



Lay Guide to Ambulance Service clinical quality indicators

One of the most common reactions we hear from patients is that in an emergency they want the ambulance to arrive quickly. Delays (perceived or otherwise) in receiving the care they need may also seem worse by the anxiety and stress of the situation. Ambulance trusts recognise this and understand that response time is important, but faster responses to patients are only one part of a process to deliver improved outcomes for patients. Ambulance trusts therefore need to focus on providing the best care at the most appropriate time and, where possible, to resolve issues on the first occasion. We appreciate that sometimes ambulance staff have to focus on the most critically ill patients (i.e. those with life-threatening conditions) but it is important that there are effective systems and the right level of resource to cope with all patients who call 999.

We are publishing a new set of ambulance clinical quality indicators that aim to provide patients with the information they need to be able to see the quality of care being delivered by ambulance services. These indicators will be published regularly and will be made available by each individual ambulance trust. This will mean that there will be information available to allow comparisons between one ambulance service and another. The set of indicators is designed to give a comprehensive picture of the quality of care but importantly also includes the views of service users on the care the ambulance trust has provided. Patient and public feedback is key to facilitating continuous improvement; and trusts will need to take account of this when looking to learn lessons and improve the service they offer. A first-class ambulance service is always keen to hear about suggestions for improvements in care.

The ambulance clinical quality indicators are not just about providing information, they also aim to encourage discussion and debate amongst ambulance staff, NHS managers, commissioners, and the general public about how good the care being provided locally is and how it can be improved.

Eleven clinical quality indicators will be measured from April 2011, and the remainder of this where this document sets out how these specific indicators will improve care.

Service Experience Indicator – most, if not all, ambulance trusts already undertake patient satisfaction surveys. We are now asking them to go beyond simply reporting the results of such surveys, and ambulance trusts will be required to demonstrate and publish how they find out what people think of the service they offer (including the results of focus groups, interviews and patient forums, rather than simply patient surveys) and how they are acting on that information to continuously improve patient care.



Outcome from acute ST-elevation myocardial infarction (STEMI) indicator -

STEMI is an acronym meaning "ST segment elevation myocardial infarction," which is a type of heart attack. This is determined by an electrocardiogram (ECG) test. We know that, for many conditions, your recovery will be more likely and quicker if you receive early treatment.

Early access to reperfusion (i.e. where blocked arteries are opened to re-establish blood flow) and other assessment and care interventions are associated with reductions in STEMI mortality and morbidity. Measuring patient outcomes in this way will allow services to place performance in context and stimulate discussion on how to continually improve.

Outcome from cardiac arrest: return of spontaneous circulation indicator -

This indicator will measure how many patients who are in cardiac arrest (i.e. no pulse and not breathing) but following resuscitation have a pulse/ heartbeat on arrival at hospital. We recognise that providing resuscitation as early as possible to those in cardiac arrest is likely to improve the chances of recovery. Clearly, the higher the survival rate the better.

Outcome from cardiac arrest to discharge indicator - We know that the ambulance service play a vital role in saving patient's lives, but it is important to understand the effectiveness of the whole system in managing those patients who are in cardiac arrest. We will know from the indicator above how effective the ambulance service was in responding to and treating patients in cardiac arrest when the ambulance arrives at the hospital - but what about after the patient is in the care of the hospital? That is why this indicator measures the rate of those who recover from cardiac arrest and are subsequently discharged from hospital as a patient outcome.

Outcome following stroke for ambulance patients indicator - The Stroke: Act F.A.S.T campaign has been very successful in raising awareness to the public on the signs of a stroke (as well as TIAs, Transient Ischaemic Attacks (or "mini-strokes")), and we know that prompt emergency treatment can reduce the risk of death and disability. The campaign promotes that when a stroke strikes act F.A.S.T:

- Facial weakness - can the person smile? Has their mouth or eye drooped?
- Arm weakness - can the person raise both arms?
- Speech problems - can the person speak clearly and understand what you say?
- Time to call 999 for an ambulance if you spot any one of these signs.

