



North West Ambulance Service **NHS**
NHS Trust

Delivering the right care, at the right time, in the right place

North West Ambulance Service NHS Trust – Presentation to GM Joint Health Scrutiny Committee

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Our Services

999

Paramedic
Emergency
Service

Secondary

Triage

Patient
Transport
Service

(Cheshire, Merseyside, Cumbria & Lancashire)

Major

Incident Management

Host the North West NHS

111

service



About NWAS

- Covers the North West footprint = **33 Clinical Commissioning Groups, 1,420 GP practices, 29 Acute Trusts**
- 1.3 million 999 calls per year
- 950,000 patient episodes
- Population of 7m people – growth of 3% by 2017
- Employs approximately 5,000 staff
- Annual income of £260 million
- Three emergency control rooms – virtual call taking



Performance Standards for 999

- All calls prioritised to determine appropriate level of response
- **Red calls** - immediately life threatening, e.g. cardiac arrests, breathing difficulties
- **75% of these calls within 8 minutes and 95% of these calls within 19 minutes**
- **Green calls** - less serious, and are not immediately life threatening. No national targets set, we endeavour to respond as follows:
 - **Green 1 20 minutes**
 - **Green 2 30 minutes**
 - **Green 3 3 Hours**
 - **Green 4 4 hours**

Top Five Calls

Excluding HCP &
NHS 111 calls

Falls

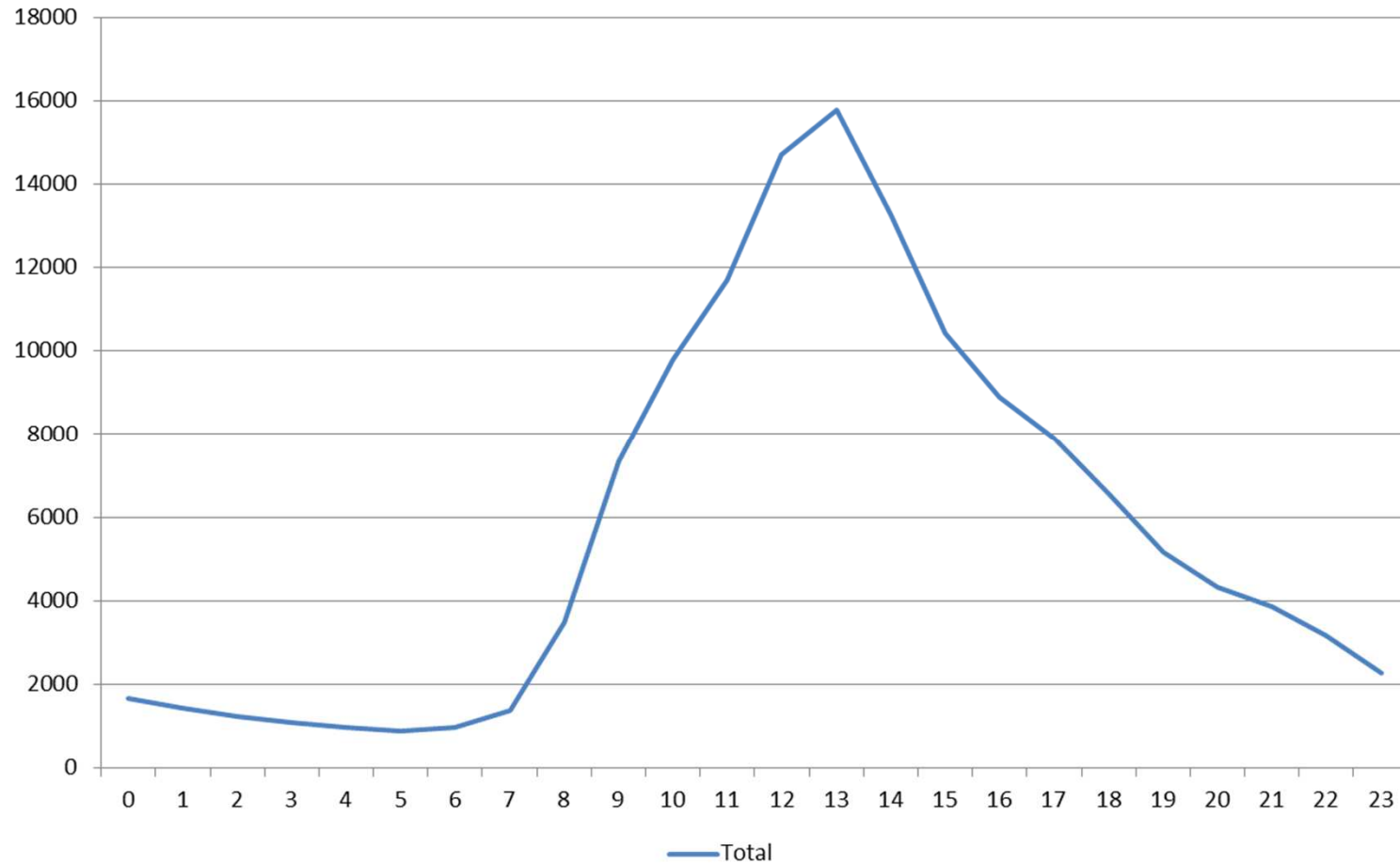
Chest
Pains

Breathing
Problems

Unconscious /
Fainting

Sick
Person

Healthcare Professional Activity by hour



Reality



Managing the demand is
unsustainable
if change doesn't happen



Less than **10%** of
incidents are actually
life threatening



Fallers
make up **17%** of all
999 activity



31% of all PES activity
between
12:00 and 15:00
is from HCPs



Patients with known long
term conditions call 999
six times more often
than other service users



54% of patients arriving at
ED by ambulance end up
in a **hospital bed**
(75% of admissions over
65 years of age)

The Ambulance Service Has Changed.....

