

Adjusting the Target with Great Dispatch

Ambulance Response Programme (ARP)

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Content

Why?

What's different?

Is it working?



The Context

Ambulance Services in England have had time based targets since 1988, based on responses to cardiac arrest.

This has driven behaviour based on 'stopping the clock' rather than providing the right resource to gain improved outcomes for patients.



Previous targets

Red 1

- Required a response within 8 minutes on 75% occasions
- Included immediately life threatened patients (Echo and some Mike codes for MPDS Trusts)
- 2 - 6% all 999 emergency calls
- At least 2 resources (car and ambulance dispatched)
- Led to 'gaming' around presence of a defibrillator stopping the clock

Red 2

- Required a response within 8 minutes on 75% occasions
- Approximately 45-50% all 999 emergency calls
- Included patients who required early conveyance (eg stroke)
- Responses sent to stop the clock, rather than the most appropriate resource

Previous targets

Green 1 to 4 (20 – 120 minute response)

- Locally commissioned
- Included unwell, but not immediately life threatened patients
- Responses frequently diverted in favour of a higher priority call
- Included examples such as older fallers on the floor; cyclists with lower limb injuries
- Source of many complaints about delays
- Disposition complex to dispatch on
- Resource dispatchers under pressure to allocate scarce resources to higher priority calls

New targets (ARP)

In line with clinical guidance, each category has set criteria to establish the required resource, transport and response times to ensure that the right resource gets to the patient, first time, every time and within time. The current Ambulance Quality Indicators (AQIs) measuring performance are no longer considered appropriate measures for a modern and responsive ambulance service capable of delivering a variety of clinical interventions. A revised set of measures, indicators and standards has been developed and is widely supported by commissioners, ambulance providers, paramedics, unions and patient and public representatives.

New targets (ARP)

In other words:

A 2 year trial period in 3 (of 10) ambulance services,
and data collected on > 2 million incidents showed -

On the basis of the information provided;
we can dispatch the
right resource, first time, every time

New targets (ARP)

Category 1 – Life Threatening

This is defined as a time critical life threatening event requiring immediate intervention or resuscitation.

Category 3 – Urgent

This is defined as an urgent problems that needs treatment to relieve suffering but are not immediately life threatening

Category 2 – Emergency

This is defined as potentially serious condition that may require rapid assessment and intervention, and a transporting response

Category 4 – Non-Urgent

This is defined as problems that are not urgent but require assessment

.

New targets (ARP)

Category 1 – Life Threatening

Mean response time 7 minutes.

90th Centile 15 minutes

Category 3 – Urgent

90th centile within 120 minutes.

Category 2 – Emergency

Mean response time 18 minutes.

90th centile 40 minutes

Category 4 – Non-Urgent

90th centile within 180 minutes.

Expected to be 'Hear and Treat'

What does this mean for patients?

