



NHS

London Ambulance Service

NHS Trust



Our strategic intent

2018/19 – 2022/23

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2.1

Foreword and purpose of this document

The London Ambulance Service is one of the oldest ambulance services in the world. We have existed in our current form since 1965 and can trace our history back to the 1880s. Throughout this time we have continued to evolve, both in terms of the service we provide and our workforce.

Early ambulances – horse-drawn “land ambulances” and paddle steamer “river ambulances” – operated over a small area of what we now call central London and offered little scope for the provision of life-saving treatment: their principal job was to transport patients to one of the six hospitals served or, for smallpox patients, to one of the quarantine hospital ships at Deptford¹.

Over time, particularly through the development and professionalisation of the **role of the paramedic**, the increasing availability of **mobile life-saving equipment** and investment in a more **diverse fleet of vehicles**, we have provided ever more specialised care to our most critically ill or injured patients. As a result, in recent years cardiac arrest survival rates have risen from 5% to 30%, 9 out of 10 patients diagnosed with heart attacks by ambulance clinicians leave hospital within 5 days following treatment at specialist centres, and stroke patients in London are almost three times more likely to receive thrombolysis treatment.

However, as London’s population and economy grows the numbers of patients we treat continues to increase. In 2016/17 we received more than 1.8m calls and attended 1.1m incidents, a 6.6% increase on the previous year. We must therefore continue to improve both the clinical effectiveness and economic efficiency of what we do.

The future system of integrated urgent and emergency care requires an ambulance service that places a clear emphasis on assessment and treatment at scene and in community settings, with transport to alternative care settings, when clinically appropriate. This goes beyond a traditional emergency response, recognising and responding to diverse patient needs. In this document, we set out our ambition and describe how the London Ambulance Service will change. Most importantly we intend to offer a differentiated service, using a wider range of care professionals to treat patients when clinically appropriate, leading to better outcomes and a better experience for patients.

We want to make sure that our strategy is fit for purpose, understood and believed in as well as in-keeping with the strategic direction of the wider NHS. This document will provide the basis for a six-week period of engagement from 6 November 2017 to 15 December 2017, to ensure that we fully address the needs of patients, our staff and of the NHS in London.

We are pleased to be leading the London Ambulance Service into the next stage of its development and look forward to hearing your views on how best to develop our service so that it continues to develop new ways of saving lives, innovates clinically, technologically and operationally, attracting outstanding people to work for us and with us.



Heather Lawrence OBE, Chair

6 November 2017



Garrett Emmerson, Chief Executive

¹ *The Metropolitan Asylums Board*, Peter Higginbotham, <http://www.workhouses.org.uk/MAB/>

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1 Executive summary

1.1 Our role

The London Ambulance Service is the busiest ambulance service in the country and one of the busiest in the world; with demand for our services increasing year on year. In 2016/17 we responded to over 1.8m 999 calls, attending 1.1m incidents. Despite yearly increases in demand, we maintain an absolute focus on the quality and safety of services and strive to ensure that all our patients receive the highest level of clinical care. The rise in demand puts significant pressure on us and our staff and affects our ability to deliver a high quality service to people who live in, visit or commute to or through London.

1.2 Case for change

The NHS continues to face substantial and sustained rises in the demand for urgent and emergency care. The pressures have an impact on the whole health system. These include:

- An increasing prevalence of acute and complex conditions requiring coordinated care, which means we need to consider our operating model and model of care to ensure the best care is delivered at all times
- The population of London is growing and aging, meaning more patients and greater complexity, increasing overall demand for our services and longer treatment times
- Demand from our most critically ill patients is increasing at the highest rate, which impacts upon the resources available for patients with less acute needs
- The way that patients are accessing the care system is changing fast and new technologies are becoming available that can improve the way we care for our patients
- High vacancy rates for frontline staff that will get worse if we are not able to mitigate increases in demand; coupled with increased competition for workforce between providers

These pressures mean that changes to the urgent and emergency care system are essential. Working with our partners, we will play a critical part in shaping and delivering the changes required to make the urgent and emergency care system more sustainable in London.

1.3 NHS national and regional context

The NHS and local councils have formed partnerships in 44 areas covering England, to improve health and care. Each area has developed proposals built around the needs of the whole population in the area, not just those of individual organisations. Sustainability and Transformation Partnerships (STPs) build on collaborative work to support implementation of the *Five Year Forward View*², which outlines a number of areas in which changes to urgent and emergency care are needed.

The NHS is struggling to deal with rises in demand for urgent and emergency care. One of the fundamental problems is a lack of coordination. Addressing this requires NHS services to work differently together, sharing information and resources more effectively to meet demand and improve

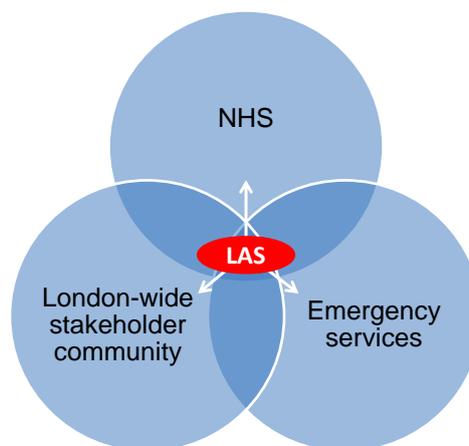
² <https://www.england.nhs.uk/five-year-forward-view/>

outcomes. We have a key role to play in working proactively with members of London’s five STPs to support the delivery of the *Five Year Forward View* and associated demand management initiatives. For example, where possible and clinically appropriate, we want to shift from a default of conveying patients to hospital, to ‘see and treat’, creating opportunities with other urgent, primary or voluntary services, to provide better care for patients in the community.

1.4 Our ambition and strategic intent

As the only London-wide healthcare provider, we are uniquely placed to become the capital’s primary integrator of urgent and emergency care.

Figure 1: The London ambulance service is uniquely placed to play a wider role



Our ambition is: “To be a world class ambulance service for a world class city: London’s primary integrator of urgent and emergency care ‘on scene’, ‘on phone’ and ‘on line’.” We will provide the right care at the right time, enabling rapid access to the most appropriate patient care by:

1. **Using our influence and working with partners to ensure a consistent approach to urgent and emergency care** – We will invest substantially in providing coordination in the strategy, design and development of urgent and emergency care in London, including urgent/integrated care centres – supported by analytics.
2. **Acting as a multi-channel single point of access and triage to the urgent and emergency care system across London** – We will build on our recognised excellence³ to move towards acting as the integrated entry point to the emergency and urgent care system via 999, 111 and digital/online means. This will enable us to ensure that patients receive the most appropriate care and that there is consistency across London.
3. **Providing a high quality and efficient differentiated clinical service that better matches care to patient urgent and emergency needs** – This will enable us to use our staff and vehicles in the most effective way by preventing escalation and helping to manage demand on the system as a whole. We have selected four patient groups for whom changing the way we respond will deliver a significant improvement in the quality of care and patient experience: falls, mental health, maternity and end of life care.

Delivering these three strategic themes will result in significantly improved patient care, better use of our resources and a lower overall cost to the urgent and emergency care system.

³ We have been recognised by the International Academies of Emergency Medical Dispatch as an ‘Accredited Centre of Excellence’ since 2002; and were the first NHS ambulance trust to obtain the Cabinet Office’s Customer Service Excellence® accreditation, which we have held since 2010

1.5 How we will deliver our strategy

Delivering our strategy will require substantial changes to our operating model. We have identified six enabling initiatives to deliver the transformation. In this section, we describe each of the enabling initiatives that are needed to support the three strategic themes:

- Improved clinical quality and clinical decision-making
- Flexible workforce with right education to better match demand and capacity
- Robust IT and mobile technology to improve operational performance
- Match fleet, infrastructure and footprint to patients' needs
- Improved organisational health and culture for better care
- Analytics to drive improvement and integration

1.6 Engagement to develop our strategy

This document represents “our strategic intent”. Following its publication, we will work with patients, staff and stakeholders to co-design our final strategy, which will be published early in 2018. We will hold a six-week period of engagement from 6 November 2017 to 15 December 2017, the main purpose of which will be to ensure that we fully address the needs of patients, our staff and of the NHS in London.

We want to make sure that our strategy is fit for purpose, understood and believed in as well as in keeping with the strategic direction of the wider NHS system. We have based our engagement approach on best practice guidance in NHS Improvement’s Strategy Development Toolkit⁴. We have also closely looked at the Care Quality Commission guidance as to how they expect strategy development to be carried out and we are ensuring that we are meeting all of those expectations.

Across the three groups we are engaging with (staff, patients and stakeholders) there are three key outcomes that we would like to achieve:

- **Understanding** of our ambition and strategic intent
- **Alignment** with local, regional and national NHS strategy
- **Co-designing our strategy**, providing feedback and ideas on how we can improve our service to patients in the future

Following the end of the six week engagement period we will publish a summary of the key themes that emerged.

