Review of Category C Service

Agenda Item: 9
Reference: 10B.071

Board Meeting: 14 June 2010

Summary	NHS Direct has provided a Category C service since 2008. This paper provides an overview of the current Category C service and makes recommendations on future service development. This paper and the associated CD of call recordings (to follow) show some of the challenges to providing a good quality service to patients who have in the first instance called '999' with the expectation that an ambulance will be dispatched to meet their health needs. Issues, impacting on patient experience currently include; the transfer of call information, the number of 'hand offs' in the call process and public expectation. This review was initiated prior to the Board's discussions on service reviews. A formal approach to future service reviews will be agreed with the Board at its June meeting.
Issues to be considered	• The public have an expectation that a 999 call will result in an ambulance being dispatched. • The Category C service has been delivered successfully in the South West for a number of years. • Patient experience is currently influenced by a number of 'hand offs' which also increases the clinical risk. This is reduced when a technical link is in place between ambulance services and NHS Direct. • London Ambulance Service, currently the highest users, wishes to expand the current service in both volumes and acuity of calls. • The Category B standard is likely to be replaced in the future with a performance standard linked more to health outcome.

	• Call categorisation is likely to alter as ambulance services adopt NHS Pathways. • There are no clear commissioning intentions agreed for future years.
Recommendations	• Ensure the smooth transition of leadership for operational management and service development from the South West to divisional operational teams. Regional Directors to be responsible for service development and stakeholder management. (Underway) • Develop a robust project framework reporting to the future services programme board. The current operational group will continue as an operational and clinical reference group. (Underway) • Reduce current hand offs to as few as possible through the development of technical links. (Prioritisation currently being undertaken in partnership with ambulance services) • Develop a robust contract which clearly defines clinical accountability, complaints and governance procedures. (Underway) • Identify a key account manager for this service. • Develop the stakeholder feedback processes and ensure local commissioners in particular are aware. • Develop joint social marketing campaigns in partnership with ambulance trusts. • Develop the commissioning framework in partnership with ambulance trusts and their commissioners. • Identify project management resource.
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Date prepared	2 June 2010

Introduction

1. This paper explores future service development, through examining the current service model and patient experience.

Background and Context

2. Ambulance services are currently working to the most exacting performance standards in the world for Category A and B calls. Achieving such standards is challenging. There is therefore benefit to Ambulance Trusts in dealing with Category C calls in the most effective way so as not to compromise patient safety.

3. There is a clear strategic fit with NHS Direct's vision of 'Increasing the value we create for patients, public, the NHS and social care organisations' and supporting ambulance trusts in managing non life threatening calls. East of England SHA is also supportive of this work through their management of our core contract; there is a target to deal with 125,000 calls during 20010/11.

4. Category C calls received by ambulances services are deemed as not immediately serious or life threatening. Ambulance services in England receive approximately 1.8 million Category C calls per annum. Performance standards for such calls are agreed locally between commissioners and ambulance services; the majority of services have an agreed response time of one hour. Ambulance services typically will only convey to hospital approximately 50% of all Category C calls.

5. NHS Direct commenced a pilot project some years ago in partnership with the then Avon Gloucester and Wiltshire Ambulance Service to manage a number of Category C calls against predetermined ambulance call categorisation codes. This pilot was deemed successful and a project to technically link to the Ambulance Service Trust in the South West was completed. During the winter of 2008/09, with unprecedented demand being placed on ambulance services, NHS Direct offered the Category C service to all English ambulance services.

6. To date all but three ambulance services - East Midlands, North East and the Isle of Wight - partake in the scheme. During 2009 116,076 calls were passed to NHS Direct (2.3% of NHS Direct's total call volumes, and approximately 6% of all Category C calls in England). During 2010 year to date activity has increased by 10% - this increase is due to both increasing volumes from existing services and additional Ambulance Trusts taking up the service.

7. Management and subsequent development of this service is considered high profile with ambulance service leaders, although it is apparent that in some

localities local commissioners are largely unaware of the development. Robust stakeholder management is key in protecting NHS Direct's reputation.

Current Service Delivery Model

8. Presently there are two defined processes in place to manage Category C calls passed to NHS Direct, with potential for further local variation. The most developed process is in place in the South West where technical links have been developed between the two organisations so that patient data can be transferred electronically. All other Ambulance Trusts transfer patient details telephonically. Both processes can be seen in appendix 1.

