



Opportunities for Integration

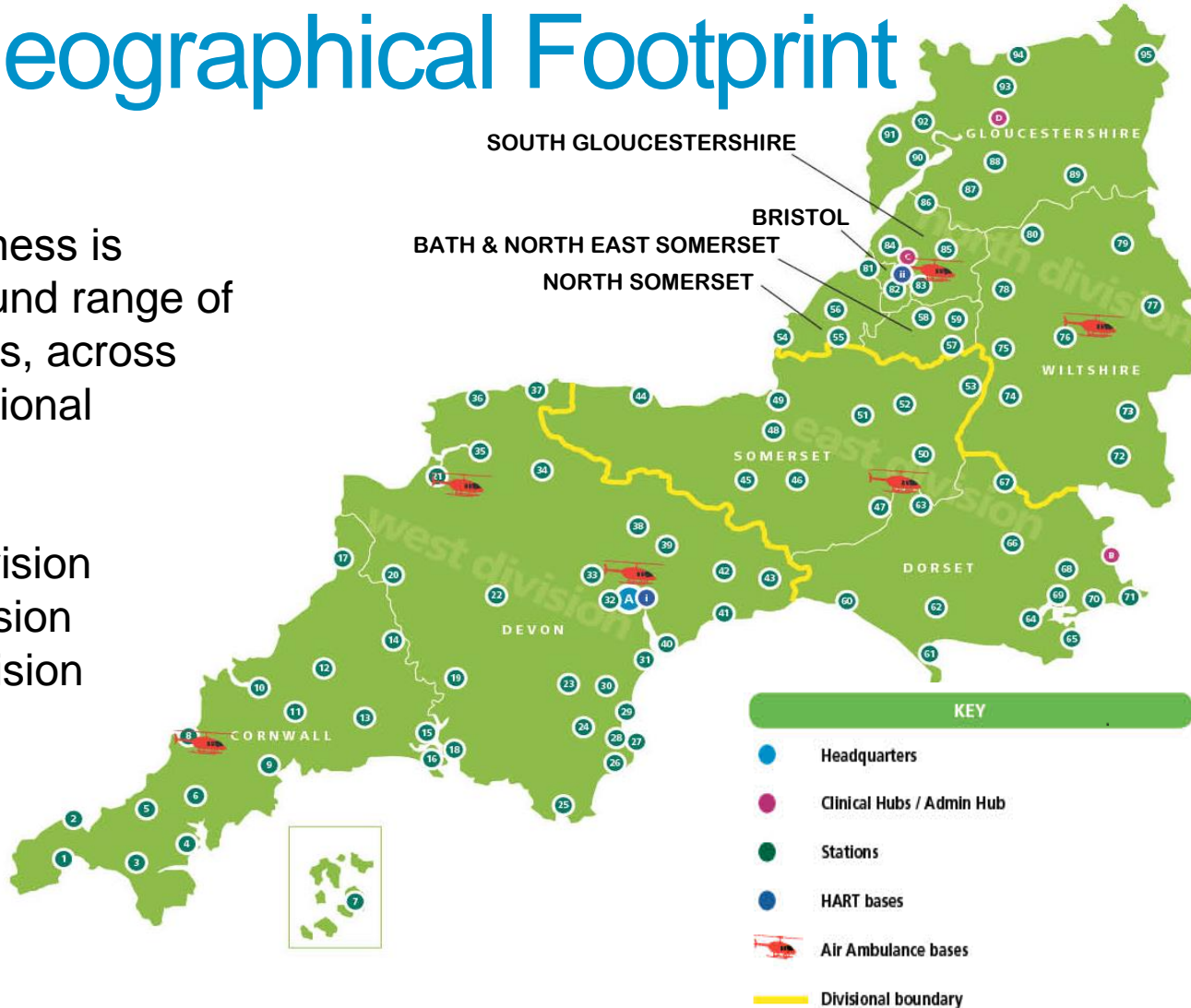
Lee Hilton – Clinical Development Manager



The Geographical Footprint

Trust's business is centred around range of core services, across three operational Divisions:

- North Division
- East Division
- West Division





Service Outline

Geography

- Covers 10,000 square miles; 20% of mainland England
- Cornwall and Isles of Scilly, Devon, Dorset, Somerset, Wiltshire, Gloucestershire and the former Avon area

Population

- The Trust serves a population of 5.3 million
- An estimate suggests 17.5 million visitors each year