⁴ <https://www.gov.uk/government/publications/strategy-development-a-toolkit-for-nhs-providers>

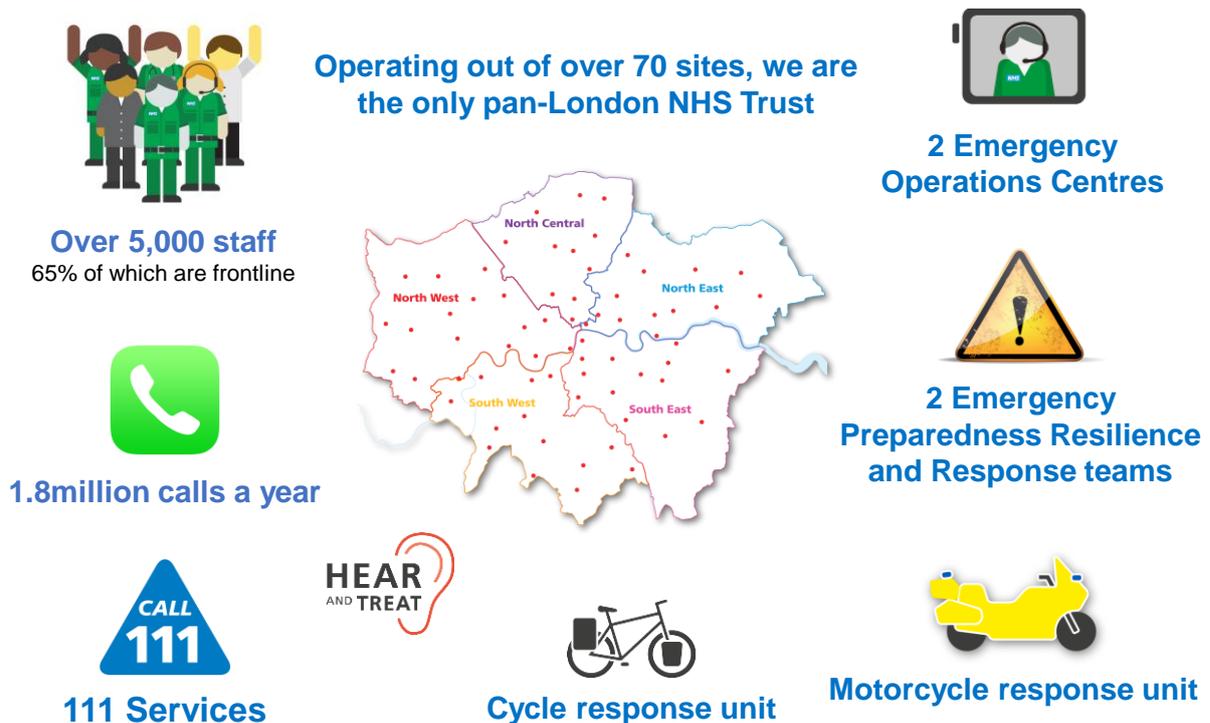
2 Our role

This section explains our role in the NHS in London, our main performance standards and how we receive our income.

2.1 Who we are and what we do

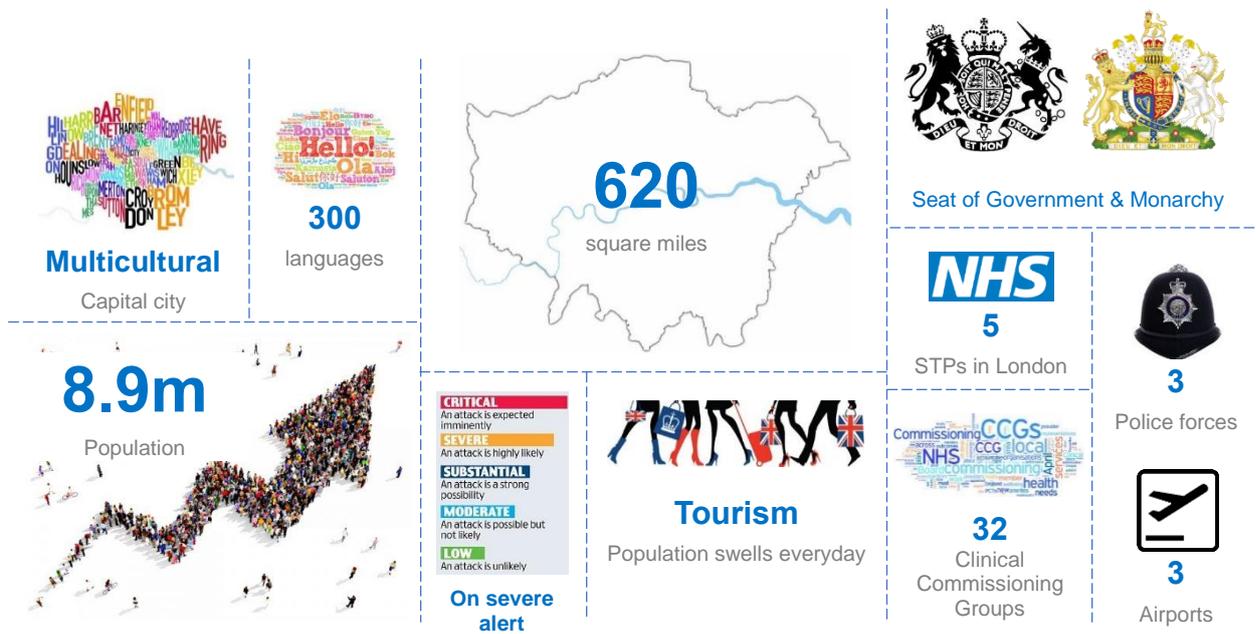
The London Ambulance Service is the busiest ambulance service in the country and one of the busiest in the world; with demand for our services increasing year on year. In 2016/17 we responded to over 1.8m 999 calls, attending 1.1m incidents. Despite yearly increases in demand, we maintain an absolute focus on the quality and safety of services and strive to ensure that all our patients receive the highest level of clinical care.

Figure 2: How we care for the capital



London’s health system, as well as the wider NHS, is being challenged with substantial and sustained rises in the demand for urgent and emergency care, which is driven in part by increases in population and a changing demographic mix. Increases in demand for urgent care, emergency department services and emergency admissions have all been above population growth over the past three years.

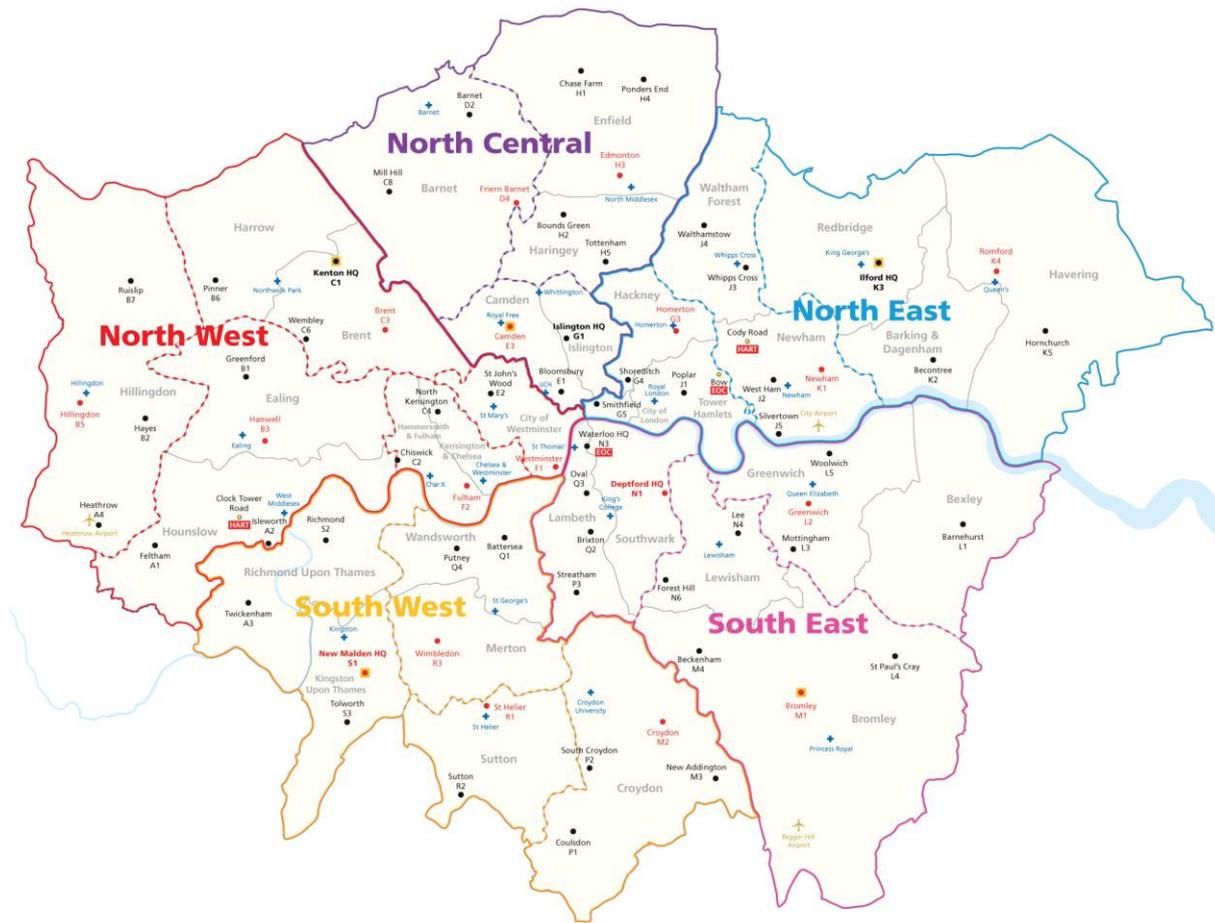
Figure 3: London and its population



Incidents involving our most critically ill or injured patients have risen by 21% over the past two years, while non-life-threatening incidents have risen by 8%. We have developed a number of innovative changes to the way we operate, such as our 'hear and treat' service, which provides clinical assessments over the phone to more callers with less serious illnesses and injuries. Even after these innovations, the rise in demand puts significant pressure on us and our staff and affects our ability to deliver a high-quality service to people who live in, visit or commute to or through London.



