Minutes of the fourth formal meeting of the South Central Ambulance Service NHS Foundation Trust (SCAS) Oxfordshire Community Engagement Forum (formerly Patient Forum) held on Friday 21 April 2017 at Abingdon Health and Wellbeing Centre, The Abbey Centre, Crabtree Pl, Abingdon OX14 3GD

Present: Richard McDonald, Head of Operations, Oxfordshire Amanda Painter, Head of Patient Experience and interim chair Monica Moro, Membership, Engagement and Marketing Support Officer

In attendance: Anna Wojcik, Programme Manager - Oxfordshire; MoreLife (UK) Ltd Cllr David McCullagh, Fringford Parish; Jean Rudge, Deddington Parish Council; Joyce Hutchinson, SCAS Oxfordshire governor; Julie Mabberley, Campaign Manager, Wantage and Grove Campaign Group; Cllr Maureen Cox, Deddington Parish; Michele Dennison, Abingdon Slimming World; Paula Moore; Wantage Independent Advice Centre; Rachel Coney, SCA Charity CEO; Richard Maynard, Marketing and Communications Manager, Healthwatch Oxfordshire; Ron Sung, SCAS FT member; Ross Cornett, Clinical Operations Manager- Oxfordshire; Winny Sung, SCAS FT member

Apologies: Anita Higham, Chair of the North Oxfordshire Public and Patient Forum (NOLF); Clive Knight, Ardington and Lockinge Parish Council Clerk; Chris Wardley, SCAS FT member; Di Kannard, NOLF Forum representative and SCAS Oxfordshire Community Engagement Forum member; Garry John Sqn Ldr. A Garretts MBE, SCAS FT member; Geoff Russell, Dorchester-on-Thames Parish Council Clerk Kate Eveleigh, Public Health Oxfordshire Joanna Zang, Oxfordshire CCG; Ludlow Johnson, SCAS Equality and Diversity Manager; Mike Fox-Davies, SCAS Oxfordshire governor
Interim Chair’s Welcome and Apologies for Absence
The interim Chair welcomed all present to the meeting.

Update from and Question Time session with Richard McDonald, Oxfordshire Head of Operations
Richard McDonald introduced himself and gave a brief introduction about his role and designated coverage area.

RMD then gave a presentation about SCAS, its structure and services, together with information about its stakeholders within its coverage area (see Appendix 1 - Richard McDonald’s presentation). He also focused on performance, the Trust’s forums’ purpose and certain services which not many people might know about.

Purpose of SCAS Community Engagement Forums
The Trust uses the forums to seek feedback from members of the public, FT members and organisations to inform its decision making.

Specialist paramedics
SCAS has a team of Specialist paramedics. These can be found working in a variety of environments, for example on rapid response cars and air ambulances, and either working alone or as part of a team alongside other health and emergency service professionals.

Specialist Paramedics use specialist knowledge and skills to independently provide healthcare, focused in particular, to patients with minor illnesses or injuries, long term conditions, and other urgent care needs.

‘Hear and Treat’, ‘See and Treat’ and ‘See, Treat and Convey’
On slide 14 of his presentation, RMD showed the three treatment programmes undertaken by ambulance trusts: ‘Hear and Treat’, ‘See and Treat’ and ‘See, Treat and Convey’.

‘Hear and Treat’ is the telephone advice that callers who do not have serious or life threatening conditions receive from an ambulance service after calling 999. They may receive advice on how to care for themselves or where they might go to receive assistance.

‘See and Treat’ - There are many patients who attend A&E that could be better treated elsewhere through Alternative Care Pathways, close to their homes, giving them a better experience while reducing unnecessary pressures on busy A&E departments.

Patients with manageable conditions such as epilepsy, asthma, diabetes with non-serious complications can be managed at home by an ambulance crew, without a trip to the hospital.

‘See, Treat and Convey’ - Patients are conveyed both to local Emergency Departments as well as specialist centres and this decision depends on the patient’s presenting condition.
PCI, HASU and ROSC
These refer to key life-threatening medical conditions which ambulance services deal with, as follows:

- PCI (Percutaneous Coronary Intervention)
- HASU (Hyper-acute Stroke Unit)
- ROSC (Return of spontaneous circulation)

PCI (Percutaneous Coronary Intervention) is a technique for treating narrowing of the coronary arteries. It helps improve your blood supply to the heart muscle and can help to relieve angina symptoms.

