

Ambulance response to COVID-19 pandemic

What went well and how do we sustain the benefits?



COVID-19 continues to pose challenges globally many months after it was given pandemic status on 11 March 2020. Across the UK health and care system, there is a determination to learn from the experience of the response, and to hang on to the ‘silver linings’ that have manifested from some of the measures put in place so the system could cope.

Ambulance services, at the forefront of caring for patients within the pandemic setting, had to take rapid and significant steps in order to manage the extreme levels of demand placed on the 999 service, NHS 111 and Patient Transport Services as the crisis unfolded.

Operating models were transformed, digital solutions were implemented, workforce numbers were temporarily swelled, and processes and pathways that had once seemed frustratingly unattainable, suddenly became achievable – all at great speed.

Many of the changes that were implemented were already identified as objectives in ambulance trusts’ strategies for delivering against the NHS Long Term Plan. Most of them comprise solutions that are not just about ambulance operations, but form co-designed, integrated models working with partner providers in the NHS and in other sectors.

Having had chance to reflect on what has taken place over the initial six months of the pandemic, we have worked with all UK ambulance trusts to collate those elements of COVID-19 response that worked well, so that we can continue to work with partners in maintaining and sustaining the benefits achieved through them.

We will continue to collect examples of response models and care pathways that are working well to ensure patients received the most appropriate care, in the right setting when they ask for help through 999 or NHS 111.

You can find examples here: <https://aace.org.uk/safely-reducing-avoidable-conveyance-programmes/>

The following pages capture a summary of some of the key aspects that facilitated access to, and delivery of care in, the urgent and emergency, out-of-hospital environment during the COVID-19 pandemic.

Hilary Pillin

Urgent & Emergency Care Strategy Advisor

The Association of Ambulance Chief Executives

hilary.pillin@aace.org.uk

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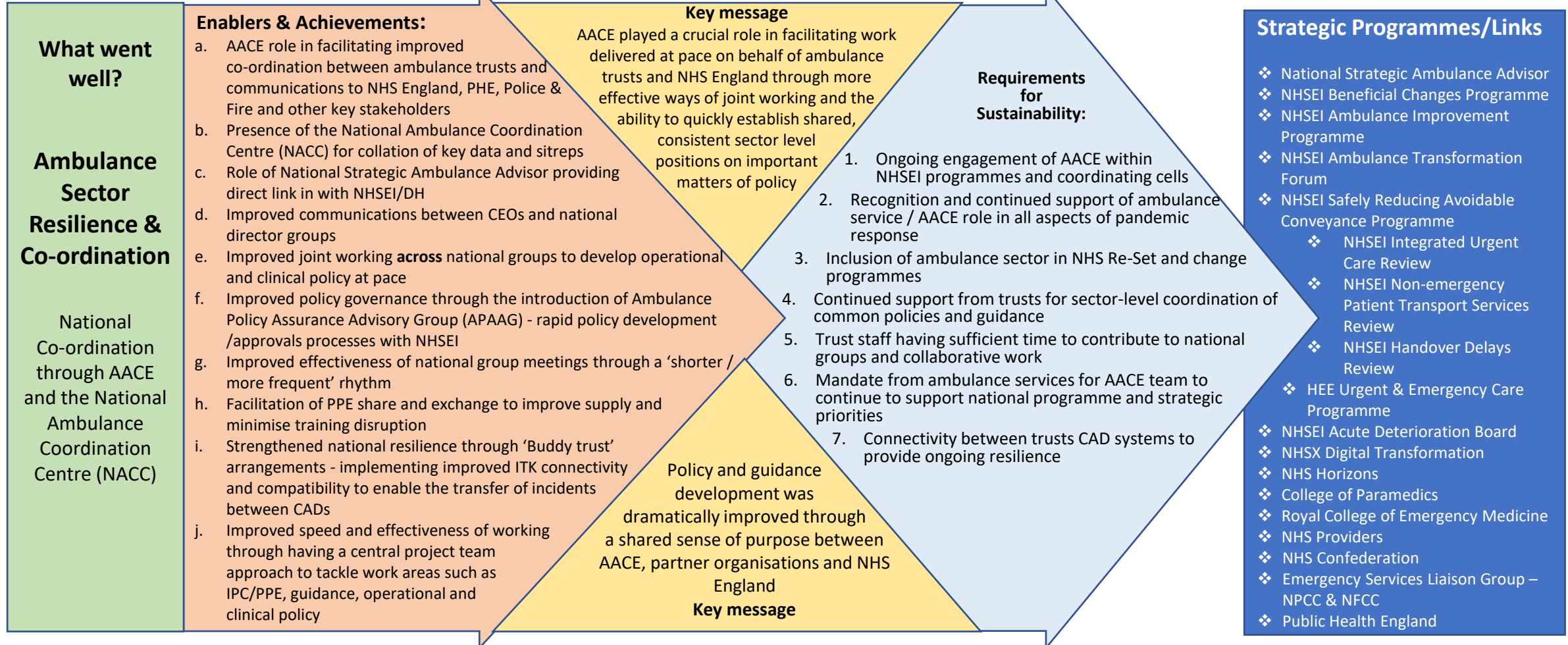
Key Themes

