Ambulance response to COVID-19 pandemic
What went well and how do we sustain the benefits?

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

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.

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ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

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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What went well?

Ambulance Sector Resilience & Co-ordination

National Co-ordination through AACE and the National Ambulance Coordination Centre (NACC)

Enablers & Achievements:

a. AACE role in facilitating improved co-ordination between ambulance trusts and communications to NHS England, PHE, Police & Fire and other key stakeholders
b. Presence of the National Ambulance Coordination Centre (NACC) for collation of key data and sitreps
c. Role of National Strategic Ambulance Advisor providing direct link in with NHSEI/DH
d. Improved communications between CEOs and national director groups
e. Improved joint working **across** national groups to develop operational and clinical policy at pace
f. Improved policy governance through the introduction of Ambulance Policy Assurance Advisory Group (APAAG) - rapid policy development /approvals processes with NHSEI
g. Improved effectiveness of national group meetings through a 'shorter / more frequent' rhythm
h. Facilitation of PPE share and exchange to improve supply and minimise training disruption
i. Strengthened national resilience through 'Buddy trust' arrangements - implementing improved ITK connectivity and compatibility to enable the transfer of incidents between CADs
j. Improved speed and effectiveness of working through having a central project team approach to tackle work areas such as IPC/PPE, guidance, operational and clinical policy

Key message

AACE played a crucial role in facilitating work delivered at pace on behalf of ambulance trusts and NHS England through more effective ways of joint working and the ability to quickly establish shared, consistent sector level positions on important matters of policy

Policy and guidance development was dramatically improved through a shared sense of purpose between AACE, partner organisations and NHS England

Key message

Requirements for Sustainability:

1. Ongoing engagement of AACE within NHSEI programmes and coordinating cells
2. Recognition and continued support of ambulance service / AACE role in all aspects of pandemic response
3. Inclusion of ambulance sector in NHS Re-Set and change programmes
4. Continued support from trusts for sector-level coordination of common policies and guidance
5. Trust staff having sufficient time to contribute to national groups and collaborative work
6. Mandate from ambulance services for AACE team to continue to support national programme and strategic priorities
7. Connectivity between trusts CAD systems to provide ongoing resilience

Strategic Programmes/Links

- National Strategic Ambulance Advisor
- NHSEI Beneficial Changes Programme
- NHSEI Ambulance Improvement Programme
- NHSEI Ambulance Transformation Forum
- NHSEI Safely Reducing Avoidable Conveyance Programme
  - NHSEI Integrated Urgent Care Review
  - NHSEI Non-emergency Patient Transport Services Review
  - NHSEI Handover Delays Review
- HEE Urgent & Emergency Care Programme
- NHSEI Acute Deterioration Board
- NHSX Digital Transformation
- NHS Horizons
- College of Paramedics
- Royal College of Emergency Medicine
- NHS Providers
- NHS Confederation
- Emergency Services Liaison Group – NPCC & NFCC
- Public Health England

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What went well?

Meeting 999 service demand

Enablers & Achievements:

a. Additional resources rapidly brought in to replenish frontline capacity gaps (returning staff, students, FRS, volunteers etc) - no funding or red tape issues

b. Intro of pandemic triage process and associated clinical code sets enabled prioritization of patients more appropriately, preserving capacity for higher acuity patients

c. Hospital handover delays virtually eliminated – some EDs taking handover at front door

d. Majority of 'business as usual' suspended, opening up acute capacity to receive patients

e. BT diversion from 999 to 111 for anything non-emergency COVID related

f. Ability to provide mutual aid between ambulance EOCs for call - taking

g. Presence of Advanced Paramedics and other clinicians in EOC able to safely take patients out of the 999 system and re-direct

h. Public behaviour reduced demand on system – whether complying with message to go to 111 first, or through fear of attending GP or hospital

i. Lockdown reduced normal demand that results from being 'out and about'- night-time economy, RTCs etc, plus released resources normally deployed to events etc

j. Accelerated demand & forecast modelling and analysis of both 999 & 111 data aided planning and expectations for systems, esp. acutes

k. No significant competing health needs / circumstances (mild weather etc) – could be very different in winter