A stroke occurs when the blood supply to part of the brain is cut off.

ROSC (Return of Spontaneous Circulation) - Following a cardiac arrest, the Return of Spontaneous Circulation (ROSC) (for example, signs of breathing, coughing, or movement and a palpable pulse or a measurable blood pressure) is a main objective for all out-of-hospital cardiac arrests, and can be achieved through immediate and effective treatment at the scene.

SCAS campaigns
(Slides 15 to 23)
The Trust undertakes regular educational campaigns. The most recent one supported the national 2016 Safety Week campaign. The Trust asked drivers in the South Central region to sign up to a number of pledges to help reduce deaths and injuries on our roads. These included slowing down, staying sober, avoiding distractions whilst driving (i.e. don’t use your phone) and always wearing a seatbelt. A series of videos were made to support these (please go to scas999 YouTube channel for more details).

Oxfordshire has the worst rate for road accidents and these are attributed mainly to the inexperience of young drivers and the sheer volume of traffic on the A34. [The A34 has been branded ‘one of the worst roads in the country’].

Performance and demand
(Slides 24-26)
Emergency 999 calls are prioritised into one of two categories to ensure that the most life threatening cases receive the quickest response:

1. **Immediately life threatening:**
   - A. Red 1 (the most time critical, where patients are not breathing or do not have a pulse): 75% of calls must be responded to within 8 minutes
   - B. Red 2 (still serious, but less immediately time critical, like strokes or fits): 75% must be responded to within 8 minutes.
   - C. Red 19: 95% must be responded to within 19 minutes

   All above targets are set up nationally.

2. **All other calls – For conditions that are not life threatening**, response targets are set locally
SCASwide performance in January 2017
(Slide 25)
RMD showed the latest available figures for SCAS wide (January 2017) and highlighted the following key points:

**Red 1 Calls**
SCAS was top performing ambulance trust for January 17 with 73.3% - England average was 66.7%

**Red 2 Calls**
SCAS was top performing ambulance trust for Jan 17 with 73.1% - England average was 58.5%

**19 Min transportation time**
SCAS was top performing ambulance trust for Jan 17 almost meeting target with 94.7% - England average was 87.6%

Oxfordshire performance –January 2017
(Slide 26)
RMD showed the latest available figures for Oxfordshire (January 2017) and highlighted that the county’s performance was still higher than the national average for Red 1, Red 2 and 19 calls.

How you can get involved?
(Slide 28)
RDM informed the group that there are various ways for members of the public and organisations to get involved with SCAS, from becoming a member or governor to volunteering for our charity.

He then opened the panel discussion.

Cllr David Mccullagh, Fringford Parish:
Q: If somebody has a defibrillator, how do you get it registered?
Rachel Coney’s A: You need to go to defib@scas.nhs.uk and give all relevant details.

Q: What is the price for a defibrillator?
RC’s A: It costs £1,850 including installation in a locked cabinet.

Q: What do you need to do to unlock the cabinet?
RDM’s A: You need to ring 999 and you will be given a code.

Julie Mabberley, Campaign Manager, Wantage and Grove Campaign Group:
Q: I am here on behalf of the Wantage and Grove Campaign Group. Our aim is to try to ensure that timely infrastructure (roads, schools, health facilities, public transport and leisure facilities) are provided to match the growth in population in the Wantage area. How are you involved with the Transformation Programme?
RDM’s A: SCAS has been involved with the programme from the beginning.

Q: I do not feel that Oxfordshire CCG has been very proactive. Have you had any communications about the programme with the CCG?
RDM’s A: I recently had a telephone conference call with all interested parties, including the CCG and they are committed to the programme.
Q: What’s the impact on the ambulance service and hospitals with regard to the ongoing condition of some of the roads?
RDM’s A: It causes disruption but at the same time we are aware that it costs money to repair them.