Figure 4: Our five sectors align with the London’s five Sustainability and Transformation Partnerships



As the only pan-London NHS provider, we are a member of all five London Sustainability and Transformation Partnerships (STPs). STPs are ‘place-based’ collaborations of organisations that commission provide health or care services in that particular area (see Section 4.1). We are committed to fully engaging and supporting each of London’s five STPs to provide the best and most appropriate care for patients in each locality. We are in an excellent position to ensure consistency across London.

2.2 How we are commissioned and funded

We are an NHS trust, ultimately overseen by the Department of Health. We are commissioned by the 32 London Clinical Commissioning Groups (CCGs), with NHS Brent CCG acting on behalf of the rest of the commissioners in London as our lead commissioner.

We are also commissioned separately by NHS England for emergency neonatal transfers, by North East London Commissioning Support Unit for our 111 service in South East London, by Heathrow Airport for additional services and by individual providers for patient transport services.



3 Case for change

This section sets out the challenges that the NHS faces nationally in providing urgent and emergency care and how these manifest in London. We demonstrate why the system as a whole needs to change and the role that we need to play as an ambulance trust.

The NHS continues to face substantial and sustained rises in the demand for urgent and emergency care. The pressures, explained below, have an impact on the whole health system. These include:

- An increasing prevalence of acute and complex conditions requiring coordinated care, which means we need to consider our operating model and model of care to ensure the best care is delivered at all times
- The population of London is growing and aging, meaning more patients and greater complexity, increasing overall demand for our services and longer treatment times
- Demand from our most critically ill patients is increasing at the highest rate, which impacts upon the resources available for patients with less acute needs
- The way that patients are accessing the care system is changing fast and new technologies are becoming available that can improve the way we care for our patients
- High vacancy rates for frontline staff that will get worse if we are not able to mitigate increases in demand; coupled with increased competition for workforce between providers

These pressures mean that changes to the urgent and emergency care system are essential. Working with our partners, we will play a critical part in shaping and delivering the changes required to make the urgent and emergency care system more sustainable in London.

3.1 Changing landscape of conditions

Changes in the prevalence of complex physical and mental health conditions affecting the population require us to be able to respond differently to meet the needs of Londoners.

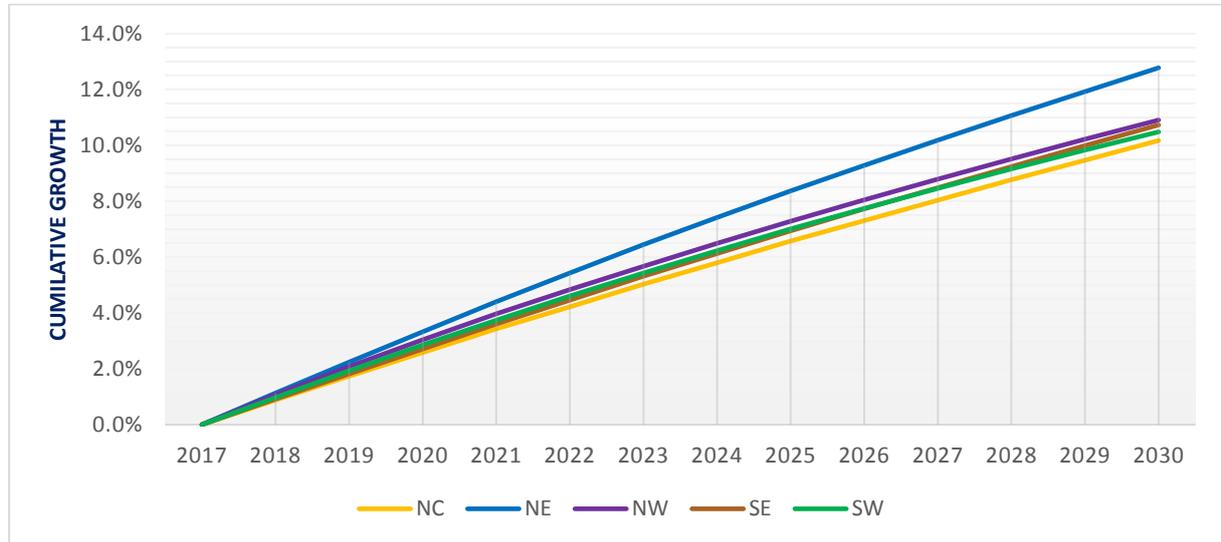
Figure 5: Landscape of complex conditions

Stroke	Nearly 40% of men and 30% of women have high blood pressure, a key risk factor for stroke
Obesity	In 2017 63% of adults and 34% of under 11s are obese or overweight
Mental health	1 in 4 people in the UK will experience a mental health problem each year
Dementia	The number of people with dementia is expected to more than double over the next 30 years
Long term conditions and co-morbidity	Long term conditions and co-morbidity will continue to increase
Deprivation	Some people in deprived areas will have multiple health problems 10–15 years earlier than people in affluent areas

3.2 Demographic challenge

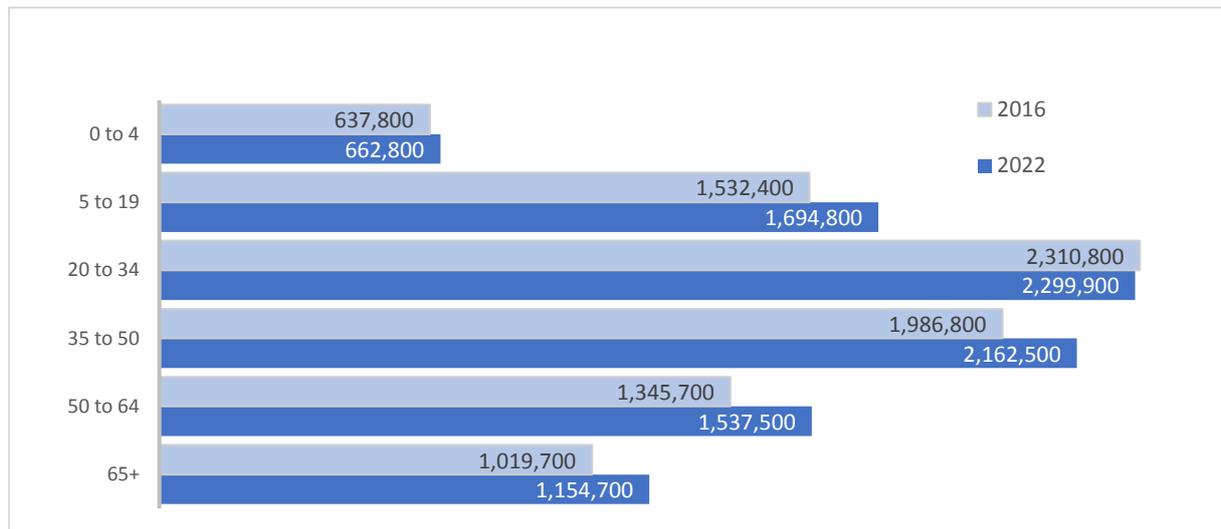
Population growth, especially in older adults is projected to contribute 9% additional demand on our services by 2022. London’s population is expected to rise from 8.8m in 2016 to 9.5m in 2022⁵ and 10.5m in 2041. With population growth being experienced across the capital, most keenly in North East London, we know that demand for our services is also going to significantly increase.

