



South Central Ambulance Service **NHS**
NHS Foundation Trust

SMH/SCAS/CCG Clinical audit

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Why did we do it

- Following the implementation of ARP, the changes to the standards also changed the acuity of some patients in certain categories i.e inclusion of additional presentations in Cat 1 and others
- SCAS, the CCG and BHT felt it would be worthwhile to review patients that had been transported by Ambulance to the A & E

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What did we do

- A random selection of Category 3 & 4 patient records were reviewed at 2 data collections May 2018 and Oct 2018
- Each representative used their experience to review each patient record i.e. SCAS would review and comment on the SCAS record, then discussing the clinical presentation of each patient
- For all patients alternative pathways were discussed and either agreed or dismissed
- CCG recorded all findings to ensure all reviews were measured in the same way

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Data details: collection 1

Age Bracket	
0 - 12	9
13 - 22	2
23 - 32	4
33 - 42	3
43 - 52	5
53 - 62	4
63 - 72	2
73+	6
Total	35

Location	
Buckinghamshire	30
Oxford	2
Hertfordshire	2
Other	1

Time of Attendance	
Morning - 7:00am - 11:59am	7
Afternoon - 12:00pm - 16:59pm	13
Evening - 17:00pm - 23:59pm	9
Late Night/Early morning - 00:00am - 6:59am	6

Ambulance Category	
one	6
two	6
three	8
four	12
six*	3

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Conclusion- first data set

- In the majority of cases there was a rationale for Ambulance crews seeking further medical opinion
- SCAS crews did not always use pathways available to them – this needs to be reviewed and access simplified
- The audit highlighted some gaps for alternative pathways – Mental Health, Children's services, GP Triage
- Only a small minority of patients transported to the A & E were over the age of 75
- All involved in this audit agreed it should be done again
- Wexham Park have been approached for a similar audit there

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Data breakdown continued

Gender	
Male	16
Female	19

Discharged/Admitted	
Discharged	35
Admitted	0

ED Appropriate	
Yes	15
No	19
Inconclusive	1

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Rationale for second data collection

- It was apparent that a significant proportion of category 3-4 ambulance conveyances to the ED may have been able to access medical help/ advice elsewhere
- System data was informing us that there had been a shift away from ED already from lessons learnt in the first audit. Without having a formal divert pathway away from ED.

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Data details: collection 2

Age Bracket	
0 - 12	3
13 - 22	1
23 - 32	5
33 - 42	4
43 - 52	3
53 - 62	2
63 - 72	2
73+	9
Total	29

Location	
Buckinghamshire	25
Oxford	0
Hertfordshire	2
Other	2

Time of Attendance	
Morning - 7:00am - 11:59am	7
Afternoon - 12:00pm - 16:59pm	6
Evening - 17:00pm - 23:59pm	8
Late Night/Early morning - 00:00am - 6:59am	8

Ambulance Category	
one	8
two	12
three	0
four	0
six*and unknown cat	9

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Data breakdown continued

Gender	
Male	13
Female	16

Discharged/Admitted	
Discharged	18
Admitted	11

ED Appropriate	
Yes	28
No	1

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Data set 2

- The second data set had no category 3 or 4 conveyances to the ED, using the same sampling methodology.
- We therefore sampled cat 1 and 2, some unknown and a 6
- All bar one was deemed appropriate for ED
- The exception being a question of an cardiology pathways.

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Conclusions

- SCAS crews did appear to use services available to them, on some occasions there were other alternatives but not during the time of presentation
- Unfortunately the audit re-highlighted some gaps for alternative pathways – Mental Health, Children's services, GP Triage, Cardiology , stoma/ catheter care issues.
- 31% of patients transported to the A & E were over the age of 75 (looking at predominantly Cat 1 and 2)
- All involved found it incredible that we had already influenced alternative to ED conveyances for Cat 3 and 4 cases.
- Last step would be to look for SCAS data for where and how the Cat 3 and 4 patients had their needs met for corresponding dates.
- Wexham Park have been approached for a similar audit there

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