This indicator will require ambulance services to measure the time it takes from that all important 999 call to the time it takes those F.A.S.T-positive stroke patients to arrive at a specialist stroke centre. We know that patients should be arriving at specialist stroke centres as soon as possible so that they can be rapidly assessed for thrombolysis, delivered following a CT scan in a short but safe time frame; this has been demonstrated to reduce mortality and improve patient recovery.



Proportion of calls closed with telephone advice or managed without transport to A&E indicator - Ambulance trusts are exceptionally good at handling and responding to 999 calls. But calling 999 does not necessarily mean that a 'blue light' emergency response is the best one. Similarly, with ambulance staff becoming increasingly skilled in treating patients at the scene even if an ambulance is sent, the front-line crew may be able to treat the patient then and there without the need to take them to an A&E department. On the other hand, alternative healthcare options, other than A&E, may be more appropriate for the patient.

This indicator should reflect how the whole urgent care system is operating, rather than simply the ambulance service or A&E, because it would reflect the availability and provision of alternative urgent care destinations and treatment of patients in the home. Knowing this will help improve urgent and emergency care services so that they offer the right treatment to patients in the right location at the right time.

Re-contact rate following discharge of care indicator – if patients have to go back and call 999 a second time it is usually because they are anxious about receiving an ambulance response or have not got better as expected. Occasionally it may be due to an unexpected or a new problem. To ensure that ambulance trusts are providing safe and effective care the first time, every time this indicator will measure how many callers or patients call the ambulance service back with 24 hours of the initial call being made.

Call abandonment rate – the vast majority of people who phone 999 do so because they need to access emergency healthcare. If people do not get to speak to the ambulance service quickly they may hang up or try to receive the care they need elsewhere, for example turning up at A&E. This indicator will ensure that ambulance trusts are not having problems with people phoning 999 and not being able to get through so that 999.

Time to answer calls – It is equally important that if people/patients dial 999 that they get call answered quickly. This indicator will therefore measure how quickly all 999 calls that are received by the ambulance service get answered. The quicker the ambulance service answer the call, the quicker they can establish what is wrong with the patient so that the best type of response can be given. Answering the call quickly also provides reassurance to often very anxious and scared callers, who have called 999 because it is a real emergency.

Time to treatment by an ambulance-dispatched health professional – it is important that if patients need an emergency ambulance response that the wait from when the 999 call is made to when an ambulance-trained healthcare professional arrives is as short as possible, because urgent treatment may be needed.

Category A, 8-minute response time – In truly life-threatening situations, the speed of an ambulance arriving could help to make the difference between life and death. This indicator measures the speed of all ambulance responses to the scene of potentially life-threatening incidents and importantly measures that those patients who are most in need of an emergency ambulance gets one quickly.



Each ambulance service will be publishing their results against each of these indicators from April 2011, along with an explanation of their local circumstances to place these results in context. This will help to explain any local reasons as to why the results may be different from other ambulance services, but it should also explain how they are working to continuously improve the quality of care they deliver to patients.

Patient Experience Report for 2010/11

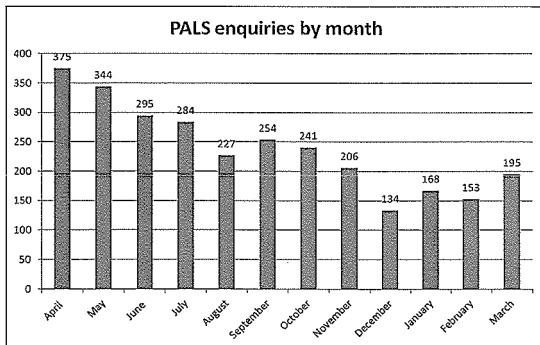
1. Patient Advice & Liaison Service (PALS)

NHS Berkshire West PALS provides an information and advice service for all patients, families and carers living in Reading, Wokingham and West Berkshire. PALS provide informal, confidential help and advice on matters appertaining to NHS primary health care services.

