



ASSOCIATION OF
AMBULANCE
CHIEF EXECUTIVES

**A vision for the ambulance service:
‘2020 and beyond’
and the steps to its realisation**

September 2015

Introduction

This document outlines the English ambulance sector's vision for 2020 and beyond, and the steps that are required to ensure that it is realised. It has been informed by extensive consultation within the sector and with key stakeholders, and in response to the current healthcare policy and economic contexts.

2020 and beyond vision

- Mobile healthcare provider with a multitude of roles including: navigation; co-ordination; diagnostics; treatment; transport
- Extended range of settings within which care is offered and range of services available
- New model of care enabled by technological development, increasing use of tele-healthcare, and increased investment in and commitment to leadership development within trusts
- Variation across trusts in the extent and specific nature of urgent care activity depending upon local circumstances but underpinned by shared values and commitment to the mobile healthcare provider vision
- Increasing role in health promotion
- Increased number of advanced paramedics working alongside paramedics fully integrated into a multi-disciplinary urgent care team
- Ambulance service playing a key role in system leadership and effectively working with all parts of the NHS in the achievement of its future vision
- The ambulance as a technical hub facilitating the delivery of diagnostic services and treatment
- Ongoing review of services and measurement of effectiveness across urgent care sphere
- Close working with commissioners to develop and realise 2020 and beyond vision

Policy context

NHS England's *Five Year Forward View* (2014) outlines the areas where imminent change is imperative specifically in respect of demand, efficiency and funding. An enhanced clinical decision-making role is proposed for paramedics supporting the delivery of care closer to home and within the community. Such principles are reflected in the Urgent and Emergency Care Review (U&ECR) with services much more closely connected and the ambulance service playing a pivotal role.

The policy context offers the ambulance sector a unique opportunity to reposition itself at the centre of urgent and emergency care provision. This step must be taken within the current constrained financial reality with the ambulance service, alongside other healthcare providers, remaining fully cognisant of the financial savings that can be delivered across the health system alongside simultaneous improvements in patient care.

Ambulance trusts' strategies, although varying in their response to local circumstance, are consistent in their recognition of the opportunities presented by the U&ECR and awareness of the financial climate within which such opportunities need to be realised.

Current operating context: where we are

- Demand for ambulance services is subject to a significant increase on an annual basis; in recent years, this has resulted in a decline in performance against national targets for some trusts
- The consensus within the sector is that a more meaningful performance framework would enable more appropriate measurement of the 'new' ambulance service whilst supporting achievement of

the government's aims across urgent and emergency care; an enhanced focus on quality and patient experience and clinical outcomes is of paramount importance

- Considerable difficulties have been experienced recently in maintaining a stable paramedic workforce by the majority of trusts
- The sector is committed to collaboration with other blue light services but its primary allegiance is to the NHS and its fulfilment of a pivotal role with the evolving urgent and emergency care system
- Discussion with ambulance colleagues from overseas has revealed many similarities, such as strategic direction, a financially restrictive climate, and increasing demand
- The increase of competition within healthcare is an issue for the ambulance service, which the sector must proactively respond to at national and local levels as appropriate

Opportunities: the future

The U&ECR presents the ambulance sector with an ideal opportunity to reposition itself as a pivotal urgent and emergency care provider. The sector must broaden its prevention role and its urgent care focus becoming the gateway to urgent and emergency care provision via 999 and 111, where possible, ensuring high quality care through the multi-disciplinary clinical hub model, and expanding its remit in monitoring, assessment and diagnostics. Continuous improvement in emergency care provision must be ensured and world-class clinical outcomes sought. Technology must be embraced to facilitate improvements across emergency and urgent care wherever reliable, sound solutions are available that stand to benefit patients. The paramedic workforce must be developed and equipped with high-quality urgent care skills to ensure its integral role within the multi-disciplinary primary care team. The sector must assume a flexible, proactive leadership role in the emergent urgent and emergency care system.