Figure 6: London population growth projection, 2017–2030



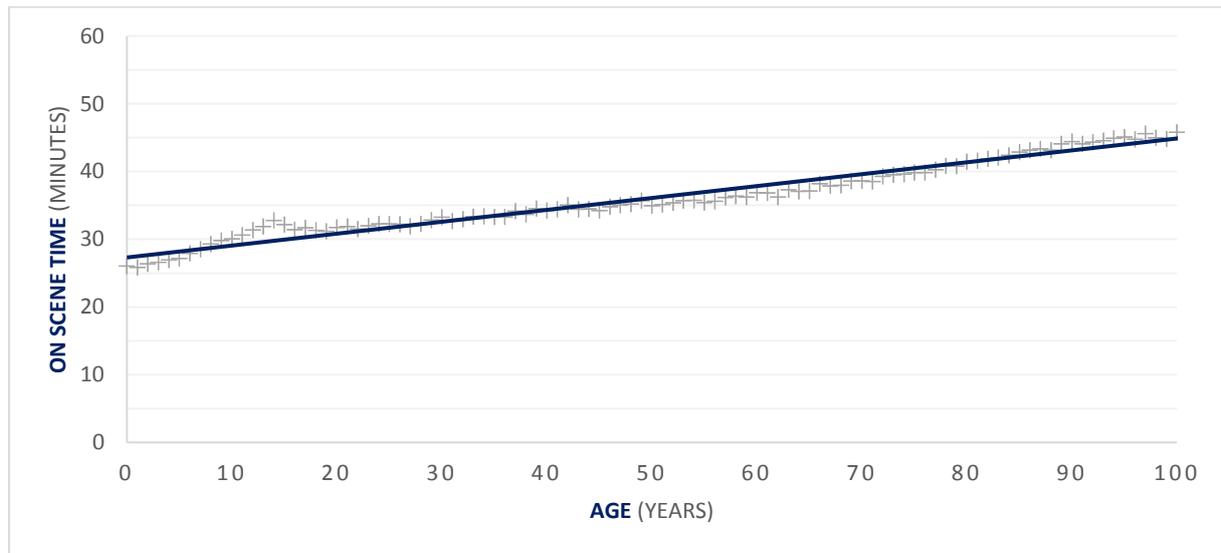
The largest population increases are in the 50–64 age range (14%) and in the 65+ age range (13%), who are typically the most significant users of health services and with whom we need to spend more time (on-scene time). These cohorts will grow at a faster rate than the population as a whole, resulting in a disproportionate increase in demand for our services.

Figure 7: London population growth, 2016–2022 by age



⁵ GLA population projections <https://data.london.gov.uk/demography/population-projections/>

Figure 8: Average on-scene time by patient age



There are other unique factors that affect demand for our services. London is a major centre for tourism, with the seat of national government, national landmarks and a concentration of the UK’s airports. It also has the highest rate of non-residential population in the country, with many workers commuting to or through the capital every day.

3.3 Demand for ambulance services in London

With our resources becoming more stretched it is right to examine whether there are ways we can work with and support the wider health system to manage demand.

3.3.1 Increase in 999 call volume

Over the last five years, demand from our most critically ill or injured patients has increased at an average year-on-year rate of 6%, and we expect this trend to continue. This increased pressure is unlikely to be met with additional funding.

Figure 9: Critically ill or injured patients (category A incidents) 2009/10 – 2016/17

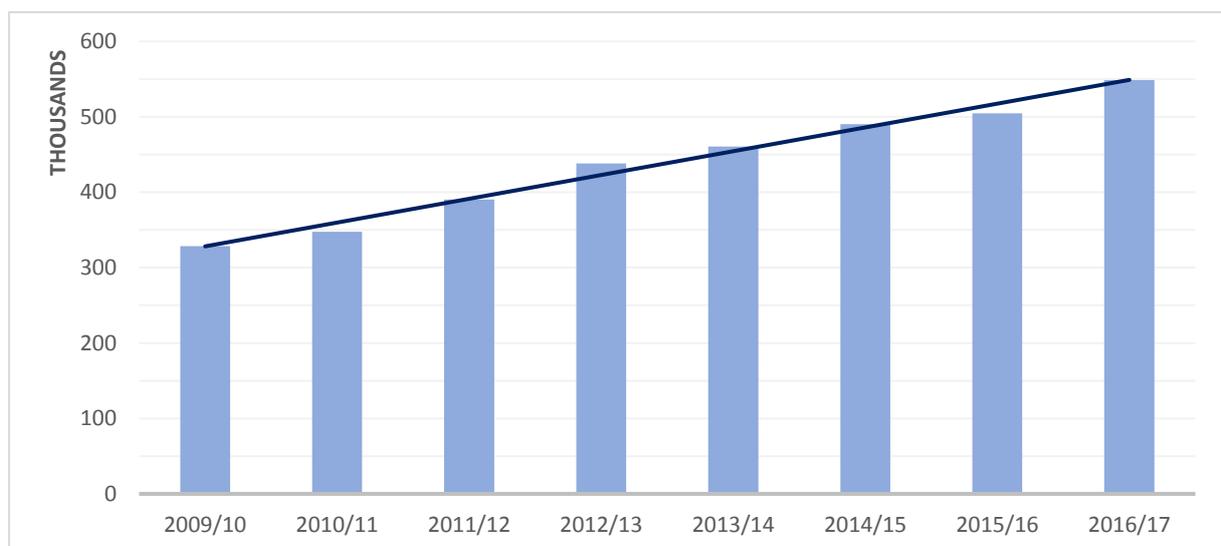
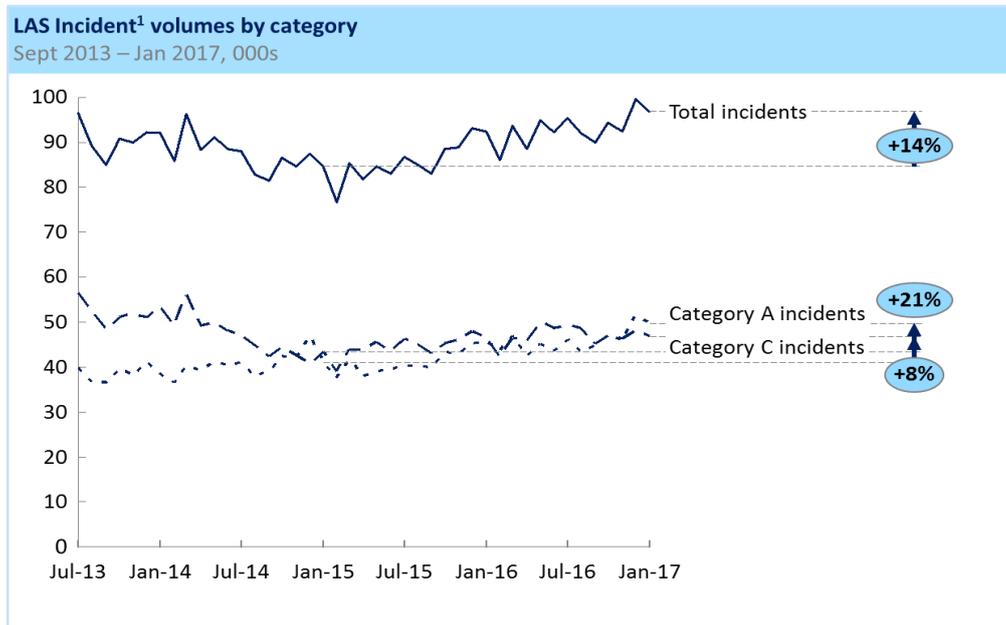


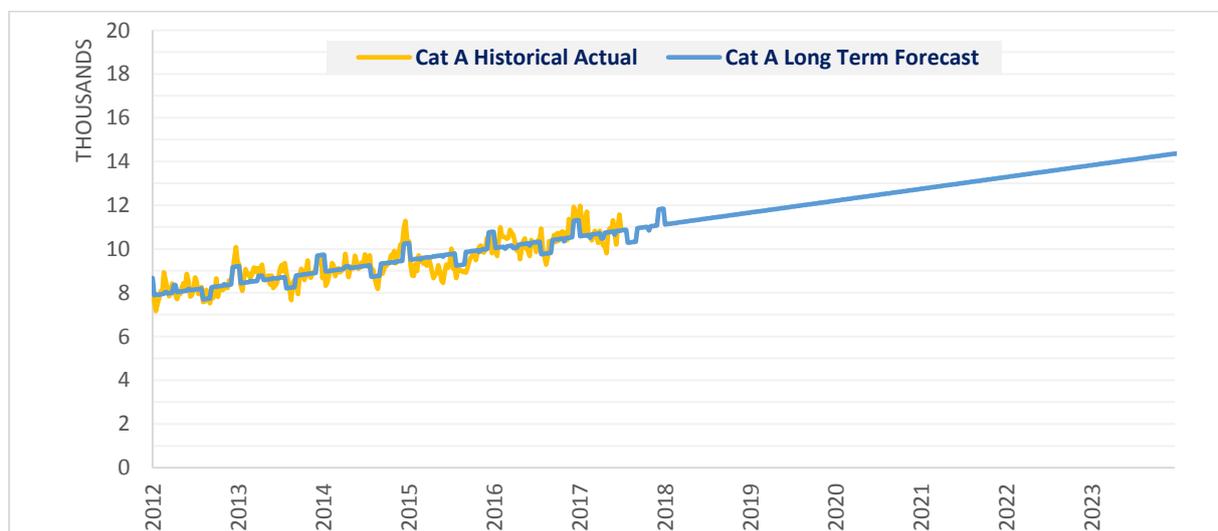
Figure 10 shows that demand from patients with less acute needs (category C incidents) are also increasing, resulting in an increase in total incidents of 14% since the second quarter of 2013 to the end of 2016/17

Figure 10: Calls and demand has increased



Our longer term forecasting shows that if we do not take any action to manage demand on us we can expect total weekly calls to increase to 38,747 by 2022/23 (+9% from 2016/17). Figure 11 shows that the increase for critically ill or injured patients (category A incidents) would increase to 13,952 per week by 2022/23 (+30% from 2016/17).

