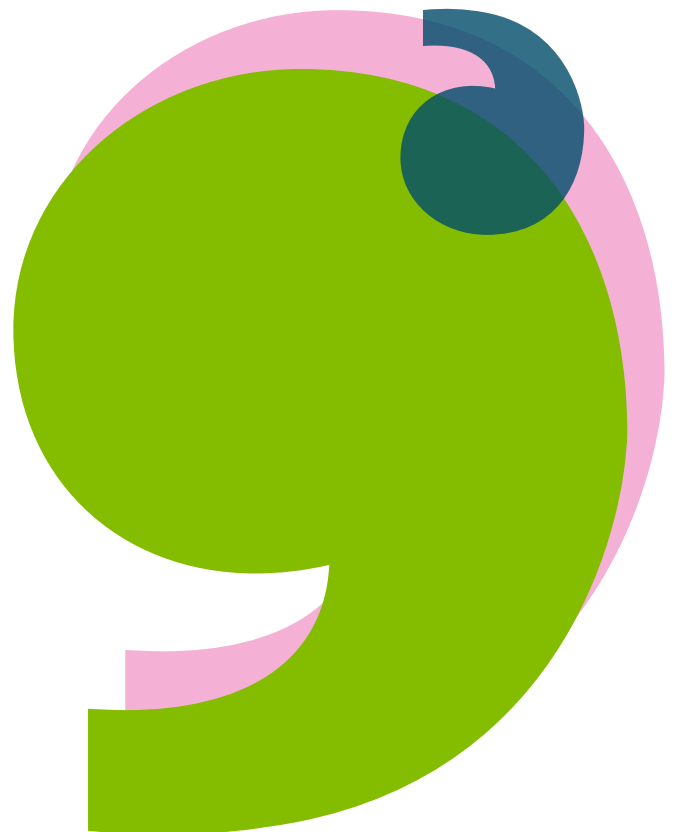




Enter and View report

SOS Bus

December 2018



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1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	7 -8 Talisman Road Bicester OX26 6HR
Service Provider	South Central Ambulance Service NHS Foundation Trust
Date and Time	Monday 31 st December 22:30 – 03:00
Authorised Representatives	Jeanne Humber, Rosalind Pearce
Contact details	01865 520520

1.2 Acknowledgements

Healthwatch Oxfordshire would like to thank the service provider, patients, visitors and staff for their contribution to the Enter and View programme.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.



2 What is Enter and View?

Part of the local Healthwatch Oxfordshire programme is to carry out Enter and View visits. Local Healthwatch Oxfordshire representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch Oxfordshire authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Oxfordshire Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

2.1 Purpose of Visit

- To observe how the project operates and provides its services.
- To collect views from patients, staff and referring agencies on how services provided may affect them and their community.
- To identify 'Best Practice' and highlight any areas of concern.

2.2 Strategic drivers

In the summer of 2014 Healthwatch Oxfordshire enabled students at Oxford University to carry out a study into Mental Health and Accident and Emergency (A&E) experiences of students in Oxford. They found that 16.4% of student A&E attendance was related to alcohol or drugs use. 22 respondents were conveyed to A&E after a 999 call and 36.3% of these were as a result of drug or alcohol related issues. The report made a recommendation (to Oxfordshire Clinical Commissioning



Group and South Central Ambulance Service) to investigate whether it was beneficial to provide specific care to drug/alcohol related casualties as seen in other counties such as the street medical tents used in Peterborough; and the Oxford SOS Project was developed.

The Oxford SOS Project was first trialled in 2014 and when Healthwatch Oxfordshire approached South Central Ambulance Service in 2018 about visiting the project, they were very happy to invite us.

2.3 Methodology

We held a pre-visit meeting on the 30th November with the Lead Paramedic for the service and the Head of Operations at South Central Ambulance Service NHS Foundation Trust (SCAS) to discuss the purpose of the visit.

We held a planning meeting for the team on the 12th December to discuss the questions we would be asking patients and staff on the night.

We spent 4.5 hours with the SOS Bus on 31st December 2019 and collected information by talking with patients, their friends, SCAS Clinicians and any referring parties.

We checked with the provider if there were individuals that should not be approached or were unable to give informed consent.

We were transparent about why we were there ensuring we obtained consent from everyone we spoke to.

2.4 Summary of findings

- The SOS Project can provide faster, more efficient and more cost-effective treatment to the people who are using Oxfordshire's Night Time Economy
- Treatment at the Project can help to avoid unnecessary attendance at the Emergency Department (ED)
- The project is highly valued by the local Police as it can free up their time to focus on criminal concerns as opposed to medical ones
- It is an excellent example of successful multi-agency working
- The SOS Project is a valuable community resource which should receive funding to run all year
- Patients told us it was a wonderful service run by friendly and professional staff

2.5 Results of visit

The Oxford SOS Project was set up originally in 2014 as an Oxfordshire Clinical Commissioning Group (OCCG) funded project aimed to alleviate demand on 999 and



Emergency Department services. The purpose was to be able to treat illness and injury of patients in a large ambulance (Jumbulance) situated within Oxford City Centre. The idea being that those experiencing drug or alcohol intoxication would have a safe space to be treated without requiring a bed at the Emergency Department.