Key message

Where 999 is already closely integrated with 111 and PTS at a system or regional level provided by AS this provided advantages in resilience, flexibility and coordination of resources, as well as ensuring patients received the right response, first time, whether via 999 or 111

Commissioning of integrated UEC systems needs a different, system-based ethos and structure, and 999 needs to be funded for sufficient capacity to meet demand

Key message

Requirements for Sustainability:

1. National direction and oversight of proactive measures to eliminate handover delays - mindful of likely impact of social distancing in EDs
2. Potential to continue front door handovers if suitable confidential settings created/maintained
3. Review of triage systems and clinical code sets to preserve improvements in appropriate triage and allocation of ambulance resources
4. *111 First* model – to facilitate right care, first time; advise patients at home; booking into ED when needed; less face-to-face response; better identification of Cat 1s & 2s
5. Clear and continuous public messaging about how to use services, where to get advice / support / treatment
6. Regional models for integrated Urgent & Emergency Care that join 999, 111 and CAS on interoperable systems
7. Increase number of clinicians in EOCs to filter out non-emergency cases and provide remote advice to frontline crews in decision-making
8. New operational model for Outpatients moving away from F2F follow ups - release PTS resources for urgent cases and inter-facility transfers
9. Use of '*Safety Siren*' type dashboard for ICSs to rapidly identify where demand patterns significantly differ to expectations
10. Wider use of demand & capacity forecasting methodology across health systems
11. Ambulance services need to be commissioned for the required capacity to meet demand, based on robust modelling, to ensure safe staffing with appropriate skill mix and supervisory levels and meet performance targets

NHS Long Term Plan Objectives

Chapter 1: A New Service Model for the 21st century (p11)

- Boost 'out of hospital' care and dissolve the historic divide between primary and community health services (p13)
- Improving patient flow through hospital / system
  - Digitally–enabled primary care and outpatient care will go mainstream across the NHS (p25)

Chapter 4: NHS staff will get the backing they need (p78)

- Workforce planning for the right skill mix (p79)
- Workforce – Use of volunteers (p90)

Chapter 5: Digitally-enabled care will go mainstream across the NHS (p.91)

- Empowering people – Supporting health and care professionals
- Digital solutions – to support and empower clinicians & improve patient safety

Chapter 7: NEXT STEPS (p.110)

- Co-design and co-production of services and ICS planning processes

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What went well?

Public use of NHS 111 / 111 online

Eased pressure on 999, Emergency Departments and Primary Care

Enablers & Achievements:

a. Strong, continuous public messaging campaign helping people make the right choices about where to seek advice and get help

b. BT diversion from 999 for anything COVID related

c. Compliance from public

d. Signage outside GP surgeries and Emergency Departments informing patients not to enter if attendance is related to COVID, with instruction to access information and advice via 111

e. National COVID Response System established quickly to provide additional resources and maintain public confidence in the 111 route

f. Resilience in services with dual-trained call handlers for 999 and 111 to flex resources between functions and manage demand patterns

Key message
Extensive and increased use of 111 made vital contribution to ensuring patients treated in right place at right time

Key message
Ambulance service's pivotal role in delivering 111 Covid response service demonstrates benefit of sector's centrality to 111

Requirements for Sustainability:

1. Review call handling standards as part of the review of the scope of the NHS111 service
2. Increase range of clinical disciplines available to Clinical Assessment Services – physical or virtual support to patients and frontline clinicians
3. Clear and continuous public messaging about how to use services, where to get advice/support
4. Potential for ongoing BT divert for non-emergency requests to redirect to 111
5. '111 First' model – learn from pilots and roll-out most effective elements at pace in consistent way that makes sense for patients
6. Funding to support increase in resourcing across 111 service provision and integration

NHS Long Term Plan Objectives

Chapter 1: A New Service Model for the 21st century (p.11)

- Boost 'out of hospital' care and dissolve the historic divide between primary and community health services (p13)
- In pre-hospital care, patients will be navigated to the optimal service by "a single, multidisciplinary Clinical Assessment Service (CAS), within integrated NHS 111, ambulance dispatch and GP out of hours" (p19)
  - The CAS will typically act as the SPOA for patients, carers and health professionals for IUC and hospital discharge

Chapter 5: Digitally-enabled care will go mainstream across the NHS (p.91)

- Empowering people – Supporting health and care professionals
- The NHS will offer a 'digital first' option for most, allowing for longer and richer face-to-face consultations with clinicians where patients want or need it.

