ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

Bringing together skills, expertise and shared knowledge in UK ambulance services

A vision for the NHS ambulance sector in co-designing urgent and emergency care provision

Introduction

The purpose of this paper is to prompt and guide conversations at national, regional and system level, about the potential that could be realised by developing the future role of ambulance services in co-designed urgent and emergency care (UEC) provision.

The core remit of any NHS ambulance service will *always* be to provide emergency response, to those who have a life-threatening health need, and to major incidents. This will not change, but it could be better. As a relatively small proportion of what ambulance services do (circa 10-11%), this remit is often 'squeezed' by the increase in demand for everything else provided by ambulance services in out-of-hospital care. In many cases they 'fill the gaps' for other sectors, where there are unmet urgent care needs, whilst suffering, like other providers, the impinging effects on resources resulting from the wider challenges affecting all systems.

Some of the detail in our long-term vision (described just in outline below), is already happening, but mostly by default rather than by planning and design – and where it is being done by design and concepts have been proven, it is happening in pockets rather than at scale. This might provide certain benefits at local levels but is missing out on the real possibilities of embedding sustainable value for money and meaningful change in UEC equitably across the country.

We believe that by targeting investment into the ambulance workforce, infrastructure, and digital innovations this will play a significant, and efficient, part in improving trajectories within the NHS. We cannot continue to do more of the same and hope that things will get better. We owe it to patients, as health and care systems, to work together for them, and we have a moral duty to our people to improve on their current working conditions so they have fulfilled careers and can provide the best possible care. By doing things differently we have the opportunity to fix for tomorrow many of the things that are not working well today.

We need commissioners and partner providers to purposefully discuss with their ambulance service their potential to do more for patients. In doing so, they can proactively support other sectors and relieve some of the seemingly intractable system pressures by providing more expansive and responsive out-of-hospital care, as well as contributing to preventative care. System leaders need to consider collectively with all UEC partners a roadmap to achieve this re-design in a realistic timescale to begin making sustainable improvements for patients.

The case for change

> ***"Anyone who has had recent contact with the NHS knows it is in crisis. Patients suffering long waits and hard-pressed staff working in a system which is not delivering deserve better…The NHS has more money and staff than ever before but has made poor use of it to improve access for patients when they are in urgent need."***
> ***(House of Commons Public Accounts Committee HC1336)***

Health and care systems across the UK have been facing increasing demands and pressures over the last decade, and post-pandemic these have risen to unprecedented levels where avoidable harm is frequently occurring. We know that for many patients their experiences of NHS services are often frustrating, and they have poorer outcomes than could be expected; public satisfaction in the NHS is waning, and exhausted staff are leaving their vocations.

Health and social care provision currently faces:

- a growing, ageing population, living longer with a range of complex conditions;
- workforces stretched beyond limits in terms of capacity and poor morale in many sectors, leading to increasing absence levels and problems retaining staff;
- access to, and resources in, primary, community and mental health services remaining significantly challenged;
- increasing elective waiting lists, with resulting knock-on effects for UEC;
- growing delays for discharges from hospital, affecting flow across systems;
- crowding in emergency departments, resulting in ambulances queued outside for long periods; and
- patients waiting unacceptable lengths of time for an appropriate response to their 999 calls.

Ambulance services are at the heart of strained UEC systems and hold some of the biggest risks for patient safety, particularly when there are no resources to send to someone who has called 999 needing emergency or time-critical urgent care. Being available 24/7, patients may contact 999 or 111 because they have been unable to access care through a route they would normally use for their condition (whether in hours or out-of-hours), or because they are unsure of what they need. They see the ambulance service as a 'trusted brand' and know they will get a response. Sometimes, the ambulance service is not what they need, and nor might they need to go to hospital, but there may be no alternative.

Despite best efforts and additional short-term funding for recovery plans there is **little evidence for any significant sustained improvement** for health and care provision on the horizon.

We need radical re-design for UEC and long-term planning, with a stronger focus on prevention and a shift in balance of investment to out-of-hospital services. We also need to be better prepared for the emerging impacts of advancing technologies and medical developments, climate change, global conflicts, and the potential for pandemics of any nature. We cannot, as a health service, continue to do more of the same. We all need to do things differently.

> ***"The pressures on every part of the system across the board just feel to me to be more challenging than they've ever been. That doesn't mean that there isn't a possible way through this, but it does mean that we really do have to start thinking very differently… the NHS needs to rebalance… sadly, most investment in health care in the last decade, has tended to focus on hospitals, because that's where the noise is."***
> ***Sir David Haslam - Does the NHS need to be rebooted?***

Long-term vision of an enhanced role for ambulance services in UEC

Despite the current challenged position described above, ambulance services have great potential to help solve some of the key system pressures, reduce the risks for patients and address inefficiencies within their health systems. They can make better use of scarce clinical resources across wider footprints, working with their systems to implement the models of care that make most sense for their particular population needs.

In an NHS that is truly focussed on:

- provision of high quality, timely and integrated UEC;
- keeping patients out of hospital when they do not need to be there;
- reducing inequalities in access to healthcare, patient experience and outcomes; and
- preventing ill health,

We see greater potential for **ambulance services to develop with two clear remits as trusted assessors,** to be:

1. the lead coordinator and navigator for access to UEC and support agencies, making efficient use of multi-professional, integrated clinical hubs and assessment services at system level; and
2. responders to patients needing out-of-hospital care, with more direct referral pathways to other parts of the system, and advanced skill sets and paramedicine models to safely keep more patients at home.