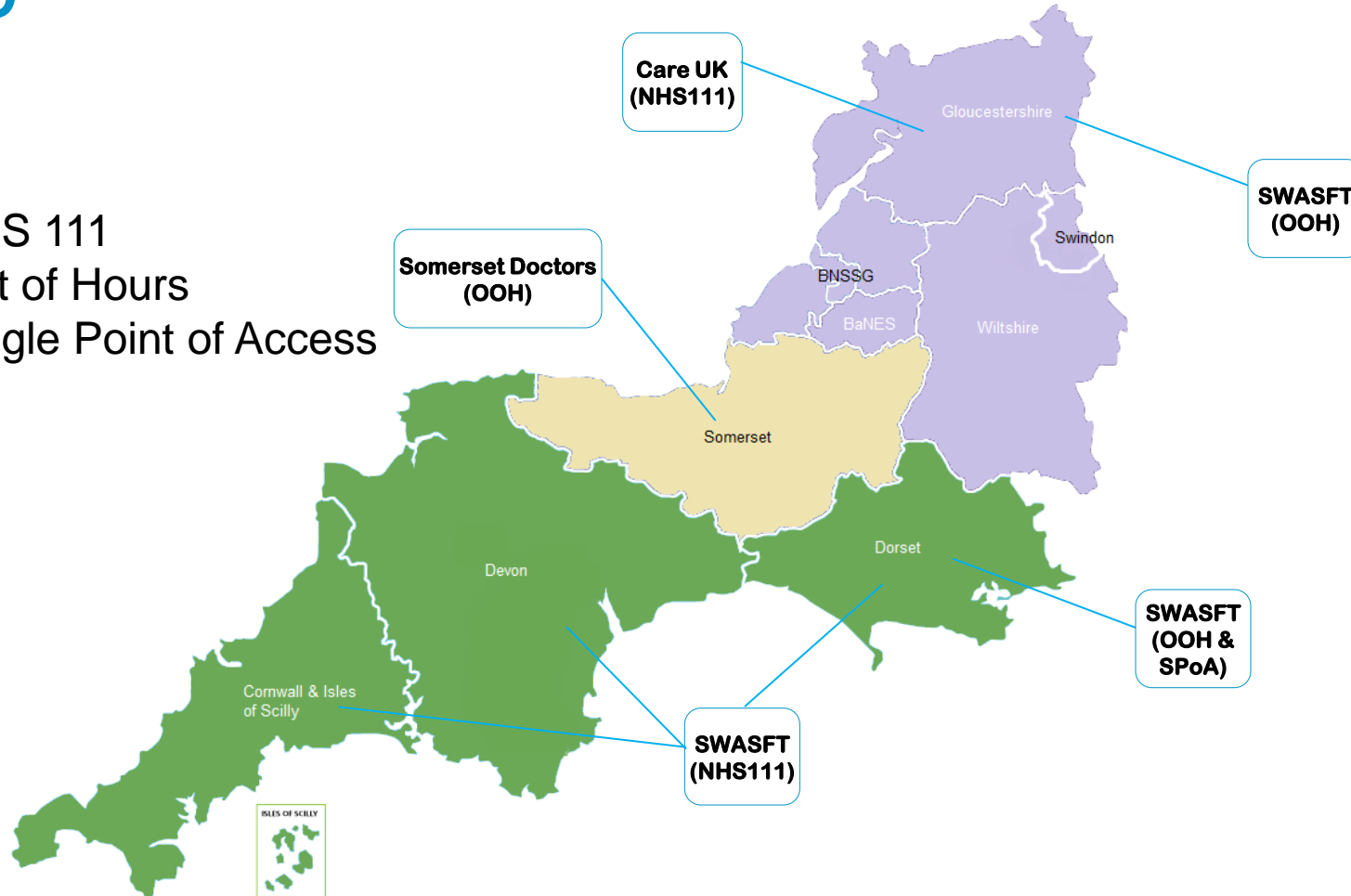
Growth

- 9.75% increase in 999 activity compared with previous year (14/15) – 7.11% HCP/111; 2.64% Public incidents
- Q1 (15/16) – 6% increase on same period for previous year