1.1 Overview

Over the course of 2010/11 PALS received 2876 enquiries. The average number of enquiries received per month was 240. This is an overall reduction of 32.7% compared to the previous year.

The reduction can be explained by a temporary change in the level of PALS staffing due to maternity leave. The service is normally staffed by one manager and two officers. For the period June - December 2010 one PALS Officer was on maternity leave. She was joined by the second PALS Officer from January - August 2011. The PALS Manager was required to maintain the operational running of the service. This had a direct impact on the team's ability to proactively promote PALS in the local community. For the last year the service has effectively been ticking over.



During the period January – August 2011 additional support has been provided by NHS Berkshire East PALS and NHS Berkshire West's Communication team. Berkshire East PALS provided telephone and email cover for urgent cases during periods of annual leave and sickness. The Communication team provided daily telephone support for patients seeking a local NHS dentist.

Through collaborative working we have continued to maintain a service for patients during advertised opening hours. Unfortunately response times have increased as a result of reduced staffing. PALS normally respond to enquiries on the day of receipt but this has been extended to a maximum of three working days to cope with demand.

During the financial year PALS dealt with 534 enquiries from Wokingham residents which amounted to 19% of the total enquiries dealt with by PALS. Reading residents continue to be major users of the service (41%). West Berkshire residents have a comparable enquiry rate of 21%.

1.2 Frequently asked questions

Our most frequently asked questions are "Can you help me to find a dentist?" and "Can you help me to register with a GP?"

During 2010/11 PALS helped 1113 patients to locate a local dentist so that they could receive NHS treatment. This accounted for 39% of all PALS enquiries. 226 of these enquiries were from Wokingham residents.

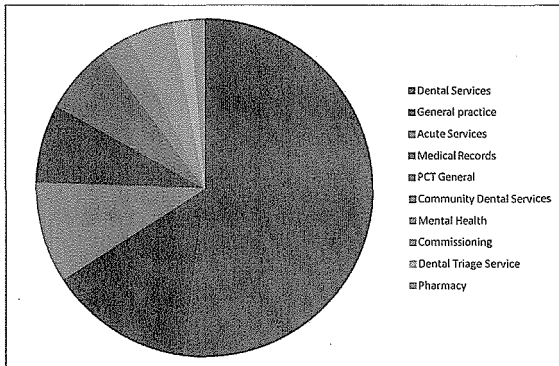
Wokingham has a good geographical spread of NHS dental practices which means that the area is well served. There are also a series of Community Dental Clinics and an on-call rota offering emergency intervention for patients who need urgent treatment and those with complex needs.

In order to make this information more accessible the PCT displays a list of all NHS dentists currently accepting new patients on its website. This information is updated monthly. The list is also distributed to all GPs and Pharmacies who are asked to display this information in patient waiting areas.

In addition to this the PCT has worked hard on a communications plan to promote the message "Your local NHS dentist is closer than you think". For example; adverts on taxis, phone boxes, bus stops and railway platforms. This was supported by a series of community road shows.

1.3 Most popular areas of enquiry

The pie chart below shows the top ten most popular areas of enquiry for all of our residents. This is mirrored by Wokingham residents who have also identified the same most popular areas of enquiry. Enquiries can range from simple requests for telephone numbers and information about where to find services or how they work, right through to concerns about access, waiting times and treatment.



It is possible to examine the enquiries appertaining to Wokingham residents. The most popular areas of enquiry were;

Dentistry

253 enquiries from Wokingham residents related to NHS Dentistry.

- 229 information requests for details of dentists in the local area
- 7 concerns regarding access e.g. wheelchair accessible clinics, flexibility of opening times.
- 9 charging issues
- 3 concerns about the care / treatment received.

The remainder of concerns related to a wide range of issues from medical records to communication.

Acute (Hospital) Services

39 enquiries received from Wokingham residents related to hospital care. The majority (29) related to the Royal Berkshire Hospital. Of these enquiries the majority of concerns (10) were expressed about waiting times. 5 were requests for general information such as average waiting times, location, etc. 4 concerns were regarding communication to patients and / or relatives. The remainder were wide ranging from discharge arrangements to cleanliness.