- Traditional view of '**scoop and run**' changed dramatically
- Case **mix** has changed
- Paramedic role introduced in 1981
- Comprehensive **clinical leadership** structure and model
- Paramedic **skills** now, could only be done 10 years ago in a hospital or by a GP
- **There's more to come.....**



Changes to Emergency and Urgent Care

Objectives:

- To provide a robust **urgent care service** for those who call 999 but do not necessarily need an ambulance or to go to hospital
- Deliver a reliable and efficient NHS 111 service
- **Reduce** number of patients who **attend** emergency departments
- Ensure patients receive the right care, at the right time and in the right place
- **£500,000** investment in Urgent Care
- The principles of **'Hear and Treat'**, **'See and Treat'** and **'Treat and Convey'**

Working Differently

- Paramedic Pathfinder
- Community Care Pathways and Plans
- Acute visiting scheme
- Community Paramedics
- Urgent Care Desk
- Clinical Hub
- Frequent Callers Initiative



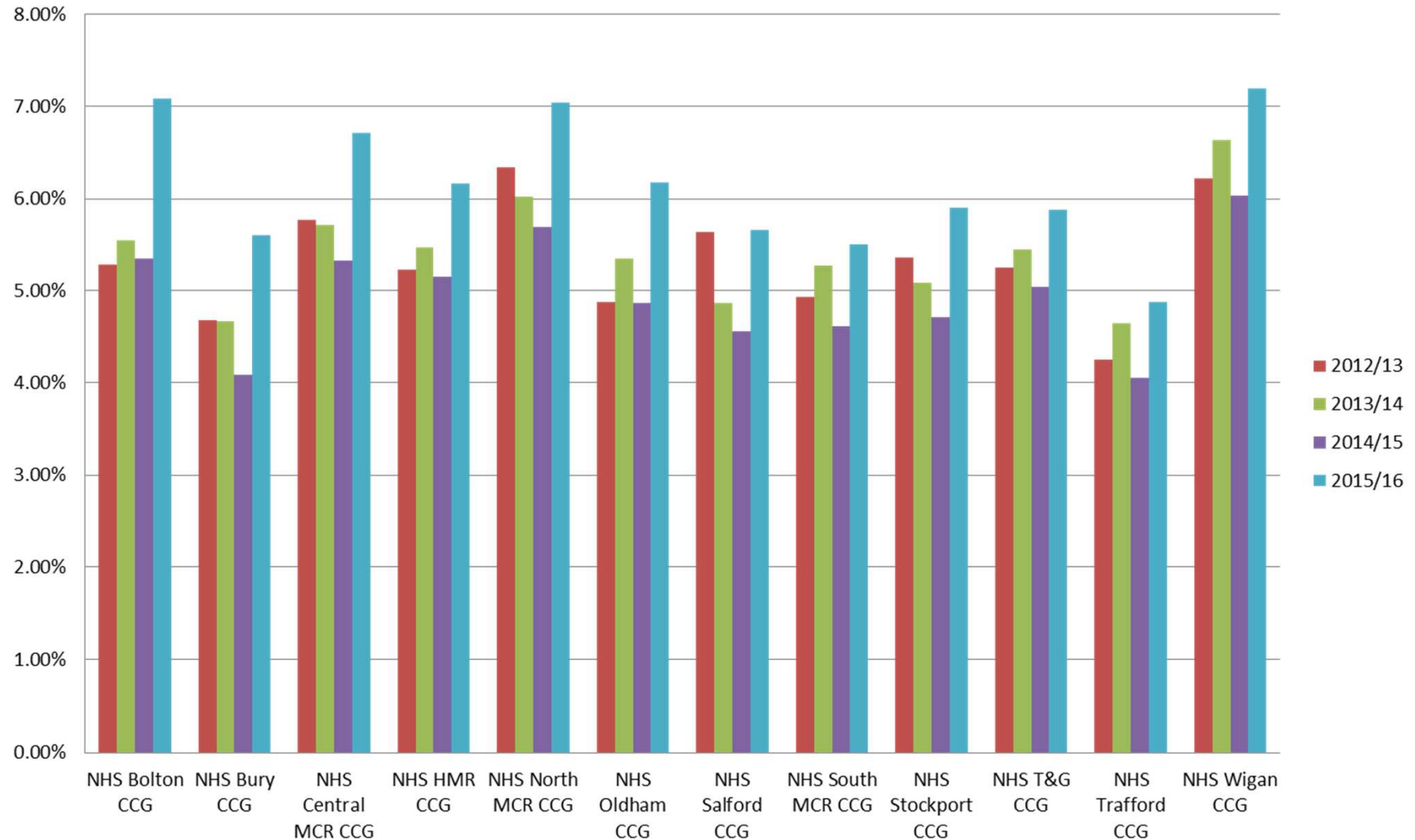
Evolving Role

- Enhanced treatment role - a community based provider of mobile urgent care and emergency health care
- Safely manage more patients at scene, treating them at home or referring them to a more appropriate community based service
- Further opportunities to assess, prescribe, manage exacerbations of chronic illness
- Working even closer with GPs and community services