Changing focus and perceptions

The ambulance sector has a proven track record of delivering national targets and in delivering improved outcomes and high levels of satisfaction from service users. However, many people still hold a fairly traditional, one-dimensional view of the ambulance service and the role it can play in the development of locally based services.

In marketing and promoting the ambulance sector as a coordinator of clinical and social responses and a mobile healthcare provider, operating in a range of settings, employing advanced clinicians to manage more patients at home, there is an opportunity to shape both the service and specification (including measures of effectiveness) with partners and commissioners.

Leading the way

All trusts need to find creative ways in which their senior team and board can provide greater system leadership and visibility in relation to leading key health economy strategies in urgent care. The sector should consider how to pool expertise, capacity and investment to establish a comprehensive leadership development system for all levels of leaders, and how and where this education and development ought to be delivered.

The emergent clinical offer

All trusts recognise the opportunities arising from the U&ECR; a key priority is to shed the historic image of being a response and treatment provider and replace it with that of a mobile healthcare provider, which has a rich seam of clinical expertise residing in its workforce.

The mobile healthcare provider applies across a range of services and settings, whether that be providing advice and referral via the telephone; taking diagnostic services to the patient; providing

urgent care services in the home or in the street or events through community based units; or the more traditional response to emergency calls and ensuring those with critical needs get to the right specialist centre first time. A further key area of activity for the sector is prevention and health promotion.

Enablers: staff and technology

A key enabler in nurturing the perception of the ambulance service as a mobile healthcare provider and key partner in designing new services is our workforce. The wider NHS is now seeing the potential of the paramedic in fulfilling roles that traditionally may have been undertaken by the nursing profession or even GPs.

The optimisation of technology utilisation and improvements in connectivity will underpin any urgent care development involving the ambulance sector. It is widely acknowledged that the ambulance (including car) vehicle is the key operating environment for the paramedic/clinician and it is essential that technology enables the vehicle to be a hub, with connectivity to all parts of the NHS. The technology to enable this to become a reality is already here, through the emerging use of telematics supported by 4G technology. In considering the future there is scope for trusts to share experiences in this field to assist those at the early stages of development to increase pace.

