



July 2010

Kent Local Involvement Network (LINK)
Summary Report on South East Coast Ambulance Service NHS Trust
Quality Account 2009 / 2010

1. Overview

This report will offer a more detailed review of the South East Coast Ambulance Service NHS Trust's (SECamb) Quality Account 2009 / 2010 to accompany the 500 word statement (Appendix 1) which was submitted to the Trust for inclusion when the Quality Account was published on the NHS Choices website and Trust website on 30 June. It will also provide further evidence of the work which was undertaken with Canterbury Christ Church University to inform the LINK's statement.

The document will be made available to SECamb, NHS Eastern and Coastal Kent and NHS West Kent (the Primary Care Trusts), Care Quality Commission, Department of Health and LINK participants via the Kent LINK website and on request from the central administration office.

The LINK will be reviewing the work which took place this year and hopes to work closely with the Trust at an early stage to establish an effective process for informing and assuring next year's Quality Account.

2. Background

'High Quality Care for All' (2008) set the vision for quality to be the key organising principle of the NHS using a new quality framework. The new framework is expected to bring clarity to the definition and measurement of quality in healthcare, by ensuring that priorities are identified correctly, that appropriate standards are set, that correct tools for measuring quality are available and that information on quality performance is published.

Quality care has been defined as having three dimensions: safety, effectiveness of processes and outcomes and a positive patient experience. It is proposed that all healthcare providers working for or on behalf of the NHS should produce Quality Accounts which aim to provide the public with information on the quality of care from their local healthcare providers. Quality Accounts are expected to drive improvements in care and most healthcare providers will be required to publish Quality Accounts from April 2010 (to cover the financial year 2009 - 2010) and onwards.

The objectives of Quality Accounts are to allow the public to hold providers to account for the quality of NHS healthcare services, for Commissioners and providers to agree priorities for improvement and for NHS Trust Boards and their non-NHS equivalents to ensure that they place quality at the heart of their planning and delivery.

Part of the Quality Account has been specified by the Department of Health; however, there must be locally determined elements contained in the Quality Account. There will also be a core of nationally determined information which is likely to include information on quality that providers supply to the Care Quality Commission for performance, assessment and registration purposes; information on quality indicators that may be needed by Primary Care Trusts (for CQUIN) and information from clinical audits etc. In preparation for Quality Accounts, all Foundation Trusts in England were asked to produce 'Quality Reports' (forerunner to Quality Accounts) during 2009.

To ensure that Quality Accounts can achieve these purposes, they need to cover the provision of NHS Healthcare services and contain information that is:

- A truthful and fair picture of the quality of services provided
- Meaningful and relevant to users of quality accounts
- Designed to allow for comparisons to be made
- Produced in a timely fashion
- Published in a way that promotes easy access for users.

3. Role of LINKs in the production of Quality Accounts

LINK organisations should be given the opportunity to provide a comment of no more than 500 words on the Quality Accounts in advance of them being published. In order for their commentaries to be effective they need to possess a number of features. These include the need for the commentary to represent the consensus views of LINK members, use of robust evidence / information to back up their statements, contain examples of users experience to illustrate the points being made. In addition the limitations of the commentary will need to be reported and the commentary will need to be clearly structured.

Kent LINK sought the support of the Canterbury Christ Church University Centre for Health and Social Care Research in accessing participants and seldom heard groups to inform the commentary for 2009 / 2010 in order to establish a pilot methodology which could be evaluated for future years.

4. Methods employed by Kent LINK to produce commentary for 2009 / 2010

- i. Each Trust's quality related plans for 2009 / 2010 were initially identified from their 2008 / 2009 Annual Report. Plans for 2009 / 2010 were specified under the three quality domains of: patient safety, clinical quality and patient experience.

- ii. Qualitative and quantitative data (related to two key areas identified above) were collected from published research, policy documents etc. and summarised to provide a context for understanding the quality targets.
- iii. Patients (16) were recruited from existing LINK participants, voluntary sector organisations and other relevant sources to provide balance in terms of specific characteristics such as gender, age, ethnicity etc. They were asked to comment on the three quality dimensions: safety, effectiveness / outcomes and patient experience for the Trust, whether these were important areas to focus on and what they would focus on if they were managing the Trust. Data was collected via telephone communication and face to face interviews.
- iv. The demography for the Trust's catchment area was examined and 'hard to reach' groups located within the catchment were identified. In order to elicit the views of people from these minority groups, contact was made with local voluntary or third sector providers who work with specific individuals and groups, as well as, with local faith based organisations. In order to engage sensitively and appropriately (for example taking account of gender sensitive issues) with 'hard to reach / seldom heard' groups data was collected via focus groups (8 groups). The focus group respondents were asked the same questions as those undertaking individual interviews but were also asked to specifically comment on the draft version of the Trust's Quality Account Document.
- v. The data from all sources was collated and analysed and key messages, including patients' stories, identified. This data was then used by a 'consensus panel' consisting of LINK staff, LINK governors, volunteers and members of the Centre for Health and Social Care Research at Canterbury Christ Church. The 'consensus panel' discussed the draft Quality Account and compared the contents with the evidence from the literature, patients and focus groups. The content of the Quality Account in terms of its language, presentation, accuracy of data etc was examined by the 'consensus panel' which then drafted and agreed the final response.

