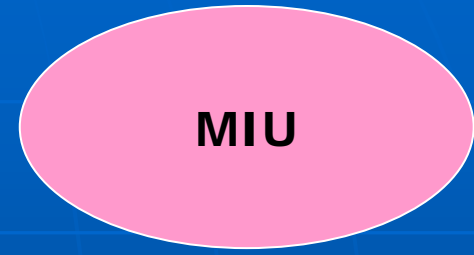
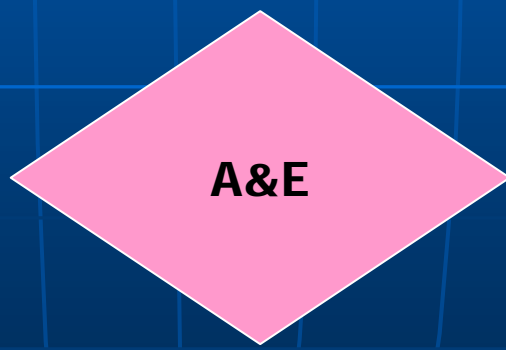
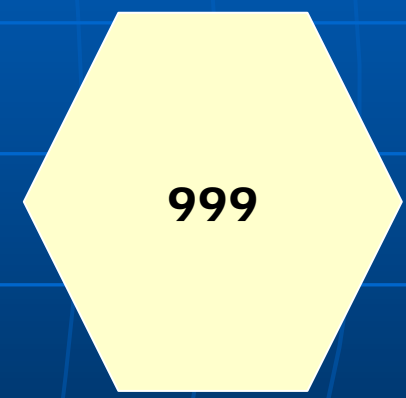
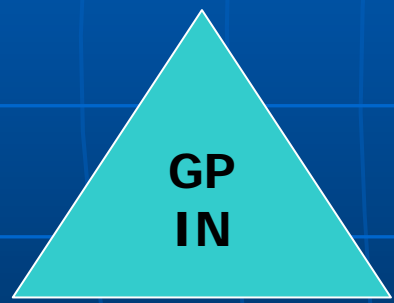


NEAS Pathways Information Update

NOW.....



Undifferentiated
Urgent Care Need



NHS Pathways – where it has come from

- Not just a system for ambulances
- Common front end to urgent care
- Create an integrated urgent care service
- Ambulance service at the heart of it

Future.....



Individual Care providers all use NHS Pathways to assess or to receive referrals from other assessing providers. Pathways sits within each organisation in existing systems