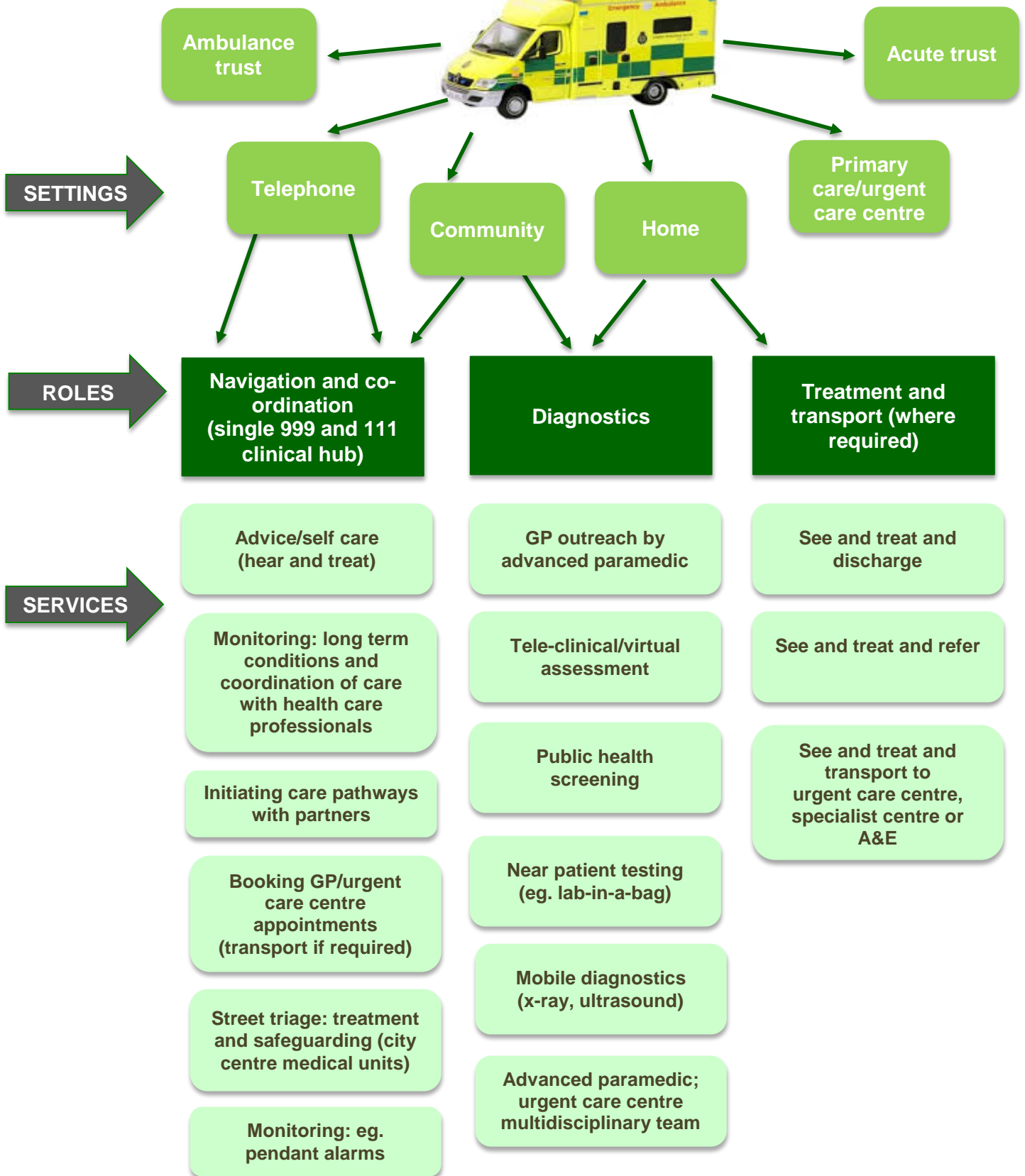
Working together

English ambulance services will continue to explore opportunities for closer collaboration, particularly where there is the potential to realise efficiency savings.

As part of an enhanced system leadership role, ambulance services will work closely with Urgent and Emergency Care Networks (U&ECNs), commissioners and other stakeholders, whilst seeking to engage effectively with staff and engage them in the development of new models of care.

MOBILE HEALTHCARE PROVIDER

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In 2020 and beyond, there will have been a significant shift from the current practice of taking the majority of patients to hospital to the majority of patients being managed within the community. Ambulance services will act as the hub to the spokes of the urgent and emergency care system playing a key role in the navigation and coordination of care and services. This will be facilitated by their national outlook, almost unique regional role, and simultaneous capability to act at a local level, endorsed by their wealth of experience in being a first point of contact for millions of patients accessing the healthcare system each year.

The ambulance will become a 'connected' mobile treatment centre benefitting from technological advances in clinical equipment and logistical tracking of assets. Clinicians will be able to undertake tests in the back of an ambulance and patient's home, utilising portable ultrasound and x-ray technology, and to take and analyse samples such as blood or urine. This clinical information will then be streamed to health partners as part of the outreach service.

Ambulance service clinicians will work directly within GPs and other community clinicians within GP surgeries and urgent care centres offering their urgent and emergency care expertise whilst also providing GP outreach. They will play a central role in the reduction of unnecessary admissions to hospital whilst ensuring patients receive a more targeted, appropriate service as and when needed. Where patients enter the 999 and NHS 111 services presenting with urgent care needs, appointments will be made directly with local GP surgeries/urgent care centres, with ambulance transport provided where required. Ambulance services will assume responsibility for the 'tele-coordination' of urgent care and emergency services within a single 111/999 clinical hub. The sector's increased presence in the urgent care arena will be enabled by technological developments and enhanced connectivity with health partners and patients.

