

The Productivity of English ambulance services: emerging findings

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The Carter Review

1. What good looks like in delivering ambulance services

2. Identify metrics and benchmarks

3. Engagement

Where are we?

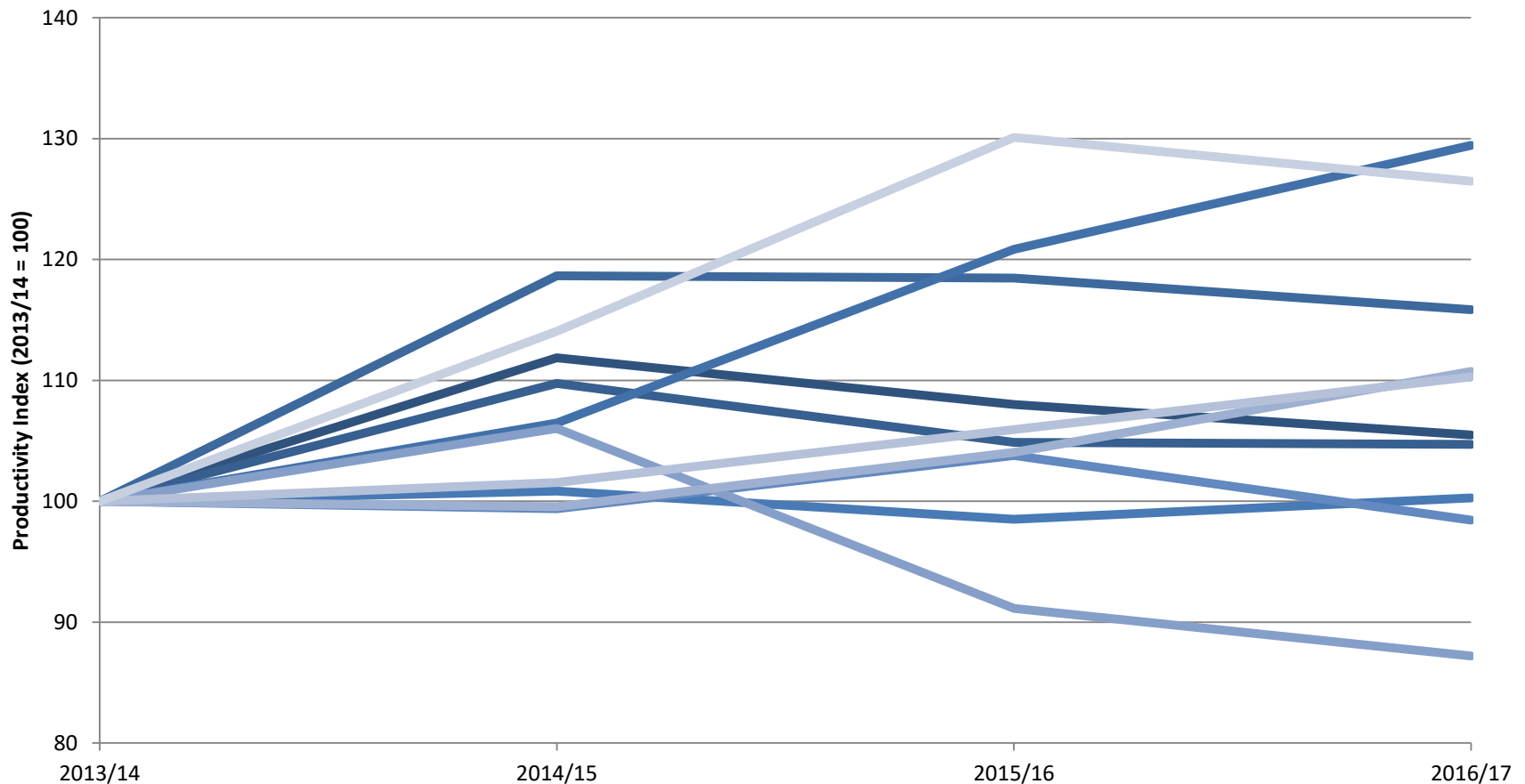
Engagement

Data

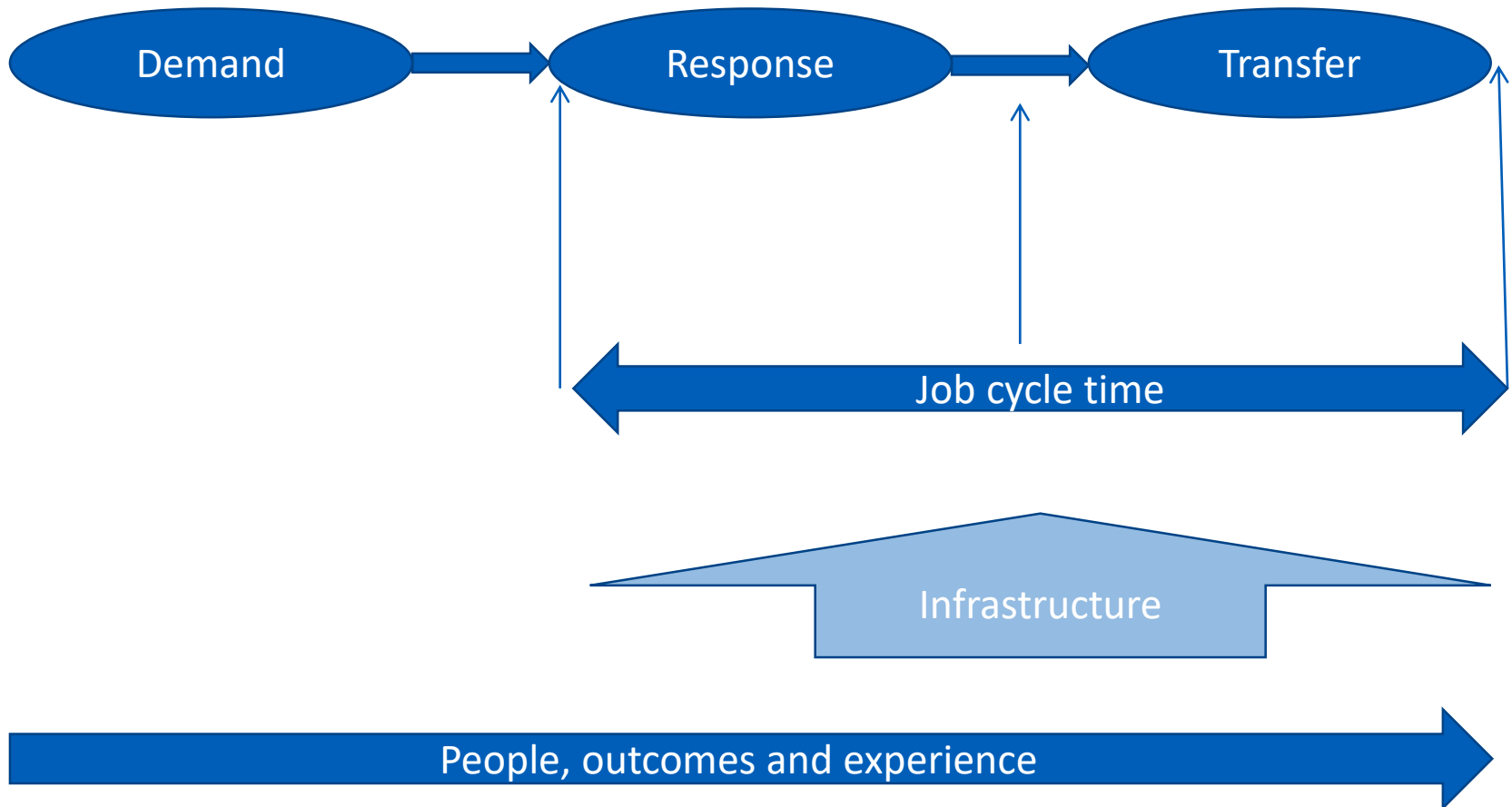
Governance

Productivity Performance

- Overall strong understanding of the relationship between input and outputs in the sector
- No established methodology for comparing performance – cost per call

