



Somerset GP999 Scheme: Summary Activity Report for Quarter 1 – 2019/20 (Apr, May, Jun)

Summary Activity Data for Q1 (19/20) for Taunton & Yeovil Cars

	Apr 2019	May 2019	Jun 2019	Q1 Total
Number of Cases	199	141	182	522
Community Treatment (%)	141 (70.9%)	100 (70.9%)	122 (67.0%)	363 (69.5%)
ED Attendance (%)	30 (15.1%)	20 (14.2%)	26 (14.3%)	76 (14.6%)
Admission Direct to Speciality (%)	28 (14.1%)	21 (14.9%)	34 (18.7%)	83 (15.9%)
Admission to Community Hospital/Hospice (%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)

Summary Data on Admission Avoidance Estimates for Q1 (19/20)

Outcome*	Apr 2019	May 2019	Jun 2019	Q1 Total
ED attendance prevented	156	116	145	417
Short Stay admission prevented	60	58	46	164
Long Stay admission prevented	7	2	7	16

*As per contract, estimates are based on a 'best clinical judgment prediction' by the attending GP and/or the clinical lead upon review of case notes & incident details. Due to the 'best estimate' method, it is likely that admissions (short and long) are underestimated, as a proportion of the prevented ED attendances may well have additionally resulted in an admission. Cases where an admission (long or short) is prevented usually also prevents an ED attendance unless otherwise stated, and direct admissions usually also prevent an ED attendance. A variety of data sources are used to compile these estimates, including clinical records, CAD records/C3, ePCR etc and it represents a 'best reasoned judgment'.



Activity Against Indicative Contract Activity Plan (Q1):

Somerset CCG have included an indicative activity plan in the 2019/20 service contract (Section B. Indicative Activity Plan, Schedule 2 – “The Services”).

The below shows actual activity against the indicative levels for the current quarter:

Month	April 2019	May 2019	June 2019
Indicative Activity	157	105	147
Actual Activity	199	141	182
Difference	+ 42 (127% of indicative)	+ 36 (134% indicative)	+ 35 (124% indicative)

These activity levels are in excess of the +/- 10% as specified in the contractual indicative activity plan.

Summary Estimates Since GP999 Scheme Inception

	Cumulative Estimates Since Scheme Start
Number of Clinical Cases	3,890
Community Treatment (%)	2,830 (72.8%)
ED Attendance (%)	459 (11.8%)
Admission Direct to Speciality (%)	511 (13.1%)
Admission to Community Hospital/Hospice (%)	14 (<1%)

Note: This cumulative tally since the scheme was commissioned by Somerset CCG is presented to give some broad contextual perspective of the quarter's activity against the longer term picture of scheme activity, smoothing some of the seasonal variation and demonstrating the general stability in outcomes over the long term. Admission to community hospital and/or hospice rates have largely been replaced in the last few quarters by referrals to Rapid Response, as this service is now commissioned in Somerset and accepts referrals from GP999.



Arrival and Wait Times: Taunton GP999 Car

	Apr-19	May-19	Jun-19	Total
Number of Responses at Scene (Note1)	136	107	144	387
Average Time from Call Commenced to Time Arrived at Scene (Note2)	1:16:57	0:59:55	1:03:12	1:07:07
Longest Time from Call Commenced to Time Arrived at Scene (Note 2)	5:48:28	4:35:14	5:29:26	5:48:28
0 to 15 Mins	22	28	29	79
15 to 30 Mins	27	21	27	75
30 to 45 Mins	15	9	20	44
45 to 60 Mins	11	11	14	36
60 to 75 Mins	11	7	14	32
75 to 90 Mins	9	7	9	25
90 to 105 Mins	4	2	9	15
105 to 120 Mins	7	4	2	13
120+ Mins	30	18	20	68

Arrival and Wait Times: Yeovil GP999 Car

	Apr-19	May-19	Jun-19	Total
Number of Responses at Scene (Note 1)	36	31	59	126
Average Time from Call Commenced to Time Arrived at Scene (Note 2)	1:21:55	1:13:46	1:10:56	1:14:46
Longest Time from Call Commenced to Time Arrived at Scene (Note 2)	4:17:49	3:14:03	6:36:44	6:36:44
0 to 15 Mins	5	3	14	22
15 to 30 Mins	7	4	6	17
30 to 45 Mins	3	5	10	18
45 to 60 Mins	2	5	7	14
60 to 75 Mins	0	2	2	4
75 to 90 Mins	5	2	6	13
90 to 105 Mins	4	2	2	8
105 to 120 Mins	0	2	1	3
120+ Mins	10	6	11	27



Interpretation Notes for Arrival and Wait Time:

1. The total number of cases managed by the Somerset GP999 service in Q1 does not exactly match the sum of the 'Responses at Scene' for Taunton and Yeovil cars. This is because not all cases result in a face-to-face assessment – some are managed by telephone contact with the patient, some by telephone and management support advice to the crew on-scene, and some are resolved by facilitating referral to a treatment pathway not normally accessible to front-line paramedic crews.
2. The Somerset GP999 service responds to calls of all categories as defined by ARP, both as a primary ("first resource on scene") response and following referral by front-line crew on scene, by Clinical Supervisors or other Hub Clinicians. Figures reported for arrival time on scene by GP999 *exclude* all other resources. As such, times represent a mixture of cases responded to as a primary allocation, and cases that have already been assessed or treated by other resources. Reported times are therefore indicative of time to definitive resolution by GP999, and not time to 'first eyes on'. GPs receiving referrals from crews will undertake a dynamic prioritisation of clinical need, and respond in a timeframe that represents most effective resource mobilisation taking into account geographic location.

Dr Matt Booker, Local Clinical Lead, On behalf of the Somerset GP999 Project Team
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