Cllr Maureen Cox, Deddington Parish:
Q: Some 111 users have told me that it takes time for the out-of-hours service or a clinician to get back to a patient.
Amanda Painter’s A: Please be assured that all patients’ feedback regarding the NHS 111 service is fully investigated and actions are taken whenever appropriate and necessary. If the feedback is regarding the timeliness of another provider, the issue is passed on to them for investigation and response.
RDM’s A: There are not enough GPs, frontline and 999/111 call takers and this shortage is nationwide. The 111 service is a nationally defined provision that uses a tool called NHS Pathways to triage the calls and reach an appropriate outcome. The current frustrations come from the current national shortages of GPs which can lead to delayed call backs. Through the new 111 integrated service we are developing there will be a wider number and types of clinicians (e.g. GPs, Pharmacists, Paramedics, etc) that will be available to provide clinical advice to the caller. This should be a direct transfer for approximately 1/3 of the 111 calls.

Joyce Hutchinson, SCAS Oxfordshire governor:
Q: I have used 111 and 999. Both were fantastic. However, I live in Wantage and residents are always saying that the response times are not good. Why can’t we have an ambulance station in Wantage?
RDM’s A: Due to having limited resources, SCAS needs to concentrate where the requests for 999 responses are much higher and therefore treat more patients promptly. I only have four resource centres in Oxfordshire (Adderbury, Didcot, Kidlington and Oxford) and we also have standby points. The ambulances will start and finish at these locations and are then pushed out to standby points to be in the most optimal standby locations. These are strategically placed to enable a rapid response to patients.

Ron Sung, SCAS FT member, commented that he is an ex-paramedic and the amount of 999 calls that he responded to in Oxford was much higher than in Wantage. If you hear/see an ambulance on blue light going through Wantage it does not necessary mean that we are responding to a Wantage call.

RDM added that in Oxfordshire we are currently looking at implementing the taxi scheme which was successfully trialled in Portsmouth.

JM’s Q: How would it work?
AP’s A: We launched the six-week trial in Portsmouth in December last year.

It saw patients needing medical treatment for minor conditions being assessed by a Clinician over the telephone and if deemed safe and appropriate to do so then taken to walk-in clinics or the emergency department at Queen Alexandra Hospital in Cosham in commercial taxis. By doing this, we were free to treat patients who had more serious health needs.
RDM added that the drivers from the participating taxi firms have all been rigorously checked by us. The drivers are normal taxi drivers. They aren’t medically trained but they have had a number of checks including DBS – similar to that of our staff members. The providers are already used by SCAS for our Non-Emergency Patient Transport Service.

Paula Moore from Wantage Independent Advice Centre advised the panel that her group operates a volunteer transport scheme and SCAS could use her group’s drivers.

RC informed that Heather Court looks after the volunteer car driver (VCR) scheme at SCAS and we could look at the possibility of Wantage Independent Advice Centre VCRs working with SCAS.

**Contact details:** [Heather.Court@scas.nhs.uk](mailto:Heather.Court@scas.nhs.uk)

Cllr MC’s Q: Have you reported any delays due to the road disruptions in Headington with regard to pregnant ladies being taken to the JR?

RDM’s A: No delays reported. The JR is already looking at traffic issues in the area in conjunction with the Council.

**Amanda Painter, Head of Patient Experience’s update**

Amanda Painter gave a brief introduction about herself and the role of her Patient Experience department.

All complaints are taken seriously and thoroughly recorded and investigated, within a target 25 day timescale and sent to the relevant team (e.g. Board, Operations etc).

We work hard to try to ensure every complainant receives a comprehensive and clear response to all issues raised.

AP added that a written update of Q3 (Oct-Dec) figures will be included in the minutes (see Appendix 3).

Jean Rudge, Deddington Parish Council’s Q: In the past I had to call the ambulance four times, all in a very short period of time and every time I had to repeat the same details. Do you now have a different system in place?

RDM’s A: We now have an Electronic Patient Record (EPR) system which helps us to treat our patients more effectively and has been specially designed to hold all of patients’ clinical and health information in one place. It also enables us to send necessary information about patient’s care and treatment to their local GP.

Furthermore we are moving to a new software platform for our NHS111 service. This new system helps staff process health related calls and undertake patient referrals more effectively and also enables us greater technical integration with our health care partners. [See Appendix 4 for more details]

**OXONF04/003**

Rachel Coney, South Central Ambulance Charity CEO’s update

Rachel Coney introduced herself and gave a brief introduction about her role and the one of the charity.
Rachel has been in her post for over a year and the charity exists to raise funds to support SCAS’ services that are additional to the core NHS services that SCAS is funded to provide.

