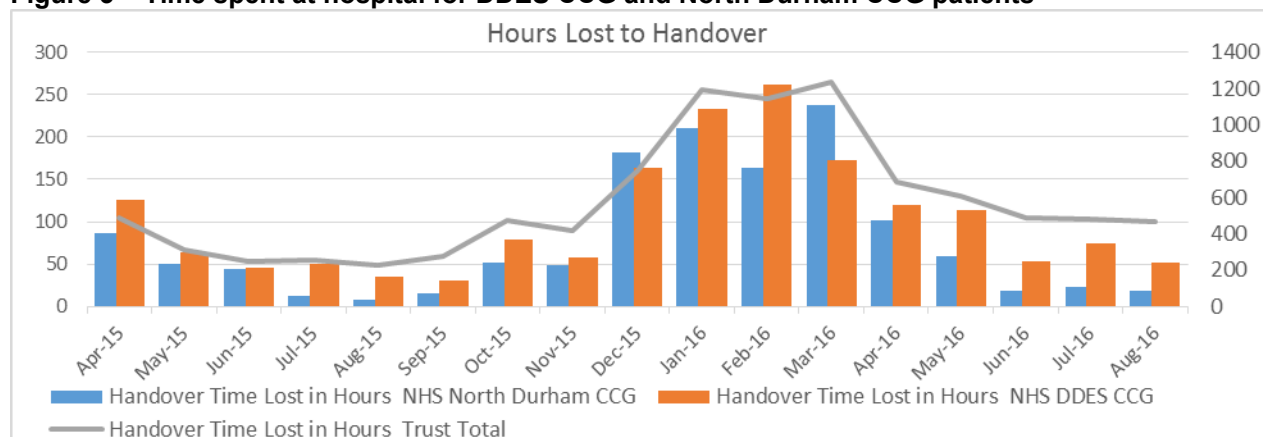
4. System Pressures

Whilst overall incident levels in the Durham Dales has remained relatively unchanged, the number of incidents which were prioritised as red has increased. During the first six months of 2016/17, NEAS has experienced Red incident demand levels significantly higher than the same period in 2015/16 - an increase of 17.8% compared with the same period the previous year. This places additional pressure on NEAS to meet the national standards, as the resources needed to respond to red incidents are greater and are more likely to require conveyance to hospital. This has greater significance for the DDES area due to the lack of acute hospital provision within the locality.

An additional pull on NEAS' resources is in the requirement to send multiple vehicles to incidents. This is a more regular occurrence where there is a patient with life threatening symptoms, which are likely to be reported as Red incidents. NEAS has seen an increase in incidents where more than one vehicle was required, in particular Red incidents. There has been a 27% increase in backup responses sent to incidents within the Durham Dales area, with 88% of these for incidents categorised as Red. The increase in Red incidents appears to have had a direct impact on the requirement for multiple resources to be sent to incidents, therefore stretching the capacity of the resources available.

The past 18 month period has seen NEAS experiencing increasing delays at hospitals across our region when handing over patients. Time spent at hospital reduces the frontline capacity to respond to incidents. There is an element of seasonality in hospital pressures; however, though there has been improvements seen since winter.

Figure 3 – Time spent at hospital for DDES CCG and North Durham CCG patients



5. Service Improvements

NEAS has implemented a number of initiatives which are helping to mitigate the impact of increasing demand and contributing to recovering response times. These include:

- Emergency Medical Response Programme – County Durham and Darlington Fire and Rescue Service have been part of the EMR trial since January 2016, which has now been extended and is currently funded until February 2017. Currently 3 stations are involved in the programme and respond to red incidents, and discussions about including 2 further stations (Barnard Castle and Middleton in Teasdale) are ongoing.
- Tri-responders programme - which began December 2015 continues to be delivered, which involves responders attending incidents on behalf of the three emergency

services. This provides additional resource that can be called on if required in the locality.

- NEAS is exploring how we can expand the role of Community First Responders (CFR) and has increased the number of community defibrillators that are available in rural communities. An operations manager has been tasked with leading a 12 month project to develop the Trust's CFR programme.

6. Ambulance Response Categories

Current priority	Definition	Target
Red 1* and 2 <i>(Collectively known as Red 8)</i>	Potentially life-threatening conditions (including cardiac or respiratory arrest) *Red 1 incidents require a dual response	Eight minute response or faster, 75% of the time (this is the National Standard)
Red 19	Category R patients (R1 and R2) where a fully equipped ambulance vehicle able to transport the patient in a clinically safe manner must arrive on scene within 19 minutes. The standard must be met for incidents where we have initially dispatched a community first responder to a Red call.	Nineteen minute response time or faster, 95% of the time (this is the National Standard)
Green 2	Serious but not life-threatening condition	We attempt to respond in 30 minutes to these calls (no national standard set)
Green 3	Neither serious nor life-threatening	We attempt to respond in 60 minutes to these calls (no national standard set)