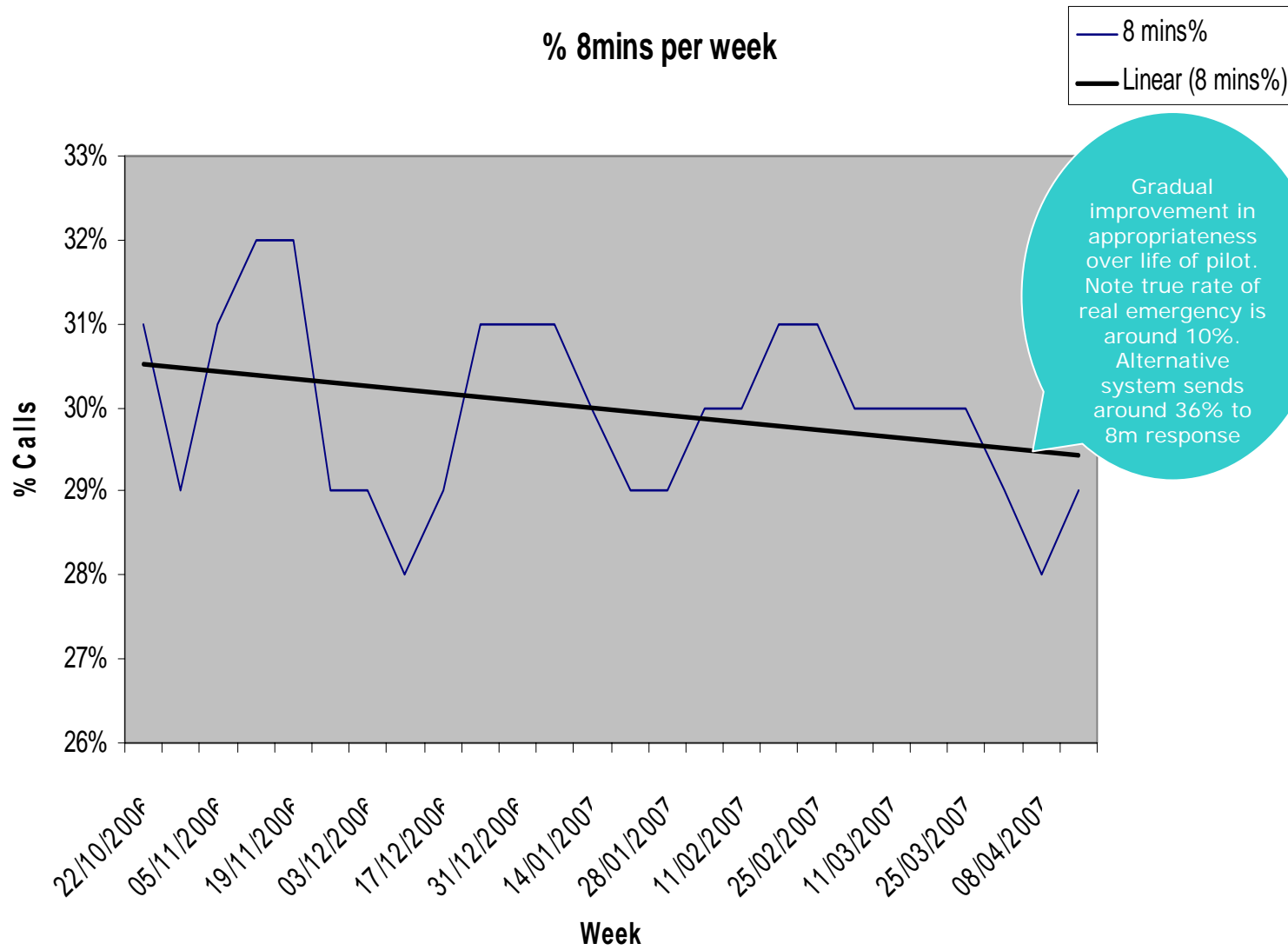
National Pilots

- In an out of hours service in Hampshire since Sept 2005
- 18 months to get permission to trial in ambulance setting.
- NEAS selected as only trial site – if it fails here, it fails permanently.
- If it fails – NEAS will move to use AMPDS like everywhere else.

How is it doing so far?

- Comparison with other services performance:
 - 8m rate – 28%; nationally 37% av with AMPDS (current alternative system used by other services)
 - 19m rate – 57%; nationally 46% av with AMPDS
 - PCP/ED rate – 4% (could be 10%); nationally 0.5-1%
- National Evaluation of NHS Pathways by external consultants due to start shortly and report in September

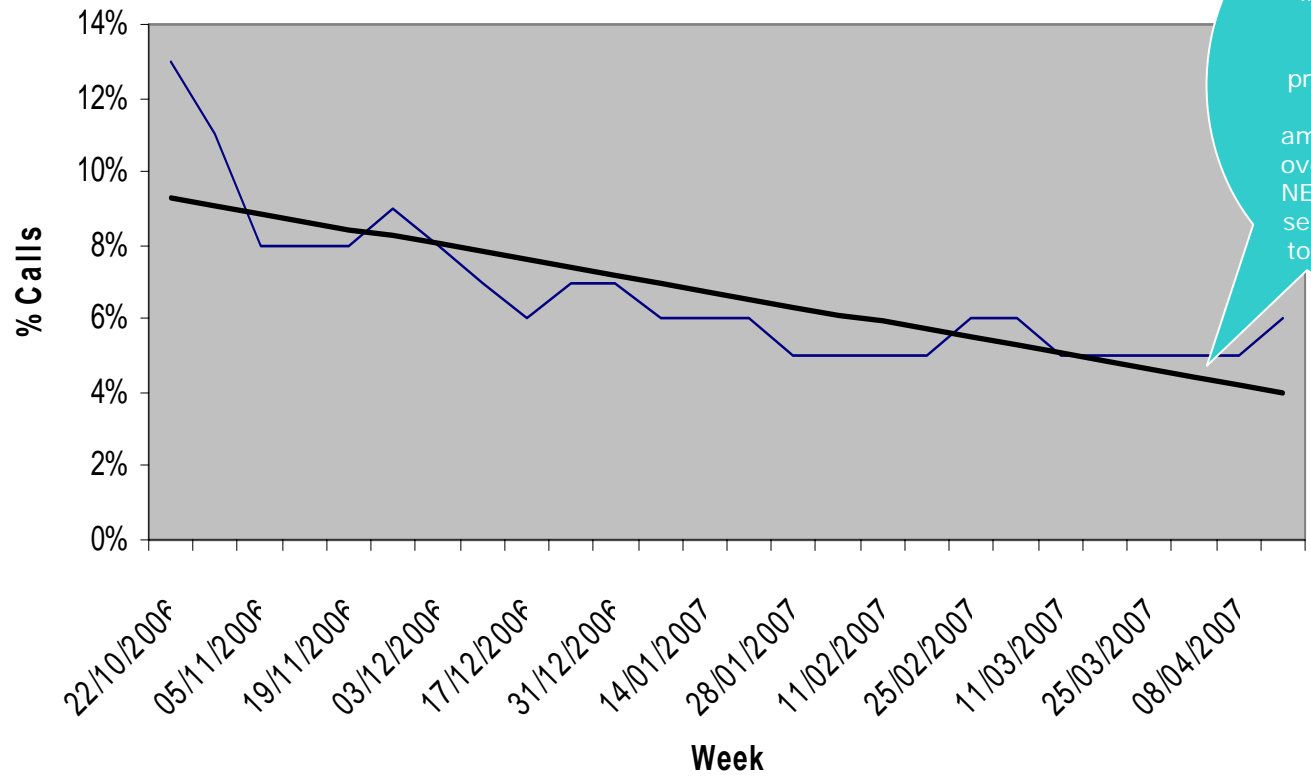
% 8mins per week



Gradual improvement in appropriateness over life of pilot. Note true rate of real emergency is around 10%. Alternative system sends around 36% to 8m response