General Practice

72 enquiries were received from Wokingham residents.

- 12 enquiries regarding access e.g. opening times, availability of extended hours, disabled access

- 39 information requests for assistance in registering with a GP
- 10 concerns expressed about care and treatment

The remaining enquiries were a range of enquiries from medical records through to waiting times for appointments..

1.4 What has changed?

As well as resolving individual patient's concerns, PALS use patient feedback to identify trends or issues that have affected significant numbers of patients. This patient feedback is cascaded to key decision-makers in the organisation and is used to inform PCT investment and service development.

A good example of this is dentistry. In 2010/11 Dentistry accounted for 39% of all PALS enquiries. In response to patient feedback funding has been agreed for increased dental capacity as follows;

- Two new dental surgeries opened in 2010/11 in Pangbourne and Earley. A further practice opened in September 2011 in Finchampstead. The decision to invest in Wokingham and West Berkshire was taken in response to evidence of low levels of access.
- NHS Berkshire West invested more money in existing contracts with dental practices to ensure more dental appointments can be offered to patients living in Berkshire West.

2. Complaints

If things are not going well, we need to hear about them. When patients or their families contact us with concerns about the services we provide or commission (this includes acute care, mental health, community, GPs, dentists, pharmacists and optometrists), it is an opportunity for us to listen, learn and where necessary implement changes.

In 2010/11 there were 103 formal complaints for NHS Berkshire West. A change in complaint regulations in 2009 stipulated that a complainant can direct their complaint to the provider or the commissioner of a service. This has resulted in a 32% volume increase in complaints compared to 2009/10.

2.1 Compliments

We are pleased that the Trust continues to receive a large number of compliments about the services it provides and commissions. 598 compliments were recorded in 2010/11.

3. Looking ahead to 2011 / 12

The clustering of PCTs has led to a formal reorganisation. The East and West Berkshire PALS and Complaints functions have been brought together to create a single Patient Experience team. A Head of Patient Experience has been appointed to lead the team.

WOKINGHAM LINK LOCAL INVOLVEMENT NETWORK

General Matters

Wokinghm LINK required the reprint of their introductory leaflet and took the opportunity to re-design it. It has been sent to the printers and the email will be attached for members of the HOSC.

Continuing Projects

- Neurological Survey Project
- Establishing contact with Providers such as the division of the Berkshire Healthcare Foundation Trust which provides Community Care Services which operate in Wokingham Borough e.g. District Nurses and Community Hospitals. Liaison meetings will continue.
- Parents Experience of the CAMHS(Child and Adolescent Mental Health Service) .
Tony Lloyd attended a Committee meeting of this service on Nov 9th and Christine Holland will attend the CAMHS Next Generation Care, Common Point of Entry and Urgent Care update on Nov 28th at Wokingham Hospital.
- Following changes in the provision of Social Care, a small group of the Wokingham LINK have been working on an update of the Clients' Guide Sheet for new clients and have now referred this paper for factual checking by WBC staff.
- Establishing contact with Residential Care Homes in the Wokingham Borough to build relationships.
Pat Evans, Jenny Butler and Christine Holland have visited the Liberty of Earley House to carry out Quality Assurance Surveys with the residents.
Both interviewers and residents seemed to appreciate the experience.
- Sue Roberts, Mike Wooldridge and Salma Ahmed attended the last Steering Group meeting of the Wokingham Link to talk about the future and progress towards Local Healthwatch.

Christine Holland
christinemholland@btinternet.com

TITLE	Health Consultations
FOR CONSIDERATION BY	Health Overview and Scrutiny Committee – 29 November 2011
WARD	None Specific
LEAD OFFICER	Charles Yankiah, Senior Democratic Services Officer

PURPOSE OF REPORT

To bring to the attention of the Committee the current "live" health consultations.

RECOMMENDATIONS

To decide on which of the "live" Consultations the Committee would like to be consulted on and respond to prior to the deadline dates.