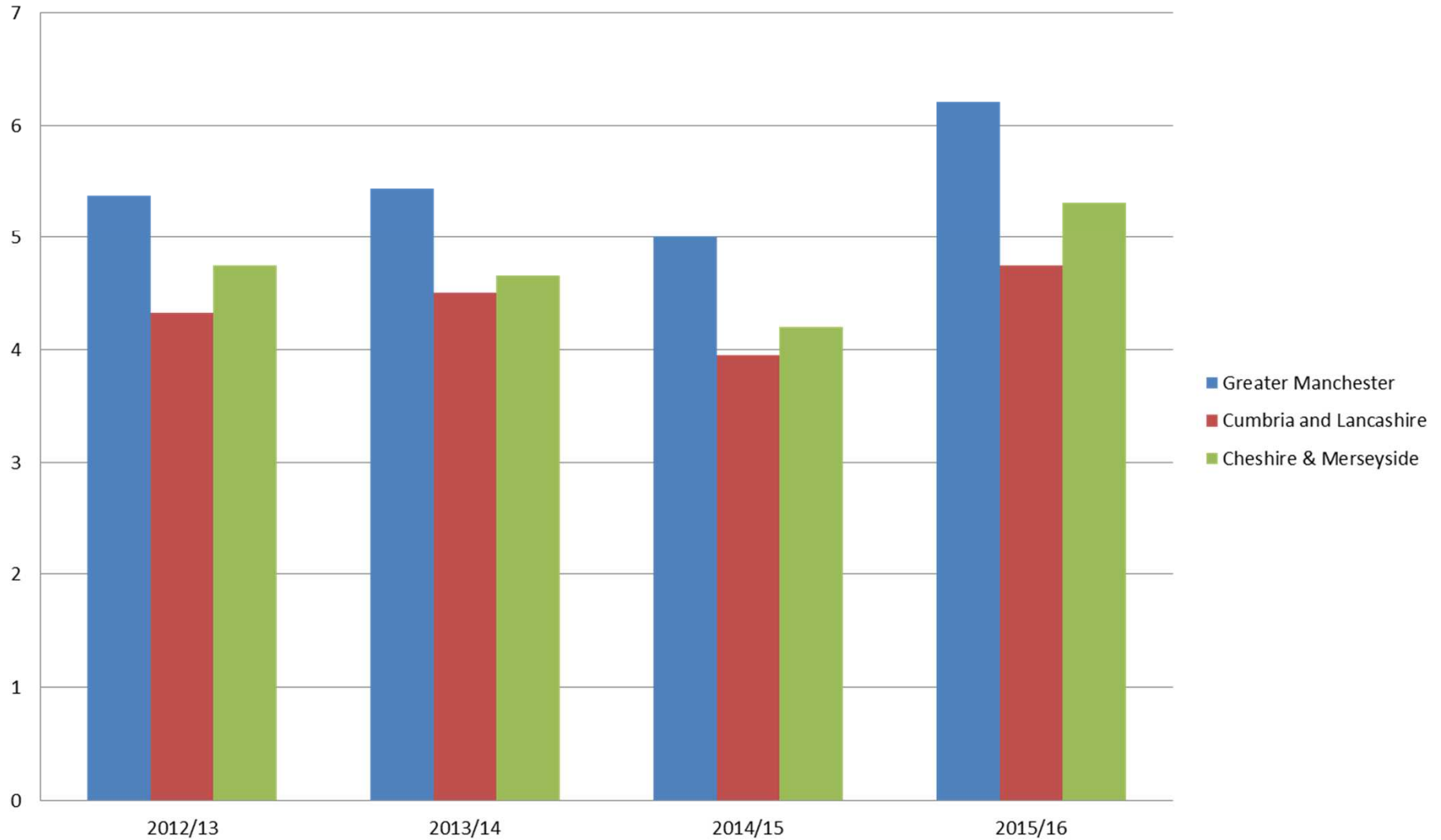
Mental Health

% of 999 Activity - Coded as Suicide/Self-Harm/Overdose/Mental Health



Mental Health

% of Overall 999 Activity



Mental Health Good News

- Sanctuary – Bolton & Central Manchester
- Street Schemes
- GMP Joint Partnership Agreement
- Training & Education
- Joint working....closer than you may think!

Mental Health Challenge

- Turning the unknown into known & understood
- Risk
- Why us?

Thank You and Any Questions?