The biggest challenges facing ambulance services

FIRST PUBLISHED
16 May 2016

LAST UPDATED
16 May 2016

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CCG authorisation, Nursing, Emergency care, Care access (waiting times)

Key Points

The NHS's ten ambulance service trusts have a distinct perspective and set of challenges from its other providers. However, they are grappling with similar emergency care demand pressures, and are also engaged in work to create more integrated, preventative services. This piece explores the top priorities and challenges of these organisations over the next 12 to 18 months.

By Alison Moore

Organisations affected

Indicates the profile has an HSJ Investigation into the Strategic Priorities for the organisation

Ambulance service trusts

- East of England Ambulance Service NHS Trust
- East Midlands Ambulance Service NHS Trust
- West Midlands Ambulance Service NHS Foundation Trust
- London Ambulance Service NHS Trust
- South Western Ambulance Service NHS Foundation Trust
- South East Coast Ambulance Service NHS Foundation Trust
- North West Ambulance Service NHS Trust
- North East Ambulance Service NHS Foundation Trust
- Yorkshire Ambulance Service NHS Trust
- South Central Ambulance Service NHS Foundation Trust

Meeting and controlling demand

- Ambulance services are dealing with increasing demand at the same time as needing to cut costs
- They are no longer 'swoop and scoop' services but increasingly provide care at the scene and advice over the phone
- Performance targets are likely to be changed during 2016-17

Demand has been increasing, with the number of serious calls (category A) to which an ambulance arrives at the scene growing by an average of around 6 per cent a year 2011-12 (See attached: NHS England activity spreadsheet).

This growth has not been fully funded, in the view of the sector, meaning it has been required to make substantial efficiency savings

In the early months of 2016, however, there was an increase in demand which was significant even against this background.

The eight minute response rate for the most serious red 1 calls fell below 70 per cent in January and February 2016 and the number of calls rose from 14,400 in November 2015 to 16,318 in January and 15,031 in February. All category A calls involving an ambulance response rose from 282,022 in November to 308,756 in January and 290,653 in February.

The relatively poor performance recently against the eight minute target may also have been influenced by changes affecting what counted as a response within that time. This has hit some services disproportionately – for example South East Coast Ambulance Service Foundation Trust has been adversely affected by changes in how the use of defibrillators is measured. (See attached: AMB-QI-guidance-v1.4).

In the course of 2016-17 there are likely to be more significant changes to targets. A series of nationally-coordinated pilots have been looking at the impact of allowing longer triage times for some calls: it is generally acknowledged that many red 2 calls do not need an eight minute response, as is currently required, and these pilots have looked at whether gathering more information leads to a different response.

By reducing the number of calls requiring an eight minute response, ambulance services hope to improve performance for the most urgent ones (including some calls currently categorised as red 2 which will be upgraded to red 1s) while allowing more time for triaging others should allow a more appropriate response – which may not be immediately dispatching an emergency ambulance. These changes could be in place for the winter of 2016-17. The decision is expected to be made by NHS England.

Another important shift is taking place in how ambulance services deal with patients when they are called. These can impact on performance.

The destination for patients who are conveyed is changing. For several years, trauma, stroke and cardiology patients have increasingly been taken to centres of excellence rather than always the local hospital. This trend will continue as further centralisation takes place. Longer journeys can mean ambulance crews are tied up for hours, often out of their core area, exacerbating performance problem.

Another issue which remains a problem for performance is ambulance crews' turnaround times at hospitals. The delays, at their peak, are estimated to amount to 12,000 hours a month across England. The demand surge after Christmas 2015 was associated with an increase in handover delays, notably at hospitals without a previous record of problems. Attempts to fine trusts are not regarded as effective, while measures like placing liaison officers in hospitals have helped but are costly.

Another ongoing shift is the scope for further extension of 'hear and treat' and 'see and treat' be ambulance services.

Some services are going further in linking into other health services. For example, some areas are exploring placing paramedics in the community where they will both be involved in emergency calls – especially those which may involve more lengthy assessment or treatment in situ – and can offer assistance to other services, such as doing home visits on behalf of GPs. This is taking place already, for example, in East Kent.