1. Results

The content and layout of the Quality Account

Overall the language is accessible, and the pages are well laid out, with terminology and acronyms being explained. Although the account becomes more tabular towards the end, consideration is still given to patient understanding through clarifying acronyms and it is generally in a user friendly format. In particular, there is a very clear introduction to the account and its place in assuring and improving quality.

The account reports SECamb's quality priorities which have been selected and agreed by the Board. In selecting the priority areas, the Trust reports having considered safety, effectiveness and patient experience and all three elements are included within each priority area.

Priority 1

Priority 1 is concerned with increasing the number of 'Registered Clinicians' that attend seriously injured or ill patients. This section of the account provides background statistics to enable the reader to make a judgement about the value of this priority. The acronym 'ASHCE' is explained so that the reader can understand the importance of increasing the number of Registered Clinicians attending seriously ill patients. Data was not available to establish the Trust's performance in Kent about the percentage of patients being attended by a Registered Clinician in January 2010, but the target to increase the percentage significantly from 58% to 90% over the next five years demonstrates the Trust's commitment to improve care quality and will enable future progress to be monitored. Clear targets in workforce development also support this priority. However, the use of the term 'Registered Clinician' may be confusing for the public. The account provides the opportunity for SECAMB to explain the roles of the different levels of ambulance staff to illustrate the term 'Registered Clinician' and to indicate who might be providing treatment to the 10% of patients who do not see a registered clinician initially. The overall professionalism of the service could be described more fully.

Respondents' perspectives:

The majority of people interviewed praised the ambulance service and gave them a score of 10 out of 10. However, they did not tend to distinguish between different levels of ambulance staff. Rather they described the service in terms of the way they were treated, speed and efficiency and being seen by someone who knew what they were doing:

"I would rate them as 10 out of 10. I couldn't fault the people who came out for my wife when she was seriously ill. They came in and were asking all sorts of relevant questions. They within minutes had her on oxygen. The ambulance people were absolutely marvellous in what they did, management of me – I was falling to pieces rapidly."

"I always think the main thing is getting there quick really and having someone who knows what they're doing, not just get you there."

"I felt very confident with the ones (ambulance crew) I had, I have to say. I didn't feel worried at all, so from my experience it was all right for me. They put me at ease, they talked to me. And when they were putting me in the ambulance they were being so careful to not hurt and taking me out. Because you are in so much pain and all that matters."

Respondents' comments focussed on feeling safe, efficiency and skills of the staff attending and they considered that the ambulance staff were highly professional. In an emergency situation they did not question or feel they had to question the grade of paramedic / ambulance staff attending.

The value of having different levels of ambulance staff could be spelt out more clearly in the next account when there will be some baseline statistics on which to measure improvement over time.

Priority 2

Priority 2 is concerned with reducing the number of patients transported to hospital by ambulance by utilising 'Registered Clinicians' with specialist skills (Paramedic Practitioners (PPs)). The charts showing PP conveyance by time of day and the PP patient satisfaction survey findings provide interesting contextual information.

The setting of future objectives for this priority is very helpful in enabling the reader to see how quality is expected to improve over time. It should be possible to measure and demonstrate progress on the plans over subsequent years. The use of Patient Group Directives and the 'Hear and Treat' scheme should support the overall objective of reducing conveyance rates.

Respondents' perspectives:

Some respondents identified areas where it may be more difficult to implement schemes like the 'See and Treat' scheme. In particular, where patients have mental health problems and where the ambulance crew's assessment of the situation differs from the patients:

"Last year when I was in terrible pain the ambulance crew said they couldn't actually take me to hospital because I was still conscious and they really wanted me to go in some sort of taxi. I didn't really know what went wrong, they didn't give me any more explanation. It added to the desperate situation I felt at that time really – before I had my diagnosis (of mental health problems)."