Benefits

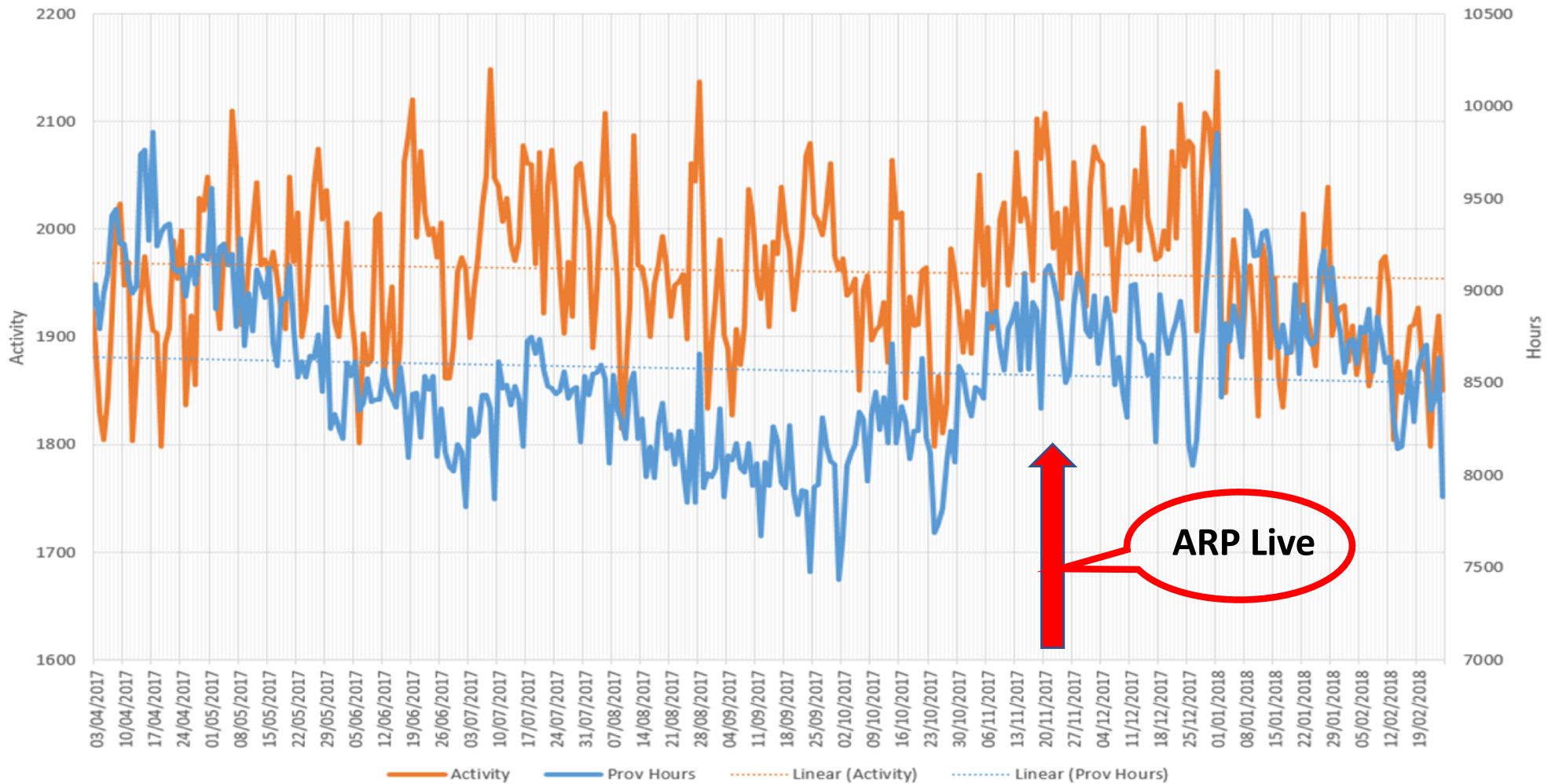
- ARP supports 'Pitstop' model for cardiac arrest
- Transporting ambulance quicker
- Enhanced call triage for 'right response' decisions
- Encourages more 'Hear and Treat'