Ambulance response to COVID-19 pandemic
What went well and how do we sustain the benefits?

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

What went well?

Safely Reducing Avoidable Conveyance to EDs

Conveyance to ED rate for England in April '20 was 43.60% - down by 15.13% compared to April '19

Actual numbers of patients conveyed to ED in April '20 was down by 28.63% compared to April '19

Enablers & Achievements:

a. Changes in behaviour and risk appetite – among crews, patients and systems
b. Cancellation of elective surgery and routine care, and more people using 111 rather than GP – released clinical resources to provide remote support to frontline decision-making
c. Ability to access primary care records (previously resisted in some areas)
d. Rapid uptake and availability of video consultations – for patients and for staff on scene, with relevant clinical specialists
e. Expansion of range of remote clinical advice to frontline crews – Geriatricians, Mental Health, Paediatricians, GPs, AHPs etc via phone or video
f. Increase in Advanced Paramedics in EOC clinical hub and virtual, providing decision-making support
g. Increased proportion of patients determined to not require face-to-face response as result of revised clinical code sets
h. Rapid development of frailty pathways/virtual wards
i. Guidance via JRCALC app for managing symptoms in the community (inc introduction of morphine to manage breathlessness, guidance related to PPE such as choking, nebulisation and use of peak flow meters)
j. GPs proactively liaised with Care Homes to ensure anticipatory care plans were in place
k. Support provided to Care Homes in how to manage residents who have fallen – posters and video consults
l. DoS changes to reflect diverts in place
m. 24/7 Helplines set up – e.g. for Mental Health, End of Life
n. Accelerated processes for setting up new referral pathways to appropriate care
o. Providers just got on and set up what was needed without being hindered by red tape or lengthy funding decisions

Key message

Joint research is needed to understand the rationales for changes in behaviour during the height of the pandemic, whether in relation to crews, system or patients – identify positive behaviour changes that need to be sustained and how to sustain them

Safely avoiding conveyance of patients to hospital EDs is not something for ambulance services to resolve in isolation – it relies on integrated systems providing better alternative pathways and responses to patient needs and wishes

Key message

Requirements for Sustainability:

1. Integrated UEC model joining 999 / 111 / OOH / CAS
2. Review of triage systems and clinical code sets to preserve improvements in appropriate triage and allocation of ambulance resources
3. Maintain new referral pathways set up during COVID that avoid ED and establish more of them; simplify pathways for IUC; more direct entry access via ambulance to ambulatory care and same day emergency care units
4. Single points of access needed for ambulance referrals to community services for falls and frailty and EoL and MH patients
5. Maintain 24/7 helplines and include 3rd sector support providers on Directory of Services
6. Expansion of range of remote clinical advice supporting clinical decision making– Geriatricians, Mental Health, Paediatrics, GPs, AHPs etc - via telephone or video – in EOC clinical hubs and/or CAS
7. Improve ambulance clinician access to GPs when on scene with their patient
8. Video consultation available for all frontline clinicians to liaise with specialists in CAS
9. More widespread, proactive setting up of Anticipatory Care Plans (e.g. ReSPECT) by competent HCPs with all vulnerable patients
10. All Care Homes to have facilities for video consultations plus essential moving & handling equipment & training
11. Develop and implement a system-based National Falls Framework
12. More autonomy to make rapid decisions

NHS Long Term Plan Objectives

Chapter 1: A New Service Model for the 21st century (p.11)

