

Public Spending in Lewisham Working Group – London Ambulance Service response to recommendations

Recommendation: The performance figures for Lewisham (Category A calls) are below target and below the figures being achieved in neighbouring boroughs including Southwark, Lambeth and Greenwich. The LAS should focus its attention on understanding and addressing the reasons behind this discrepancy, and report their findings to the Overview and Scrutiny Committee.

The London Ambulance Service is expected to reach the Government targets of:

- 75 per cent of Category A calls within eight minutes; and
- 95 per cent of Category A calls within 19 minutes.

75% target

Performance for Lewisham remains below the national target for Category A calls, however it has been an average of c5% higher each month since July than it was for the same months in the previous year. Generally performance for Lewisham remains comparable to Bexley and Bromley in the South East. While there is a gap in performance when Lewisham is compared to Lambeth and Southwark, that gap has been closed over the last 18 months from c7% to 5% when looking at Category A 8 minute performance.

95% target

Since April 2015 Lewisham has remained above the 95% national target for 19 minute Category A responses, generally returning better performance than any of the other South East London boroughs which is significant when considering that this is likely to mean that while Lewisham patients may not have received the fastest initial response, they are likely to have got to hospital sooner more often as this target relates to the time within which a transport capable resource arrives on scene.

Category C calls

Although response times to Category C calls are not formally reported, these are still be very closely monitored.

C1 and C2 performance has seen a significant improvement since April 2015 when compared to the equivalent months in the previous year and there is no clear monthly pattern showing that Lewisham performance is significantly different from the other South East London boroughs.

Various work streams have been executed to address the issues of below target performance and a lack of equity between areas:

Rotas

Rotas have been reviewed following modelling from a specialist organisation and a new set of rotas were implemented during the summer of 2015 which have been

designed to more effectively match resourcing to the areas and times of demand currently being seen.

Recruitment

A significant recruitment program has been running for the last year which resulted in a plan which has seen gradual increases in operational staffing hours each month and is still on plan to provide staffing levels of 95% of the establishment by the end of March 2016. (The majority of these staff have already been recruited with just the lag for training meaning that they won't be fully operational until the end of March 2016).

Appropriate Care Pathways (ACP's)

The LAS supports the need to reduce hospital admissions and this in turn reduces pressures on hospitals which is likely to minimise any potential for ambulance resources to queue to handover patients. Appropriate Care Pathways are formally designed alternatives to conveying patients to hospital where safe and appropriate and includes use of GP's, Urgent Care Centres and Mental Health support to crews to provide advice and alternatives to A&E. These are supported by staff within the Clinical Hub in the Emergency Operations Centre who are able to give further advice and guidance to crews on how to manage complex patients in the most appropriate place.

Clinical Hub (CHUB)

The Clinical Hub (CHUB) is a dedicated group of clinicians within the Emergency Operations Centre (EOC) who provide an additional reviewing process for 999 calls. The main activity of this group is managing patients without the need for an ambulance response or conveyance to hospital where it can be appropriately and safely avoided by instead providing clinical advice to resolve the problem or information on who they should approach for the advice or treatment they require such as their GP. Every call resolved by staff on the CHUB, is one less call where an ambulance attendance is required which increases availability and therefore reduces delays to patients and also the police on scene with patients.

Recent recruitment activity has meant an increase in the number of staff able to be provided on the CHUB which has a direct positive correlation with the number of calls that can be resolved by the CHUB.

Recommendation: In 2014, police vehicles were used on 39 occasions to transport patients to hospital in Lewisham and 13 times so far this year (up to 21 August 2015). This puts an unnecessary strain on the Metropolitan Police Service (MPS) and the LAS should look into the reasons behind this, consider ways in which the impact on the MPS can be reduced and report their findings to the Overview and Scrutiny Committee.

Collaborative work with the Metropolitan Police Service identified that there were a number of occasions where Officers were on scene with patients who they believed required assessment by a clinician. On some occasions this resulted in the Officers conveying the person to hospital due to the proximity of the hospital (rather than a delay from LAS), due to a delay from the LAS or because the officers deemed it more appropriate to convey the person rather than wait for the estimated arrival time

of an ambulance. A number of work streams have been executed to address the issues identified and provide more robust support to officers on scene.

Metropolitan Police Service Dispatch Group (MetDG)

A dedicated group of staff within the Emergency Operations Centre provide a reviewing process for all calls generated by the MPS and this is known as 'MetDG'. This process involves direct contact with the Officers on scene wherever possible by radio from staff within EOC. This allows the EOC staff to more fully triage the patient and where necessary provide clinical advice to manage the patient until an ambulance arrives. It also ensures that calls can be upgraded to a higher priority if required as fuller information is obtained which reduces the risk of a delayed response to a patient with a life threatening condition. This group of staff are able to deal with just under 50% of all calls generated by the MPS with advice rather than the need for an ambulance attendance which not only ensures that the MPS do not have to wait for an attendance at all but also obviously frees up ambulance resources to attend other calls sooner including those generated by the MPS which do require a response to scene.

Joint Response Unit (JRU)

The Joint Response Unit (JRU) is a scheme set up to address long on-scene waiting times when the Metropolitan Police Service (MPS) attended a patient who required assessment by the London Ambulance Service NHS Trust (LAS).

The JRU is staffed with a clinician who attends patients either in response to a request from the MPS or when a suitable call is made to the LAS Emergency Operations Centre (EOC) by a member of the public. The JRU's may also dispatch themselves to appropriate incidents by monitoring Police radio channels.

A JRU was introduced to Lewisham in May 2015 and complements JRU's already in place in neighbouring boroughs. Data shows that when a JRU is on a borough, MPS waits reduce to 6 minutes on average for LAS attendance with an additional benefit of reduced numbers of patients conveyed to hospital.

Non-Emergency Transport Service (NETS)

The Non-Emergency Transport Service (NETS) was introduced in July 2015 and aims to provide a response to patients who are ill or injured and require conveyance to hospital but do not require the skills of a frontline clinician. Appropriate patients are identified by clinicians such as GP's, LAS clinicians in EOC or on scene with patients. The NETS resources are additional resources to the frontline resources already on duty and are carefully planned to reach these patients within the appropriate timescales – they have the capacity to convey multiple patients from multiple locations in one journey to A&E. Currently these resources convey anywhere up to 100 patients per day across London with additional recruitment/training continuing to expand this service.

Multiple Attendance Ratio (MAR) Reduction

There are a number of calls where the LAS intentionally send more than one resource to a call including scenarios such as; backing up a solo responder who requires an ambulance to convey a patient to hospital, patients with specific conditions such as cardiac arrests, and calls which indicate there may be may be

multiple patients. The LAS has committed to a target ratio of 1.28 resources per call overall and is achieving this regularly. This is a reduction which has been achieved through processes such as a reduced level of automatic back up for solo responders (after clinical review of the types of call which could safely be removed), attendance of Incident Response Officers at any complex or multi-casualty calls to ensure full support for staff on scene and also release any resources not required at the earliest opportunity

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