- Ambulance sector resilience & co-ordination
- Meeting 999 service demand
- Public use of NHS 111 / 111 Online
- Safely reducing avoidable conveyance to emergency departments
- Public health approach
- Infection prevention & control
- Provision of end of life care
- Information management & technology
- Patient transport services
- Ambulance staff & volunteer workforce
- Contribution of staff networks



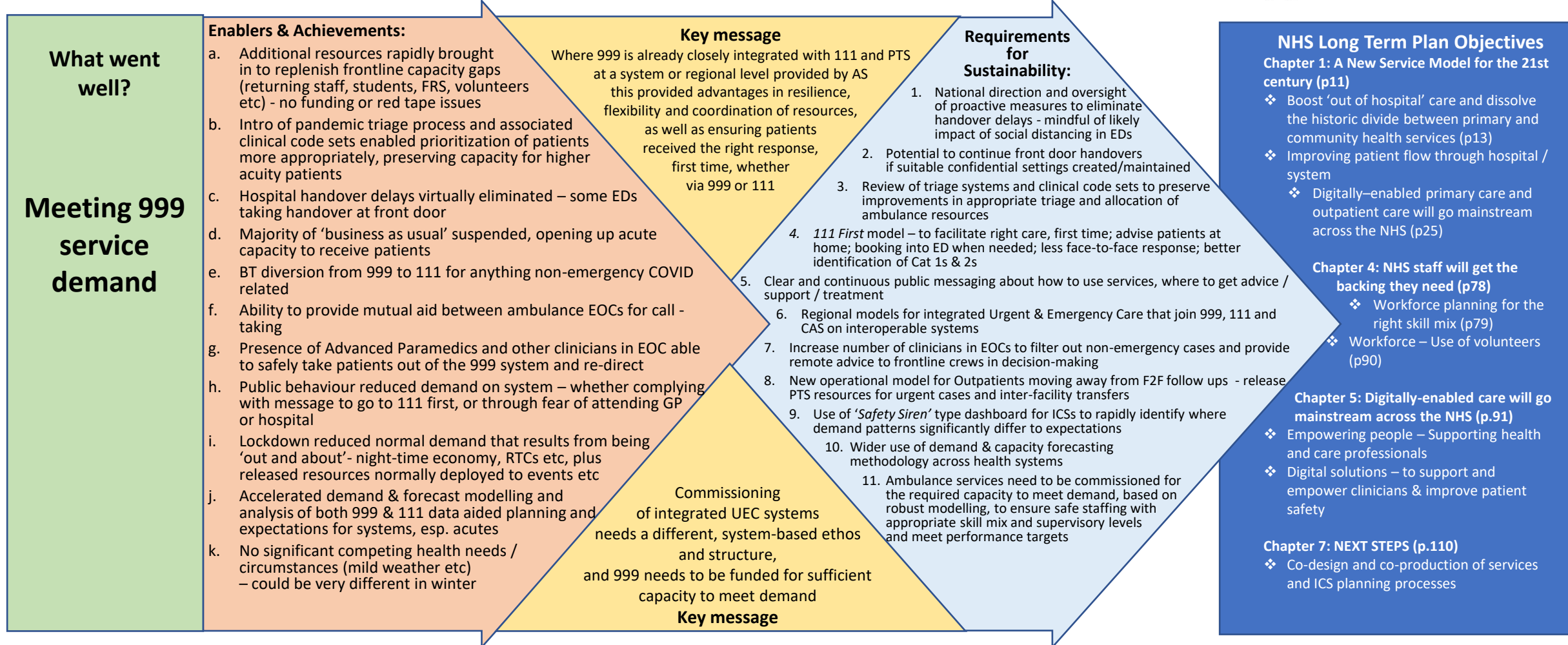
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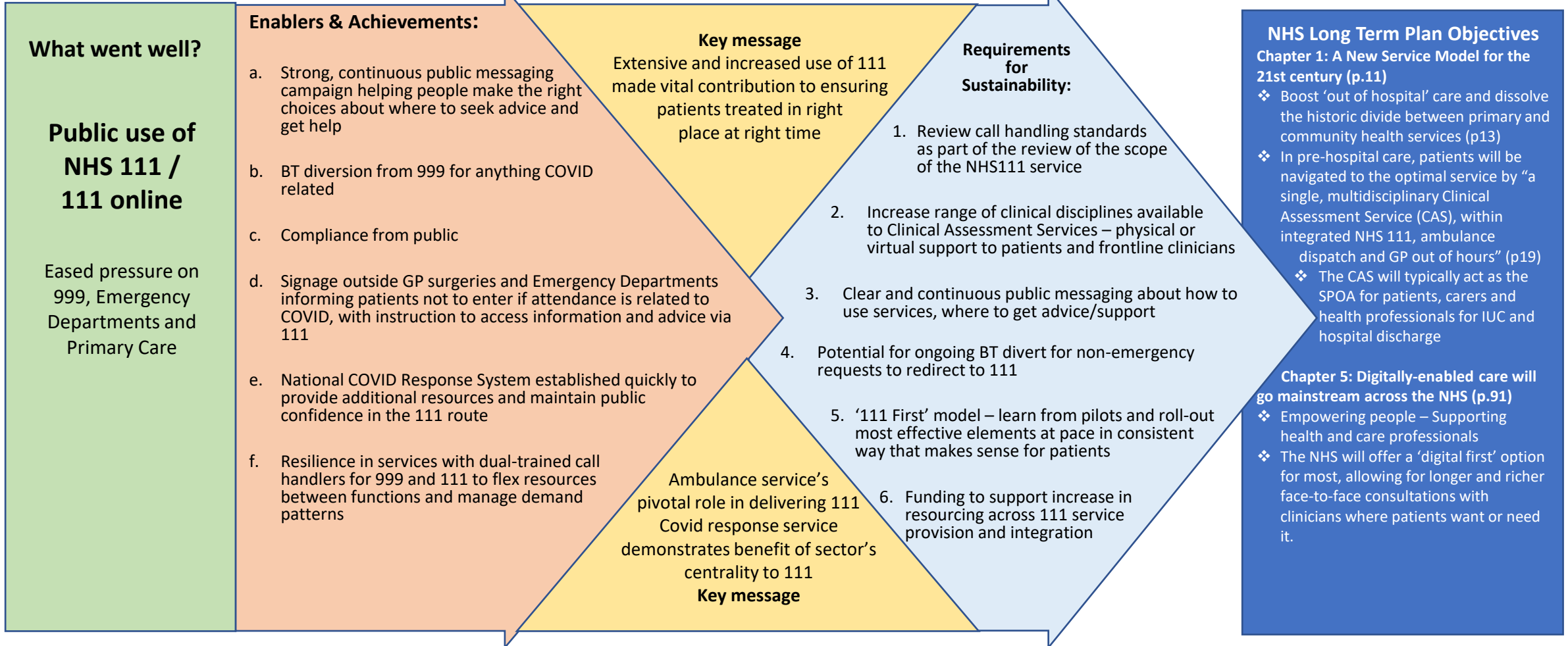
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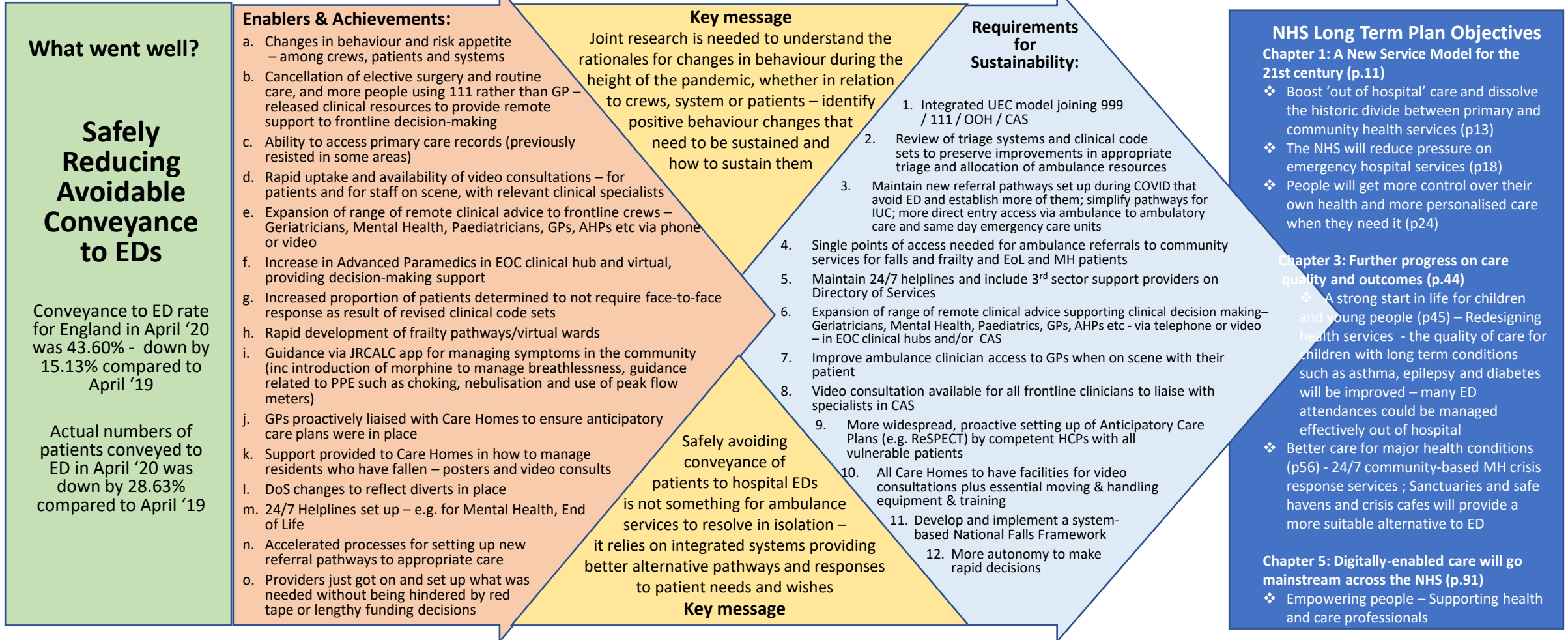