Risks

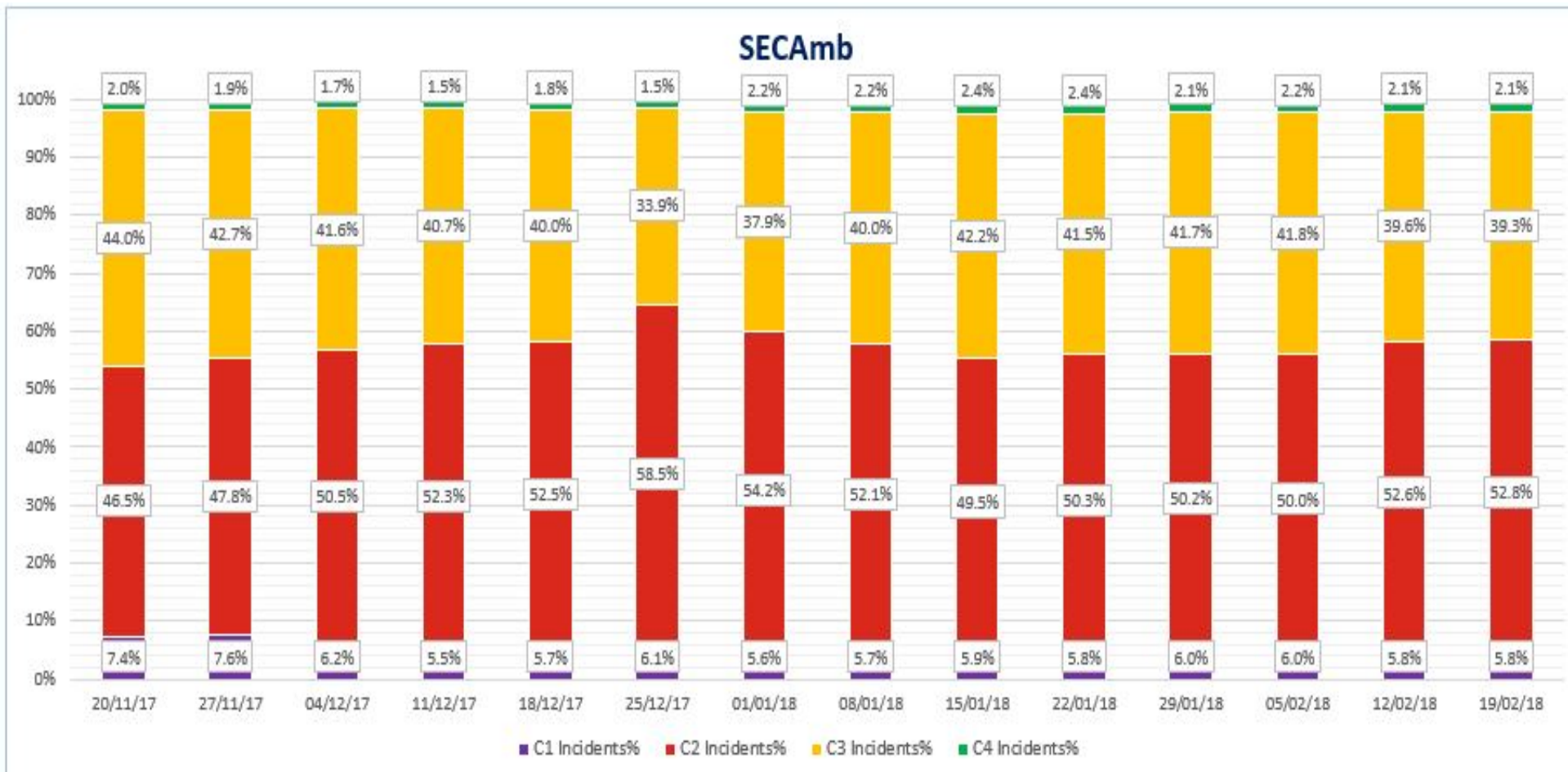
- Big response time difference between Category 2 and 3
- Only cardiac arrest & peri-arrest require quickest response

What does this mean for us?

SECamb Year to Date Actual Activity v Provided Hours

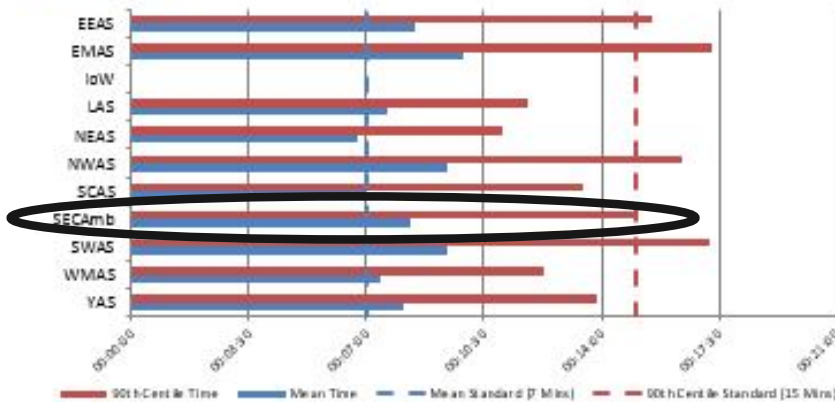


What does this mean for us?

