

Philip Dunne MP,  
Minister of State for Care and Support  
The Department of Health  
by email and hard copy

20<sup>th</sup> July 2016

Dear Mr Dunne

Ambulance Response Programme Evaluation Report on Dispatch on Disposition

The aim of the NHS England Ambulance Response programme (ARP) is to review ambulance response performance standards and explore strategies that can reduce operational inefficiencies and improve the quality of care for patients, their relatives and carers. One of these strategies has been to examine the potential of allowing additional time for triage of calls other than those that are most urgent; this is known as Dispatch on Disposition (DoD). Alongside DoD we have also tested a system called Nature of Call (NoC), designed to ensure that the most serious calls are identified as soon as possible; this means that an increase in triage time is balanced by improved recognition of cardiac arrest and impending cardiac arrest.

Our independent academic partners, at the Sheffield School of Health and Related Research, have evaluated the use of DoD following a six month pilot period across six ambulance services in England and have reported a wide range of benefits from the trial to date, particularly the anticipated gains in ambulance service efficiency:

- Dispatch on Disposition releases ambulance resource so that those most in need of an ambulance response have the right resource dispatched at the right time. The data demonstrate improved vehicle utilisation; each week there would potentially be 8,140 ambulance 999 calls (7% of all 999 incidents) where a resource would be available for immediate dispatch, rather than that incident entering a queue.
- DoD improves Red 2 (8 minute) performance by between 2.5% and 2.9%. Red2 calls account for 58% of all 999 calls. It also slows the decline in Red 2 performance that is associated with steadily increasing demand.
- It is clinically safe; the pilot evaluated 6 months of data from 6 pilot sites, therefore 36 months of data from over 4 million 999 calls with no patient safety issues or harm arising.

- Dispatch on Disposition does not affect Red 1 calls, so patients with the most life threatening conditions continue to get an ambulance as quickly as possible.
- Nature of Call successfully identified nearly three quarters of cardiac arrests (72.8%) as Red 1 calls, an increase from 64.8% in the earlier pilot period. 95% of all cardiac arrests were identified by a defined group of ten descriptors..
- Analysis suggests a maximum triage (DoD) time of 240 seconds, for all except Red 1 calls where a clock start of T0 (“call connect”) should be retained.
- Dispatch on Disposition is supported by staff; both “control room” and operational “road” staff view the ARP as a positive step in helping to better manage emergency calls in a challenging environment. The majority (52.4%) of staff felt that DoD had allowed their service to manage demand much or a little better, and 38% thought there was no change.

The ARP’s Expert Clinical Reference Group unanimously recommends the extension of the Dispatch on Disposition pilot to all Ambulance Trusts. This is also supported by the ambulance services, clinicians and independent expert analysis, demonstrating a methodology and evidence base upon which to build further improvements.

Extending the Dispatch on Disposition pilot paves the way for the coding trials that are the second stage of the ARP, and demonstrates a commitment to review, test and improve on the basis of clinical innovation.

The evaluation to date also highlights the many complex and constraining factors on the ambulance service as well as significant variation between ambulance trusts. These variations include geography and demography, case mix, workforce profile, fleet configuration, use of front-line data terminals, access to alternative patient pathways and operating models, and will be explored further in the next stages of the Programme.

The additional call triage time has not led to a detrimental effect on patient safety or patient care, nor the time between a 999 call being made and a resource arriving on scene for the most serious (Red) calls. There has, however, been an unexpected increase in the response time to Green 2 calls, and no significant increase in the rate of “hear and treat”, which is surprising since it was suggested by earlier work. We are investigating these areas; however they do not represent a safety issue.

This work sits alongside the ambulance objective within the A&E Improvement Plan. We continue to set out an expectation of increasing “hear and treat” and “see and treat” activity to direct patients away from A&E whenever possible.

In order to maximise the benefits achieved by the pilot sites, reduce variation across England and prepare for the second stage coding trials, the Ambulance Response Programme Expert Reference Group recommend:

- Extending the pilot of Dispatch on Disposition to all ambulance services in England as soon as is feasible. In practical terms this can be achieved within 8 weeks of approval to proceed. The control site staff and managers have expressed a will and readiness to extend DoD as ‘the right thing to do’.

- Delivery of an independent evaluation report and recommendations in Autumn 2016 incorporating both the DoD and the clinical coding trial (as outlined in our letter to Lord Prior dated 24<sup>th</sup> March 2016) reports.
- Development of a full operational and commissioning impact assessment to support the coding trial academic evaluation.
- Proceeding to phase 3 of the ARP: the development of a set of ambulance performance metrics which reflect the clinical needs and outcomes for patients contacting the 999 service in England.

Yours sincerely,



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Professor Jonathan Benger

National Clinical Director for Urgent Care