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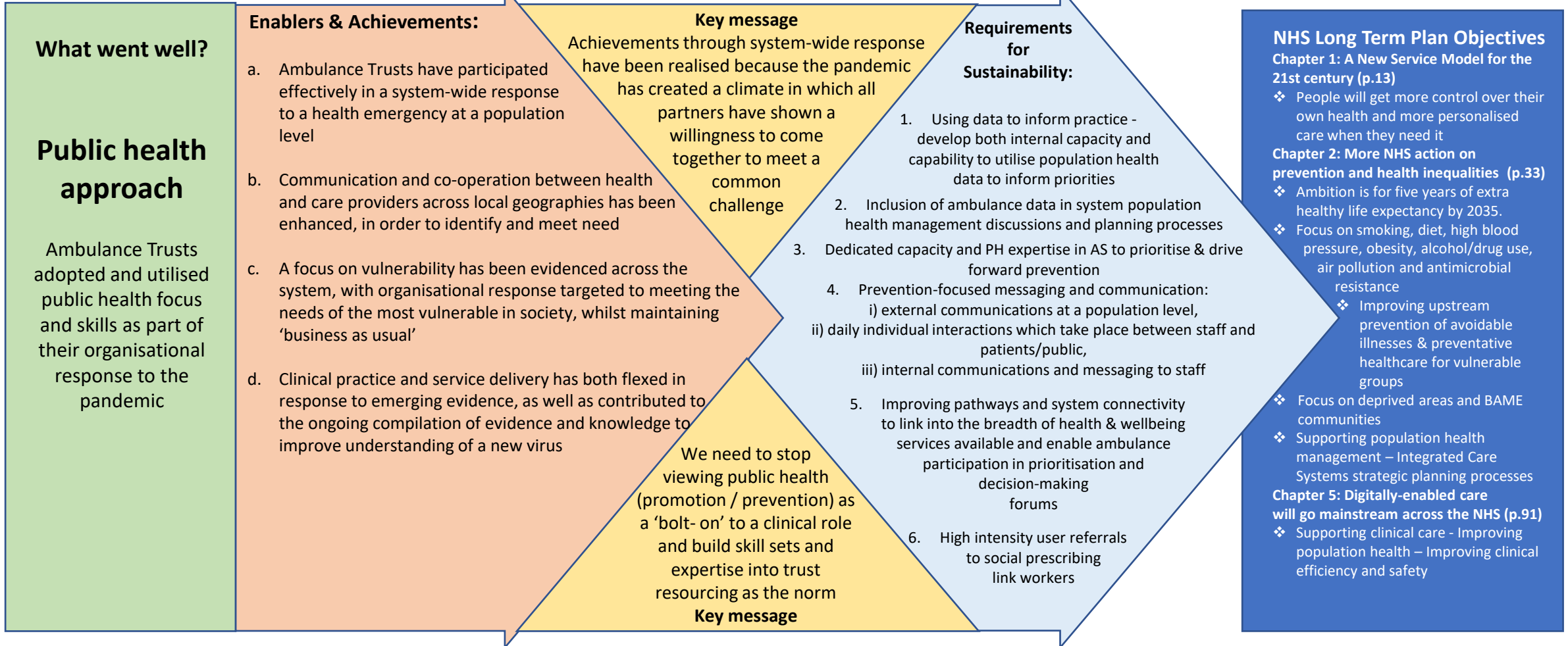
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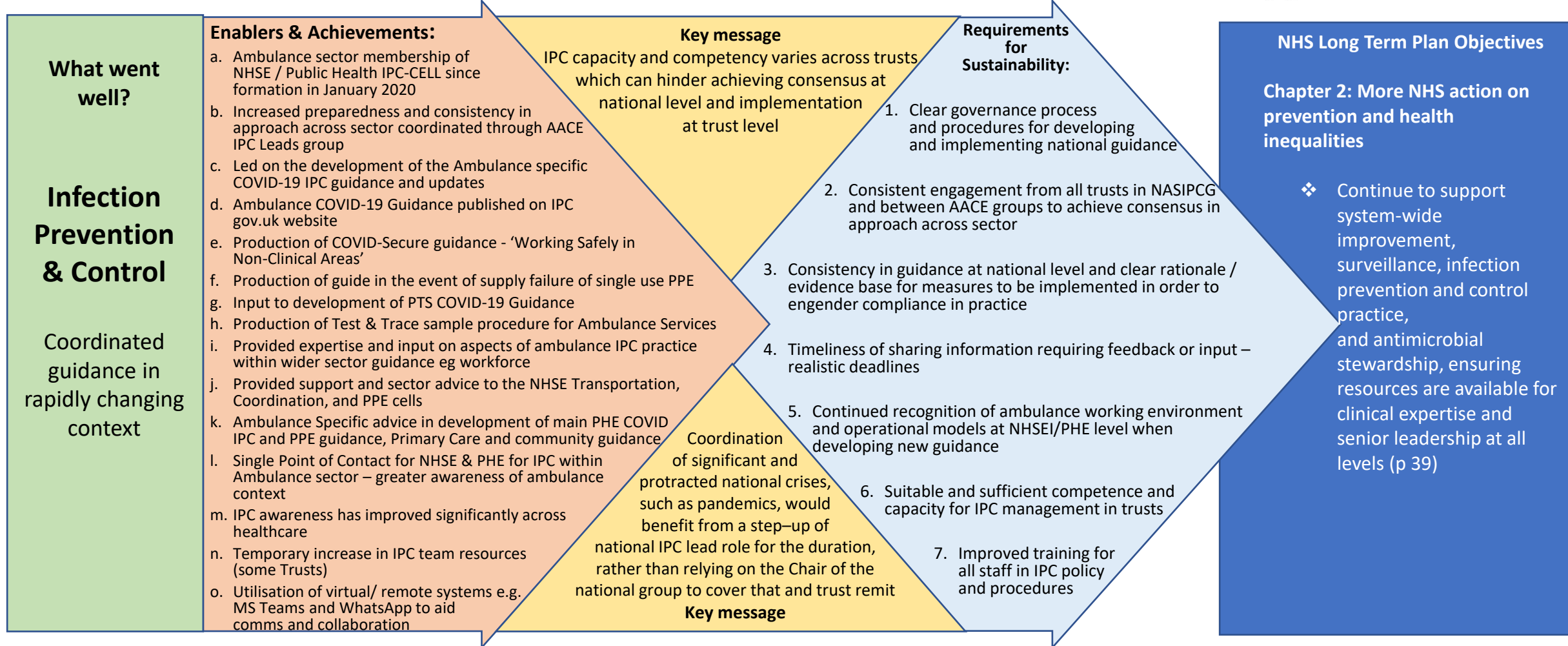