The charity launched a £1m fundraising appeal last October and the money raised is used to:

- Expand staff training, improve their work environments and provide them with more specialist equipment to help patients when needed.
- Train and equip volunteer community first respondents (CFRs)
- Train and equip communities to save lives by providing more life-saving equipment such as public access defibrillators, and giving local people the confidence to use them.

RC then went through the main news from the April charity e-newsletter (see Appendix 2).
Donations to the charity have increased from £123k in 2015/16 to over £500k in the financial year to March 31st 2016/17

It has won a grant of £150k from the government in recognition of SCAS's role as a national leader in the use of technology to deploy its volunteers.

The grant will help the charity:
- Increase the number and diversity of its volunteers
- Provide enhanced training to all its CFRs
- Fund 3 pilot projects that will test the use of smartphone video calling to provide clinical back up to CFRs instead of always sending an ambulance out with them

Members of the public can play the South Central Ambulance Charity Lottery and every week they have the chance to win a £25,000 jackpot plus many other cash prizes, and at the same time help the charity raise funds. More information can be found at [http://sca-charity.org.uk/fundraising/lottery/](http://sca-charity.org.uk/fundraising/lottery/)

**OXONF04/004**

**Involving local communities - Speed Networking**

In this session representatives from organisations were given a three minute slot each to talk about their service(s) and any new initiatives and were welcome to bring some leaflets for distribution and business cards.

- **Anna Wojcik, Programme Manager - Oxfordshire; MoreLife (UK) Ltd (Oxfordshire County Council service provider):**
  More Life (UK) is an adult weight management service programme commissioned by Oxfordshire County Council and it's free for people to access through a GP’s referral.

  For more information please go to [http://www.more-life.co.uk/Default.aspx?PageName=oxfordshire](http://www.more-life.co.uk/Default.aspx?PageName=oxfordshire)
• Richard Maynard, *Marketing and Communications Manager, Healthwatch Oxfordshire*: Healthwatch Oxfordshire is an independent service which hears what county residents have to say about health and social care services in the area.

For more information please go to [http://www.healthwatchoxfordshire.co.uk/](http://www.healthwatchoxfordshire.co.uk/)

Our next Board meeting will be held at the Beacon Centre, Wantage, April 25, 7pm-9pm.

• **Michele Dennison, Abingdon Slimming World**: Slimming World is open to all members of the public and can also be accessed through the Council and also by GP’s referral.

For more information please go to [http://www.slimmingworld.co.uk/joining-a-group/nearest-group-details.aspx?classcode=r4B52RzQRXM](http://www.slimmingworld.co.uk/joining-a-group/nearest-group-details.aspx?classcode=r4B52RzQRXM)

• **Paula Moore; Wantage Independent Advice Centre**: We are a voluntary organisation which operates in the whole of the Vale and offers the following services:
  - Good neighbour scheme
  - Advice services covering a wide range of topics, including debt management, benefit entitlements, employment rights, consumer rights and many more
  - Transport scheme

As we no longer have a bus service in the area, our organisation operates a volunteer transport scheme covering Wantage, Grove and outlying villages.

We drive clients to Day Centres, surgeries, hospitals, shops and we recently started taking dialysis patients. There is a charge for using the transport scheme. For instance Wantage to JR hospital is £22.

The volume of transport journeys has risen from 70-80 to 100-110 a week.

For more information please go to [http://wantageadvice.org.uk/](http://wantageadvice.org.uk/)

**Date of Next Meeting**

Next meeting: tba
Appendix 1
Richard McDonald, Head of Operations-Oxfordshire’s presentation
Slide 1

Welcome

Community Engagement Forum
Oxfordshire
21st April 2017

Slide 2

About SCAS
What do we do?

- Respond to emergency (999) calls
  - Community/Co-responders
  - Rapid Response Vehicles (RRV)
  - Ambulance
  - Helicopter

- Respond to specialist calls
  - Specialist Paramedics
  - HART

- Offer a range of commercial services
  - Non-emergency patient transport services
  - Logistics
  - First Aid training (HSE First Aid, FPOS, etc.)