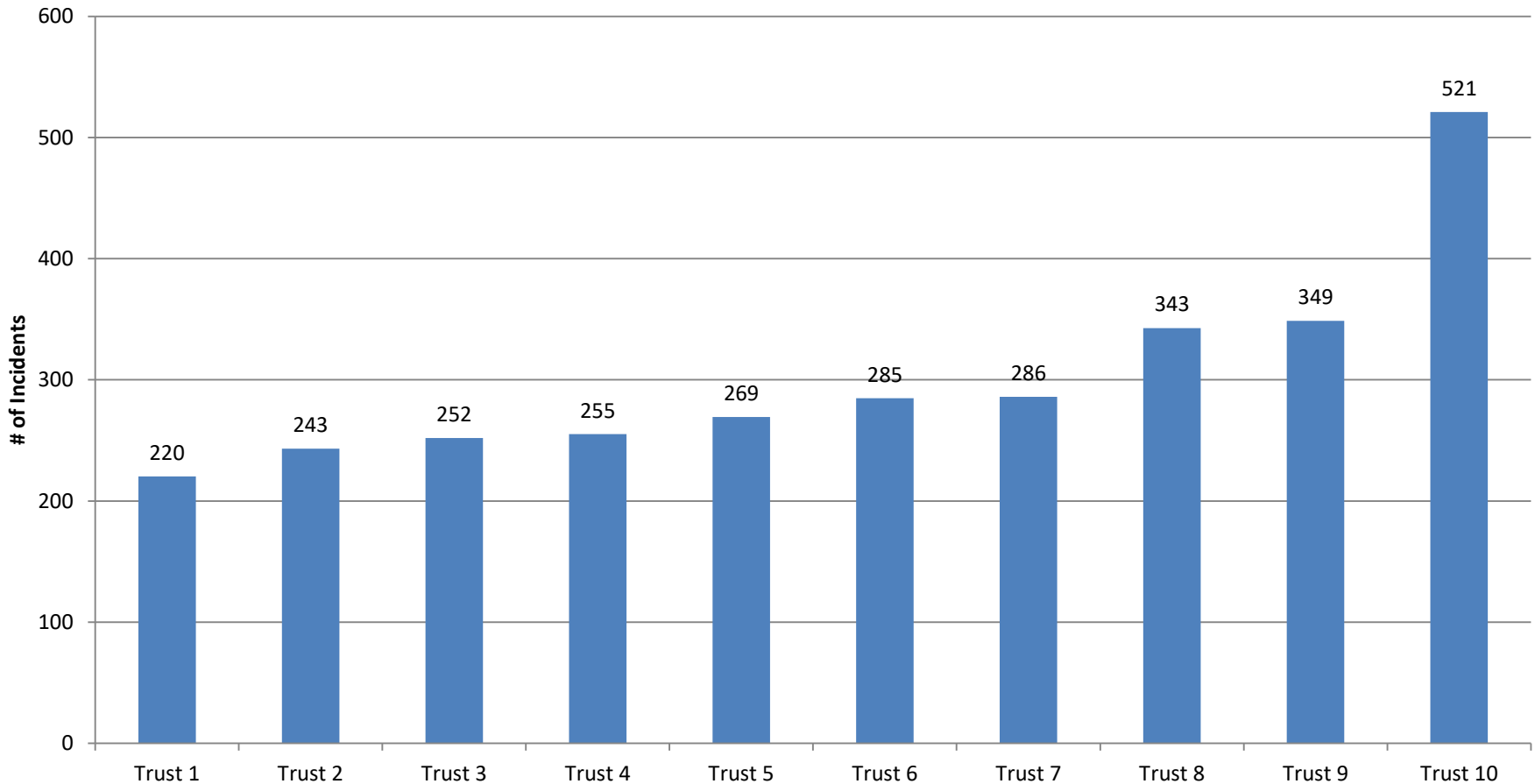


Understanding Ambulance Productivity and Efficiency



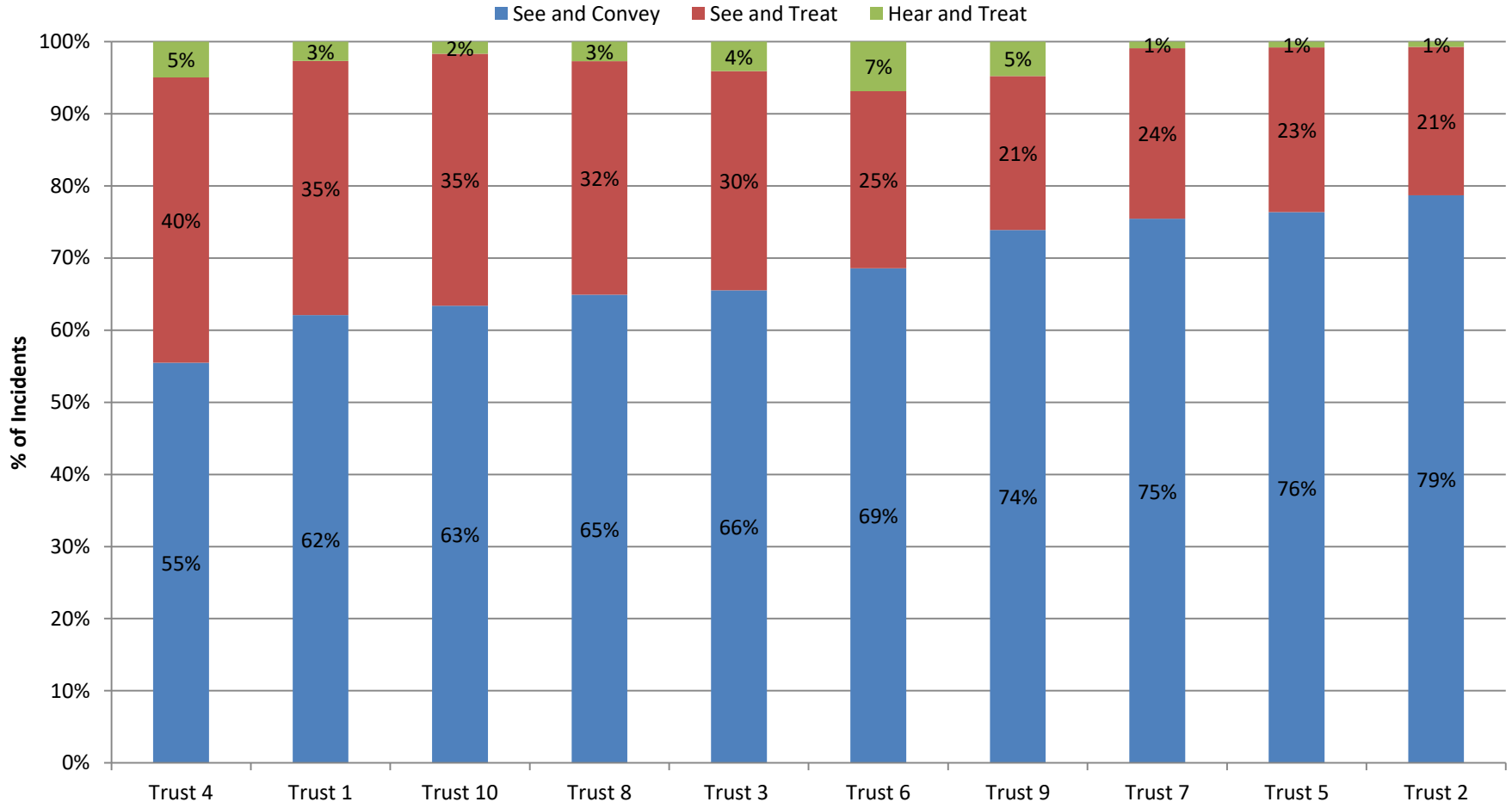