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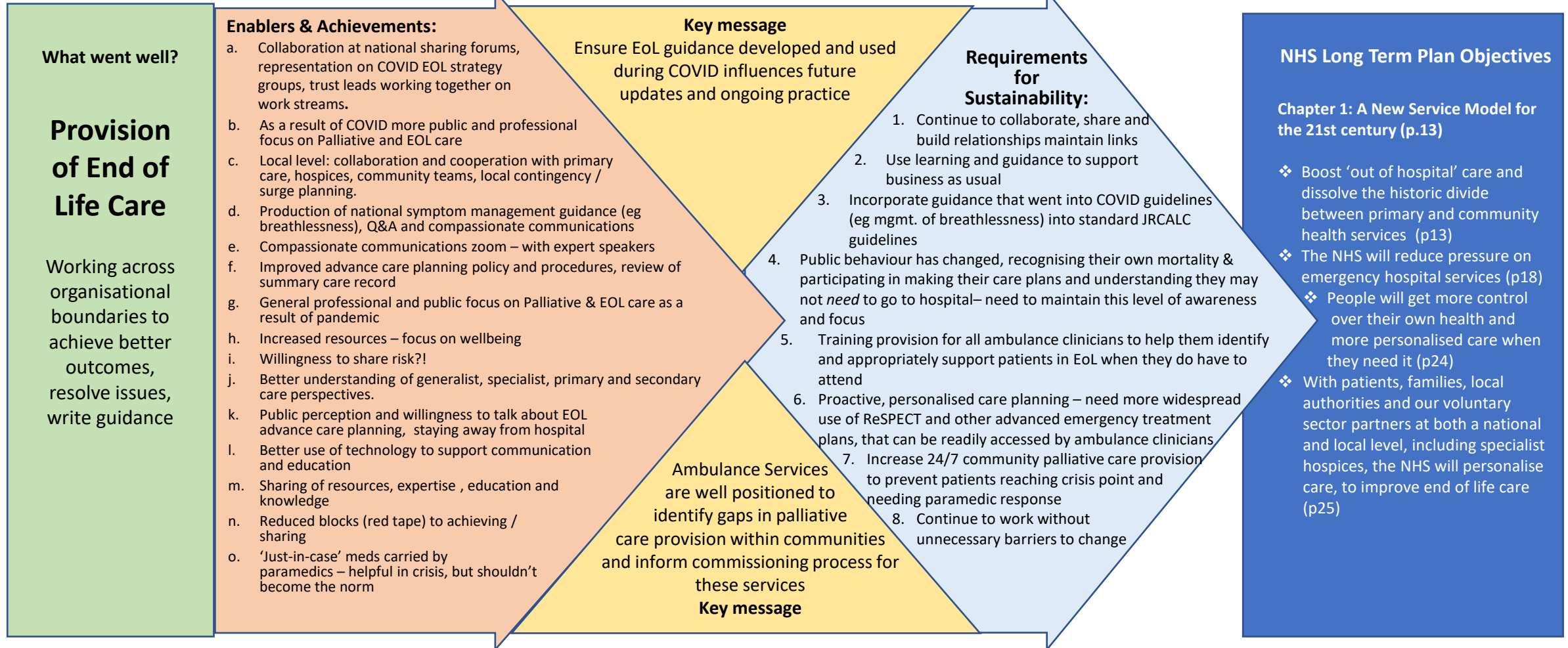
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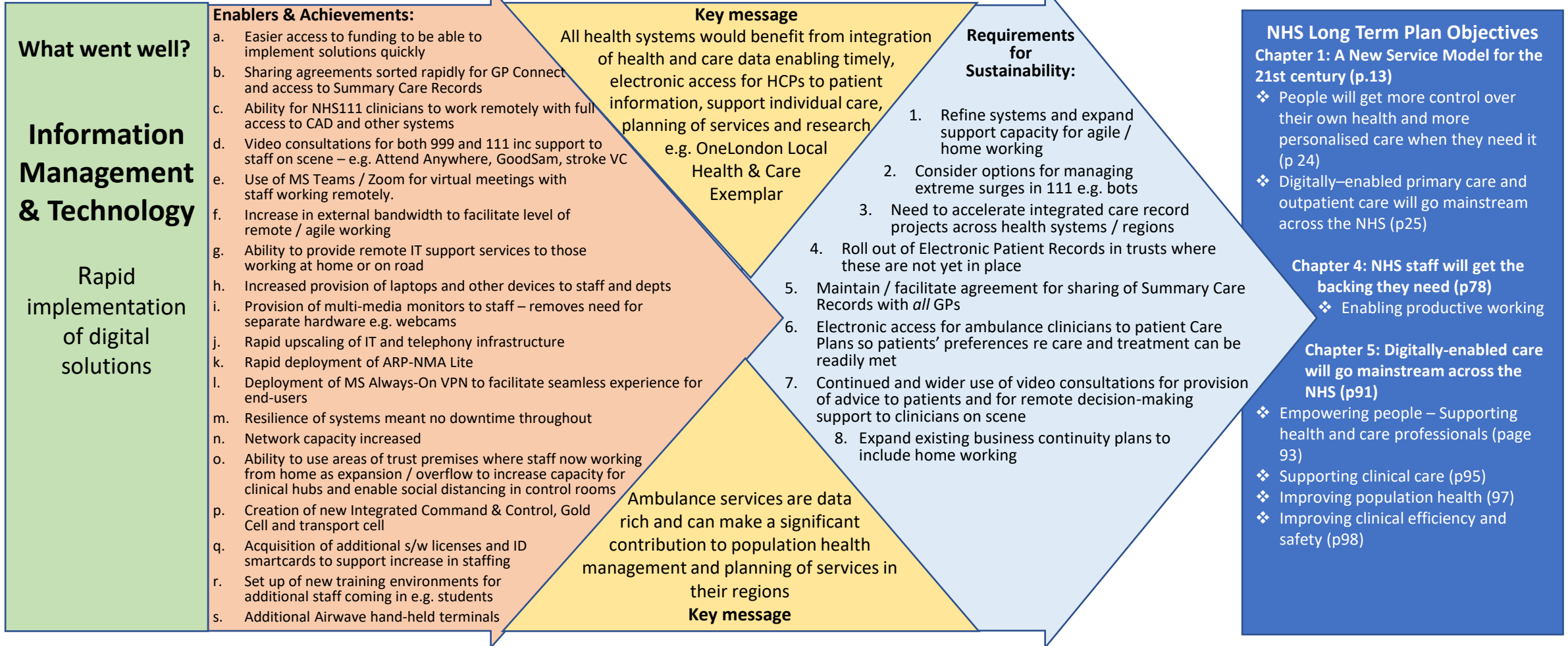
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