Paramedics' access to people's homes could also give them opportunities for public health interventions such as advice on falls prevention or alcohol misuse – an idea some areas are exploring. Such developments could also enhance job satisfaction.

Getting the right staff – and keeping them

- Many services struggle to get the number of paramedics they need
- More university places are coming but demand is also increasing

Many ambulance services struggle to recruit the staff they need and then retain them. Paramedics are in particular demand.

In the short term, many services have sought to recruit abroad – from Europe and also Australia. Longer term, more paramedics have to be home grown. Health Education England has committed to 605 additional training places in 2016-17 – a more than 50 per cent increase on the previous year – in response to a predicted 19 per cent increase in demand for trained paramedics by 2020.

The government's planned removal of bursary payments for nurses and other healthcare professionals may help recruitment into paramedic courses. They will be on more of a level playing field: paramedics have never qualified for bursaries, although some services have offered a level of support or a 'learn while you earn' approach.

Retention can be as big a problem as recruitment. Paramedics are in demand in a number of areas including contact centres, assessment services and primary care. Some ambulance trusts are looking at rotational placements for paramedics offering them experience in slightly different roles, such as 'hear and treat' or based with GPs.

Paramedics are not the only ambulance staff, however, and some services have shortages at other staff levels such as technicians. Many offer a progression route for lower grade staff to paramedic but are also recruiting other staff, sometimes using apprenticeship schemes.

Succession planning for leaders

- Problems filling gaps at board level including chief executives

With only 10 ambulance services in the country, it can be a tight knit world. While chief executives have been recruited from the broader NHS, there can be a steep learning curve and sometimes these recruits have not stayed long. There is a need for ambulance services to keep developing potential board level managers to fill vacancies. This is something the Association of Ambulance Chief Executives (the independent organisation representing all of England's chief executives in the sector) has recognised and is providing training and development for those who want to rise to board level.

As of May 2016 there were gaps for chief executives in two areas – the North West and East Midlands – and a third chief executive, Paul Sutton in the South East, was on extended leave. The North West, as of May, had already been out to interview and failed to recruit.

One potential approach to a shortage of senior leadership is mergers. A possible tie up between the East and West Midlands services was floated but instead Anthony Marsh, the West Midlands chief executive, is providing improvement advice to the East Midlands. Mr Marsh has combined two chief executive roles in the past.

However, the distance between service headquarters and the associated media scrutiny means this is not necessarily an attractive option.

Meanwhile, merging can be controversial and take time to achieve, potentially destabilising existing services.

Additional services: NHS 111 and patient transport

- Trusts would like to run 111 as part of integrated urgent and emergency care
- Likely to continue to be priced out of patient transport services

There are two areas in which ambulance services are competing with other providers – NHS 111 and patient transport.

Many ambulance services would like to provide the NHS 111 urgent care phone line as it puts them in a good position as providers of wider integrated urgent care services.

South Western Ambulance Service Foundation Trust is an exemplar of this ambition. It has collocated a range of urgent care services, allowing interaction between teams and more appropriate use of resources. It has collocated NHS 111 and GP out of hours in two hubs, with GPs and nurses on site who can assist all teams.

Meanwhile, providing non-urgent patient transport services can give ambulance trusts additional flexibility in the availability of workforce and vehicles.

However, in the last five years NHS commissioners have in many areas held open tenders for these services, and seen them moved from ambulance trusts to private operators.

In some cases trusts have not bid for them because the terms on offer have been too low. For example, South East Coast gave notice on its Sussex contract because it could not offer the service it wanted for the money available (See attached: PTS clarification on new service).

As CCGs become more cash-strapped this is likely to continue, despite concerns about the performance of some private providers.

There are competing views about how much losing PTS matters to ambulance trusts: It can mean losing income streams and with little ability to also reduce costs. However others argue it is not part of the trusts' core business so is not materially important.

Comments with matching strategic priorities

Featuring Care access (waiting times)

Data resource: Analysing trends in delayed transfers of care

Featuring Emergency care

Why we are profiling ambulance service trusts

Comments featuring the affected organisations

Featuring Yorkshire Ambulance Service NHS Trust

The new care models vanguard