



A commissioning blueprint for integrated 999 and 111 call handling, clinical assessment and triage, out of hours access, and ambulance services

NHS ambulance trusts in England operate on a regional footprint and yet, for 999 ambulance services, they are commissioned by local Clinical Commissioning Groups (CCGs), which ranges from seven to 32 for any one trust. These function across multiple sustainability and transformation partnership/integrated care system (STP/ICS) areas – with ambulance service contracts usually negotiated through a lead or co-ordinating commissioner. Currently 111/integrated urgent care (IUC) contracts are commercially tendered and commissioned at an STP/ICS level. The 999 lead or co-ordinating commissioner is usually different to the 111/IUC lead(s) which results in fragmentation between 999 and 111/IUC commissioning.

An integrated regional approach to the commissioning of 999, 111 services and out of hours access would bring about significant economies of scale and quality improvements across service provision, particularly in relation to call answering, clinical assessment and triage to:

- Give patients better, faster and more appropriately delivered access to care closer to home;
- Help reduce ambulance dispatch, avoidable conveyance and pressure on A&E departments across the country;
- Result in greater synergies with wider STP/ICS partners in the primary care, acute, mental health and community sectors, transforming the integrated care system landscape;
- Facilitate the realisation of the aspirations for urgent and emergency care outlined in the Long-Term Plan (LTP);
- Enable the efficient pooling of 999 and 111 call handling capacity in order to more flexibly meet demand. This may include estate and out of hours opportunities;
- Enable trust boards - in line with their trust and enabling strategies and STP/ICS strategies - to enact longer term strategic priorities to expedite integration, reduce unwarranted variation and achieve productivity and efficiencies in line with Lord Carter recommendations.

AACE believes that NHS ambulance trusts are uniquely placed to co-ordinate the delivery of integrated 999 and 111 services, out of hours access, and clinical assessment services (CAS) on a region wide scale providing the most appropriate response for each patient at the local level. AACE would strongly advocate a revision of current commissioning arrangements to address the inefficiency of existing practices, as well as the sustained uncertainty that can result during contracting negotiations. Furthermore, the current short-termism of 111 contractual arrangements inhibits investment in this area, which misses the potential to realise greater efficiency and effectiveness across the system. Adopting the approach outlined would enable the integration of call handling and triage systems and processes, the consolidation of call handling and staff resourcing – with dual-trained staff strengthening system resilience – and the integrated management of patient flows across 999 and 111 patient pathways using interoperable platforms.

From a system-wide perspective, commissioning the ambulance service at a combined STP/ICS level for these services, for a given regional geography, would leverage the sector's significant capability to fully integrate access to urgent and emergency care, whilst ensuring the necessary oversight and scrutiny at an appropriately strategic level. In addition, this would facilitate the

inclusion of other activity undertaken by ambulance services, in relation to prevention and public health, for example, within strategic commissioning and contracting discussions and arrangements.

In alignment with the above, the key principles that AACE would like to see assumed nationally are:

- No further tendering of 111 contracts that are drawing to a conclusion this financial year – extension of existing contracts until April 2020;
- Introduction of a single *regional* specification for integrated 999 and 111 provision from April 2020 sufficiently robust to strike the necessary balance between funding and need;
- Introduction of minimum five-year contracts for ambulance services to provide greater consistency and scope for realising trust, STP/ICS strategies and development and embedding of integrated 999 and 111 provision;
- Joint (and equal) strategic oversight by STP/ICSs within regions supported by strategic units undertaking contract management on behalf of STP/ICSs;
- Ambulance services not sitting inside any one STP/ICS control total given their provision of services within the footprint of multiple STPs/ICSs and the subsequent inappropriateness of financial alignment with just one (in accord with the above);
- The assumption of a central leadership role by NHS England/Improvement regional lead in line with the above and direction of travel outlined in the LTP.

Communications plan:		
General	AACE: website	Dec 2019
National Ambulance Commissioners' Network (NACN)	AACE: email to chair	Dec 2019
NHS Providers/NHS Confederation	AACE: email to contacts	Dec 2019
STP/ICS/ICP national contacts (NHS England/Improvement)	AACE: email to contacts	Dec 2019
STP/ICS/ICP local contacts	CEOs/chairs/strategy directors	Ongoing
Other – as deemed appropriate	As required	Ongoing