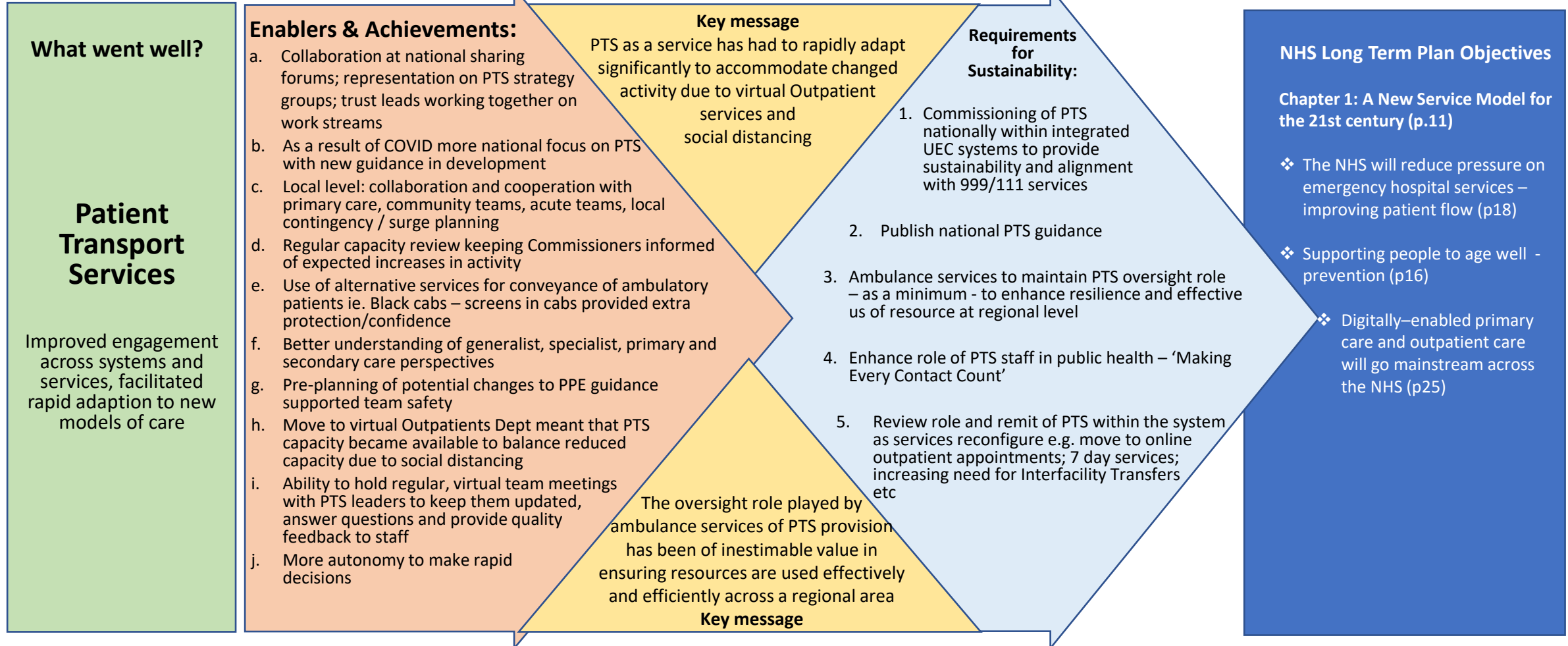
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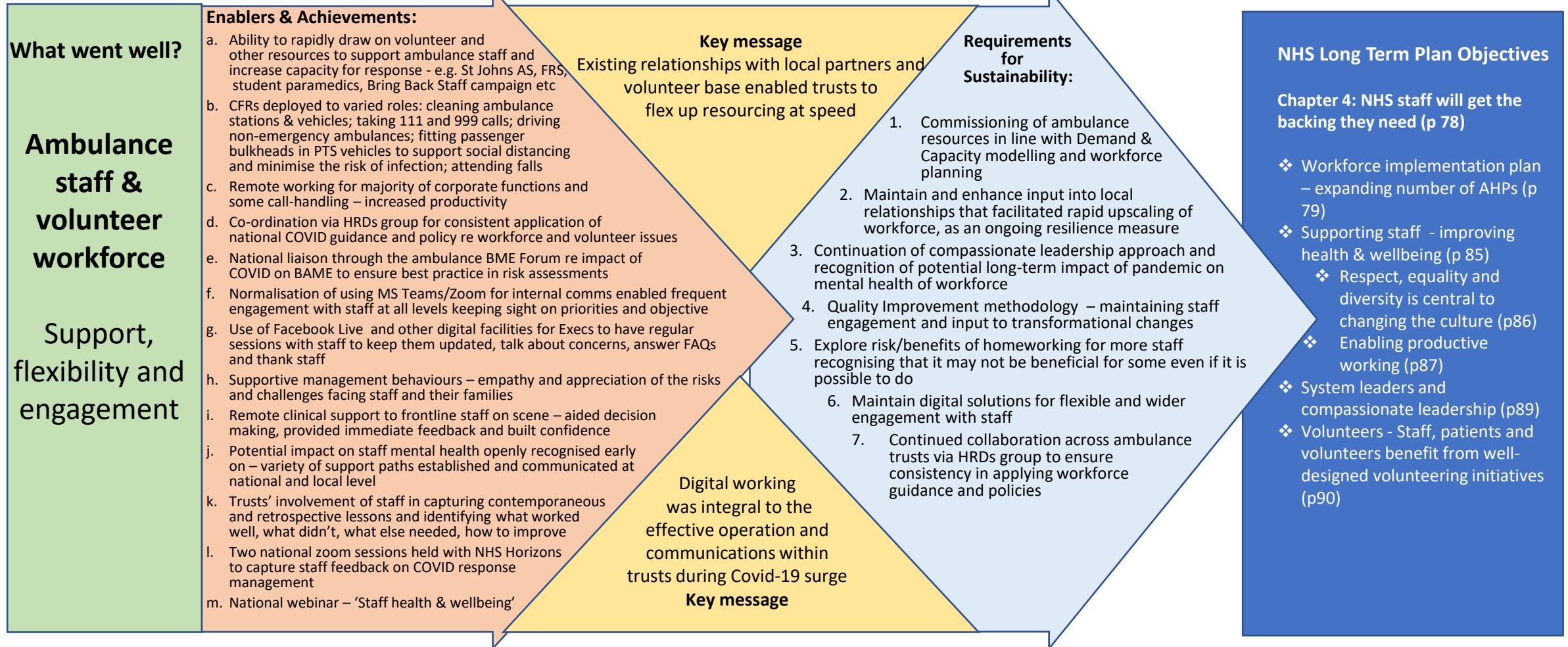
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What went well?