Nature of call: breathing problems

Demand per 100,000 Population - Breathing Problems



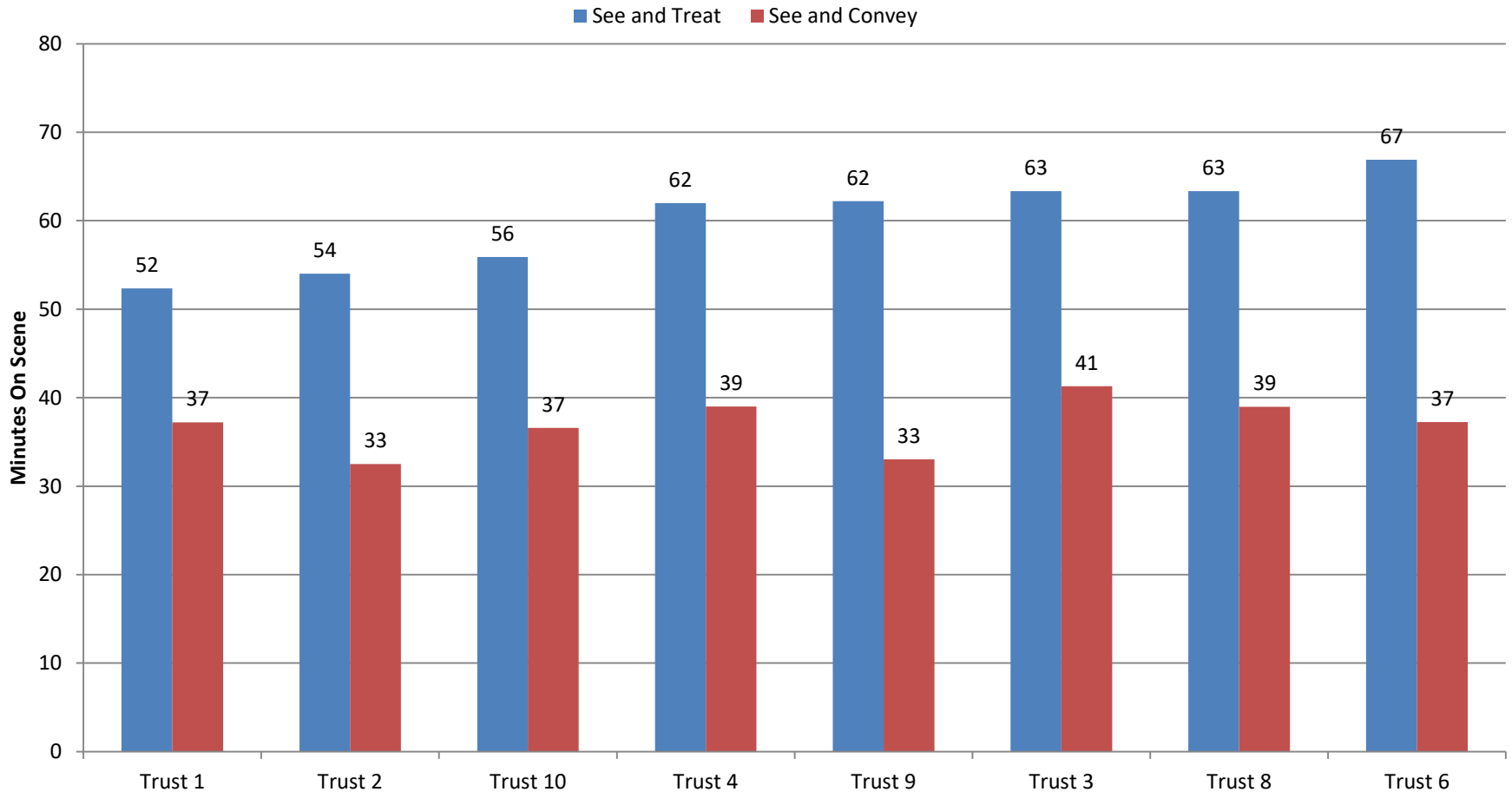