Urgent Care Services

- NHS 111
- Out of Hours
- Single Point of Access





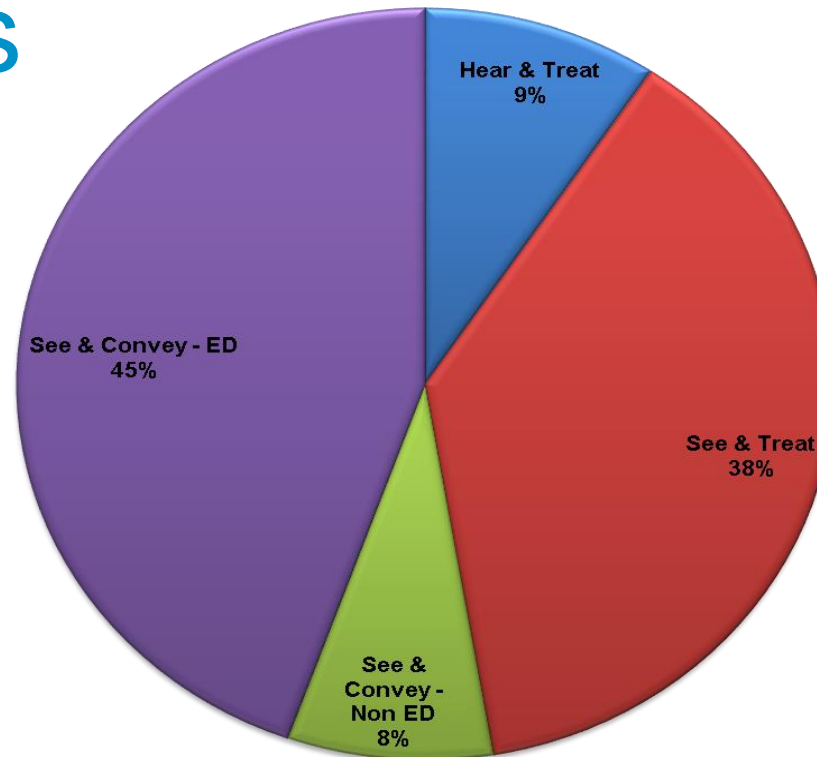
Clinical Commissioning Groups

- CCG footprints create diversity in commissioning of services
- 12 CCGs cover the South West region
- A&E services provided across all 12 CCGs – commissioned through SWCSU
- Patient Transport Services are commissioned by 4 CCGs
- OOHs services are delivered across 2 CCG areas
- NHS 111 services are commissioned by 3 CCGs



Outcome of Ambulance Incidents - 2014/15

999 Outcomes



Ambulance Clinical Quality Indicators April 2014 to February 2015

Clinical Quality Indicator	East Midlands	East of England	London	North East	North West	South Central	South East Coast	South Western	West Midlands	Yorkshire	All
% of Managed Incidents Resolved by Telephone Advice Only	7.14	6.71	13.36	6.51	3.43	5.83	11.25	7.95	5.35	7.66	8.03
% of Managed Incidents, Receiving a Face to Face Response, Resolved without Transport to an Emergency Department	31.31	42.44	34.36	31.09	27.32	42.26	43.14	52.35	37.80	32.83	37.05



Dispatch on Disposition

- Has supported patient safety and clinical outcomes by ensuring appropriate and timely resource allocation
- ↑ Hear and treat; ↓ allocations; ↔ re-contacts
- Professor Keith Willett's letter dated 10 June 2015 states:

“early results from the Dispatch on Disposition pilot suggests more clinically appropriate and efficient deployment of ambulance resources with no detrimental impact on patient outcomes.”



Dispatch on Disposition

- Red 1 achieved, maintained or improved (despite activity, hospitals resourcing)
- Hear and Treat improved (different results for each area based on structural differences)
- Staff survey results strong
- **No detrimental impact on patients**



Dispatch on Disposition

Quality & Safety

Measure	Findings	Trend
Patient Re-contact Rates	No change observed.	Maintaining ⇔
Incidents	There has been a reduction in the number of incidents relating to delay, and zero incidents attributable to the Pilot	Reducing ↓
Clinical Outcomes	While data from the pilot period is still being collated, initial results indicate no change.	Maintaining ⇔