Contribution of Staff Networks

Using staff networks to provide support to staff

Enablers & Achievements:

- a. Within the first four weeks the need to support staff became very apparent - Trusts were replicating work to find national and local support channels.
- b. Trusts that brought together staff networks in a targeted campaign appeared to have a broader reach in terms of number of people supported and specific areas (BME, LGBT etc).
- c. Staff network already have communication channels to staff, and those likely to be especially vulnerable.
- d. The LGBT Network changed communications to be more personal and developed a Covid Support 1, 2, 3 strategy aimed at making people aware of vulnerability and creating a standardised response across the country.
- e. The BME held more frequent meetings and worked particularly with HRDs to identify an understand the vulnerabilities and needs of BME staff.
- f. There are numerous examples of networks using new technologies to reach out, and stay in contact with, staff. Some were creative in their messaging, for example 'Afternoon tea on teams', 'Join us after work for a drink and catch up'. All were actually based on providing channels of support.
- g. The BME Network joined webinars with Prerana Issar to look at the impact of Covid-19 on BME across the NHS.
- h. The pandemic had an impact on widening health inequalities amongst the LGBT populations (LGBT Foundation report evidences this). The LGBT Network took part in webinars with the NHS England LGBT Health Advisor to understand this.

Key message

Staff networks could have a strategic part to play in supporting staff and need to be viewed as part of the wider resilience

Key message

The ambulance sector has networks to support the identified vulnerable groups in every Trust that have played a part in offering support during the COVID-19 pandemic

Requirements for Sustainability:

1. Wider report to capture the learning from this period and assess what could be done by staff networks if a similar situation was to arise in future.
2. Development of national resource pack to assist staff networks and Ambulance Trust management teams understand what could be done in future.
3. Invest in skilling network leads to work with this in future if needed.
4. The LGBT Network has created a 'Network Toolkit' which could be rolled out across all networks to assist with skilling people involved in setting up and developing networks. It is suggested a resilience component is added to this package.
5. The rolling out of the toolkit would also help to achieve consistency across all Trusts.
6. Potential to include staff network rep within staff partnership forums.

NHS Long Term Plan Objectives

Chapter 4: NHS staff will get the backing they need (p 78)

- ❖ Supporting staff - improving health & wellbeing (p 85)
- ❖ Respect, equality and diversity is central to changing the culture (p86)
- ❖ Enabling productive working (p87)
- ❖ System leaders and compassionate leadership (p89)