Response: breathing problems

Response Type - Breathing Problems



On scene time: breathing problems

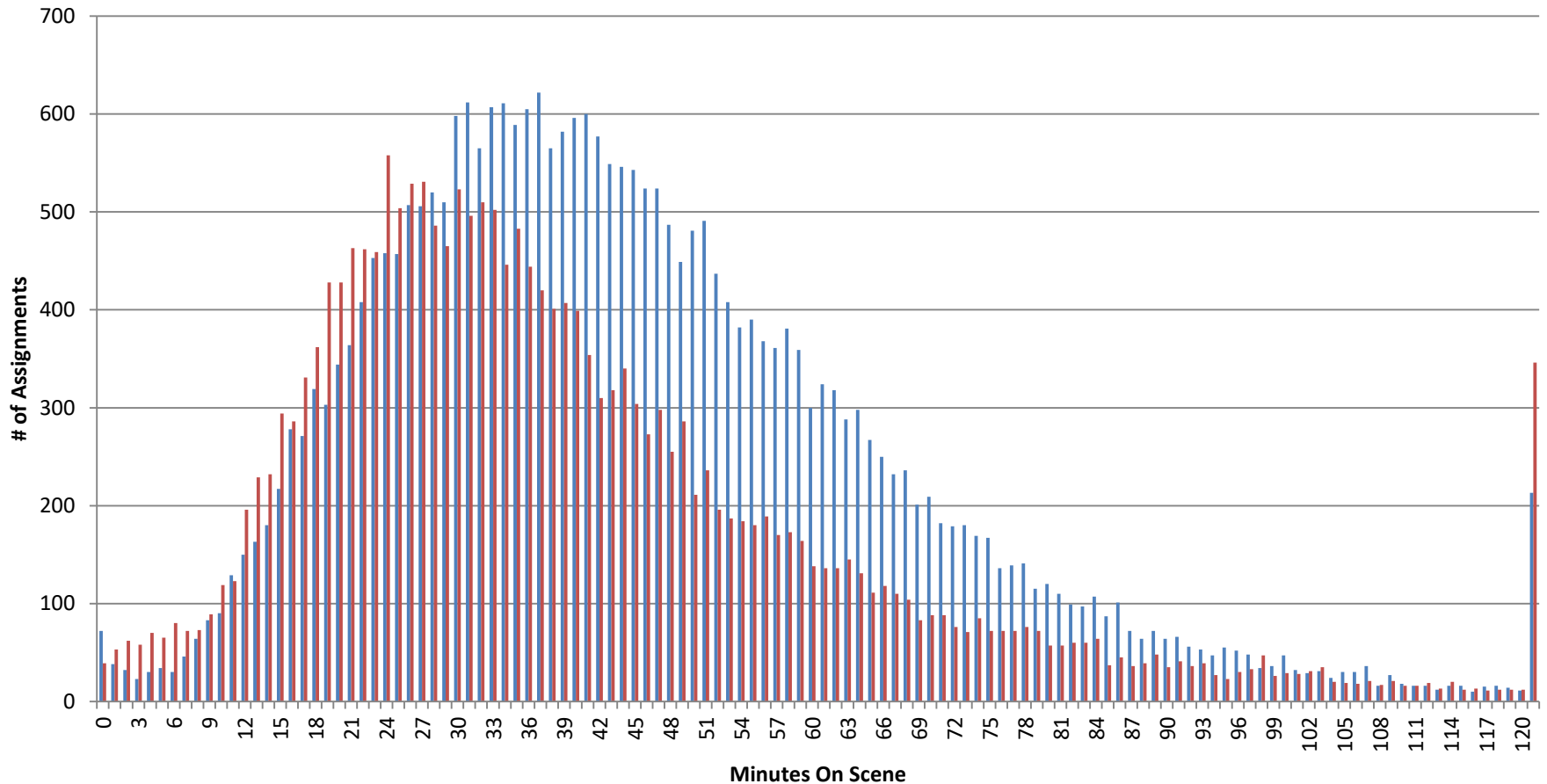