SUPPORTING INFORMATION**INTRODUCTION**

This paper provides an overview of "live" consultations in relation to health policy as of 21 November 2011. Details provided on all "live" consultations have been taken directly from the Department of Health website.

For further information on consultations please refer to the Department of Health or Directgov websites, see link below –

<http://www.dh.gov.uk/en/Consultations/Liveconsultations/index.htm>

LIVE CONSULTATIONS**1. Consultation on the Future of Fosters Residential Care Home (See Appendix 1)**

Launch date: 16 November 2011

Closing date: 8 February 2012

This consultation on the future of Fosters is considered within a wider context of the Borough Council's long term housing strategy for older people outlined in 2008. The strategy involved consultation with stakeholders, partners and residents of WBC (*A strategy for housing for older people in Wokingham, Updated: June 2008*). It considered contemporary and future patterns of local need for accommodation for older

people alongside national policy.

There has been briefing sessions with staff on 15th November, followed by meetings with residents and their families on Wednesday 16th November to launch the consultation. A media briefing is also being held on the morning of Thursday 17th November at Alexandra Place.

Consultation materials explaining the process, options proposed and some of the questions people will have, are on the Wokingham website www.wokingham.gov.uk

Contact: Mike Wooldridge

Telephone: 0118 974 6783

Email: mike.wooldridge@wokingham.gov.uk

2. Fundamental Review of Data Returns – A consultation on the recommendations of the review

Launch Date: 30 August 2011

Closing Date: 22 November 2011

Consultation on the findings of the Fundamental Review of Data Returns. This covered all national data returns requested by the Department of Health in England and its Arms Length Bodies (ALBs) from NHS organisations.

Contact: Fundamental Review of Data Returns Consultation

Address: Room 3E48

Quarry House

Quarry Hill

Leeds

LS2 7UE

Email: fundamentaldatareview@dh.gsi.gov.uk

Link: http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_129725

3. Public Consultation on regulations to transpose Organ Directive 2010/53/EU into UK legislation

Launch date: 26 October 2011

Closing date: 21 December 2011

Comments are invited as part of a consultation that will run from 26 October 2011 to 21 December 2011 on draft Quality and Safety of Organs for Transplantation Regulations that transpose Directive 2010/53/EU on the standards of quality and safety of human organs intended for transplantation. The UK is required to be compliant with the

Directive from 27 August 2012. The Department of Health is undertaking the consultation on behalf of all UK health administrations. One of the key requirements is that procurement organisations and transplantation centres must be licensed by the Human Tissue Authority.

Contact: Organ Directive Consultation

Address: c/o Organ Donation and Transplantation Team
Department of Health
621 Wellington House
133-155 Waterloo Road
London SE1 8UG

Link: http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_130713

4. Market entry by means of pharmaceutical needs assessment and quality and performance (market exit)

Launch date: 31 October 2011

Closing Date: 25 January 2012

The NHS Act 2006 requires the Secretary of State for Health to make Regulations concerning the provision of NHS pharmaceutical services in England.

The Health Act 2009 amended these provisions by providing that

- PCTs must develop and publish local pharmaceutical needs assessments (known as "PNAs"); and
- PCTs would then use their PNAs as the basis for determining entry to the NHS pharmaceutical services market.

Contact: Gillian Farnfield

Address: PNA Entry consultation,
Room 453D,
Skipton House,
80 London Road,
London SE1 6LH

Email: pnaentrycons@dh.gsi.gov.uk

Link: http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_130510

5. Implementing a 'Duty of Candour'; a new contractual requirement on providers. Proposals for consultation

Launch date: 10 October 2011

Closing date: 02 January 2012

This consultation has been launched on implementing a 'Duty of Candour'; a contractual requirement on NHS providers to be open with patients when things go wrong with their healthcare. This forms part of the Government's plans to modernise the NHS by making it more accountable and transparent.

