



KEY BENEFITS

- Options for improved resilience in line with CQC recommendations
- Reduction in variation between dispatch desks
- Options for restructuring call-taking to improve process quality
- Staff requirements for increasing clinical triage identified



Comprehensive evaluation of call handling, dispatch and clinical triage

KEY FACTS

Population = 2.6 million

Area Covered = 8,600 km²

Daily 999 Calls = 1,300

Daily 111 Calls = 2,220

Stations = 220

ABOUT NEAS

North East Ambulance Service (NEAS) provides Emergency Care and Patient Transport Services (PTS) across Northumberland, Tyne and Wear, County Durham and Teesside. NEAS handles calls at two Emergency Operations Centres (EOCs) that manage emergency 999, non-emergency PTS, and NHS 111 calls, and dispatch front-line resources from 61 stations.

THE CHALLENGE

NEAS call takers are dual-trained in answering 999 and 111 calls, with demand for both having increased since a previous demand and capacity review four years ago. NEAS needed to understand

whether improvements were required in relation to EOC management, call handling and dispatch processes, clinical triage and dispatch desk jurisdictions.

ORH'S APPROACH

Through discussions, interviews, analysis of roles and working relationships, and with reference to successful practice elsewhere, ORH appraised the EOC structure. NEAS provided call data, which ORH analysed to establish a detailed profile of the call taking process. From this, ORH created a call taking simulation model to assess options for change in the skill mix and number of call takers.

ORH sought to identify new dispatch desk boundaries that minimised the high variation between existing dispatch desks. The EOC modelling results informed parts of the operational demand and capacity review, which ORH carried out in parallel.

RESULTS

ORH evaluated options for improving resilience in detail, highlighting the benefits, issues and staff implications of existing and future configurations of teams. The recommended solution involved:

- Changing the dispatch desk configuration to reduce variation
- Identifying a robust two-centre division of roles
- Increasing NEAS's clinical triage rate in line with other ambulance services
- Strengthening the 999 call-taking and dispatch functions



In modelling our operations centre and frontline services in parallel, we have identified what we need to do to deliver our strategy to reform the urgent care system across the North East.

Paul Liversidge, Chief Operating Officer, NEAS



About ORH

PLAN. PREPARE. PERFORM.

ORH helps emergency services around the world to optimise resource use and respond in the most effective and efficient way.



We have set the benchmark for emergency service planning, with a proven approach combining rigorous scientific analysis with experienced, insightful consultancy. Our expert team uses sophisticated modelling techniques to identify opportunities for improvement and uncover hidden capacity. Simulating future scenarios ensures that solutions are objective, evidence-based and quantified.

Every organisation faces a unique set of challenges, so remaining independent and flexible allows us to deliver an appropriate solution every time. The outputs of our work enable clients to make robust, data-driven decisions and explain them clearly to stakeholders.

ORH's approach is always tailored to the needs of the client. Above all, we are committed to getting it right, for the good of our clients and the people who rely on their services.

ORH WORKS WITH AMBULANCE SERVICES TO:

- Quantify the impact of changes to response standards
- Optimise response locations
- Evaluate call handling, triage and dispatch arrangements
- Improve response times
- Devise optimal deployments by staff skill and vehicle type
- Identify operational efficiencies

For control rooms, ORH provides its DCT software to support dynamic decision making and enable effective and efficient resource use.



**Emergency
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