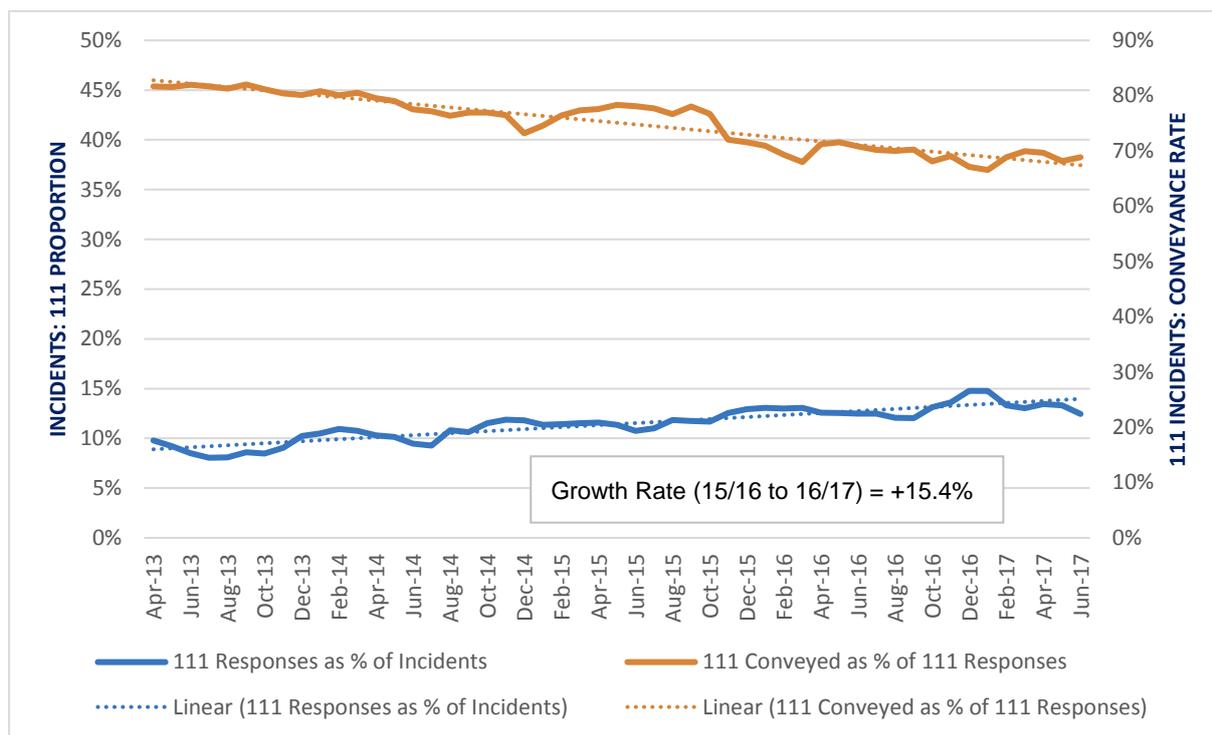
Figure 11: Weekly category A incidents – historical and forecast (no demand management actions)



3.3.2 Increase in 111 call volume

NHS 111 is a non-emergency number that was introduced nationally in April 2013. Calls transferred to us from 111, which are then responded to as emergency calls; make up roughly 12% of our total demand. Figure 12 shows that the number of calls transferred to us from 111 services across London has been increasing year on year; however we have become more successful at treating these patients in ways that avoid unnecessarily conveying them to hospital, including our ‘hear and treat’ service.

Figure 12: 111 growth compared with total incidents (0.1% increase monthly), and 111 Incident conveyance rate (0.3% decrease monthly)



It is clear that the demand coming through from 111 exerts pressure on us, as well as the overall urgent and emergency care system. As demand for 111 increases, demand for our services will also increase.

3.3.3 Change in the way that patients want to interact with health services

The majority of patients are currently able to get in touch with 111 or 999 services only by telephone. We provide ‘text type’ for people with hearing difficulties, however patients may not always have access to the equipment they need to access this. We need to take advantage of a wider range of technology available to contact us in the way that best suits their needs and preferences, and the additional benefits of modern mobile communications, such as location-aware functionality. We also need to enable remote clinicians to provide expert advice to our frontline staff through a wider range of technology.

We also know that healthcare services available to patients vary across London. In one area of London, urgent care centres (UCCs) are available 24/7 whilst in other areas of London they are only available between the hours of 08:00 and 22:00. The services and interventions provided in UCCs also differ. For example, some offer X-ray services and can treat minor fractures. Where this is not the case, patients would need to attend an emergency department for the correct level of treatment. There are also differences in the scope and availability of other services that aim to avoid hospital admissions and emergency department attendances by treating patients closer to home, including: out of hours GPs, minor injury units, walk-in clinics and mental health services.

We want to work with partners across the health and social care sector to ensure the services available to patients are consistent, accessible, reliable and of a high quality.

3.4 Organisational challenges

Changing the way we deliver our services will be essential if we are to meet the new ambulance performance targets and reduce the burden on emergency department services.

The Care Quality Commission rated us as “inadequate” in November 2015, particularly in safety and well-led domains, with effectiveness and responsiveness being rated “requires improvement. A subsequent review in January 2017 revealed significant progress although improvements in clinical quality are more difficult to measure for ambulance services compared to other healthcare services.

Despite an evolving operating model, increased demand has translated into pressure on our operational performance, care quality, workforce and the management team. While improvements have been made recently, we have not consistently and reliably met our national ambulance performance indicators since 2013.

3.4.1 Recruitment

A high level of front-line vacancies increases pressures on operational staff, meaning higher utilisation rate and reduced opportunity to take rest breaks. This leads to longer job cycle times (the time from the start of a call-out until an ambulance is available for redeployment), higher sickness levels, and lower staff satisfaction and morale resulting in greater retention problems. This can therefore become a vicious circle. Recruitment and retention problems are not confined to road staff: call-taking staff in Control Services also experience stressful working conditions leading to turnover and a constant requirement to recruit and train new staff.

We have actively recruited over the last two years to increase the number of frontline staff. The number of frontline staff has increased by 14% since May 2015 despite 22% turnover over the same time period, resulting in an improvement in our vacancy rate to around 10%. However, if we are not able to mitigate further increases in demand, this vacancy rate is likely to deteriorate.

In 2014 most frontline leavers went on to work at other ambulance trusts, indicating that there may be competition for workforce between trusts. Competition will be exacerbated by the demand for paramedics in other settings of care, such as GP surgeries⁶.

3.4.2 Information technology

Our information technology has been fragile. On 1 January 2017 we experienced a significant computer-aided dispatch failure. A more robust technology platform will be needed if performance is to be sustained. To date we have been unable to use the deep and unique data sets we have to deliver significant improvements in performance.

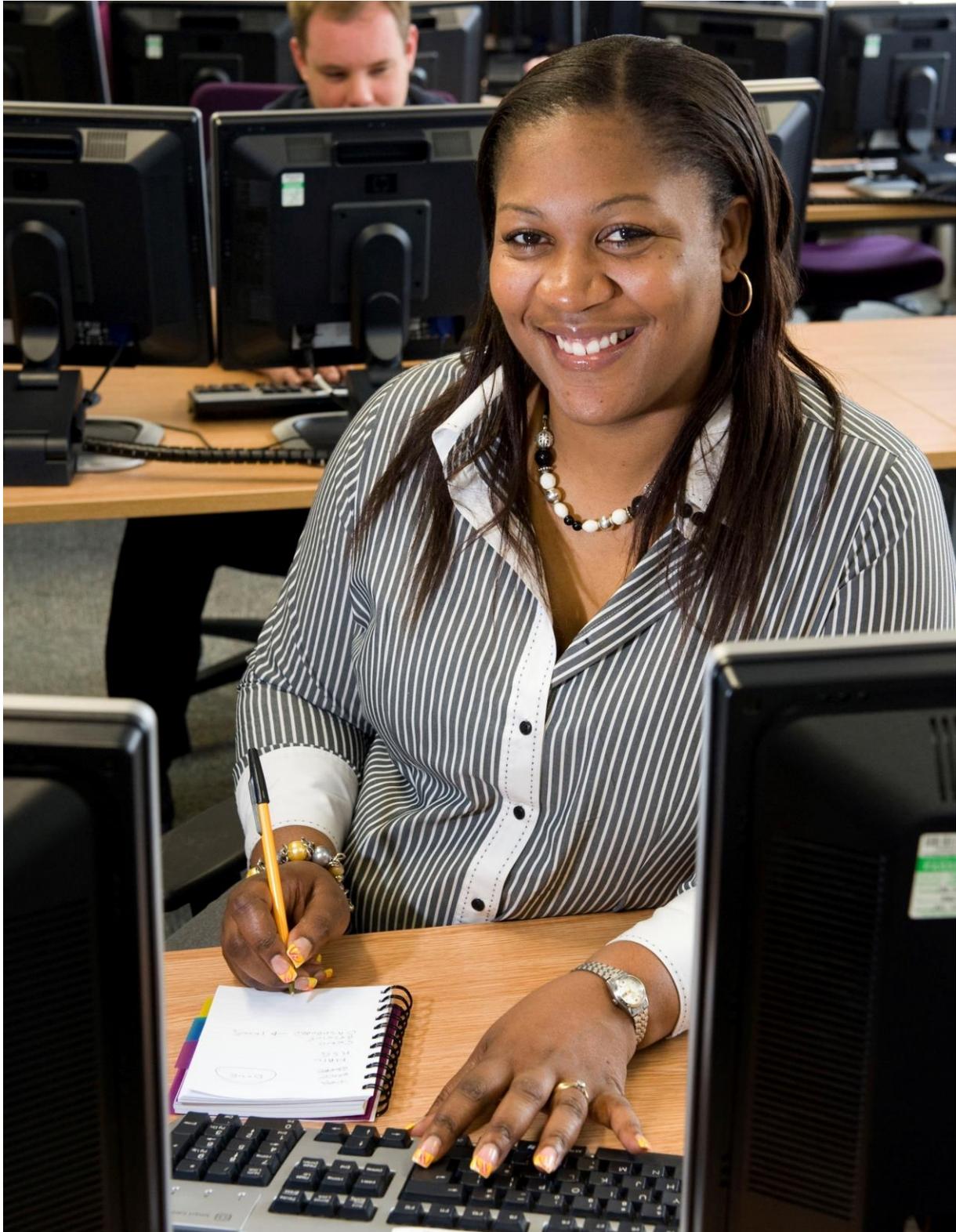
For a number of years development of a platform to support an electronic patient report form (e-PRF) has been discussed. This would enable road crews to share information securely with our Emergency Operations Centre and other NHS providers via a tablet computer on each vehicle, including patient records, clinical guidelines and information about alternative care pathways in the vicinity. For a variety of reasons this major change has not progressed far in London but it is perceived to be the essential way forward for ambulance services in the 21st century. We are currently rolling out tablet computers that will provide a base level of functionality and are on target to complete the roll out by the end of March 2018.