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SCAS IN NUMBERS

- 3,000 STAFF
- 1,271 COMMUNITY & CO-RESPONDERS
- 607 VEHICLES
- 78 SITES

- 1,238,503 CALLS TO NHS 111
- 541,090 CALLS TO 999
- 513,787 NEPTS JOURNEYS
- POPULATION 4.6 MILLION
Slide 5

We are a single fully integrated organisation

- 3,000 staff [400 NHS 111 staff]
- 1,000 CFRs and volunteers
- 83 Volunteer car drivers
- 40 Sites
- 489 vehicles
- Population 4.6 million
- 7 RAF bases
- 7 prisons
- Atomic Weapons Establishment
- VIPs: H.M Queen
  Theresa May – Sonning & Maidenhead
  Chequers
- 1 secure hospital

Slide 6

We operate in a complex setting

- 12 Acute sites
- 2 Major Trauma Centres
- 7 Specialist Sites
- 6 Mental health trusts
- 836 GP Surgeries
- 568 Dental practices
- 380 Opticians branches
- 791 Pharmacies
- 21 CCGs
- 31 Local Authorities
- 45 MPs
- 13,500 FT members
Slide 7

**Pivotal role in urgent and emergency care systems**

![Diagram showing the role of self-care, emergency, and urgent care systems](image)

Slide 8

**CQC Ratings**

- All Ambulance Trusts facing increased pressure
- Evidence of challenges faced by UK Ambulance Trusts
- SCAS identified alongside CQC, still a ways to improve and focus, including:
  - Shift patterns
  - Shift over-runs
  - Late meal breaks
  - Ability to stand staff down to complete face to face training

![Map showing CQC ratings across different regions](image)
Proud to be caring for you

South Central Ambulance Service
NHS Foundation Trust

Why do we do it?
Slide 11

How do we do it?

- Caring
- Professional
- Team working
- Innovative

Slide 12

Strategic themes

- Clinical excellence
- Operational excellence
- Partnership working
- Sound governance
- Commercial viability
Our commitment

Put patients at the heart of everything we do
- 'no decision about me, without me'

Achieve outcomes that are among the best in the world
- Focus on continuously improving clinical outcomes rather than focusing on monitoring inputs or processes
- Targets without clinical justification will be removed
- Clinical leadership

Empower clinicians to deliver results based on the needs of patients

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Treatment programmes and techniques undertaken by ambulance trusts:

- Hear and Treat
- See and Treat
- See, Treat and Convey

- PCI – Percutaneous Coronary Intervention
- HASU - Hyper-acute stroke unit
- ROSC – Return of Spontaneous Circulation
Slide 15

Campaigns

Slide 16

- Road Safety
- Is your number up?
- Where is the nearest AED?
- Message in a bottle
- Blue light campaign
- 999 Use it, don’t abuse it

South Central Ambulance Service NHS

NHS Foundation Trust

Get involved
Slide 17

Road safety

- Message: Do not use the mobile phone while driving
- Message: Drive carefully on motorways
- Message: Stay sober
- Message: Buckle up
- Message: Slow down

Get involved

Slide 18

Is You Number Up?

- Can our staff find your property... and you?
- Do you have a house name or number?
- Where are they?

How can you help?

- Lights on
- Illuminated sign
- BIG NUMBERS/LETTERS
- Car on the drive?
  - Hazard lights
- Shrubsbery, nice to look at, hard to read a number through

South Central Ambulance Service NHS Foundation Trust
Save a life - Find an AED

- Public Access Defibrillators
- Save a life with no training!
- Find a collapse/cardiac arrest
- Use the App find a defib
- Help save a life!