9. In those areas were there is no technical link and patient details are transferred telephonically, there are currently up to six 'hand offs' in the process where by the patients details are passed between individuals and organisations. NHS Direct continually works to reduce 'Hand offs' which could be further reduced if ambulances services agree to collate enough information for a health record to be created.

10. A 'hand off' can be defined as 'the transfer of information (along with accountability) during the transition in care'. 'Hand offs' are known to increase the risk of adverse events due to the loss of time, patient information or contact. (Australian Council for Safety and Quality in Healthcare, 2005).

    <u>Recommendation</u>

    Reduce current 'hand offs'. Agree with ambulance trusts that they will collate enough information to create a patients record from June 2010.

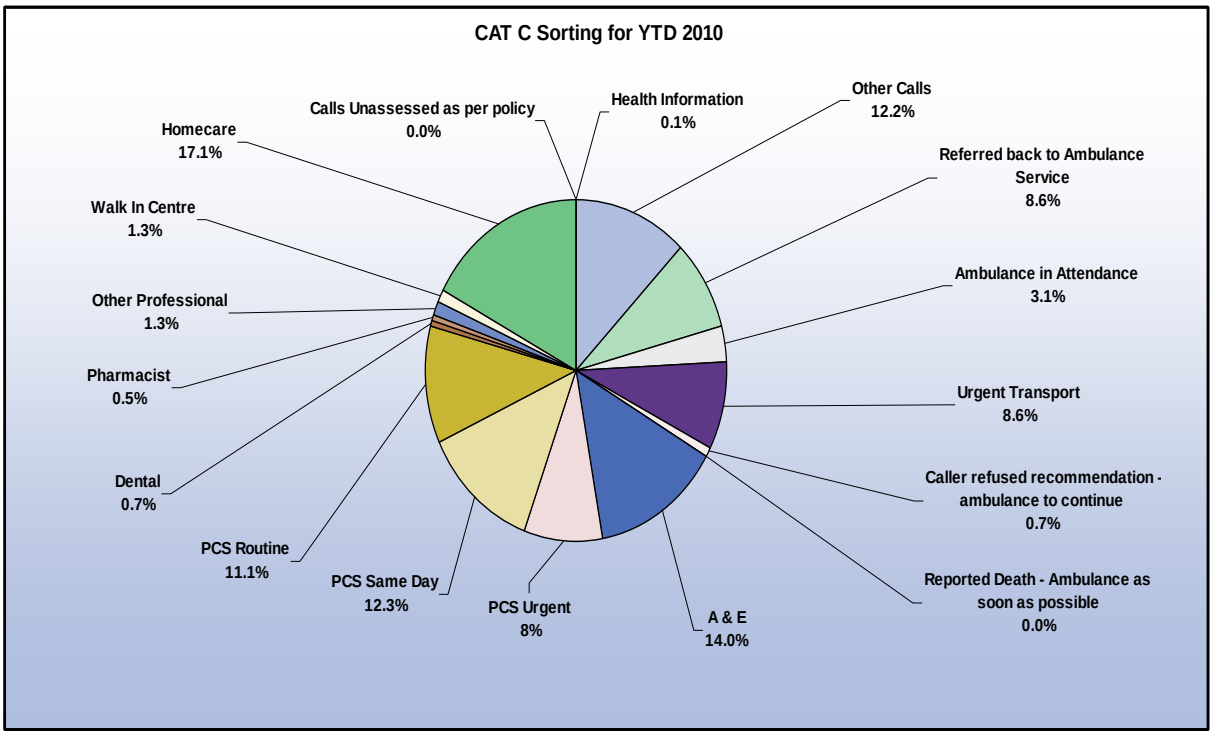
Performance

11. The ambulance service call taker will create and transfer a verbal record within five minutes to NHS Direct. The control assistant will ensure NHS Direct is informed of the name of the ambulance service and the Category C code.

12. A record will be created within five minutes of receipt by NHS Direct and transferred to the First Advice Queue (FAQ) for Nurse Assessment. Calls relating to severe pain or distress will be assigned a Priority 1 (P1); all other calls will be prioritised as a P2 for Nurse call back within the 60 minute timeframe. Year to date performance currently stands at 97.3% of contacts completed within 60 minutes.