3.4.3 Organisational culture

We have historically had a task-focused culture driven by operational performance targets. This has required front-line staff to act autonomously on-the road while at times switching to operate under a hierarchical command and control system (e.g. in the event of major incidents). We have had problems, reported through the staff survey, with bullying and harassment which have taken significant effort to address over the last few years. The leadership development of our management teams remains an organisational priority.

⁶ *The future of primary care: Creating teams for tomorrow*, Primary Care Workforce Commission, July 2015
https://www.hee.nhs.uk/sites/default/files/documents/WES_The-future-of-primary-care.pdf

Until recently we employed front-line staff with very homogenous training and skills. To provide a differentiated service we will need to provide additional training to our current staff and access the skills and expertise of staff from other areas of health and social care such as mental health nurses and midwives. In order to support a differentiated service we need to make our organisation is welcoming to other professionals, which will require a significant shift in our operational culture.



4 NHS national and regional context

Significant demand on the NHS urgent and emergency care system has led to increased demand on ambulance services and delays at hospitals. We need to play our part in implementing the NHS *Five Year Forward View*.

4.1 Sustainability and Transformation Partnerships

The NHS and local councils have formed partnerships in 44 areas covering England, to improve health and care. Each area has developed proposals built around the needs of the whole population in the area, not just those of individual organisations. There are five Sustainability and Transformation Partnerships (STPs) in London (see Section 2.1).

STPs build on collaborative work to support implementation of the *Five Year Forward View*⁷, which outlines a number of areas in which changes to urgent and emergency care are needed. Key themes include:

- Shifts towards more lower acuity urgent care settings such as 12/7 'urgent treatment centres' or GP practices
- Improved access to primary care
- Support for older adults to stay healthy and at home with improved prevention and integrated care
- Enhanced 111 services with an increased proportion of callers receiving clinical assessment and online self-management tools

4.2 Healthy London Partnership

The Healthy London Partnership⁸ was formed in 2015 by the 32 London Clinical Commissioning Groups, NHS England (London), Public Health England, London Councils, Health Education England, the Greater London Authority and the Mayor of London. It was established in response to the NHS *Five Year Forward View* and the London Health Commission's *Better Health for London*⁹ and to improve health services and deliver changes to health in the capital. The aim is to take London from seventh in the global healthy city rankings, to the number one spot.

The London Health and Care Collaboration Agreement¹⁰, endorsed by Government, provides a blueprint for partnership working to help make London a healthier city where health and care services meet the needs of individual Londoners.

Work is organised into transformational focus areas. Partners have pooled funding to undertake transformational change across London, through clinical and enabler programmes. Each programme

⁷ <https://www.england.nhs.uk/five-year-forward-view/>

⁸ <https://www.healthylondon.org>

⁹ https://www.london.gov.uk/sites/default/files/better_health_for_london.pdf

¹⁰ https://www.london.gov.uk/sites/default/files/london_health_and_care_collaboration_agreement_dec_2015_signed.pdf

aims to solve a different health and care challenge faced by the capital. All aim to make prevention of ill health and care more consistent across the city.

The Partnership has committed to implementing the national vision for urgent and emergency care and closing the gap in mortality rates between weekdays and weekends, focusing on three key areas:

1. Establishing urgent and emergency care networks to oversee the planning and delivery of the urgent and emergency care system
2. Designating urgent and emergency care facilities to ensure London quality standards are met, seven days a week
3. Improving and expanding the NHS 111 system to direct patients to the most appropriate care setting to receive the right care, first time

4.3 Ambulance Response Programme

Following the largest clinical ambulance trials in the world, NHS England announced a new set of measures for ambulance services¹¹. The changes focus on making sure the best, high quality, most appropriate response is provided for each patient first time. This includes providing call handlers with more time to assess 999 calls that are not immediately life-threatening, enabling them to identify patients' needs better and send the most appropriate response.

There are four categories of call:

1. Calls from people with life-threatening illnesses or injuries (average response in 7 minutes)
2. Emergency calls (18 minutes response)
3. Urgent calls (120-minute response)
4. Less urgent calls (180-minute response)

Under the new system, early recognition of life-threatening conditions, particularly cardiac arrest, will increase. A new set of pre-triage questions identifies those patients in need of the fastest response. New targets will also free up more vehicles and staff to respond to emergencies. We implemented these changes on 31 October 2017.

4.4 The need to actively coordinate patient flow to manage demand for acute services

The NHS is struggling to deal with rises in demand for urgent and emergency care. Average emergency department waiting time performance in England has slipped from 95.7% in four hours (exceeding the national target of 95% in four hours) in 2013/14 to 89.1% in 2016/17¹². This has partly been due to the challenges in admitting patients due to beds being “blocked” by patients who are medically fit to be discharged but for whom an appropriate care plan has not been put in place (“delayed transfers of care”).

One of the fundamental problems is a lack of coordination. Addressing this requires NHS services to work differently together, sharing information and resources more effectively to meet demand and improve outcomes. This will need to be supported by strong analytics and by IT platforms that bring providers together rather than separate them.

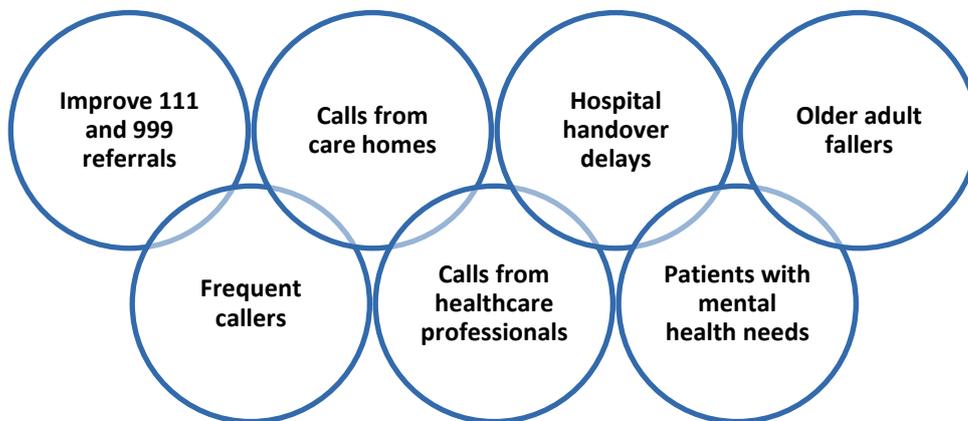
¹¹ <https://www.england.nhs.uk/urgent-emergency-care/arp/>

¹² Quarterly Attendances & Emergency Admission monthly statistics, NHS and independent sector organisations in England <https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2017/06/Quarterly-timeseries-September-2017-hubjg.xls>

Working in partnership will be essential to improve care for our patients. In the year ahead we will support London’s five STPs to realise their vision for healthcare improvements locally. We know that the STPs have differing needs and priorities and we will ensure we support them to deliver their individual aims. We will continue our work with our ‘blue light’ colleagues, other NHS organisations and ambulance services to maximise value for money from the public purse, working together where it is in the public interest to do so.

Managing demand is complex. It relies on changing attitudes amongst the public and changing system wide processes or customs that have long been established. We have a key role to play in working proactively with members of London’s five STPs to support the delivery of the *Five Year Forward View* and associated demand management initiatives. Figure 13 shows the main areas where we think we could working with our partner organisations to support commissioners to reduce some of the demand on our services.