This winter the service ran every Friday and Saturday night from 23:00 - 05:00 from November 9th 2018 to January 6th 2019 with an additional service running on New Year's Eve.

We carried out our visit on New Year's Eve from 22:30 - 03:00. We spoke with three patients, two of their friends, four SCAS Clinicians and two referring Police Officers.

The service is normally crewed by two paramedics and an emergency care assistant. It is also supported by Community First Responders who are volunteers. There is a larger than usual ambulance present which has the capacity for up to four treatment trolleys. A welfare unit, additional ambulance and 4x4 vehicle is also available on New Year's Eve. The welfare Unit provides a warm, dry space to sit down and have a hot drink. It has an external screen which shows information films on subjects such as sexual consent and advice on when to dial 999.

As well as treating walk-in patients, the SOS Project will also accept referrals from other agencies such as Thames Valley Police, and Oxford Street Pastors. Ambulances dealing with 999 calls can also stream patients to the SOS Project thus avoiding the cost and time required to take them to the ED. The project can see patients from outside of Oxford City as well, for example people are conveyed from Bicester and Kidlington.

The Project does not treat head injuries therefore was not able to see three referred patients. Two of these were referred to the ED and one was taken into Police Custody and would be seen by the Police Doctor.

Staff Feedback

We spoke to a range of staff including a Community First Responder. Staff told us they see an average of five to six patients per shift with the total number of presentations for 2018-2019 being 54 with 38 of these being treated on scene. In addition, the Project advised/signposted a further 20 members of the public but this information is not logged via the control room.

The Project is advertised via Facebook, local radio, local newspapers, OCCG web, Oxford pub toilets and SCAS crews. 111 does not refer to the service, but as most people facing street situations are likely to call 999, they can and do refer.



Staff tell us that the typical issues they see are around alcohol intoxication, minor injuries, mental health and drugs. Approximately two out of three patients present with issues due to alcohol intoxication.

The staff tell us that they identify as being part of the Emergency Department and clearly see benefits to the ED as not only does it remove additional work load in terms of patient numbers, it also reduces the amount of paperwork that needs to be completed.

Staff named clear benefits to having the SOS Project As it frees up beds and staff in the ED as intoxicated patients require constant monitoring for their own safety until they are sufficiently sober and rehydrated enough to be discharged. The SOS project treating intoxicated patients in the city keeps the pressure off the John Radcliffe and frees up spaces for other patients.

On the whole, staff would like to see the service extended beyond the winter months as people get drunk throughout the year and therefore there is a need for additional medical support in the city centre all year round.

Patient Feedback

We spoke with three patients. Two were there due to alcohol intoxication and one was injured during a fight. One was walking by and stopped, one was advised to visit by a Police Officer and the other was brought in by ambulance. Both patients who self-referred stated they would have just gone home had the project not have been there. The patient dropped off by ambulance would have been taken to the ED the paramedic tending to him informed us. Treatment of patients ranged from basic observations such as temperature, blood pressure and oxygen saturation, as well as being given IV fluids and warmed with blankets.

All three patients stated they were students with two being male and one female. All three were very happy with the service they received telling us that the staff were lovely, professional and friendly. None of them had heard of the project prior to using it, but would use it again in the future if they needed to.

Friends Feedback

We spoke to two of the patient's friends/partners. They said they had not used the service before and neither had they heard of it, but felt it was very helpful and would be of benefit if it ran all year round. We were told that a service like this makes a lot of difference and they would use it again if the need arose.



Referrer Feedback

We spoke to two Police Officers who have referred to the service mainly for alcohol intoxication and minor injuries. We were told they often deal with drunk people which is a medical concern, not a criminal one. If the police are called to deal with someone who is very drunk, they are required to call an ambulance and stay with the person until the ambulance arrives. As this is often marked as low priority from a medical point of view, the police can be waiting around for hours. It significantly lessens the impact on police if they can take people to the SOS bus. We were told that paramedics will also come to nearby venues to carry out assessments and deal with injuries. This saves police time, allowing for quicker arrest times (in criminal matters) and therefore greater preservation of forensic evidence.

They would like to see it run all year round and suggested it also ran on Student Nights (Wednesdays) based on the Cowley Road.

“It really is an example of successful multi-agency working”

2.6 Recommendations

1. Design and maintain a system to record all instances of advice/signposting given in order to demonstrate the important additional benefits of the project
2. Working with Thames Valley Police, produce a report stating the economical, social and community benefits of the project in order to secure all year round funding from OCCG.
3. Review the location of the SOS Project to ensure it is based where it is of most benefit to patients.

2.7 Service provider response

1. We have established a need to record all contacts regardless of clinical need. In the future, those contacts of advice/sign posting only will be recorded locally and then added to the CAD system as a “hear and treat” for logging.



2. We have worked on building a relationship with the Inspector responsible for the night time economy in Oxford and have a meeting planned to review the needs/benefit of both services. We are also keen to explore other avenues of funding for the service particularly from the Universities should cover be required/of benefit for student nights.
3. Although this will need to be assessed both on demand and risk, should the project receive additional funding it may prove beneficial to locate the centre elsewhere on certain nights i.e. location of student night midweek and current location on the weekend.