

North West Ambulance Service update report

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| Date of meeting: | 15 October 2024 |
| Report to: | Overview and Scrutiny Committee (Adult Social Care and Health) |
| Report of: | North West Ambulance Service |
| Wards affected: | All |
| Exempt/confidential report: | No |
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1.0 Purpose / Summary of Report:

- 1.1 The purpose of this report is to describe to the Committee the way North West Ambulance Service (Nwas) Paramedic Emergency Services (PES) are delivered in Sefton, including 999 demand, call prioritisation and sorting, response time performance and operational challenges affecting these functions.
- 1.2 The report will also describe other clinical care pathways in operating in Sefton at the present time, and their effect on patient outcomes.
- 1.3 The report will describe our operational activity and performance in fiscal year 2023/24 and the current 2024/25 year to date position.

2.0 Acknowledgement

- 2.1 Nwas would like to place on record our sincere appreciation to the people of Sefton and to Sefton Council for their outstanding support to our service and staff following the tragic incident on the 29th of July 2024.
- 2.2 Nwas acknowledges with gratitude the extraordinary Sefton Council session convened on 12 September, attended by all 3 'blue light' services.

3.0 Background

- 3.1 Nwas operates across the North West Regional footprint, split into three operational areas. These are Cheshire and Merseyside, Greater Manchester and Cumbria and Lancashire.
- 3.2 In Cheshire and Merseyside, we are further sub divided into four operational sectors. Sefton is located within the North Sector, which covers the area from Southport to Speke, and then eastwards, bordering West Lancs and Knowsley (though includes Kirkby)
- 3.3 In the North Sector we convey patients to three main general hospital sites (Royal Liverpool, Aintree, and Southport), and to specialist sites at Alder Hey, Liverpool Heart and Chest Hospital and Liverpool Women's Hospital.
- 3.4 Changes took place to former CCG and new 'Place' boundaries in 2022, but Nwas reporting is still able to describe demand at this 'sub place' level, and so for the purposes of this report, will consider demand in the former South Sefton and Southport and Formby CCG areas, which are understood to broadly follow the North and South Sefton areas in the reports previously seen at this Committee.

- 3.5 In Sefton, NWS operates from bases at Bootle, Crosby, Buckley Hill, Formby, and Southport.
- 3.6 Buckley Hill, Formby, and Southport are shared premises with Merseyside Fire and Rescue Service.
- 3.7 Although NWS operates responses from all these bases, the dynamic nature of emergency ambulance demand and vehicle movement means that incidents are always responded to by the nearest emergency ambulance, regardless of base.
- 3.8 For example, if an ambulance from Skelmersdale conveys a patient to Southport hospital, they could be dispatched to their next call in Southport or Formby if it is the nearest responding ambulance to that patient.
- 3.9 Across Sefton's operational bases NWS employs circa 120 PES staff, and operates 17 emergency ambulances and RRVs

4.0 Emergency demand

- 4.1 Calls to 999 are answered in one of three locations in the North West. These Locations are in Lancashire (Broughton) Manchester (Parkway) and Merseyside (Estuary Point, Speke). These three emergency operations centres operate on one common telephony and technical system, allowing calls to be taken and dispatched from wherever the call is answered.
- 4.2 The nature of how NWS distributes calls means that the majority of Cheshire and Merseyside demand is answered in our Estuary Point call centre.

| Period | Sefton 999 Calls | 999 incidents | Incidents with response |
|------------------|------------------|---------------|-------------------------|
| 2023-24 | 59,269 | 40,207 | 34,666 |
| 2024 to end Sept | 29,249 | 20,082 | 17,465 |

- 4.4 Not all 999 calls result in an incident being created, this happens for example where we may get many calls for the same road traffic collision, or importantly, where patients call for help but the suggested ambulance response time does not meet their expectations, and they choose to make other arrangements.
- 4.5 Not all incidents receive a face-to-face response. Our call triage systems and clinicians in our contact centres will call back appropriate patients, referring them to points of care that meet their needs without the need for an ambulance response. We refer to this as 'hear and treat.'