Median On Scene Time - Breathing Problems



Two trusts

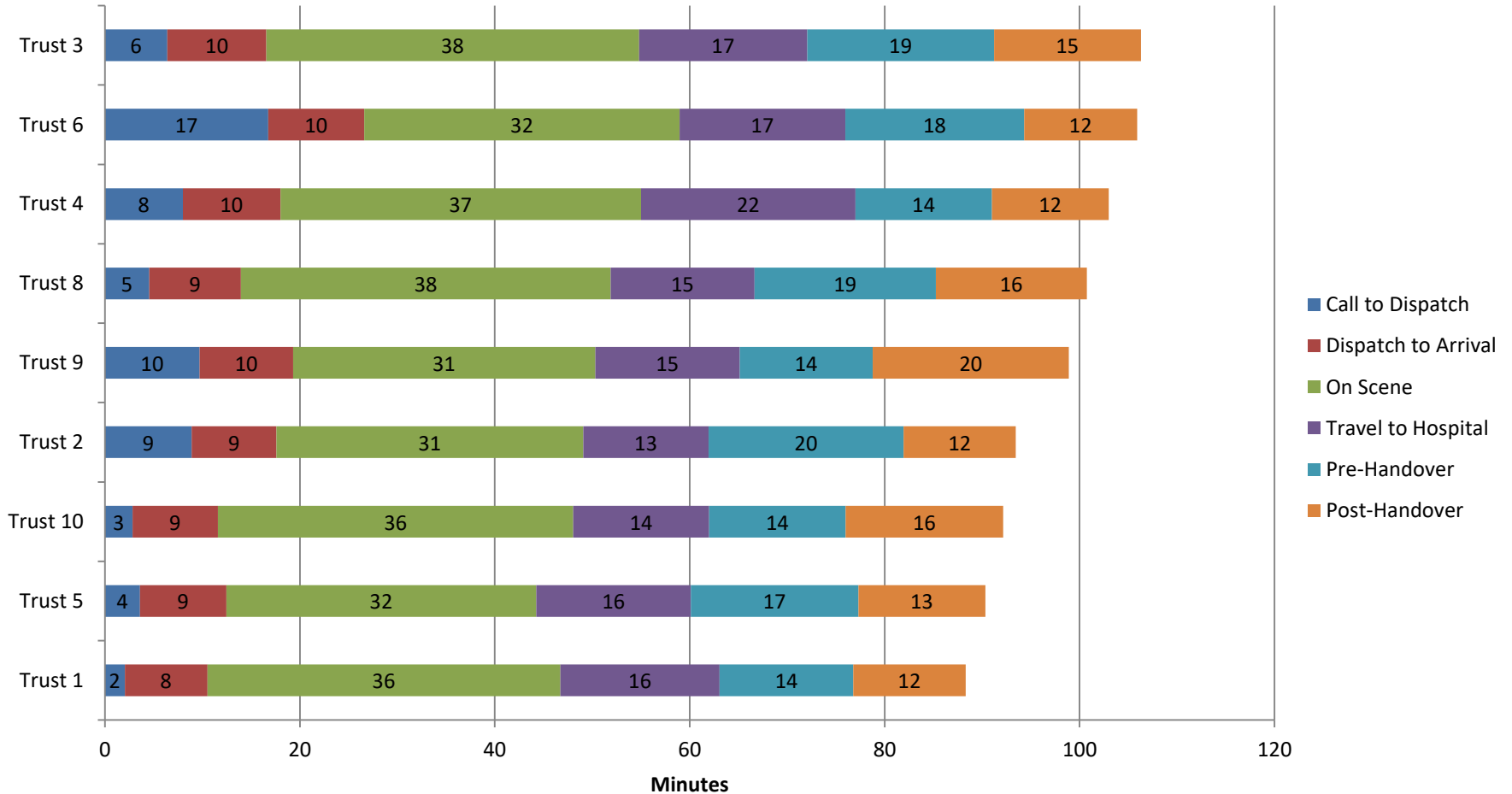
On Scene Time Distribution - Breathing Problems