- Boost 'out of hospital' care and dissolve the historic divide between primary and community health services (p13)
- The NHS will reduce pressure on emergency hospital services (p18)
- People will get more control over their own health and more personalised care when they need it (p24)

Chapter 3: Further progress on care quality and outcomes (p.44)

- A strong start in life for children and young people (p45) – Redesigning health services - the quality of care for children with long term conditions such as asthma, epilepsy and diabetes will be improved – many ED attendances could be managed effectively out of hospital
- Better care for major health conditions (p56) - 24/7 community-based MH crisis response services ; Sanctuaries and safe havens and crisis cafes will provide a more suitable alternative to ED

Chapter 5: Digitally-enabled care will go mainstream across the NHS (p.91)

- Empowering people – Supporting health and care professionals

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What went well?

Public health approach

Ambulance Trusts adopted and utilised public health focus and skills as part of their organisational response to the pandemic

Enablers & Achievements:

a. Ambulance Trusts have participated effectively in a system-wide response to a health emergency at a population level

b. Communication and co-operation between health and care providers across local geographies has been enhanced, in order to identify and meet need

c. A focus on vulnerability has been evidenced across the system, with organisational response targeted to meeting the needs of the most vulnerable in society, whilst maintaining 'business as usual'

d. Clinical practice and service delivery has both flexed in response to emerging evidence, as well as contributed to the ongoing compilation of evidence and knowledge to improve understanding of a new virus

Key message
Achievements through system-wide response have been realised because the pandemic has created a climate in which all partners have shown a willingness to come together to meet a common challenge

Requirements for Sustainability:

1. Using data to inform practice - develop both internal capacity and capability to utilise population health data to inform priorities
2. Inclusion of ambulance data in system population health management discussions and planning processes
3. Dedicated capacity and PH expertise in AS to prioritise & drive forward prevention
4. Prevention-focused messaging and communication:
   i) external communications at a population level,
   ii) daily individual interactions which take place between staff and patients/public,
   iii) internal communications and messaging to staff
5. Improving pathways and system connectivity to link into the breadth of health & wellbeing services available and enable ambulance participation in prioritisation and decision-making forums
6. High intensity user referrals to social prescribing link workers

We need to stop viewing public health (promotion / prevention) as a 'bolt- on' to a clinical role and build skill sets and expertise into trust resourcing as the norm

Key message

NHS Long Term Plan Objectives

Chapter 1: A New Service Model for the 21st century (p.13)
- People will get more control over their own health and more personalised care when they need it

Chapter 2: More NHS action on prevention and health inequalities (p.33)
- Ambition is for five years of extra healthy life expectancy by 2035.
- Focus on smoking, diet, high blood pressure, obesity, alcohol/drug use, air pollution and antimicrobial resistance
  - Improving upstream prevention of avoidable illnesses & preventative healthcare for vulnerable groups
- Focus on deprived areas and BAME communities
- Supporting population health management – Integrated Care Systems strategic planning processes

Chapter 5: Digitally-enabled care will go mainstream across the NHS (p.91)
- Supporting clinical care - Improving population health – Improving clinical efficiency and safety

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What went well?

Infection Prevention & Control

Coordinated guidance in rapidly changing context

Enablers & Achievements:

a. Ambulance sector membership of NHSE / Public Health IPC-CELL since formation in January 2020
b. Increased preparedness and consistency in approach across sector coordinated through AACE IPC Leads group
c. Led on the development of the Ambulance specific COVID-19 IPC guidance and updates
d. Ambulance COVID-19 Guidance published on IPC gov.uk website
e. Production of COVID-Secure guidance - 'Working Safely in Non-Clinical Areas'
f. Production of guide in the event of supply failure of single use PPE
g. Input to development of PTS COVID-19 Guidance
h. Production of Test & Trace sample procedure for Ambulance Services
i. Provided expertise and input on aspects of ambulance IPC practice within wider sector guidance eg workforce
j. Provided support and sector advice to the NHSE Transportation, Coordination, and PPE cells
k. Ambulance Specific advice in development of main PHE COVID IPC and PPE guidance, Primary Care and community guidance
l. Single Point of Contact for NHSE & PHE for IPC within Ambulance sector – greater awareness of ambulance context
m. IPC awareness has improved significantly across healthcare
n. Temporary increase in IPC team resources (some Trusts)
o. Utilisation of virtual/ remote systems e.g. MS Teams and WhatsApp to aid comms and collaboration