| Period | Hear and Treat | See and Treat | See and convey to ED |
|------------------|----------------|----------------|----------------------|
| 2023-24 | 5,541 (13.8%) | 10,769 (26.8%) | 21,039 (52.3%) |
| 2024 to end Sept | 2,617 (13.0%) | 5,319 (26.5%) | 10,906 (54.3%) |

- 4.7 Following face to face emergency response and assessment, NWS directs just over a quarter of patients to places of care, or self-care without the need to attend an ED department.
- 4.8 Of the total 999 incidents dealt with, only just over half of patients calling for help in Sefton are conveyed to an emergency department.
- 4.9 A small number of patients (7%) are conveyed to other (non-ED) destinations, such as SDEC, Maternity Wards, Urgent Treatment Centres etc.
- 4.10 999 calls have reduced over the last 18 months, though the number of incidents has grown. This apparently perverse phenomenon is a result of NWS performance improvement. During 2022/23 demand and resources were so misaligned that NWS would regularly get multiple calls for the same patient because our response times were so long.
- 4.11 During 2023/24 NWS received investment to increase emergency ambulances, meaning that response times improved, and there were fewer secondary 999 calls. Additionally, the wait times suggested at the time of call are more likely now to result in patients / carers waiting for the ambulance to come, hence more incidents are created.

5.0 Call categorisation and response indicators

- 5.1 NWS streams incidents into 5 priority categories, based on clinical priority need. Sefton's demand was categorized as follows:

| Period | Category 1 | Category 2 | Category 3 | Category 4 | Category 5 |
|------------------|------------|------------|------------|------------|------------|
| 2023-24 | 3,908 | 21,474 | 8,906 | 651 | 3,405 |
| 2024 to end Sept | 2,010 | 10,466 | 4,223 | 349 | 2,130 |

- 5.3 Category 1 calls include cardiac arrest, hanging, electrocution, unconscious patients etc. These make up 10% of all 999 incidents. The response standard for C1 calls is a mean of 7 minutes and a 90th centile (9 out of 10 times) of 15 minutes.

5.4 55% of all 999 incidents are category 2. These include chest pain, stroke, breathing problems etc. The response standard for C2 calls is a mean of 18 minutes and a 90th centile (9 out of 10 times) 40 minutes. In 2023/24 and 24/25 the Government has introduced an interim mean target of 30 minutes.

5.5 Category 3&4 are lower acuity incidents such as falls, which still need a face-to-face response and assessment by an ambulance crew. Transfers between hospitals are C3 & C4. The response standard for C3 calls is a 90th centile (9 out of 10 times) of 120 minutes. The response standard for C4 calls is a 90th centile (9 out of 10 times) of 180 minutes.

5.6 Category 5 calls are advice only / signposting calls. Some will receive a face-to-face response, but there is no response performance indicator.

6.0 Sefton response time performance

6.1 The following will compare Sefton Performance with the wider Cheshire and Merseyside ICB performance and then with the North West.

6.1 Category 1 Mean (<7 mins)

| | Year 2023/24 (mins) | 2024 YTD (1 April to 30 Sept) (mins) |
|--------------|---------------------|--------------------------------------|
| Sefton All | 07:59 | 07:46 |
| Sefton North | 08:46 | 08:24 |
| Sefton South | 07:27 | 07:19 |
| C&M All | 08:24 | 07:59 |
| NWAS All | 08:07 | 07:41 |

6.2 Category 1 90th centile (<15 mins)

| | Year 2023/24 (mins) | 2024 YTD (1 April to 30 Sept) (mins) |
|--------------|---------------------|--------------------------------------|
| Sefton All | 13:42 | 13:02 |
| Sefton North | 12:15 | 16:02 |
| Sefton South | 16:49 | 11:55 |
| C&M All | 14:21 | 13:40 |
| NWAS All | 13:45 | 13:05 |

6.3 Category 2 mean (<18:00) (*interim <30:00)

| | Year 2023/24 (mins) | 2024 YTD (1 April to 30 Sept) (mins) |
|--------------|---------------------|--------------------------------------|
| Sefton All | 39:29 | 33:53 |
| Sefton North | 39:59 | 34:29 |
| Sefton South | 39:06 | 33:25 |
| C&M All | 37:27 | 32:35 |
| NWAS All | 28:44 | 25:25 |