The contractual Duty of Candour will be an enforceable duty on providers to ensure they are open and honest with patients or their families and provide them with information on any investigations and lessons learned.

This consultation asks patients, the public, clinicians managers and anyone with an interest how best to design a contractual requirement for organisations to be open, including the scope and the kinds of sanctions that should be available, and also asks how best to support patients and clinicians to ensure people are told when things go wrong. Responses are welcome from anyone, including patients and the public.

Contact: The Patient Safety team

Address: Room 422
Wellington House
133-155 Waterloo Rd
London
SE1 8UG

Email: dutyofcandour@dh.gsi.gov.uk

Link: http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_130400

6. Proposals to introduce independent prescribing for physiotherapists and podiatrists

Launch date: 15 September 2011

Closing date: 30 December 2011

This consultation concerns proposals for podiatrists to become independent prescribers of medicines. It also proposes that podiatrist independent prescribers are allowed to mix licensed medicines prior to administration and direct others to mix, and to be able to prescribe independently from a limited list of controlled drugs. This would be achieved primarily by changes to the Medicines Act 1968 and the Misuse of Drugs Regulations 2001.

Contact: Sally Brown

Address: AHP Professional Leadership Team
Department of Health
Quarry House
Quarry Hill
Leeds LS2 7UE

Email: ahpprescribing@dh.gsi.gov.uk

Link: http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_129981

http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_129983

Analysis of Issues

n/a

Corporate Implications (this must include Financial Implications)

n/a

Reasons for Decision

No decision required.

Alternative Options considered, if any

n/a

Reasons for considering the report in Part 2

n/a

List of Background Papers

n/a

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Date 29 November 2011	Version No. 1

Consultation on the Future of Fosters Residential Care Home

Member Briefing

16th November 2011

Fosters is a 35 bedded traditional Residential Care Home, with 1 Short Stay place situated in Woodley. It has been in operation since 1964. It provides 24hr accommodation and care for people who fall into the registration categories of frail elderly and those with a diagnosis of dementia.

Whilst the level of care provided at Fosters is held in very high esteem by residents and their relatives, the physical environment presently falls well below the standards required by the Care Standards Act (2000), but as these standards are not retrospectively applied Fosters is able to maintain its current registration. The facilities at Fosters do not enable residents to retain a lot of independence. Fosters does not offer en-suite facilities and bedrooms do not meet minimum requirements for room size.

Moreover, a recent survey of the building revealed that the poor condition of the building requires substantial work in order to make sufficient improvements to bring it up to modern standards of accommodation. In addition to structural work, equipment and fittings need to be replaced. These repairs and changes to the building would not only cause considerable disruption to the lives of Fosters residents but would also be limited in terms of what they could achieve.

This consultation on the future of Fosters is considered within a wider context of the Borough Council's long term housing strategy for older people outlined in 2008. The strategy involved consultation with stakeholders, partners and residents of WBC (*A strategy for housing for older people in Wokingham, Updated: June 2008*). It considered contemporary and future patterns of local need for accommodation for older people alongside national policy.

A wide consultation of over 400 older people indicated that in older age:-

- 66% would wish to live in general housing, however, when pushed to state a preference should it not prove possible for them to remain in general housing, 42% chose retirement apartments and 37% sheltered housing with a manager.
- 5% expressed a wish to live in a residential care home
- 2% would opt to live in a nursing home.

It is clear that keeping Fosters open in the long term is not viable given the structural issues and so the options are whether to make further investment to make improvements where possible to an old building, or proceed with a planned and co-ordinated closure and re-house the current residents.

WBC is therefore consulting with residents, their families and other stakeholders about these options. The consultation will run from 16th November until 8th February 2012.

There has been briefing sessions with staff on 15th November, followed by meetings with residents and their families on Wednesday 16th November to launch the consultation. A media briefing is also being held on the morning of Thursday 17th November at Alexandra Place.

Consultation materials explaining the process, options proposed and some of the questions people will have, are on the Wokingham website www.wokingham.gov.uk

For further information, please contact Mike Wooldridge 0118 974 6783
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