13. Clinical sorting is detailed below and would appear to be in line with ambulance services sorting.

Sorting for all Category C calls received in 2010



14. The chart above shows the dispositions for all calls to date in 2010

- 17.1% are recommended home care
- 14% are referred to A & E
- 8.6% are referred back to the ambulance trust for an emergency response with the same number referred back for patient transport.

15. There are currently no joint targets for Ambulance Trusts and NHS Direct.

Recommendation

A process to enable NHS Direct to benchmark clinical sorting with ambulance services should be developed to provide evidence and reassurance by September 2010.

Patient Experience & Complaints

16. As previously alluded to there are a high number of potential 'hand offs' in the current process which will impact on patient experience.

17. The numbers of complaints received by NHS Direct from April 2009 are detailed below. The number of complaints received by NHS Direct is low, however there may not be transparency regarding those complaints received by the ambulance trusts relating to calls managed by NHS Direct.

18. The majority of formal complaints relate to the patient's expectation that a 999 call would result in an ambulance being dispatched. There is a significant cultural and behavioural pattern which underpins this widely held belief.

Number of complaints - April 2009 to date

Number of Formal Complaints	Number of Informal Complaints	Health Professional Feedback
12	17	50

19. From June 2009 to May 2010 there were 11 incidents escalated relating to Category C calls - this represents 9.7% of the total incidents reported.

20. Call reviews are undertaken in accordance with NHS Direct's current procedures. Benchmarking data from ambulance trusts would provide useful information to assess the appropriateness of dispositions against.

21. We don't currently collect patient satisfaction ratings separately for Cat C calls, they are part of the overall 0845 46 47 patient satisfaction surveys. As a result we do not have specific patient satisfaction feedback on the service.

Recommendations

Ensure the joint process for managing complaints as defined within the Standard Operating Procedures is understood and followed by both organisations.

We will explore how to get specific feedback on patient satisfaction on Cat C

calls

Explore the potential to run social marketing campaigns jointly with ambulance services making the public aware of the potential that a 999 call may not always result in an ambulance being despatched.

Future Service Development and Governance

22. There is a clear strategic fit with NHS Direct's vision of 'Increasing the value we create for patients, public, the NHS and social care organisations' and supporting ambulance trusts in managing non-life threatening calls.

23. As it stands the calls passed to NHS Direct are those calls which ambulance services would be unlikely to respond to with an ambulance resource. In periods of high demand, ambulance service escalation plans will include specific actions which aim to decrease the resource allocated to lower priority calls. It is highly likely that ambulances services would place greater value on NHS Direct taking more calls of higher acuity in the future. Ambulance services utilise telephone consultation to deal with Category A & B calls. Robust planning and risk assessment would need to be undertaken before this service is developed further.

24. London Ambulance Service have approached NHS Direct to expand upon the current service provision. An initial scoping workshop has taken place and subsequent work will be managed as part of the Future Services work stream. Patient and public representation will be sought to inform this work.

25. Development of the technical links is crucial to developing this service further. There is currently an operational plan in place which outlines the proposed approach and priority order for the development of technical links, but no project plan or agreement from the respect of ambulance services. There are currently four/five control and despatch systems in operation in England including:

    - Intergraph
    - MIS
    - Cleric
    - London system

26. Ambulance services will need to allocate development budget and plan into schedules the development of technical links. It would be sensible to encourage ambulances with the same CAD systems to work together to reduce development costs. It is essential that discussions take place in the very near future to ensure the technical links can be developed in the

sequence detailed within the operational plan.

Recommendations

Responsibility for operational delivery and management of the service should be devolved from the South West region to the divisional operations teams to manage as part of the core service.

The operational group will continue but will focus on the operational and clinical aspects of the service, liaising with their counterparts in ambulance trusts.

Regional Directors will take on responsibility for account management in the same way as locally commissioned services, managing the SLAs and liaising with the ambulance services senior management.

A project team will be established to lead the development of the service. A robust programme plan will be developed by July 2010 identifying the project resources required.

The over arching programme plan will include development of the technical link. This should be discussed and agreed with the National Ambulance Leadership Forum by September 2010.

Commissioning Intentions

27. To date the Category C service has been funded by East of England SHA through the core service. Currently it is highly likely that ambulance services will be paid for the calls passed to NHS Direct. Further consideration will need to be given as to how this service is funded in the future in light of a tighter financial environment.