By developing UEC strategy collaboratively within their systems, listening to patients and their communities, ambulance services, with the support of their commissioning bodies, could become the system leaders in implementing those strategies, joining all the elements up cross-sectors.

The potential for ambulance services to play a leading and coordinating role in UEC lies in the fact that they already have:

- ✔ **24/7 regional/national infrastructure** (unlike any other NHS provider) enabling them to see issues, gaps, and connections that others cannot, and to exploit the efficiency this offers at a system or regional level;
- ✔ **highly skilled, increasingly multi-professional workforces,** with a range of skill sets able to triage and operate autonomously in all environments;

- the **trust of the public** and interaction with patients in their own environments, and the ability to engage with 'hard to reach' patients;
- **little difficulty in recruiting** to the clinical workforce (unlike other sectors) and the ready ability to expand, develop and up-skill our clinicians to specialised and advanced practice levels;
- **interoperable telephony and connectivity infrastructure** (ripe for increased commonality and digital advancements), supporting the interface with all parts of UEC across primary, secondary, community and mental health care;
- **data insight in real time** that can provide early-warning intelligence to systems;
- **longitudinal data insights** to support population health management and planning of services;
- **standardised national capabilities and resilience** to support each other when mutual aid is needed.

Investment to rapidly increase recruitment to, and development of, our highly skilled paramedics and multi-professional clinical workforce in emergency operation centres and clinical assessment services at scale, **represents good value for money** and will reap the rewards in getting patients access to the most appropriate care first time. Expanding our digital infrastructure and advanced practitioner roles will mean more patients can be appropriately treated, monitored, and cared for out of hospital, especially older people and those living with frailty. The **return on investment,** just in terms of creating increased bed capacity in hospitals alone, would be tangible.

Paramedics are sought-after professionals, for good reason, and increasingly work in different sectors such as primary care and emergency departments. Future strategy needs to better coordinate these resources, with the ambulance service as the main employer, able to provide rotational roles within local systems where advantageous for career development and retention of staff.

We can bring improvements for patients, staff and systems by:

a) being the entry point to UEC services where **patients can be triaged *once*** and navigated to the most appropriate service for their needs;
b) co-ordinating appropriate face-to-face and remote responses to 999 and 111 calls through seamlessly joined-up **multi-professional clinical assessment services at scale,** making efficient use of scarce clinical resources;
c) providing **timely emergency response** to life-threatened 999 calls and major incidents;
d) delivering **more extensive and specialised urgent care,** providing paramedicine models with extended mobile diagnostics and prescribing capabilities, able to safely **close more episodes of care in the patient's home** and in our communities;
e) **supporting primary care and out-of-hours services** in coordinating same-day access to urgent care, by providing telephony and triage support capabilities and infrastructure, ensuring patients receive or are navigated to the most appropriate response to their needs;
f) extending the application of regional Computer Aided Dispatch infrastructure to provide **dynamic sight of other out-of-hospital UEC resources** such as for mental health and community teams, and provide early warning when demand is likely to exceed capacity;
g) co-ordinating non-emergency transport for patients needing scheduled care and discharge or transfer from hospital, to **better support patient flow** through systems;
h) being system players and anchor institutions in population health management, prevention and **reducing health inequalities**;
i) being the NHS lead in our collaboration with other emergency services and resilience fora, to provide **greater assurance in our preparedness for major incidents** and protracted, challenging events.

Consolidating the role of ambulance services in urgent care coordination and provision in a planned and integrated way, (e.g. linking with same-day-emergency care and urgent community response teams) will allow ambulance services to more effectively meet some of the unmet needs, where other out-of-hospital sectors struggle with resourcing same-day urgent care provision (i.e. primary, community and mental health). We can reduce pressures on these sectors so they can focus on their non-urgent provision. By safely closing more episodes of care in our communities we can shift the balance away from secondary care, releasing capacity for elective work. This in turn will remove the experience of ambulances being held for long periods outside hospitals, with all the adverse effects for both patients and staff. By having ambulance resources available where and when they need to be we can improve not only our emergency responses, but the out-of-hospital responses from all providers and join up the wrap-around care that patients expect and will benefit from.

By acknowledging the potential for change and co-designing system UEC strategies with all of our partners, the ambulance sector can play a pivotal part in helping to alleviate many of the system pressures and capacity issues, rather than contributing to them. Rebalancing the focus of resources in more efficient and effective ways within systems, will mean we can improve the out-of-hospital offering and experience for patients. This would also facilitate the development of a more positive culture, supportive and productive working environments for our people. We could create attractive and fulfilling remits and cross-sector career paths for the UEC workforce, and address many of the challenges that are leading to the current levels of dissatisfaction and attrition of the NHS's most valuable asset.

The Association of Ambulance Chief Executives is confident that this sector has much more to offer the rest of the NHS in improving UEC provision in the UK. We would like to engage with national, regional and system leaders, and our partner providers, to explore the possibilities of enhancing the ambulance role within UEC and promote collaborative cross-sector planning and implementation of a long-term strategy to deliver meaningful change for patients and our people.

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