



London Ambulance Service



NHS Trust

A TIME FOR

CHANGE



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Ann Radmore

Chief Executive

A time for change

- The need for change
- What change looks like
- How changes can improve patient care
- Staff engagement
- Working together to bring about change

We need to change

- We need to do things differently in the future
 - To provide high-quality and safe care to patients
 - To relieve the pressure on staff
 - To make best use of every penny we are given
 - To engage fully in the wider health system
- Our staff, patients and stakeholders tell us this

We need to change

- £14.8m investment to increase staff numbers and modernise our Service
- Recruit 240 additional frontline staff
- Work more efficiently to release capacity to meet demand
- Some of the proposed changes already adopted by other ambulance services
- By 2015: an ambulance service patients can rely on to respond with the right care, first time
- Work together to achieve this over next two years

Why are we doing this now?

- Waiting times to less urgent patients are increasing
- These patients have a poor service experience – evidenced by complaints
- Demand is increasing – particularly Category A
- NHS is changing - LAS needs to help shape it
- Challenging financial climate
- Transferable lessons from Francis Report
- Post Olympic and Paralympic Games
- Reduce pressure on our staff and provide better education and development



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Clinical case for change

Fenella Wrigley

Deputy Medical Director

Our service to patients

- **Safety.** Patients with life-threatening illnesses and injuries get a good service
- **Quality.** Less seriously ill and injured patients needing an ambulance wait too long
 - Some wait a lot more than an hour
 - Delays impact on patient outcomes
 - 40 per cent of complaints about delays

Emily's story



Emily's story

Issues

- Elderly patients who fall have worse outcomes if they wait over an hour
- Length of time taken means:
 - Dark, cold, tired and frightened - everything seems worse
 - Unable to refer Emily to a falls team
 - More likely to be taken to hospital
- It may take a long time to get her home
- Emily's experience has been very poor

Daniel's story



Daniel's story

Issues

- Delay worsens Daniel's feelings of desperation, loneliness and helplessness
- Possibly too late for clinical intervention if Daniel had taken an overdose
- If not - a direct referral to a mental health unit or his GP may have been possible

Our vision for 2015

Patients

- 99% of patients will have a response within one hour - either telephone assessment or ambulance
- 99% of patients will have their assessment and care overseen by a registered professional
- Patients requiring assessment by others will have a seamless referral (for example: 111, primary care, district nurse or falls team)
- Patients will have a greater understanding of our role in healthcare (mobile healthcare)



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What change will look like

Fenella Wrigley – Deputy Medical Director

Paul Woodrow – Director of Service Delivery (South Thames)

CHANGE

What change will look like

- Introducing a clinical career structure
- Adapting our frontline workforce
- Providing rest breaks
- Changing annual leave arrangements
- Aligning rosters with demand
- Providing more telephone clinical assessments
- Responding differently to patients