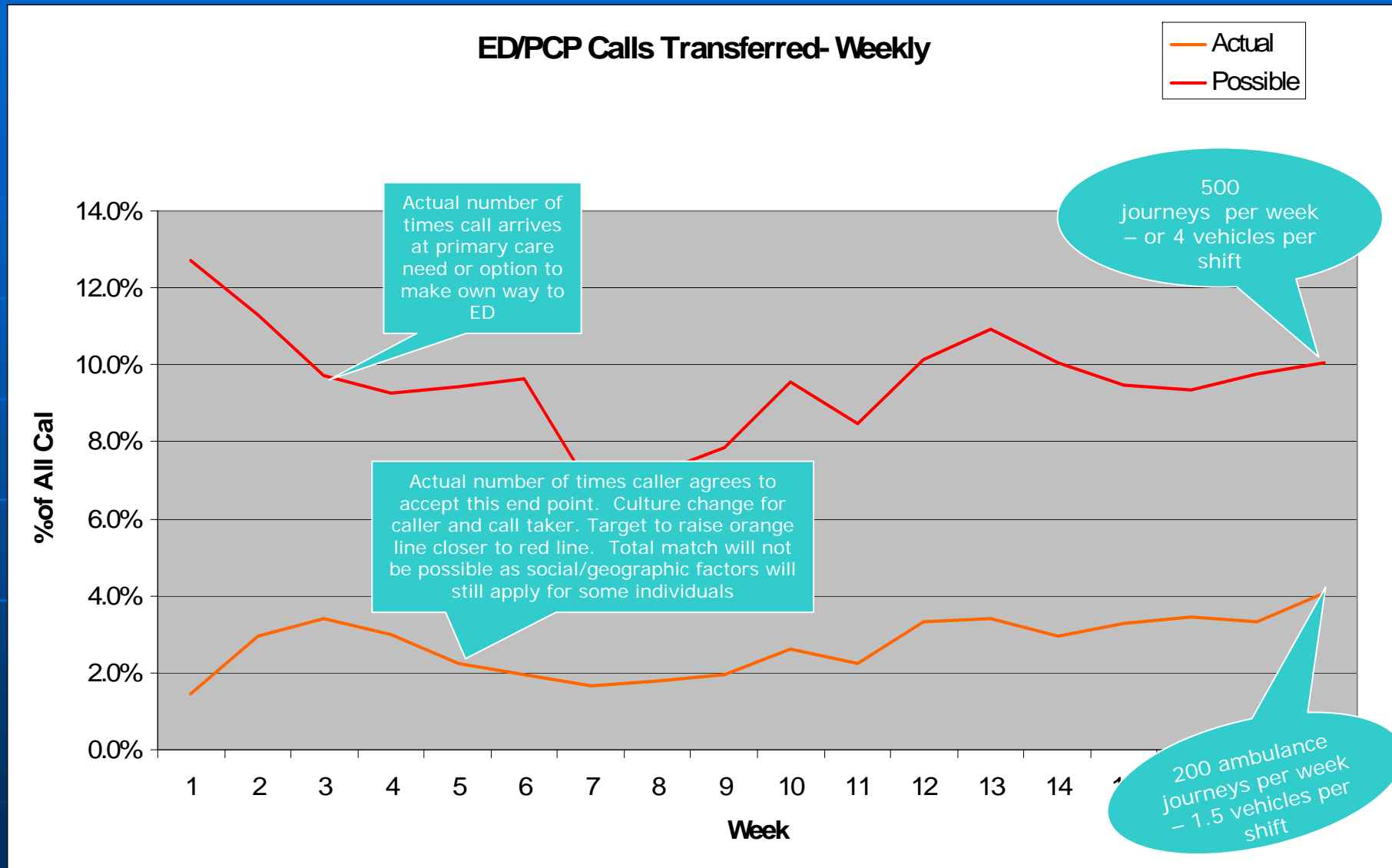
% 1 hour per week

— 1 hour%
— Linear (1 hour%)



Gradual improvement in transfer to primary care of non-urgent ambulance work over life of pilot. NEAS previously sent around 1% to primary care

Calls transferred to Primary care, or asked to make own way to ED



Looking forward

- Pathways offers something to the entire NE Health economy
- Enables ambulance service to become the central hub around which patients can get fast access to urgent care
- Not just about getting them an ambulance
- Leave the ambulances for the really sick – point people to the best alternative for them, as an individual.