Key message

IPC capacity and competency varies across trusts which can hinder achieving consensus at national level and implementation at trust level

Coordination of significant and protracted national crises, such as pandemics, would benefit from a step–up of national IPC lead role for the duration, rather than relying on the Chair of the national group to cover that and trust remit

Key message

Requirements for Sustainability:

1. Clear governance process and procedures for developing and implementing national guidance
2. Consistent engagement from all trusts in NASIPCG and between AACE groups to achieve consensus in approach across sector
3. Consistency in guidance at national level and clear rationale / evidence base for measures to be implemented in order to engender compliance in practice
4. Timeliness of sharing information requiring feedback or input – realistic deadlines
5. Continued recognition of ambulance working environment and operational models at NHSEI/PHE level when developing new guidance
6. Suitable and sufficient competence and capacity for IPC management in trusts
7. Improved training for all staff in IPC policy and procedures

NHS Long Term Plan Objectives

Chapter 2: More NHS action on prevention and health inequalities

- Continue to support system-wide improvement, surveillance, infection prevention and control practice, and antimicrobial stewardship, ensuring resources are available for clinical expertise and senior leadership at all levels (p 39)

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ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

What went well?

Provision of End of Life Care

Working across organisational boundaries to achieve better outcomes, resolve issues, write guidance

Enablers & Achievements:

a. Collaboration at national sharing forums, representation on COVID EOL strategy groups, trust leads working together on work streams.
b. As a result of COVID more public and professional focus on Palliative and EOL care
c. Local level: collaboration and cooperation with primary care, hospices, community teams, local contingency / surge planning.
d. Production of national symptom management guidance (eg breathlessness), Q&A and compassionate communications
e. Compassionate communications zoom – with expert speakers
f. Improved advance care planning policy and procedures, review of summary care record
g. General professional and public focus on Palliative & EOL care as a result of pandemic
h. Increased resources – focus on wellbeing
i. Willingness to share risk?!
j. Better understanding of generalist, specialist, primary and secondary care perspectives.
k. Public perception and willingness to talk about EOL advance care planning, staying away from hospital
l. Better use of technology to support communication and education
m. Sharing of resources, expertise , education and knowledge
n. Reduced blocks (red tape) to achieving / sharing
o. 'Just-in-case' meds carried by paramedics – helpful in crisis, but shouldn't become the norm

Key message

Ensure EoL guidance developed and used during COVID influences future updates and ongoing practice

Requirements for Sustainability:

1. Continue to collaborate, share and build relationships maintain links
2. Use learning and guidance to support business as usual
3. Incorporate guidance that went into COVID guidelines (eg mgmt. of breathlessness) into standard JRCALC guidelines
4. Public behaviour has changed, recognising their own mortality & participating in making their care plans and understanding they may not *need* to go to hospital– need to maintain this level of awareness and focus
5. Training provision for all ambulance clinicians to help them identify and appropriately support patients in EoL when they do have to attend
6. Proactive, personalised care planning – need more widespread use of ReSPECT and other advanced emergency treatment plans, that can be readily accessed by ambulance clinicians
7. Increase 24/7 community palliative care provision to prevent patients reaching crisis point and needing paramedic response
8. Continue to work without unnecessary barriers to change

Ambulance Services are well positioned to identify gaps in palliative care provision within communities and inform commissioning process for these services

Key message

NHS Long Term Plan Objectives

Chapter 1: A New Service Model for the 21st century (p.13)

- Boost 'out of hospital' care and dissolve the historic divide between primary and community health services (p13)
- The NHS will reduce pressure on emergency hospital services (p18)
  - People will get more control over their own health and more personalised care when they need it (p24)
- With patients, families, local authorities and our voluntary sector partners at both a national and local level, including specialist hospices, the NHS will personalise care, to improve end of life care (p25)

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What went well?