Figure 13: Areas of focus for demand management



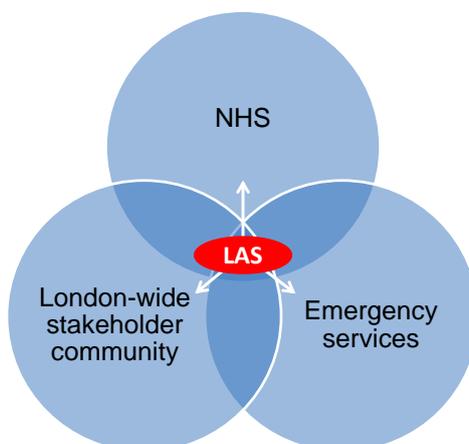
For example, where possible and clinically appropriate, we want to shift from a default of conveying patients to hospital, to ‘see and treat’, creating opportunities with other urgent, primary or voluntary services, to provide better care for patients in the community when it is clinically appropriate to do so.



5 Our ambition and strategic intent

As the only London-wide healthcare provider, we are uniquely placed to become the capital's primary integrator of urgent and emergency care. This section sets out our ambition for the future and the three strategic themes that will enable us to realise this by 2022/23.

Figure 14: The London ambulance service is uniquely placed to play a wider role



Our ambition is:

To be a world class ambulance service for a world class city: London's primary integrator of urgent and emergency care 'on scene', 'on phone' and 'on line'

We will provide the right care at the right time, enabling rapid access to the most appropriate patient care by:

1. Using our influence and working with partners to ensure a consistent approach to urgent and emergency care
2. Acting as a multi-channel single point of access and triage to the urgent and emergency care system across London
3. Providing a high quality and efficient differentiated clinical service that better matches care to patient urgent and emergency needs

Delivering these three strategic themes will result in significantly improved patient care, better use of our resources and a lower overall cost to the urgent and emergency care system.

A reduction in the number of conveyances to an emergency department of up to an estimated 40% may be possible if our service is sufficiently differentiated and we are able to treat more people appropriately at the scene ('see and treat'), with consistent access available to urgent/integrated care centres and other alternative care pathways. This would reduce the burden on emergency department services and reduce the number of patients unnecessarily admitted into hospital overnight, enabling up to 10% of money currently spent on emergency department services and 4% spent on non-elective inpatient care services in London to be spent more effectively elsewhere in the system.

We can improve operational performance through incremental improvements informed by analytics at each stage of a call-out:

- A reduction in on-scene time can be made by having a wider range of specialist clinical staff and providing a differential response to calls
- The time from scene to arrival at hospital can be reduced through more efficient routing of better connected vehicles
- Hospital handover time can be reduced through better connected IT
- “Handover to green”, the time from when the hospital handover has taken place to when the ambulance is available for redeployment, could be reduced by having more streamlined methods for completing patient records and having sufficient capacity to allow for regular crew breaks

The collective benefit of these initiatives will reduce the number of vehicle hours required to respond to increasing demand, allowing for more efficient use of our resources. Over time we will re-profile our fleet and estate to redirect our resources into delivering the more differentiated response required by our ageing population.

5.1 Use our experience and expertise to work with partners to ensure a consistent approach to urgent and emergency care

5.1.1 What we will do

We are the only pan-London NHS provider, but our participation in strategy and service development, both in London and nationally, has been limited.

In the future, we will be a mobile provider of care offering a single point of access to urgent and emergency care, with a differentiated service. New models of acute care are being planned across London, yet Sustainability and Transformation Partnerships (STPs) are developing plans for urgent and emergency care that are not consistent. The increasing volume of short operating hours or small footprint pathways and protocols mean that patients may get different types of care in different parts of London; and our staff must spend time learning what is available and where. There is a need for some local variation but increased consistency would provide a better patient experience and support our staff in providing patients with the most appropriate care.

We will **assess all the urgent and emergency care pathways which are used by us**, working with partners to identify whether they provide the best patient outcomes and optimise efficiency for us and for the system. We can contribute our experience and evidence base about what works best and make sure that STPs are able to design local pathways that are most effective, efficient and economic.

We will **invest substantially in providing coordination** in the strategy, design and development of urgent and emergency care in London, including urgent/integrated care centres – supported by analytics. This will enable us to help:

- Simplify and ensure consistency between unplanned care pathways – providing consistency of experience and outcomes for patients; and reducing complexity for paramedics
- Develop and implement our differentiated service – ensuring that it works well across London
- As a provider of both 111 and 999 calls, release additional value through ensuring proper use of non-emergency care pathways and reducing the burden on emergency department services

5.1.2 Benefits for patients and staff

Patients will benefit from:

- More integrated urgent and emergency care pathways from our involvement their design
- A more consistent service across London, informed by evidence of what works well
- Confidence in our differentiated service and how it integrates with other providers

Staff will benefit from:

- Greater consistency and reduced complexity across London, meaning that it will be easier for them to work in different areas
- Skills development with greater access to specialist resources and rotations through other healthcare settings

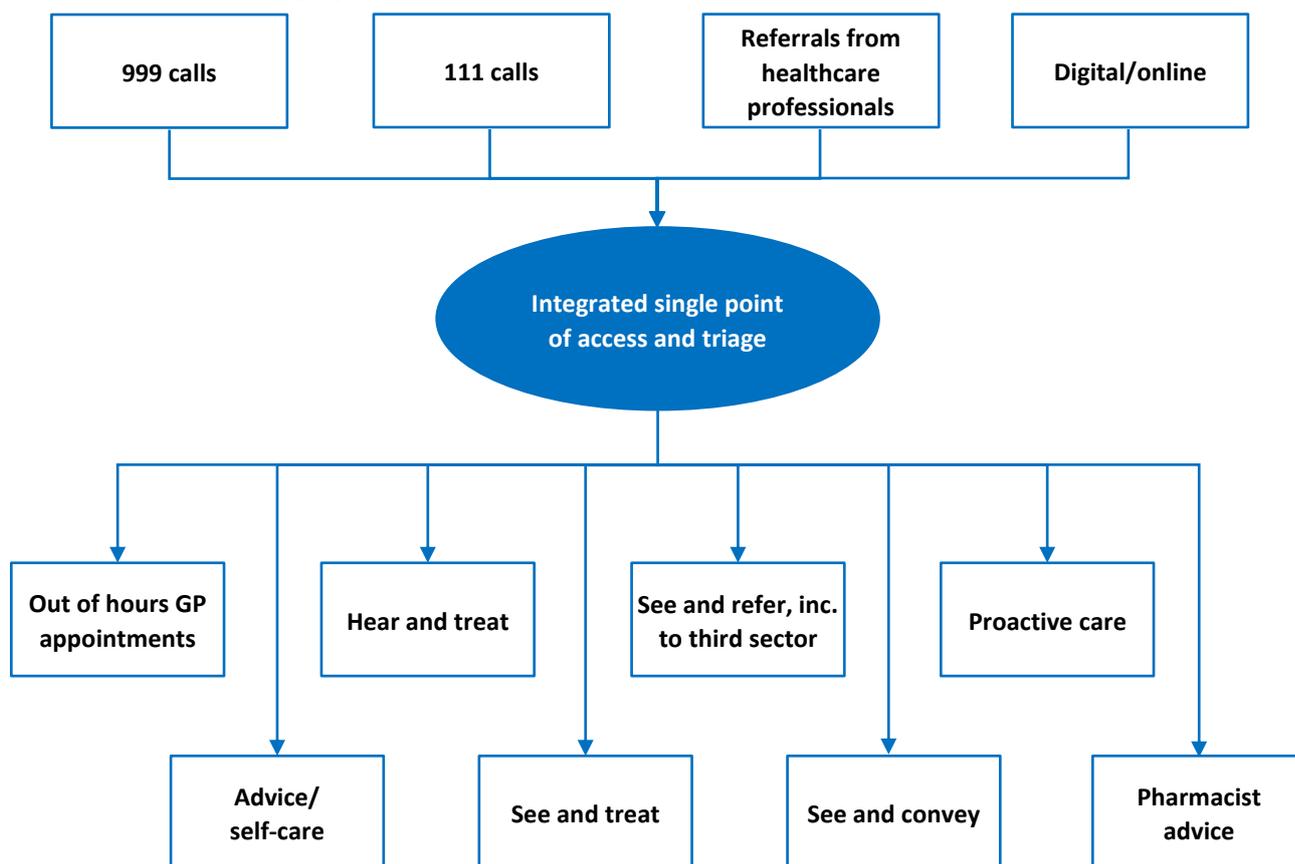
5.2 Acting as a multi-channel single point of access and triage to the urgent and emergency care system across London

5.2.1 What we will do

We have been recognised by the International Academies of Emergency Medical Dispatch as an ‘Accredited Centre of Excellence’ since 2002; and were the first NHS ambulance trust to obtain the Cabinet Office’s Customer Service Excellence® accreditation, which we have held since 2010.