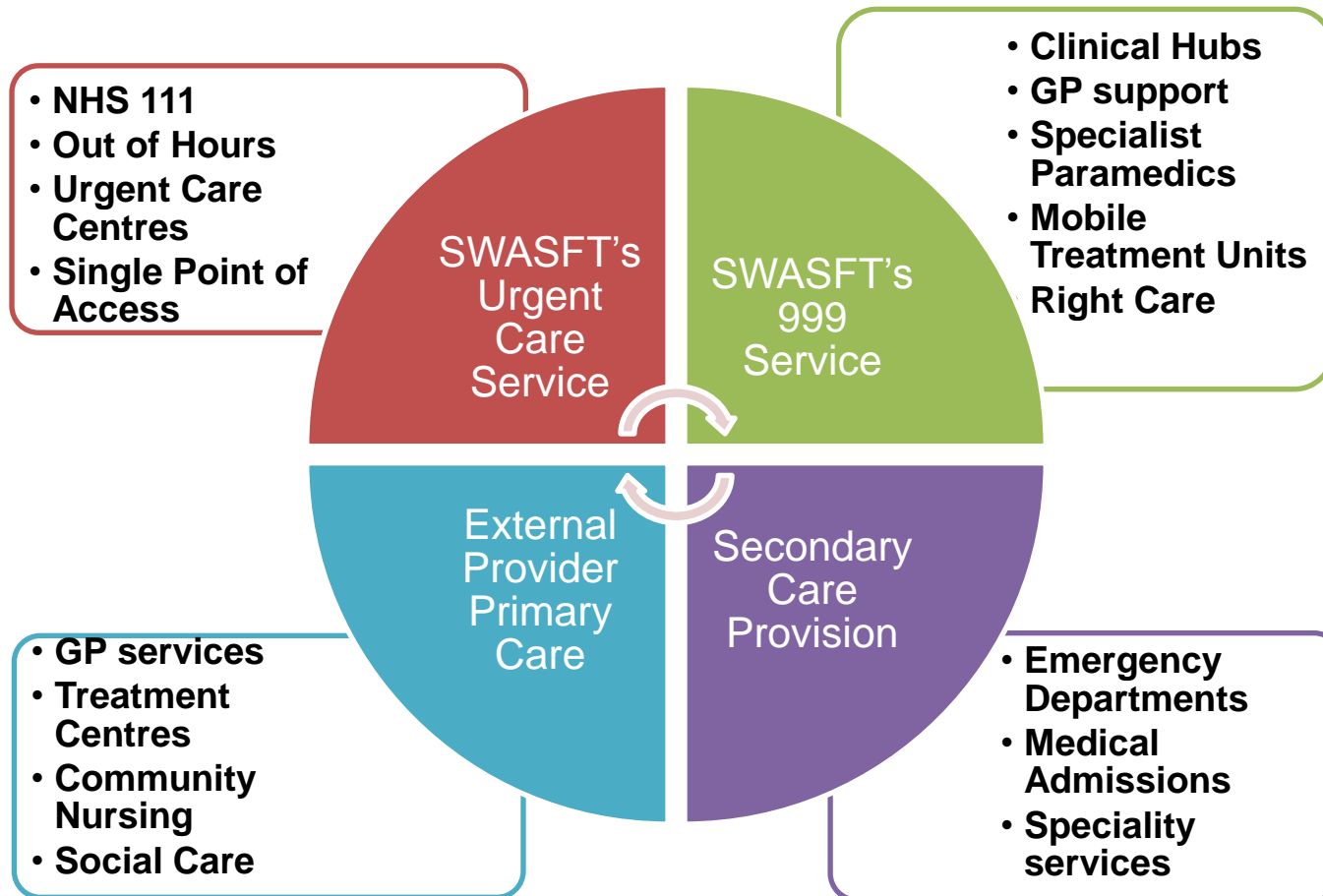


Right Care 2

- Commenced April 2014 now with 20 Trust-wide schemes
- Ensures clinicians are enabled to provide the **right care**
- Over **12,000 less patients conveyed to EDs** compared to 13/14 despite 9.75% increase in demand
- Managing patients outside of ED led to **£9M savings** last year