Others were not quite sure what the priority to reduce the number of patients transported to hospital by ambulance by utilising Registered Clinicians with specialist skills meant:

"Does that mean the cars? I'm not sure what it means. In my case I had to be transported to the hospital. Perhaps it would be good for minor things not to have to go to hospital."

Priority 3:

Priority 3 aims to increase the quality and quantity of Patient Clinical Records that are linked to the number of calls that require a response. A target for improvement for this priority is provided, against which future progress can be measured and a useful description of the current situation is provided. The data is explained clearly.

Respondents' perspectives:

The LINK's focus groups and interviews highlighted a need for the ambulance service to be aware of particular requirements which may impact on an individual's journey to hospital and it would be of value if the 'Patient Clinical Records system' enabled these

issues to be flagged up and communicated to the service in advance of responding to an incident so that patient experience and safety are ensured.

The problems identified included the need to transport a 36 stone man to hospital on a regular basis (at least every six months). He requires one of the specialist vehicles which will accommodate a person of his size but in spite of frequent visits to hospital via ambulance there appears to be no system that flags up his size and the need for the specialist vehicle. As a consequence it can take up to six hours for him to be transported a few miles and he has to suffer a degree of distress and risk.

Other respondents were concerned that a new patient clinical system would result in delays within the ambulance service:

“Would that take more time when they could be attending to people? It is important to have the notes I suppose but then that will take more time won’t it? Could they not do that in a different way? I would imagine with lots of patients it’s going to mean lots and lots of extra hours.”

Others felt that was already a system in place to ensure that patients’ details were passed onto the hospital:

“They are very good at turning up and the paramedics are professionally very, very competent. Now if they do an ECG the trace is submitted to William Harvey, a specialist assesses it and decides whether they need to belt down to Canterbury with the person or whether they can go to the local hospital.”

The patient experience feedback on the Trust from the LINK focus groups and interviews was generally very positive with most regarding the service as high quality already.

South East Coast Ambulance Service NHS Trust Quality Account 2009 – 2010 Kent LINK Response

The Kent LINK would like to thank South East Coast Ambulance Service NHS Trust for the opportunity to comment on its Quality Account for 2009 / 2010. Our assessment is based on the extent to which the account achieves the following intentions:

1. Aiding the public's understanding of what the organisation is doing well
2. Where improvements in service quality have been made and what the priorities for improvement are for the coming year
3. How the organisation has involved service users, staff and others with an interest in the organisation in determining those priorities for improvement.

The LINK has assembled information from a range of sources to inform its commentary using qualitative and quantitative data and academic input from a local University.¹

1. Aiding public understanding

The document does this successfully. Overall the language is accessible, and the pages are well laid out, with terminology and acronyms being explained including in diagrams. Outlining progress and future priorities alongside each other in detail makes it easy to follow. Although the account becomes more tabular towards the end, consideration is still given to patient understanding through clarifying acronyms.

The different levels of paramedic are made clear for those who may be unfamiliar with them. It might, however, have been useful to have had more information about the different grades of staff, to illustrate the term 'registered clinician' and indicate who might be providing treatment to the 10% of patients who do not see a registered clinician initially (as outlined on page 7).

2. Improvements in service quality and future priorities

The patient experience feedback on the Trust from the LINK focus groups and interviews was positive overall, echoing the improvements outlined in the Quality Account.

Priority 1

Data was not available to establish the Trust's performance in Kent regarding the percentage of patients being attended by a registered clinician in January 2010, but the target to increase the percentage significantly from 58% to 90% over the next five years demonstrates the Trust's commitment to improve care quality and will enable future

¹ Canterbury Christ Church University Centre for Health and Social Care Research

progress to be monitored. Clear targets in workforce development also support this priority.

Priority 2

This information could have been better presented to make it clear that, when a Paramedic Practitioner attends, there is a genuine improvement in the conveyance result. Although a target to achieve this priority is outlined, it is not possible to measure how each of the individual improvement measures outlined will contribute to this.

Priority 3

The LINK's focus groups and interviews highlighted a need for the ambulance service to be aware of particular requirements which may impact on an individual's journey to hospital. The Patient Clinical Records system should enable these issues to be flagged up and communicated to the service, in advance of responding to an incident, to enable these needs to be met accordingly. A target for improvement for this priority is provided, against which future progress can be measured.

3. How the organisation has involved service users and others in determining priorities

There was little evidence of how priorities for the coming year were selected, and the Kent LINK looks forward to supporting the Trust's intention to work with stakeholders on this in the future.