Information Management & Technology

Rapid implementation of digital solutions

Enablers & Achievements:

a. Easier access to funding to be able to implement solutions quickly
b. Sharing agreements sorted rapidly for GP Connect and access to Summary Care Records
c. Ability for NHS111 clinicians to work remotely with full access to CAD and other systems
d. Video consultations for both 999 and 111 inc support to staff on scene – e.g. Attend Anywhere, GoodSam, stroke VC
e. Use of MS Teams / Zoom for virtual meetings with staff working remotely.
f. Increase in external bandwidth to facilitate level of remote / agile working
g. Ability to provide remote IT support services to those working at home or on road
h. Increased provision of laptops and other devices to staff and depts
i. Provision of multi-media monitors to staff – removes need for separate hardware e.g. webcams
j. Rapid upscaling of IT and telephony infrastructure
k. Rapid deployment of ARP-NMA Lite
l. Deployment of MS Always-On VPN to facilitate seamless experience for end-users
m. Resilience of systems meant no downtime throughout
n. Network capacity increased
o. Ability to use areas of trust premises where staff now working from home as expansion / overflow to increase capacity for clinical hubs and enable social distancing in control rooms
p. Creation of new Integrated Command & Control, Gold Cell and transport cell
q. Acquisition of additional s/w licenses and ID smartcards to support increase in staffing
r. Set up of new training environments for additional staff coming in e.g. students
s. Additional Airwave hand-held terminals

Key message

All health systems would benefit from integration of health and care data enabling timely, electronic access for HCPs to patient information, support individual care, planning of services and research e.g. OneLondon Local Health & Care Exemplar

Ambulance services are data rich and can make a significant contribution to population health management and planning of services in their regions

Key message

Requirements for Sustainability:

1. Refine systems and expand support capacity for agile / home working
2. Consider options for managing extreme surges in 111 e.g. bots
3. Need to accelerate integrated care record projects across health systems / regions
4. Roll out of Electronic Patient Records in trusts where these are not yet in place
5. Maintain / facilitate agreement for sharing of Summary Care Records with *all* GPs
6. Electronic access for ambulance clinicians to patient Care Plans so patients' preferences re care and treatment can be readily met
7. Continued and wider use of video consultations for provision of advice to patients and for remote decision-making support to clinicians on scene
8. Expand existing business continuity plans to include home working

NHS Long Term Plan Objectives

Chapter 1: A New Service Model for the 21st century (p.13)

- People will get more control over their own health and more personalised care when they need it (p 24)
- Digitally–enabled primary care and outpatient care will go mainstream across the NHS (p25)

Chapter 4: NHS staff will get the backing they need (p78)

- Enabling productive working

Chapter 5: Digitally-enabled care will go mainstream across the NHS (p91)

- Empowering people – Supporting health and care professionals (page 93)
- Supporting clinical care (p95)
- Improving population health (97)
- Improving clinical efficiency and safety (p98)

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What went well?

Patient Transport Services

Improved engagement across systems and services, facilitated rapid adaption to new models of care

Enablers & Achievements:

a. Collaboration at national sharing forums; representation on PTS strategy groups; trust leads working together on work streams
b. As a result of COVID more national focus on PTS with new guidance in development
c. Local level: collaboration and cooperation with primary care, community teams, acute teams, local contingency / surge planning
d. Regular capacity review keeping Commissioners informed of expected increases in activity
e. Use of alternative services for conveyance of ambulatory patients ie. Black cabs – screens in cabs provided extra protection/confidence
f. Better understanding of generalist, specialist, primary and secondary care perspectives
g. Pre-planning of potential changes to PPE guidance supported team safety
h. Move to virtual Outpatients Dept meant that PTS capacity became available to balance reduced capacity due to social distancing
i. Ability to hold regular, virtual team meetings with PTS leaders to keep them updated, answer questions and provide quality feedback to staff
j. More autonomy to make rapid decisions