Introducing a clinical career structure

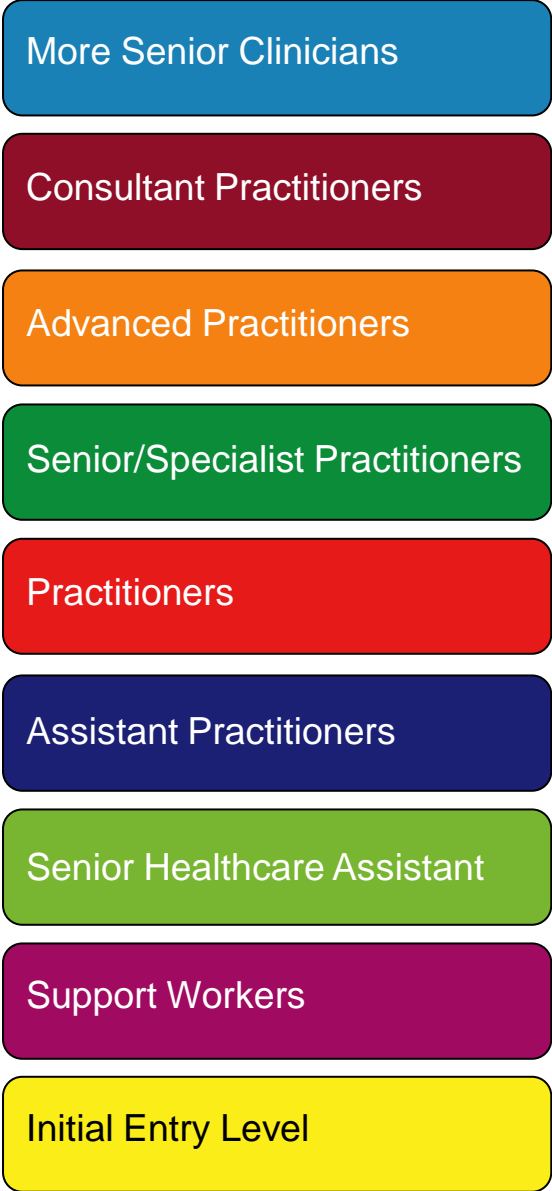
- Introduce clinical career structure similar to medicine and nursing
- Opportunity for staff to progress from A&E support to Consultant Paramedic
- Framework and guidance to develop clinical skills and knowledge
- Supports Francis report recommendations
- We are committed to delivering this and will work with clinical staff to develop framework

Suggested clinical career structure

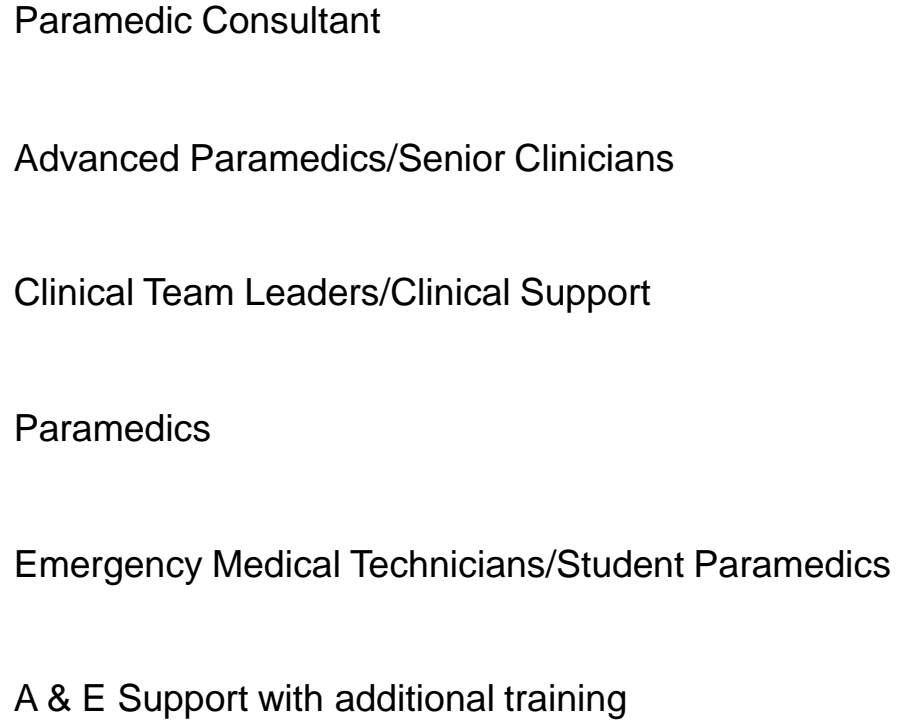
LEARNING AND DEVELOPMENT

SKILLS AND COMPETENCIES

Skills for Health structure



Proposed London Ambulance Service structure



What does this mean?