28. As ambulances services migrate to NHS Pathways there will be a knock-on impact on the level of Category C calls transferred to NHS Direct. Also the performance standards for Category B calls will be replaced by a standard based more on health outcome. Both changes will result in the need for more telephone consultation and the potential for more work to be undertaken by NHS Direct.

29. Whilst problems may not present themselves in the current financial year, work is required to develop the commissioning framework for subsequent years.

Recommendation

Work should be undertaken in 2010/11 to explore with local ambulance service commissioners and ambulance services the future commissioning framework.

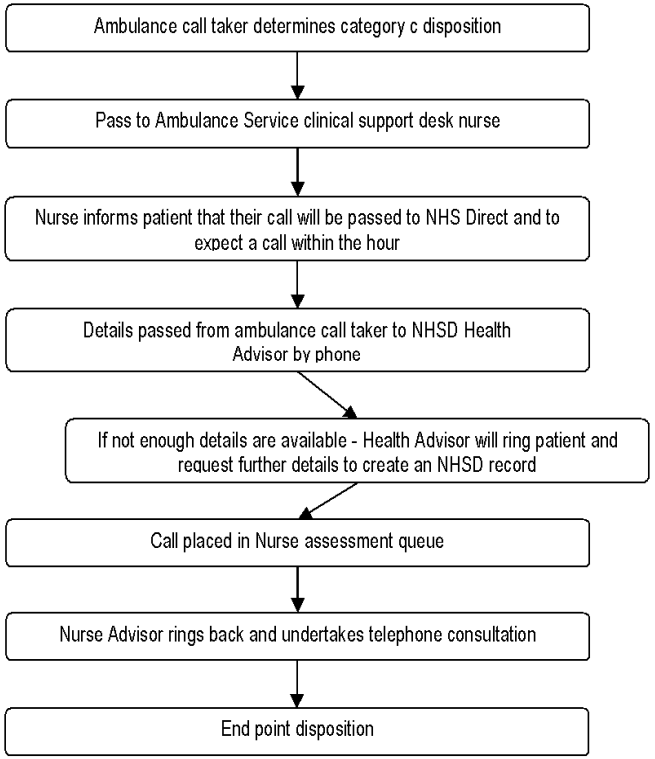
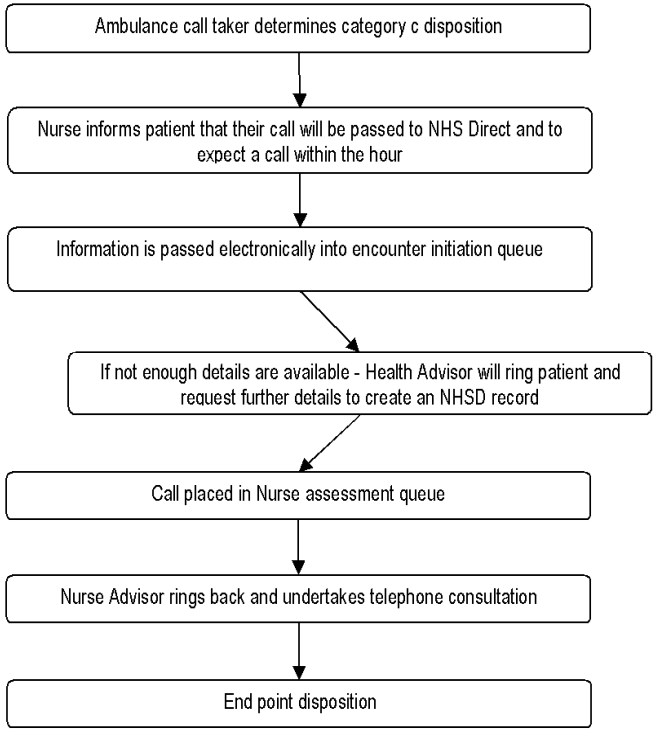
Conclusion

30. The South West Region should be commended for the work undertaken to date and the effective relationships built with operational colleagues in Ambulance Trusts.

31. There is considerable opportunity to develop the contribution NHS Direct can make in supporting ambulance services and local commissioners to manage the increasing demand through the 999 system.

Appendix 1

Category C Process without Technical Link



Category C Process with Technical Link