Key message

PTS as a service has had to rapidly adapt significantly to accommodate changed activity due to virtual Outpatient services and social distancing

Key message

The oversight role played by ambulance services of PTS provision has been of inestimable value in ensuring resources are used effectively and efficiently across a regional area

Requirements for Sustainability:

1. Commissioning of PTS nationally within integrated UEC systems to provide sustainability and alignment with 999/111 services
2. Publish national PTS guidance
3. Ambulance services to maintain PTS oversight role – as a minimum - to enhance resilience and effective us of resource at regional level
4. Enhance role of PTS staff in public health – 'Making Every Contact Count'
5. Review role and remit of PTS within the system as services reconfigure e.g. move to online outpatient appointments; 7 day services; increasing need for Interfacility Transfers etc

NHS Long Term Plan Objectives

Chapter 1: A New Service Model for the 21st century (p.11)

- The NHS will reduce pressure on emergency hospital services – improving patient flow (p18)
- Supporting people to age well - prevention (p16)
- Digitally–enabled primary care and outpatient care will go mainstream across the NHS (p25)

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What went well?

Ambulance staff & volunteer workforce

Support, flexibility and engagement

Enablers & Achievements:

a. Ability to rapidly draw on volunteer and other resources to support ambulance staff and increase capacity for response - e.g. St Johns AS, FRS, student paramedics, Bring Back Staff campaign etc
b. CFRs deployed to varied roles: cleaning ambulance stations & vehicles; taking 111 and 999 calls; driving non-emergency ambulances; fitting passenger bulkheads in PTS vehicles to support social distancing and minimise the risk of infection; attending falls
c. Remote working for majority of corporate functions and some call-handling – increased productivity
d. Co-ordination via HRDs group for consistent application of national COVID guidance and policy re workforce and volunteer issues
e. National liaison through the ambulance BME Forum re impact of COVID on BAME to ensure best practice in risk assessments
f. Normalisation of using MS Teams/Zoom for internal comms enabled frequent engagement with staff at all levels keeping sight on priorities and objective
g. Use of Facebook Live and other digital facilities for Execs to have regular sessions with staff to keep them updated, talk about concerns, answer FAQs and thank staff
h. Supportive management behaviours – empathy and appreciation of the risks and challenges facing staff and their families
i. Remote clinical support to frontline staff on scene – aided decision making, provided immediate feedback and built confidence
j. Potential impact on staff mental health openly recognised early on – variety of support paths established and communicated at national and local level
k. Trusts' involvement of staff in capturing contemporaneous and retrospective lessons and identifying what worked well, what didn't, what else needed, how to improve
l. Two national zoom sessions held with NHS Horizons to capture staff feedback on COVID response management
m. National webinar – 'Staff health & wellbeing'

Key message
Existing relationships with local partners and volunteer base enabled trusts to flex up resourcing at speed

Digital working was integral to the effective operation and communications within trusts during Covid-19 surge
Key message

Requirements for Sustainability:

1. Commissioning of ambulance resources in line with Demand & Capacity modelling and workforce planning
2. Maintain and enhance input into local relationships that facilitated rapid upscaling of workforce, as an ongoing resilience measure
3. Continuation of compassionate leadership approach and recognition of potential long-term impact of pandemic on mental health of workforce
4. Quality Improvement methodology – maintaining staff engagement and input to transformational changes
5. Explore risk/benefits of homeworking for more staff recognising that it may not be beneficial for some even if it is possible to do
6. Maintain digital solutions for flexible and wider engagement with staff
7. Continued collaboration across ambulance trusts via HRDs group to ensure consistency in applying workforce guidance and policies

NHS Long Term Plan Objectives

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

- Workforce implementation plan – expanding number of AHPs (p 79)
- 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)
- Volunteers - Staff, patients and volunteers benefit from well-designed volunteering initiatives (p90)

Ambulance response to COVID-19 pandemic
What went well and how do we sustain the benefits?

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

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

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

Key message

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.

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