Message in a Bottle

- Supported by Lions Club
- Vital information can be kept for emergency services
- Stored in fridge
- Next of Kin

Get involved
Blue Light Aware

See a flashing blue light in your mirror?
- Look & listen
- Consider the size of the vehicle
- Signal your intentions
- Pull in or move over safely
- Don’t stop opposite obstructions
- Avoid mounting kerbs if possible
- Signal when you pull away
- Stay alert to other emergency vehicles

Slide 22

There are a number of places to turn to for information to help you choose the best health service for your needs as shown here on our leaflet.
So how are we doing?
Slide 25

Performance

- Red 1: 73.3%
- Red 2: 73.1%
- Red 19: 94.7%

Outcome

- H&T: 10.8%
- S&T: 35.7%
- S,T&B: 53.5%

Get involved

Slide 26

Performance

- Red 1: 70.5%
- Red 2: 71.7%
- Red 19: 93.0%

Outcome

- H&T: 8.9%
- S&T: 39.1%
- S,T&B: 52.0%

Get involved
How you can get involved

Get Involved!
It’s your ambulance service

- Become a member/governor
- Volunteer as a:
  - Driver
  - Community First Responder
  - Hospital/Patient Liaison roles
  - Fundraise for our charity

http://www.scas.nhs.uk/
Questions
Appendix 2
Rachel Coney, SCA Charity CEO’s update

Happy Easter to all our supporters

The South Central Ambulance Charity exists to help the ambulance service in Berkshire, Buckinghamshire, Oxfordshire and Hampshire. We are raising money to train and equip the 1000+ volunteer Community First Responders in our region, to help your community get the public access defibrillators we know can save local lives and to say thank you to the amazing NHS staff at South Central Ambulance Service who are on duty for us all 24 hours a day, 365 days a year.
Thank you

We have just begun to assess what we have achieved since April 1st 2016, and donations to the charity have increased from £123k in 2015/16 to over £500k in the financial year to March 31st 2016/17.

We could not have achieved this without your support - so thank you. In this newsletter you can find out more about the difference your donations have made.

Rachel Coney, CEO

Our Community First Responders

Our CFR (Community First Responder) volunteers have answered 18,805 calls in the last 12 months, on average reaching the patient within 5.44 minutes of the 999 call being received. They have also raised around £250k for the charity in their local communities since April last year. The money they raise is only ever used to cover the costs of their volunteering in their local community. Your generosity and their hard work has not just kept them responding, it has also enabled 8 new CFR response vehicles to go into active service in the last year.

Find out more about volunteering for SCAS and the charity here http://sca-charity.org.uk/volunteer/
Public Access Defibrillators
Thanks to everyone who has helped us to increase the network of public access defibrillators across the region in the last 12 months. Some of the highlights for us have been The Rural Community Defibrillator Group celebrating the installation of their 18th defibrillator in the Princes Risborough Area in March, and receiving a cheque in April from Postcode Publications in Hampshire, that will fund 11 more defibrillators in the PO9-PO11 postcode areas around Havant. To find out how you could help us get one step nearer to ensuring we are all within the vital lifesaving 8 minutes of a defibrillator at all times, take a look here http://sca-charity.org.uk/why-help/train-and-equip-communities/

Charity gives back to SCAS staff
The charity raises money so that we can say thank you to staff on your behalf by funding things that they tell us will improve their working lives, but that can't be funded by the NHS. We do this through a grant giving programme, and in January we awarded our first grants. We gave:

- £800 to fund printing of 3000 pocket guides for front line staff on suicide prevention and the implementation of the Mental Health Act.
- £500 to buy soup kettles and panini makers for 3 ambulance stations to enable staff to make hot meals on site.
- £10,000 to develop a Trauma App for the smartphones that all our frontline staff carry, so that they can access information really quickly on
the best available care for patients with specialist needs like strokes, vascular emergencies and maternity emergencies.

Charity recognised as national leader in use of technology to deploy volunteers.
The charity has won a grant of £150k from the government in recognition of SCAS's role as a national leader in the use of technology to deploy its volunteers. The grant will help us:

- Increase the number and diversity of our volunteers.
- Provide enhanced training to all our CFRs.
- Fund 3 pilot projects that will test the use of smartphone video calling to provide clinical back up to CFRs instead of always sending an ambulance out with them.

How you can help
It has been a great year for the charity, but we want to do more, and for that we need your help.

- Please think about joining our regular supporters by signing up to play our charity lottery - it costs just £1 a week and you might win £25k!
- Volunteer for us as a traditional charity volunteer, a CFR or a Volunteer Car Driver by getting in touch through our website.
- Persuade your employer to adopt us as a charity partner and get your colleagues fundraising for us - every penny you raise will help us to help the ambulance service help you!