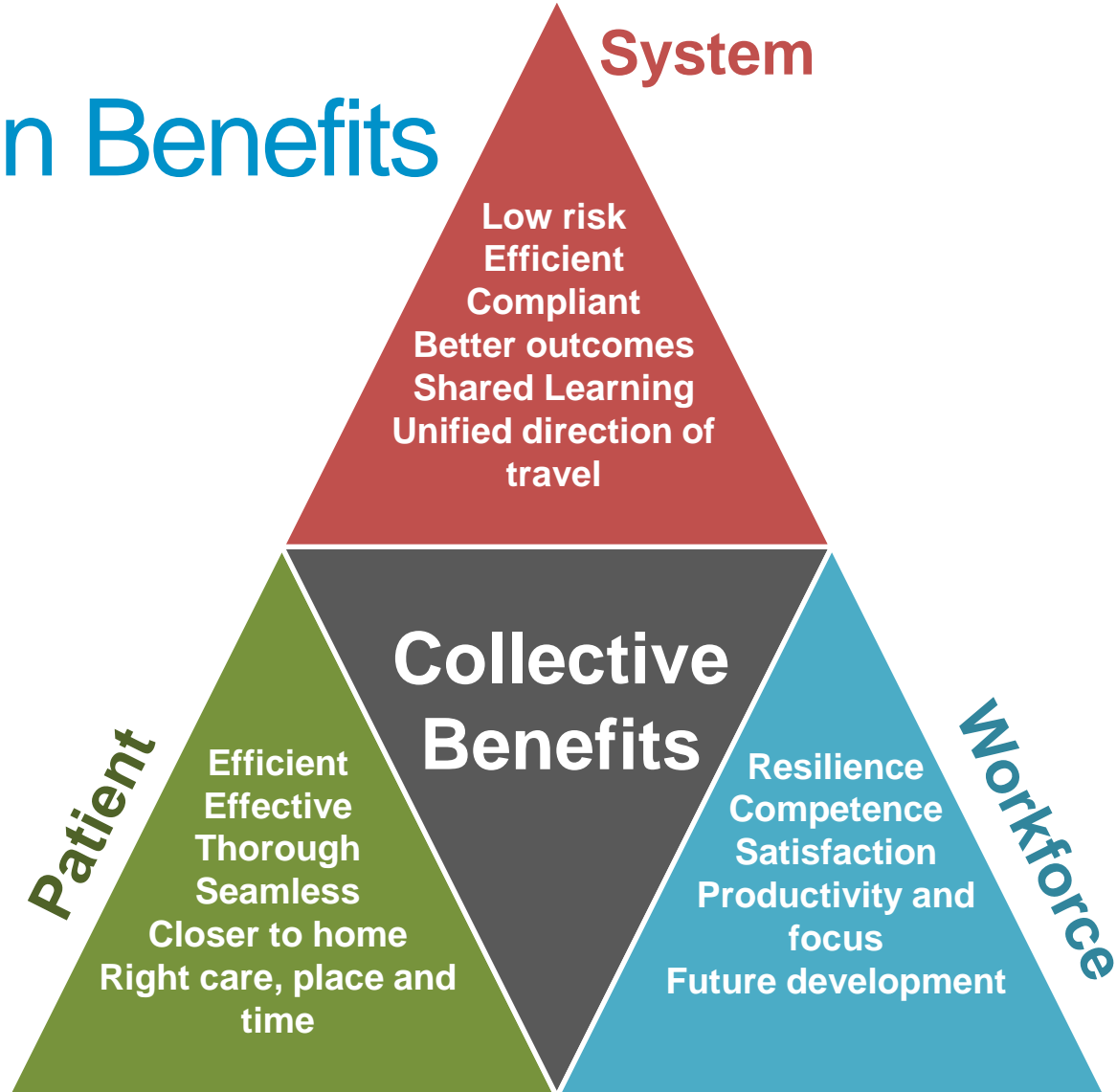


Integration Opportunities





Integration Benefits





Economies of scale vs. localism

Economies of Scale	Localism
System savings and returns on investment	Resource heavy
Unified vision and direction	Silo working with varied evolution
System wide improvements, with limited detailed focus	Local adaptation and focus on specific areas of improvement
Unfamiliarity and defensive practice	Familiarity and proactive practice
Influential position to inform national policy and direction	Smaller voice with less influence on national adaptation and change
? Financially driven	? Clinically driven



Challenges

- Private vs. NHS Providers of healthcare
- Individual CCG requirements
- Adaptation and local variances to operating policy
- Resourcing and workforce
- KPIs – operational vs. clinical focus (Right Care)



Achieving the Vision

Internal workforce development, mapped against service demand and gap analysis

External relationship development with other providers, to maximise utilisation of available primary care services

Maintaining a shared vision of key priorities and the direction of travel

Realistic

Achievable

Sustainable