Trust 10 Trust 2



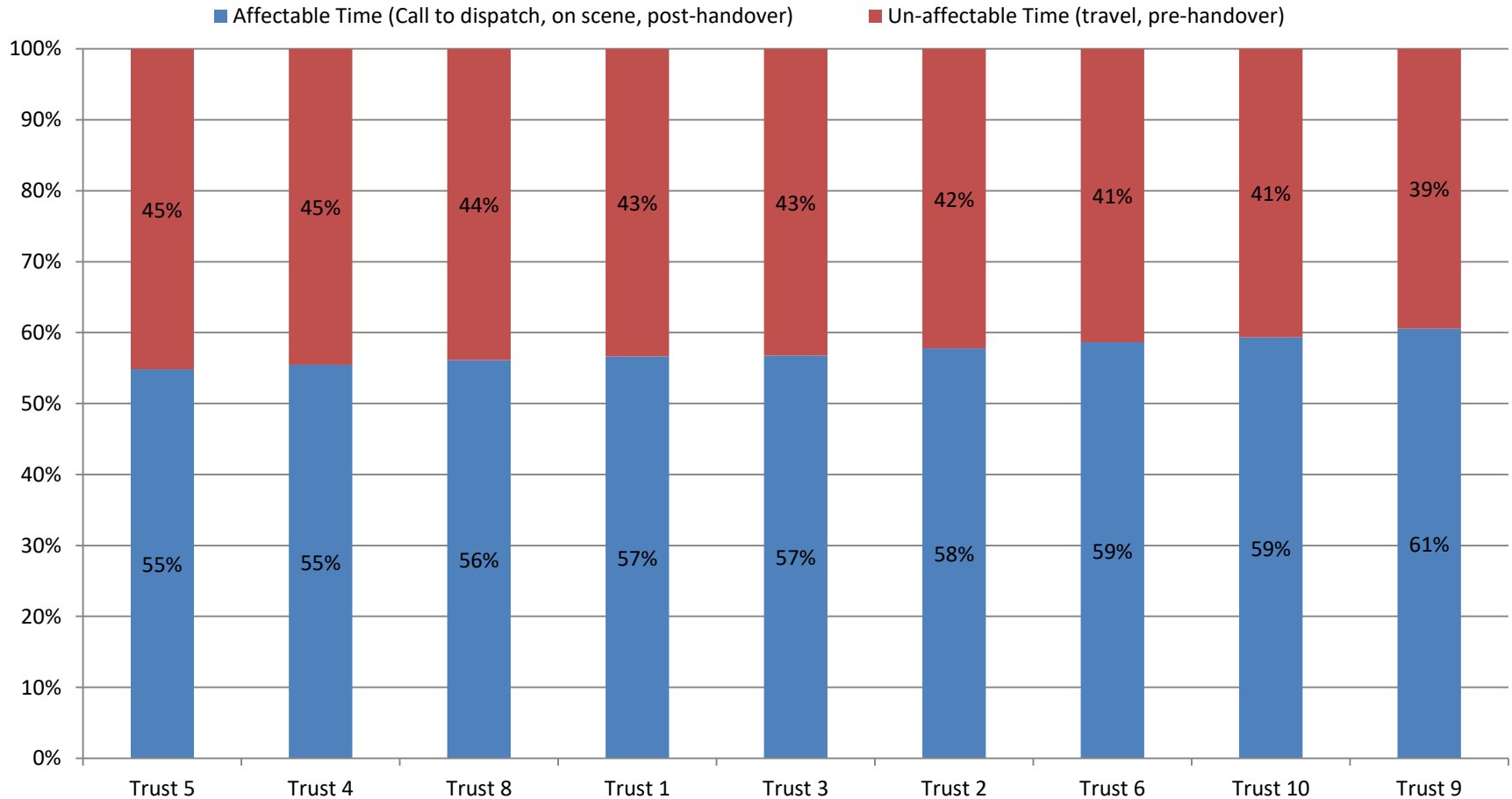
Breathing Problems: job cycle time

See and Convey Job Cycle Time - Breathing Problems

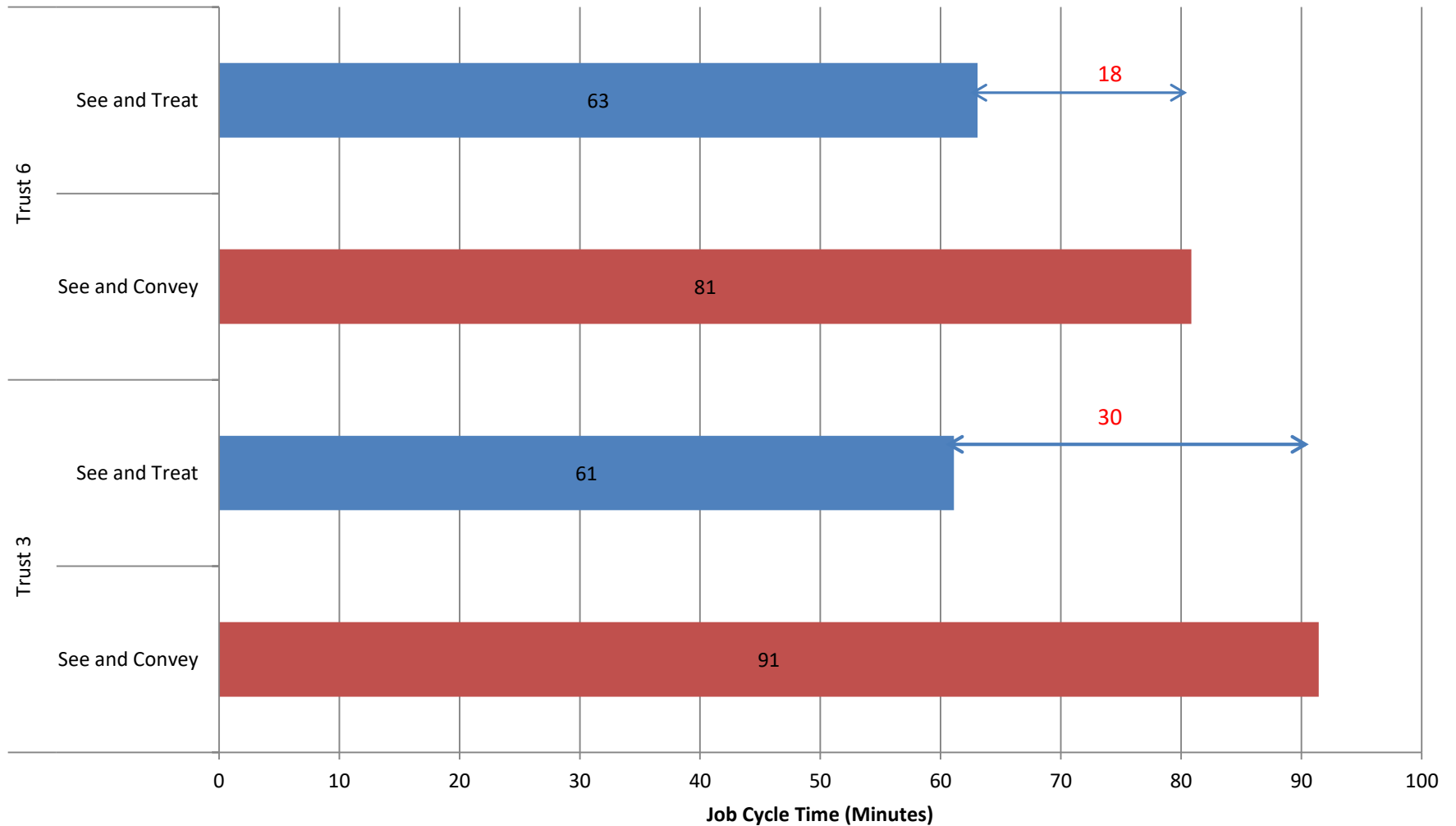


Improvement - marginal gains

Scope to secure marginal gains differs by Trust



Improvement - Channel Shift



Model Ambulance

Welcome David, please select a provider: **Model Ambulance Trust** Period: Latest

HOME MY PEERS TOOLS GUIDANCE ACCOUNT

Model Hospital Dashboard Board-Level Oversight **Carter Headline Metrics**

Job Cycle Time Beta

Headline Financials

Clinical Conditions

Conveyed

Not Conveyed

Compartment downloads

Guidance

Export to Excel

Print

My Peers
 NHSI Regional Peers
 Sustainability & Transformation Plan Peers
 Trust Type Peers
 Trust Size Peers (Spend)
 Trust Size Peers (Clinical Output)

	Period	Trust Actual	Lower Quartile	National Median	Upper Quartile	Peer Median	Info	Distribution
Breathing Difficulties	2015/16	£391	£323	£381	£451	£312		
Mental Health	2015/16	£365	£268	£312	£370	£219		
Chest Pain	2015/16	£333	£160	£182	£242	£202		
Falls	2015/16	£310	£96	£125	£167	£215		
Stroke	2015/16	£108	£112	£146	£195	£184		
Trauma	2015/16	£142	£59	£75	£102	£74		

NHS Model Ambulance Trust

HOME SERVICES SUPPORT ABOUT

BOARD-LEVEL OVERSIGHT

Key Metrics

Cost per Incident Cost per Call

Single Oversight Framework segment 2 - Targeted support offer

Quality of Care Finance & Use of Resources Operational Performance Strategic Change Leadership & Governance Carter Headline Metrics

