Supporting the development of ambulance services as out-of-hospital providers

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Chair, London Ambulance Service NHS Trust
Representing the Association of Ambulance Chief Executives (AACE)

16th December 2014 - The King’s Fund “Urgent & Emergency Care”
Association of Ambulance Chief Executives (AACE)

- AACE is the central body & voice for NHS ambulance services
- Supports development & implementation of nationally agreed policy and clinical priorities
- Primary focus on developing services & improving patient care
- Membership = all 10 English NHS Trusts + Trusts in Devolved Administrations, Islands and Crown Dependencies
- AACE is Corporate Member of NHS Confederation and also works closely with NHS Providers (FTN)
- Close collaboration with other emergency response representative organisations (ACPO & CFOA)
- Key role in NHS England UEC Review Programme
10 English NHS Ambulance Services
30,000 Emergency calls daily
Over 9 million 999 calls annually
£1.6bn budget = 2% of NHS Budget
22,000 frontline staff
12,000 Paramedics
58% conveyed / 35% at home / 6% telephone
Demand has increased +25% over last 5 years
Context

- Ambulance services highly valued for speed of service and skills of paramedics - treating patients in wide range of circumstances
- Recognition of rising demand and rising expectations
- Confusing system - public struggle to navigate and so take easiest option - 999 or ED
- Need for closer to home care - theme over recent years
- Around half of 999 calls which currently require a double-crewed ambulance to be despatched for conveyance to hospital could be managed at scene
- ‘Ambulance services should become and be seen as community based mobile urgent treatment service rather than solely a means of transportation’ Keogh 2013
- Need to introduce more specialist & advanced paramedics
- Provide direct access to GPs and specialists across health & social care
<table>
<thead>
<tr>
<th>Call Categories &amp; Time Based Targets</th>
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<tbody>
<tr>
<td><strong>Category A</strong></td>
</tr>
<tr>
<td>(Red calls)</td>
</tr>
<tr>
<td><strong>Red 1</strong></td>
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<tr>
<td>8 minute Response</td>
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<tr>
<td>Patients in or about to enter cardiac/respiratory arrest</td>
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<tr>
<td><strong>Red 2</strong></td>
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<tr>
<td>8 minute Response</td>
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<tr>
<td>Other immediately life threatening conditions</td>
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<tr>
<td><strong>Green 1</strong></td>
</tr>
<tr>
<td>20 minute Response</td>
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<tr>
<td><strong>Green 2</strong></td>
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<tr>
<td>30 minute Response</td>
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<tr>
<td><strong>Green 3</strong></td>
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<tr>
<td>20 minute Telephone assessment</td>
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<td><strong>Green 4</strong></td>
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<tr>
<td>60 minute Telephone assessment</td>
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</tbody>
</table>

We are sending the fastest first response in the world to 40% of patients… but we know that fewer than 10% of patients need that fast response.
Ambulance service 999

10% Life threatening

- Advances in cardiac care, stroke, major trauma, cardiac arrest
- Acute service reconfigurations - maternity, paediatrics, surgery
- Trauma centres
- Better performance measures
- Resilience for major incidents & mass casualties - working with other emergency services

90% Urgent care

- Advanced and specialist paramedic roles - expanded clinical decision making, advanced clinical assessment, diagnostic skills, prescribing
- Paramedics working alongside community, primary care, social care, mental health
- Increase care closer to home
- Alternative destinations
Role of NHS Ambulance Services in Transforming Urgent & Emergency Care

Four domains:
- Emergency Care - 999
- Hear & Treat - 999 / NHS111 & Clinical Hubs
- See & Treat - Mobile Treatment Services
- Urgent Care - alternative pathways

Requires:
- Developing the paramedic workforce
- Changing NHS culture - building trust across professions
- Greater consistency in integration across providers
- Enhanced data sharing to improve patient experience and clinical outcomes
- Evidence-based commissioning with appropriate performance measures
999 / NHS 111 integration

Patient dials 999

Care Coordination within Ambulance Control Room (+Clinical Hub) -
Hear & Treat assessment and/or referral through
Directory of Services to appropriate care

Patient dials 111
Some examples of ambulance service urgent care response
The future ambulance workforce - what we need:

- Develop more paramedics to advanced and specialist paramedic roles
- Improve range of clinical assessment and decision making skills to manage patients closer to home
- Independent prescribing for paramedics
- National shortage of paramedics to be addressed
- Clearer career path / opportunities
- Paramedic Evidence Based Education Project (PEEP report 2013) - introduction of a national education and training framework for paramedics.
- Funding?
Data and Clinical Outcomes

Need to improve rapid access to patient data

- Access to Summary Care Record/special patient notes/care plans
- Need for Electronic Care Solutions
- Clinical outcomes from joined up data to review effectiveness of care & treatment

- MUST be more reliable and consistent to improve patient experience, safety and clinical outcomes
Future measurement...

- Fewer time measurements - more outcome measurements
- Retain appropriate response time targets only for patients with immediately life threatening conditions
- Identify more precisely those with life threatening conditions to reduce the current rate of over-triage
- Replace other response time targets with a broader range of clinical measures based around patient outcomes
Thank You