THANKYOU

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Registered charity no 1049778
Our mailing address is:
info@sca-charity.org.uk
Appendix 3
Amanda Painter, Head of Patient Experience - update

Amanda Painter, Head of Patient Experience’s update
SCAS Oxfordshire Community Engagement Forum – 21April 2017

SCAS encourage feedback from service users in a number of ways including regular Community Engagement Forums, Community Engagement Roadshows, distributing paper and online surveys, NHS choices, encouraging feedback via our website, asking crews to offer the Friends and Family Test survey to service users. All feedback is analysed via the Trust’s Patient Experience Review Group which is held quarterly and chaired by the Chief Executive.

Numbers and Themes of Feedback received for Thames Valley 999 Operations Q3 2016/17 (Oct-Dec)

- 31 formal complaints received, 50 closed.
- 39 informal complaints received, 44 closed.
- 41 Healthcare Professional feedback received, 46 closed.
- 88 Compliments received.

Patient Experience contacts received for Q3 represents 0.09% of activity for the quarter for 999 Operations in Thames Valley.
Top theme of feedback is Delays.

SCAS continue to try and find innovative ways to reduce call cycles and thus delays to patients.

Most recently, representatives from Emergency & Urgent Care (E&UC) operations, E&UC Clinical Governance leads and Commissioners held a long waits workshop to discuss ways in which long waits could be reduced. As a result of this workshop, an action plan was created which included Commissioners enabling SCAS crews to discharge patients more safely and quickly on scene to local alternative care pathways. Reducing call cycles in this way not only benefits the patient being referred through that pathway but also patients who may be waiting for a resource to attend them by reducing the amount of time the crew is required to spend with any one patient. Effective utilisation of alternative care pathways also reduces pressure on emergency departments which will, in turn, alleviate ambulances queuing at hospitals rather than being available to respond to 999 calls.
Appendix 4 –
Key functions of the Adastra system

Core features:

- Case Management
  - Structured and coded recording of clinical consultations
  - National demographics database tracking
- Extensive reporting capabilities
- Patient record management
- Electronic post event messaging
- Case prioritisation including identification of life threatening emergencies
- Quality audit management: personal audit and review
- Electronic patient referral

- Single and recurring appointment scheduling
- Embedded clinical decision support software
- Direct referral acceptance from NHS 111 via accredited 111 interoperability
- Access to Summary Care Record
- Prescribing and medicines management
- Interoperability with other care services
- Access to view shared care records e.g. GP records via healthcare gateway M16
- Support for national OOH quality requirement reporting
Overview

Adastra 111

Adastra 111 is a highly proven solution to support all four of the NHS 111 core principles to deliver a seamless patient journey. Adastra 111 boosts a range of unparalleled functionality that ensures the best support in providing quality and efficiency in your NHS 111 service.

Core features:
Adastra Health & Care has developed Adastra 111 to provide a feature set that meets all of the core NHS 111 requirements. Adastra 111 is continuously developed to expand and refine its functionality to ensure streamlined usability, maximum system compatibility and high levels of flexibility for best supporting your commitment to provide an end to end NHS 111 service.

- NHS 111 interoperability compliance
- Special Patient Notes Integration
- Full patient demographics and summary care access
- Proven implementation capability including NHS Pathways accredited training
- Reporting and analytic tools for NQRs,
- MDS and Dashboard
- NHS 111 electronic ambulance dispatch
- Automatic and multi-method GP notifications
- NHS 111 repeat caller service
- Support for NHS Pathways in both 111 and Out-of-Hours modes

For more information

About Advanced Health & Care

Advanced Health & Care is a leading supplier of IT management systems for urgent & scheduled care, community, residential care, hospice, mobile information for community care and primary care management systems for both acute, health authorities and care providers.

Working with partners in the NHS, local government and the private sector, Advanced Health & Care is delivering IT solutions in support of safe, efficient care delivery with integrated management information. Advanced’s unique proposition is its range of integrated care solutions offering visibility of information by both the commissioners and service provider.


Contact Us:
Unit 6 Longs Health Park, Acworth, Chorley, Lancs PR7 3PB
Tel: 01257 456 789
Fax: 01257 456 789
Web: www.advancedcare.co.uk

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