



COMMITTEE POLICY AND SCRUTINY COMMITTEE HEALTH AND SOCIAL CARE - 16 MARCH 2020

REPORT TITLE: AMBULANCE RESPONSE STANDARDS

AUTHOR: JOE SMYTH, CHIEF OPERATING OFFICER, ACUTE AND AMBULANCE, ISLE OF WIGHT NHS TRUST

Overview

As part of the implementation of the National Ambulance Response Programme (ARP) all ambulance Trusts were required to adapt their Computer Aided Dispatch Systems to allow capture and reporting of the new response times. All mainland ambulance Trusts implemented ARP in 2017 and used their data to model the impact of the response standards against their current resources. This allowed these services to work with commissioners to align workforce to the operational model required to achieve the required standard.

The Isle of Wight Ambulance Service went live with a new CAD in 2018 and implemented ARP at the same time without the ability or the reliable historical or predictive data to model the impact or aligning the workforce and capacity to meet the new standards. Consequently, and not perhaps surprisingly, the service has not achieved the required performance since reporting against the new standards.

The table below provides a summary of the Ambulance Service current performance against the APR standards.

Ambulance Response Programme (ARP) responses	Oct-19	Nov-19	Dec-19	Jan-20
Cat 1 mean (ARP standard = 7 minutes)	9:12	9:44	11:37	11:55
Cat 1 90% (ARP standard = 15 minutes)	16:10	17:46	21:31	20:47
Cat 2 mean (ARP standard = 18 minutes)	24:50	23:4	30:27	27:31
Cat 2 90% (ARP standard = 40 minutes)	54:33	52:5	64:22	61:0
Cat 3 90% (ARP standard = 120 minutes)	161:18	159:25	200:28	223:2
Cat 4 90% (ARP standard = 180 minutes)	249:57	256:20	286:38	198:9

Modelled Capacity Gap

Recognising that the lack of reliable data to plan, specifically modelling and alignment of resource to meet demand was significantly impacting performance the service contacted South Central Ambulance Service (SCAS) for support to undertake this work.

In March 2019 the IOW Ambulance Service (IOWAS) commissioned a report from an independent company recommended by SCAS to model resources required to meet current demand. The report concluded that to meet demand and attain the response

standards the service would need increased capacity. The report made the following recommendations for additional capacity.

- 8 x double crewed ambulances (DCA) and 2 x rapid response vehicles (RRV) per day
- 6 x DCA and 2 RRV per night

The cost of this proposal would be in the region of £1.5 - £1.8m

However, this modelling did not take into account the geographical topography of the island, nor did it identify the demand profile by locality (Ryde versus Cowes or Yarmouth versus Shanklin) over a 24-hour period.

Benchmarking

In addition to the modelling that was undertaken the service undertook a high level benchmarking comparison with SCAS. The results indicated without mainland transfers that each ambulance on the island responds to an average of 13 calls per day. This compares reasonably to 12 on the mainland. However, when the mainland transfers are accounted for the IOW ambulance average increases to 16.4 per day as outlined in the table below.

IOW ambulance daily average attendance to incidents (per ambulance)	13
SCAS ambulance daily average attendance to incidents (per ambulance)	12
Factoring in mainland transfers (deplete fleet by 1) increases average attendance (per ambulance)	16.4

Summary Position

The modelling and benchmarking all indicate that the IOW Ambulance Service is under-resourced and will not meet the required standards without additional capacity. The sub scale size of these services means achieving these standards will always be difficult. It is therefore not clear even with the investment if the island will be able to consistently meet the required standards.

Proposal

Further modelling on the demand profiling / numbers and times of calls by area is required. In addition, it will be necessary to model in how two additional ambulances would impact performance, given the relative size of the service would remain sub-scale.

An investment of £1.5 - £1.8m might better serve the island by being invested into South Central Ambulance Service. A larger organisation with more capacity could provide economies of scale and provide a more robust service.

It is therefore proposed to undertake further analysis and modelling and to continue to work with SCAS to explore additional options to improve the provision of ambulance services on the island.