



**Joint Health Overview and Scrutiny Committee  
Great Western Ambulance Service  
29 February 2008**

**Ambulance Services Commissioning Update**

**1. Purpose**

To update the Joint Health Overview and Scrutiny Committee (HOSC) on current arrangements for commissioning ambulance services from the Great Western Ambulance Service and to agree the future pattern of involvement of the Joint HOSC.

**2. Background- Gloucestershire PCT and the Great Western Ambulance Service**

**2.1 Gloucestershire Primary Care Trust (the PCT)**

Gloucestershire PCT was formed on 1st October 2006 and replaced the three former Primary Care Trusts in Gloucestershire (Cheltenham and Tewkesbury, Cotswold and Vale and West Gloucestershire). The organisation serves a population of approximately 602,000 and covers the following district council areas: Cotswold, Cheltenham, Forest of Dean, Gloucester, Tewkesbury Borough and Stroud.

2.2 The PCT is made up of 83 GP Practices and 11 community hospitals. It also provides a range of community services such as podiatry, speech and language therapy, occupational therapy, district nursing and health visiting. The PCT has a budget of circa £734m for 2007/2008 and currently employs approximately 3,600 (whole time equivalent) members of staff.

2.3 PCTs are charged with:

1. engaging with the local population to improve health and well being;
2. commissioning a comprehensive and equitable range of high quality, responsive and efficient services;
3. directly providing services where this gives best value; and
4. contracting with General Practice for primary care and enhanced services.

**2.4 Great Western Ambulance Service**

Great Western Ambulance Service NHS Trust (GWAS) was created on 1st. April 2006 as a result of a merger between Avon, Gloucestershire and Wiltshire Ambulance Services. The Trust serves a population of over two million people and also provides an emergency service to the thousands of visitors who travel to the region each year.

2.5 The Trust operates from twenty nine ambulance stations, three control centres and two air support units within three sector areas: North (Gloucestershire) - West (Avon); East (Wiltshire). Each has a sector headquarters with the executive offices for the Trust in Chippenham.

2.6 The Trust provides emergency response personnel using ambulances; fast response cars and motorcycles. GWAS also provides Patient Transport Services (PTS), which handle such things as discharge conveyances. However, these transport services are not commissioned by PCTs but directly by the Acute Hospitals.

2.7 GWAS is hoping to move to foundation trust status in the near future.

**3. Commissioning Ambulance Services**

3.1 The PCT is required to commission local ambulance services, which meet national response times for calls for help from whatever source. These are defined as: Category A (Immediately life threatening) and Category B (less critical than Cat A but still serious). Category C services are also specified where there is a clinical need but less urgency.

3.2 Gloucestershire PCT not only commissions services for its population but also acts as the coordinating commissioner for other Primary Care Trusts

- Swindon
- Wiltshire
- Bristol
- North Somerset
- South Gloucestershire
- Bath and North East Somerset

**4. The Existing Contract**

**4.1 Service elements**

There are five types of calls covered by the existing agreement: These are:

- Emergency calls from members of the public and healthcare professionals;

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- Urgent requests for ambulance transport from other healthcare professionals;
- Inter-hospital transfers of an urgent nature and for an upgrade of care;
- Admission for palliative care patients to identified hospices; and
- Specialist retrieval services for regional specialities (currently only covering paediatrics in the Bristol area).

### 4.2 **Contract Value**

The value of the contract with GWAS was circa £56.5 million for the 2007/08 year

## 5. **Performance Standards**

### 5.1 **National standards**

Category A:	8 minutes	75% Response
	19 minutes	95% Transport
Category B:	19 minutes	95% Response

### 5.2 **Locally agreed standards:**

Category C	60 min	100% Response
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Thrombolysis: 60 minutes to delivery of therapy

(Thrombolysis drugs should be delivered within 60 minutes of call to help. Currently 48% of patients are treated against a target of 58%.Improvement of performance is a key element of negotiations for 2008/9.).

Conveyance Rates: Reduction on historic rates

(The ambulance service is working with other providers to train emergency care practitioners who can respond rapidly and give care which reduces the need for admission to hospital (*Conveyance*))

### 5.3 **Timing Performance**

Element	When the clock starts	When the clock stops
A8 and B19 Response Standards	When the caller's telephone number, exact location of incident and nature of complaint have been obtained	On arrival of the first emergency response
A19 Transport Standard	When the first professional clinician requests transport	Arrival of a vehicle capable of transporting the patient
C Response Standard	When the caller's telephone number, exact location of incident and chief complaint have been obtained	On arrival of the first emergency response

**5.4 Stricter emergency targets**

The Department of Health has introduced a stricter target for category A 8 minutes response standards. This involves a modification of the clock start time to when the call reaches the local switch (exchange). This target is known as the 'Call Connect Time'; the Strategic Health Authority (SHA) has required ambulance services in the Southwest to attain 75% Call Connect by April 2008 ahead of the national target date of September 2008

**6. Performance against targets**

- 6.1 The ambulance service provides routine daily reports<sup>1</sup> to the PCT and there are weekly conference calls, which include the SHA. Overall performance in Category A (8 minutes) is encouraging and has remained above the planned trajectory for much of the year. However, this is not the case for Wiltshire and North Somerset where the lower performance is the subject of detailed investment discussions. Example figures (to December 2007) in Table 1 show:

**Table 1-Performance 23 Dec 07**

Category	Responses	Target	Average performance
A (8)	32394 calls	75%	77.4%
A (19)	197, 629	95%	92%
Call Connect (A8)	As for A (8)	67%	66.5%
B (19)	78,315	95%	89.4%
Thrombolysis		58%	48%

**7. Issues for 2008/09**

- 7.1 The negotiations for the 2008/09 contract are now underway. Issues which are of particular concern include:
- Affording significant increases in investment to secure national and local targets, particularly in Call Connect and Thrombolysis - PCTs are responding positively to requests for additional funds but rightly demanding that there are clear returns on the investment;
  - Developing services, which reduce the need for admissions to hospital - working with primary care in developing whole systems pathway. PCTs are funding strategic increases in emergency care

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practitioners as these are seen to be the key element in improving first line responses;

- Infection control standards - setting a baseline of risk and improvement targets;
- Improving ambulance response systems by investment in a new call management system; and
- Handover times at acute hospitals.

### **8. Next Steps/Recommendation**

The HOSC are asked to:

- note the new arrangements
- consider how the HOSC would be involved in reviewing performance

### **Enclosure**

### **Sample daily GWAS report**

20 Feb 2008