Delivery of care within the home environment will increasingly become the norm for the ambulance service with a vast reduction in hospital conveyances; transport will cease to be the default option for clinicians. The advancement in paramedic training and enhanced skills sets will ensure this can be achieved safely and competently and to the benefit of patients and their families. Advanced paramedics will be fully integrated into an urgent care workforce delivering care across a range of settings using their expertise to enrich the primary care team.

There will be variation in the extent and nature of ambulance service provision of urgent care across the country depending on local need and emergent models of provision. Local factors will determine the speed of developments for trusts as well as commissioner attitudes and the regional health and social care context. However, the principle of the ambulance service playing a central role in navigating patients through the health system and assisting in the coordinating of emergency and urgent care will be evident across the country, with a more dimensional and varied role for the paramedic profession discernible everywhere.

In addition, ambulance clinicians will play an increasing role in promoting public health and preventing ill health, identifying relevant opportunities for each patient where key messages and advice about health promotion and reducing risks can be conveyed.

The strong, sound reputation of the paramedic and public trust in the ambulance service will be translated into the urgent care sphere with patients, and the sector as a whole, benefitting from this increased presence. A step change in the sharing of best practice across the ambulance service will be evident nationally with all trusts achieving the standards of the best. Alongside the pursuit of clinical excellence, collaboration across trusts will be heightened with savings increasingly delivered in areas such as procurement and back office functions.

Our next steps

Changing focus and perceptions	
1	Actively promote the mobile healthcare provider concept and associated terminology
2	Use the vision narrative and model to inform national and regional marketing/communications
3	Develop a proposal that maps measures/outcomes to existing and new services to ensure we are focused on the right things, whilst supporting commissioners to buy and measure the effectiveness of services in a more intelligent manner
4	In the short to medium term, implement the changes to targets resulting from the dispatch on disposition pilots whilst influencing a change to call connect
5	Actively promote and support ambulance service participation in the U&ECR vanguard sites
6	Increase the occurrence of hear and treat and see and treat as a major lever for controlling and managing annual increases in 999 demand
7	Lobby for 999/NHS 111 access and single multidisciplinary clinical hub
8	Further explore the sector's role in prevention and health promotion and agree a corresponding sector strategy and commitment to act
Leading the way	
9	Integrate the development of advanced paramedics with primary care partners whilst effectively addressing the current establishment gaps within trusts
10	Develop structured/collaborative approach to leadership development at pace with commitment/investment from all trusts ensured; cultivate a system leadership role for sector
The emergent clinical offer	
11	Ensure new BSc paramedics have the required skills, knowledge and curricula to realise regional and national urgent care ambitions
12	Harmonise core ambulance clinician roles to combat the extent of current variation and complexity within the sector
13	Promote and develop ambulance service provision of near patient testing and screening and adoption of tele-medicine techniques
Enablers: staff and technology	
14	Focus technology around the clinical environment – the vehicle – and build on existing work to develop the telematics solution integrating current technologies
15	Support learning and sharing of best practice around supporting systems – make ready and hub and spoke etc
Working together	
16	Establish agreed benchmarked data to assist in reducing variation and inform the identification of areas for joint/collaborative work
17	Ambulance services and the AACE to decide what they will/will not collaborate on and inject some pace and commitment into the chosen areas
18	Work closely within U&ECNs and with commissioners to further develop and realise a shared vision for the ambulance sector making a profound and far-reaching contribution to urgent care patients, whilst continuing to improve services and patient outcomes in emergency care
19	Explore opportunities to engage with staff and involve them in developing new models of care

Thank you for taking the time to read about our vision for 2020 and beyond. If you have any comments or queries, please contact us at info@aace.org.uk or if you would like to learn more about the Association of Ambulance Chief Executives please visit www.aace.org.uk.