6.4 Category 2 90th Centile (<40:00)

| | Year 2023/24 (mins) | 2024 YTD (1 April to 30 Sept) (mins) |
|--------------|---------------------|--------------------------------------|
| Sefton All | 86:02 | 70:19 |
| Sefton North | 88:22 | 72:00 |
| Sefton South | 83:57 | 69:21 |
| C&M All | 80:51 | 67:03 |
| NWAS All | 60:33 | 49:54 |

6.5 Category 3 90th centile (<120 mins)

| | Year 2023/24 (mins) | 2024 YTD (1 April to 30 Sept) (mins) |
|--------------|---------------------|--------------------------------------|
| Sefton All | 370:31 | 311:28 |
| Sefton North | 357:09 | 298:02 |
| Sefton South | 381:13 | 328:15 |
| C&M All | 360:45 | 296:32 |

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| NWAS All | 317:59 | 245:18 |
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6.6 Category 4 90th centile (<180 mins)

| | Year 2023/24 (mins) | 2024 YTD (1 April to 30 Sept) (mins) |
|--------------|---------------------|--------------------------------------|
| Sefton All | 397:50 | 448:42 |
| Sefton North | 315:30 | 468:47 |
| Sefton South | 432:41 | 365:10 |
| C&M All | 461:11 | 276:49 |
| NWAS All | 420:46 | 257:28 |

6.7 It is important to note that although the YTD performance is better in some cases than the previous full year, we have yet to see the effect of winter on performance, in what is known to be a far more constrained operating environment.

6.8 Colleagues will observe that response time performance is worse in Cheshire and Merseyside than the North West regional position. In fact, C&M worsens the regional average.

6.9 Sefton is not a significant outlier for higher acuity call response times in C&M, however it is a negative outlier for lower acuity call response. When demand outstrips available resources, NWAS priorities higher acuity calls first, which can mean that lower acuity calls wait longer.

6.10 If C&M is excluded from regional Category 2 performance for example, the regional mean would be 22:09mins TYD and 41:58mins for the 90th centile.

6.11 If C&M is excluded from regional Category 3 performance for example, the regional performance would be 223 mins for the 90th centile.

7.0 Operational constraints

7.1 999 response time performance is reliant upon a ready supply of available resources in the right locations.

7.2 Although we operate from ambulance bases, the reality nowadays is that bases are little more than booking on and off points. Most dispatches are to moving vehicles. In Sefton it is rare to find emergency ambulances on station waiting for calls.

7.3 By far the greatest constraint on ambulance availability is hospital handover delays. For ambulance resources serving the Sefton area, Aintree Hospital has a poor record for holding emergency ambulance crews for extended periods, meaning that our ability to respond to emergencies in the community is adversely affected.

7.4 Ambulance arrivals at Aintree have been broadly consistent over recent years, however the ability to hand patients over has worsened.

7.5 Aintree arrivals and handover times last 3 years (full years unless stated) (average per arrival).

| Year | NWAS Arrivals | Arrival to handover | Handover to clear | Total Time at hospital |
|-----------|---------------|---------------------|-------------------|------------------------|
| 2021-22 | 27,606 | 24:58 | 14:05 | 38:06 |
| 2022-23 | 25,239 | 46:18 | 15:10 | 53:10 |
| 2023-24 | 26,506 | 39:20 | 15:11 | 48:34 |
| 2024 *YTD | 13,369 | 48:07 | 12:04 | 57:09 |

7.6 Part of the way NWAS attempts to maintain a proportion of ambulance availability at busy hospitals is through cohorting. Cohorting is one ambulance crew caring for 2,3 or 4 patients on hospital trolleys in hospital corridors, allowing the other crews to leave for other calls.

7.7 Cohorting at Aintree this year has not been possible, because patients have been held far more often in the back of ambulances rather than on corridors, meaning that it is impossible for any of those ambulances to leave, even for the most life-threatening emergencies. The table below demonstrates the increased prevalence of ambulances being held outside at Aintree, leading to the worsening of ambulance availability and worsened response times.