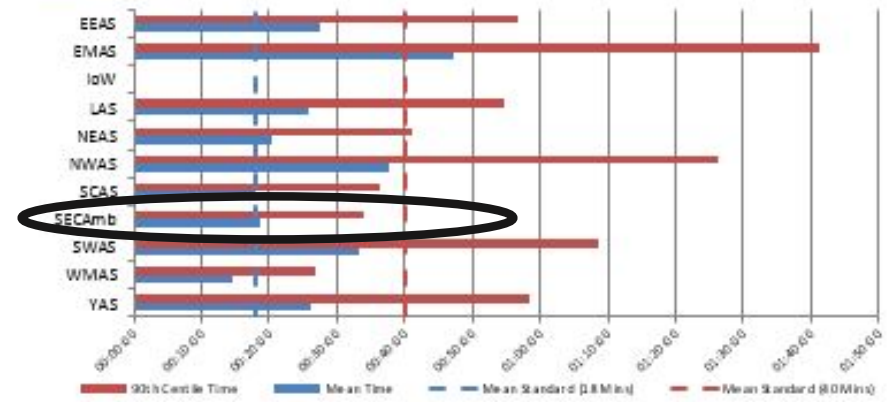


What does this mean for us?

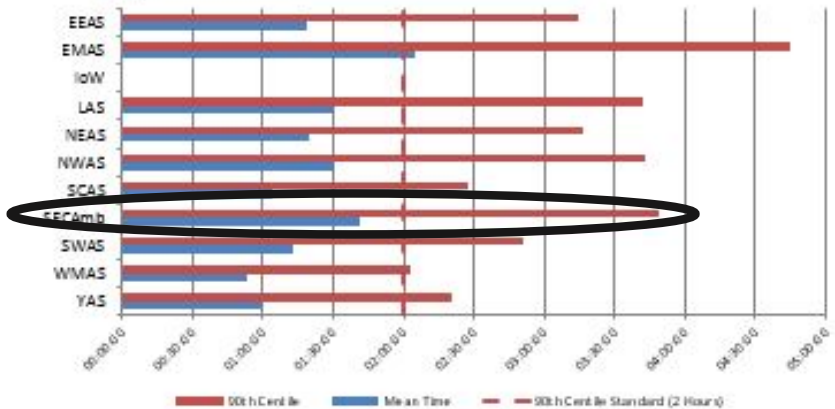
Category 1



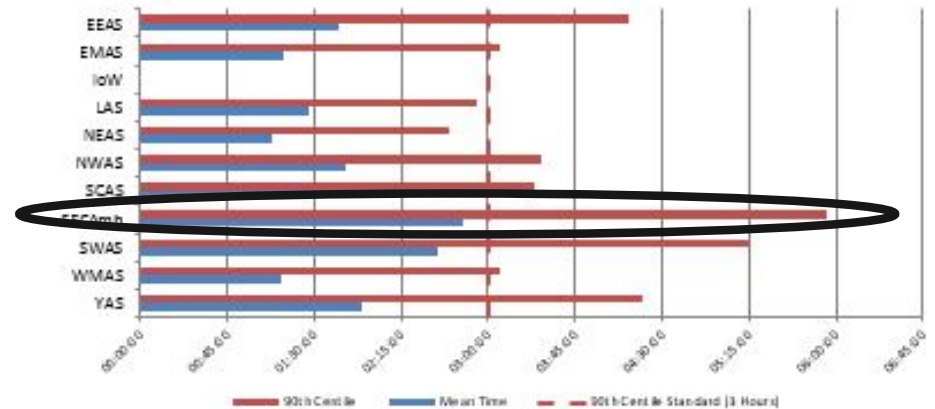
Category 2



Category 3



Category 4



What does this mean for us?

South East Coast
Ambulance Service



NHS Foundation Trust

- More ambulances
- Fewer cars
- Not a quick fix!
- Major changes in the Control Rooms
- More clinicians in EOC

But

- We were the poorest performer
- Now we are middle of the pack!



What next?

- Review of code sets for both authorised triage systems
- Introduction of revised cat 3 target (120 mins too long)
- Reintroduction of target for call answering
- Revised Clinical Performance Indicators



Summary

New targets implemented

Better for sicker patients

Manages expectations for lower priority patients