Benefits for patients

- Continuing improvement in outcomes
- Quality care close to home where possible

Benefits for staff

- Clear clinical structure like nursing and medicine
- Chance to develop clinical skills and progress

Benefits for the wider health system

- More appropriate decisions re best destination

Adapting our frontline workforce

- Move to model where care is overseen by registered paramedics
- Crew paramedics with A&E support staff with a broader scope of practice
- Benefits:
 - More patients treated by a paramedic
 - Increased ambulance cover locally
 - Patient waiting times reduced
 - Best use made of staff's skills

What does this mean?

- Ambulances staffed by paramedic with:
 - A&E support with a broader scope of practice
 - emergency medical technician, or
 - apprentice paramedic
- Additional 240 A&E support staff to be recruited and trained
- Frontline technicians can train to become paramedic, or continue within existing scope of practice
- By 2015 all single responders will be paramedics
- Some staff will move and all could work with different colleagues

Other Changes

- Ensure 80% of frontline staff get a rest break during their shift

Benefits:

- ✓ More staff getting a break, easing pressure
- ✓ Patients get good service whatever time of day

- Ensure staff are able to take their annual leave entitlement over each 12 month period

Benefits:

- ✓ Staff get adequate time off across the year
- ✓ More equitable distribution by shift – better service to patients

Aligning rosters with demand

- Rosters do not provide sufficient cover when patients need us – evenings and weekends
- Hundreds of inflexible shifts
- New shift system to align shifts with demand
- Developed with staff and specialist company
- Greater mix of shift lengths needed – not full eight-hour shift pattern
- Training will be protected and staff given individual learning accounts

Providing more telephone clinical assessments



Providing more telephone clinical assessments

Category of patient		
C3	Telephone assessment	95% complete within 30 minutes
		99% within 45 minutes
	Ambulance needed	90% of patients reached within an hour
		99% of patients reached within 1.5 hours
C4	Telephone assessment	95% complete within one hour
		99% complete within 1.5 hours
	Ambulance needed	90% reached within an hour
		99% reached within two hours

Responding differently to patients

- Currently a single responder and ambulance sent to many calls
 - Inefficient use of resources, not beneficial for patients, many resources are cancelled en route
- Changes to response model to be introduced March 2014 when staffing levels increased
 - Will reduce number of resources sent to calls – save 400 vehicle activations a day

Benefits of changes

- Patients:
 - More care overseen by paramedic – helping ensure patients get right care, first time
 - Will not wait as long for help either by phone or on scene
 - Better experience in our care
- Staff:
 - Staff less busy and under less pressure
 - Will get breaks during shift
 - Better access to education and development

Phase 1

**April – June
2013**

- Consult with staff on changes
- Engage with stakeholders about changes
- Start to recruit A&E support staff
- Start to introduce changes to improve vehicle availability
- Extend use of active area cover
- Developing clinical career structure
- Develop new rosters

Phase 2

**July – September
2013**

- Introduce new annual leave arrangements
- Introduce new rest break arrangements
- Start to crew paramedics with A&E support staff

Phase 3

**October – December
2013**

- Completion of new roster development

Phase 4

**January – March
2014**

- Introduce new rosters
- Start to send different response to some patients

Phase 5

**April
2014**

- Introduce individual learning accounts

Clinical career structure



In summary

- 'A moment in time'
- Change won't happen overnight – two years to make changes and realise benefits
- Changes may be difficult for some staff
- We need to work together to bring these changes in for the benefit of staff and patients
- No change is not an option

And Emily in 2015?



She will:

- be responded to within an hour, whatever time of day
- be assessed by a paramedic, supported by A&E support staff with additional training
- be referred to her GP and a falls team so that she can stay in her own home
- have an improved outcome without having to be taken unnecessarily to hospital
- have no risk of infection or a prolonged stay in hospital

And Daniel in 2015?



He will:

- have an enhanced phone assessment within 30 minutes, with access to his special patient notes
- if there is no medical problem, be referred for a mental health assessment without going to hospital
- if there is a medical problem, be taken to the local hospital with a co-located mental health liaison team
- have his GP informed, with his permission



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Questions