DEMAND CCG Call Performance NOC 111 Transfers Demography

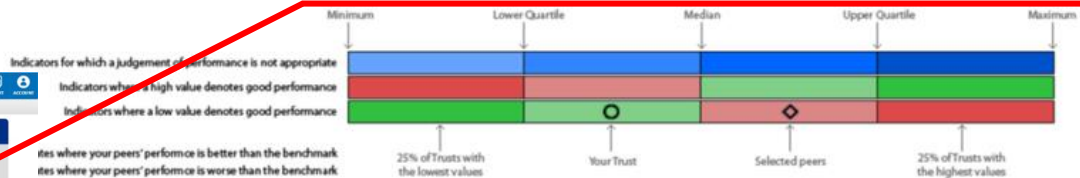
OPERATIONAL Digital & IM&T Handover Delays Job Cycle Time Call Answering Call Abandonment Response Times Resource Scheduling

CLINICAL Stroke Acute STEM Cardiac Arrest ROSC Cardiac Arrest Survival

FLEET Fuel Vehicle Utilisation Total Cost of Ownership Total Cost per Mile Private Ambulance Spend Specification

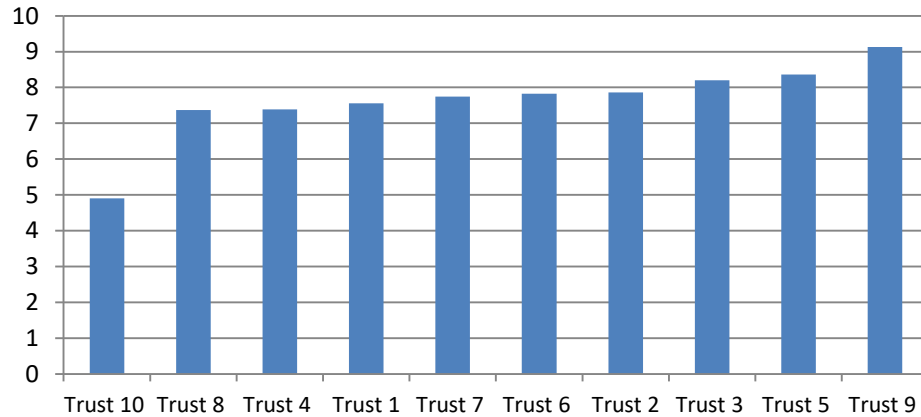
PATIENT EXPERIENCE Patient Experience Friends & Family

SUPPORT Estates & Facilities Corporate Services Procurement Pharmacy & Medicines Visitor Cost Recovery Commercial Income

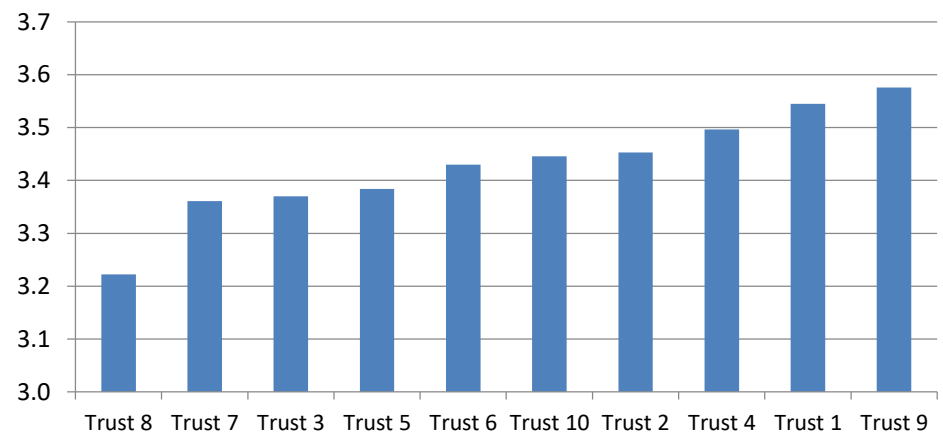


People and leadership

Sickness Days Per WTE



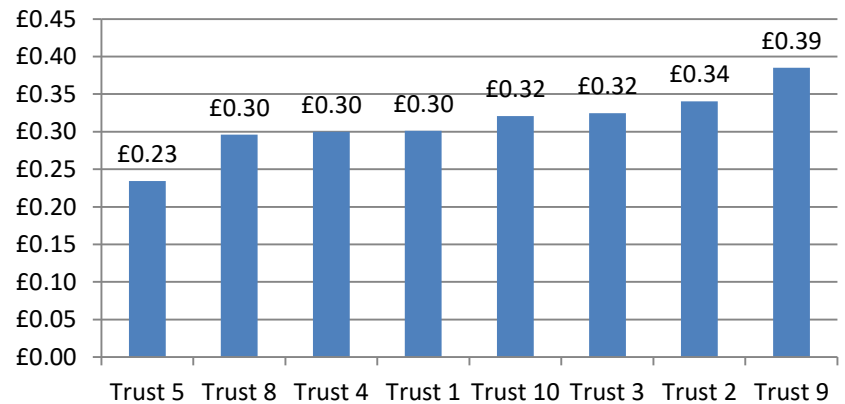
Staff Survey - Overall Engagement



Infrastructure



DCA Fuel Spend per Mile



Summary

- Real focus on productivity across the sector but scope to make improvements
- Key area clinical workforce productivity: sickness absence; marginal gains and channel shift
- Need to look at standardisation, aggregation and economies of scale
- Aim is to bring together the conclusions for a summer report