7.8 Comparing the period 1 April to 30 September, last 3 years, Aintree ED:

| Year | NWAS ED Arrivals | Patients held in ambulances |
|------|------------------|-----------------------------|
| 2022 | 12,715 | 3 |
| 2023 | 13,307 | 32 |
| 2024 | 13,440 | 1,379 |

7.9 Ambulance arrivals at Southport Hospital (SDGH) have followed a similar consistent, broadly flat,

trend over recent years

7.10 Southport arrivals and handover times last 3 years (full years unless stated) (average per arrival).

| Year | NWAS Arrivals | Arrival to handover | Handover to clear | Total Time at hospital |
|-----------|---------------|---------------------|-------------------|------------------------|
| 2021-22 | 15,208 | 24:13 | 12:50 | 36:19 |
| 2022-23 | 13,879 | 32:21 | 13:08 | 43:55 |
| 2023-24 | 14,315 | 37:26 | 12:40 | 45:41 |
| 2024 *YTD | 7,324 | 36:47 | 10:28 | 43:43 |

7.11 The national standard for handover that acute trusts are meant to deliver is 65% in 15 minutes, 95% in 30 minutes and 100% in 60 minutes

7.12 The year-to-date handover performance in Sefton is:

| Site | Handover in 15 min | Handover in 30 min | Handover in 60 min |
|-----------|--------------------|--------------------|--------------------|
| Aintree | 20% | 55% | 80% |
| Southport | 15% | 55% | 91% |
| C&M All | 16% | 51% | 84% |
| NWAS All | 30% | 68% | 93% |

7.13 999 demand in Aintree is heavily weighted to the south of the borough. The combined effect of higher demand and delays at Aintree is often to draw resources in from other areas, including the north of the borough, which can, and does affect response times there.

7.14 The provision of services in the community to accept referrals from NWAS is highly variable. In the main operational crews will seek to refer patients to their own GP or to alternative primary care destinations where a journey to the emergency department is not appropriate, however services are equally under pressure, and not always able to accept referrals.

7.15 For example, community-based services are accessed like these:

At the point of call, NWAS call handlers can redirect appropriate patients to primary and community care outcomes via the directory of services or can instruct patients to attend ED or UTC services via their own transport.

NWAS has access to a fall lifting service 24/7 for patients who are on the floor via Progress Lifeline. This service takes referrals directly from patients with pendants. They lift uninjured patients and deflect appropriate patients away from the ambulance service. This is complemented by an NWAS falls car in operation 0800-2000 daily, staffed by a paramedic.

There are 2 different routes of access into the UCR teams in Sefton. For care home patients, NWAS staff access the ANP mobile, for other UCR referrals these should be brokered through the single point of access number. (Local feedback is there are sometimes issues with this due to a disconnect between providers).

Crews have access to 24/7 acute visiting service provision via PC24.

SDEC provision at SDGH operates 0800-1600 and crews anecdotally struggle with access and capacity.

7.16 Patients in mental health crisis are making up a growing proportion of our 999 demand, varying between 6 and 9%. Community based referral services, especially out of hours are, again, variable, leading sometimes to exceptionally long delays in patients accessing the care that they need, and with NWAS staff spending hours on scene to make a safe referral.

8.0 Performance mitigation

8.1 NWAS works closely with the ICB and the individual Trusts to address challenges with response time performance

8.2 Weekly and monthly activity and performance data is shared with all trusts.

8.3 NWAS has taken over chairing the C&M -wide ICB group for ambulance improvement.

9.0 Recommendations

9.1 The Adult Social Care and Health Overview and Scrutiny Committee are recommended to:

- Note the content of this report.
- Note the operational constraints affecting the provision of emergency ambulance cover in Sefton.
- Note the local and regional disparities in response time performance.

9.2 Adult Social Care and Health Overview and Scrutiny Committee Members are warmly invited to attend at our area headquarters at Estuary Point, Speke, for a more detailed overview of performance, the wider range of NWAS operational delivery functions, and the 999 call taking and dispatch process.