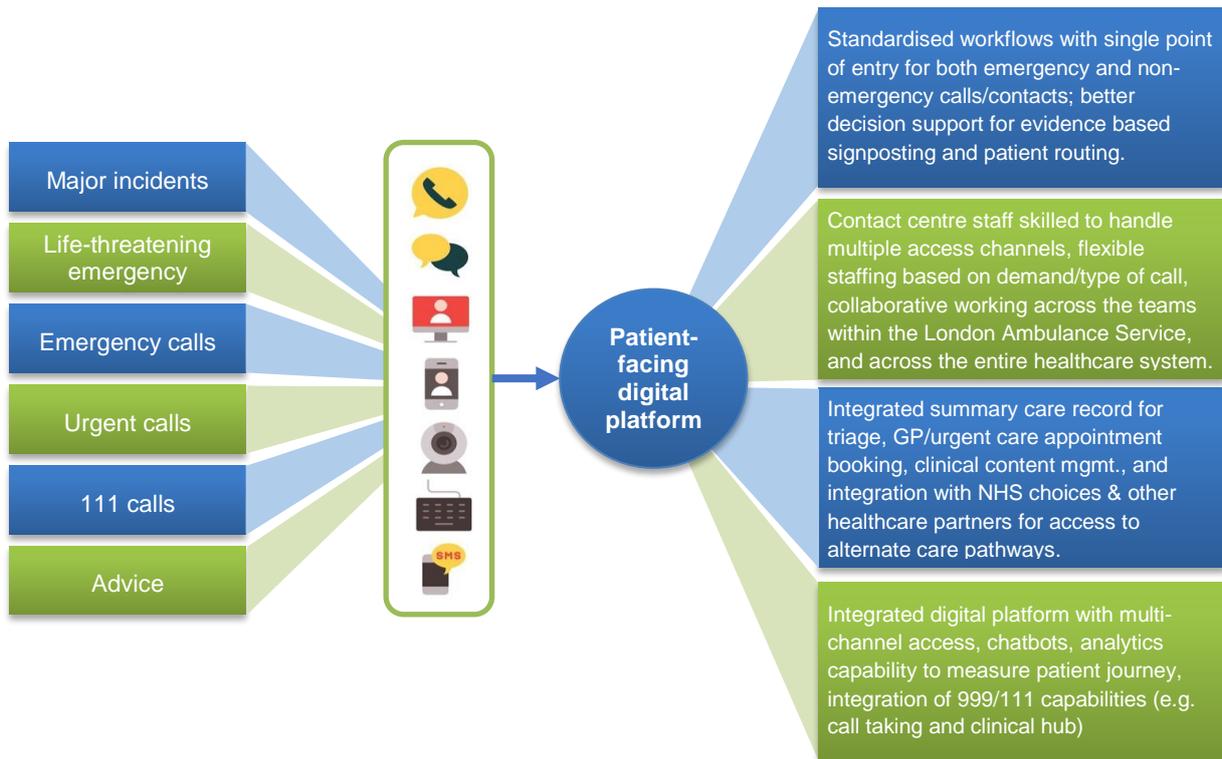
We will build on our recognised excellence to move towards acting as the integrated entry point to the emergency and urgent care system via 999, 111 and digital/online means. This will enable us to ensure that patients receive the most appropriate care and that there is consistency across London.

Figure 15: Integrated single point of access and triage



The integrated single point of access and triage will also utilise available technology allowing us to better assess and treat patients as well as allowing patients to access our services in a variety of ways. Currently all 999 calls are received over the phone in one of our two control rooms. We will expand the methods of access to include video calls from home and mobile, web-chat, online self-care advice and text based messaging. By introducing these methods we will enhance the service that we are able to provide as well as making our service more accessible to those with hearing or communication difficulties.

Figure 16: Moving to a multi-channel single point of access would be beneficial for patients, GPs and the wider urgent and emergency care system in London



Our clinical hub is currently staffed by paramedics, alongside a small number of registered mental health nurses. We will expand the number of professions we have working as part of our clinical hub to make it a truly multi-disciplinary team, which could include GPs, general nurses, obstetric specialists, pharmacists, end of life care specialists as well as more mental health nurses.



5.2.2 Benefits for patients and staff

Table 1: Benefits for patients, the London Ambulance Service and the London health economy

	From	To
Patients and users	<ul style="list-style-type: none"> • Different numbers for those requiring urgent and emergency care and those seeking advice • Potential different response depending on whether call was to 111 or 999 • Difficulty booking primary care appointments out of hours 	<ul style="list-style-type: none"> • Provide the appropriate triage for patients irrespective of whether they contact 111 or 999 • Digital solutions for more flexibility • Advice, hear and treat and direct booking to primary care, nurse-led or secondary care pathway could streamline the patient journey • A wider range of ‘hear and treat’ available from a multi-disciplinary clinical hub, including pharmacist advice
London Ambulance Service	<ul style="list-style-type: none"> • Not able to directly book out of hours GP appointments to 999 callers • Clinical Hub only able to provide advice based on telephone descriptions • Clinical Hub staffed by paramedics alongside a small number of registered mental health nurses 	<ul style="list-style-type: none"> • Better management of demand by directing patients to appropriate channels, e.g. ‘Skype® and treat’ • Ability to book out of hours GP appointments to both 111 and 999 callers • Ability for clinicians to provide more comprehensive advice to patients by using better technology • Enhanced ability of our clinical hub staff to provide help to our front-line crews by using better technology • A multi-disciplinary clinical hub able to provide a greater level of expert advice to staff
The wider London health economy	<ul style="list-style-type: none"> • A lack of integration across systems prevents seamless patient care and incurs additional cost from multiple handoffs • Duplication of processes and appointments • Higher costs for multiple call handling solutions 	<ul style="list-style-type: none"> • A fully integrated system would allow triage, advice and bookings to be managed by a single call, thereby reducing call handling costs • Integration would increase the likelihood that a patient receives the appropriate treatment first time, and this could save costs • Efficiencies of scale in providing a single point of access would bring their own direct cost savings

5.3 Providing a high quality and efficient differentiated clinical service that better matches urgent and emergency care to patient need

5.3.1 What we will do

We will deliver appropriate care to patients in an efficient and effective manner. This requires a more differentiated service offer supported by analytics that recognises and responds to diverse patient needs, broadening beyond traditional emergency response. We will continue to provide high quality care to all patients, especially those most critically ill. Providing a differentiated service will enable us to use our staff and vehicles in the most effective way, expanding our provision within the same budget by preventing escalation and helping to manage demand on the system as a whole.

We have selected four patient groups for whom changing the way we respond will deliver a significant improvement in the quality of care and patient experience:

- Falls
- Mental health
- Maternity
- End of life care

Calls relating to falls, mental health and maternity account for around 15% of the total number of patients we respond to. There is clearly an opportunity to improve our response. A differentiated clinical response will allow us to deliver rapid access to appropriate care and a better patient experience by increasing the range of responses to patient needs.

- **Treating more people on-scene and in the community closer to home** – by providing a differentiated response, patients that are currently taken to an emergency department would have rapid access to alternative pathways of care:
 - A wider ‘hear and treat’ offering, via the single point of triage and access
 - A more comprehensive on-scene ‘see and treat’ offering
 - Referral and potentially transfer to an urgent care centre/integrated care centre rather than an emergency department
- **Wider mix of skills and professions** – deploying professionals with different skills, for example:
 - Mental health professionals to those with mental health crises
 - Physiotherapists and occupational therapists to patients following falls
 - Midwives, when we are called to a birth or obstetric emergency and there isn’t already a midwife on-scene
- **Wider range of response vehicles** – by better matching the vehicle to the incident, a more targeted response could be offered that improves patient outcomes or reduces conveyances:
 - Rebalancing between bicycles, motor bikes, fast response units and double-crewed ambulances (DCA)
 - Vehicles with different staffing and equipment from a standard DCA with a greater focus on chronic conditions, mental health and older adults

5.3.2 Benefits for patients and staff

Patients will benefit from a more tailored service delivered closer to where they are without unnecessary conveyance. Staff will benefit from better use of their skills where they are needed. The table below shows how differentiated services for the identified patients groups could work. The patient stories in Section 5.4 demonstrate how the experience would feel different for patients.



Table 2: Summary of the four pioneer differentiated services

Falls	Mental health
<p>We are often called by patients or their carers following a fall to assist the patient off the floor and convey the patient to hospital. As falls account for around 11% of our calls, this is one of our highest risk groups and there is perhaps the greatest opportunity for service improvement in how the system as a whole responds to patients who have fallen.</p> <p>Response</p> <ul style="list-style-type: none"> • Solo responder (a registered clinician) with the right skill set to be able to assess and evaluate un-differentiated (un-planned) presentation • Potentially could see a clinician paired with non-specific, non-'blue light' driver, to allow the clinician to undertake appropriate referrals and interventions, and write their notes and undertake other tasks en route to the patient • Additional equipment to allow for effective and safe manual handling to be undertaken without requiring additional resources to be dispatched <p>Considerations</p> <ul style="list-style-type: none"> • Strong links with local community services, including rapid response teams, occupational therapists, social care, and wider health promotion • We could seek to develop and pilot this service in South East London where we provide both the 111 as well as the 999 service. <p>Benefits for patients and the public</p> <ul style="list-style-type: none"> • Immediacy of response, especially where this means helping the patient recover from having fallen • Increased public confidence: being able to go outside or walk around their flat without fear of the consequence of falling; not losing independent living status <p>Benefits for staff</p> <ul style="list-style-type: none"> • Ensuring that staff are able to rapidly assist our most vulnerable patients • Potential to utilise downtime with case management and/or preventive measures 	<p>Cambridge and Peterborough CCG have a special option for urgent mental health on their 111 service ("111 option 2")¹³; the East of England Ambulance Service NHS Trust has seen a reduction in 999 calls attributed to mental health as a result.</p> <p>Response</p> <ul style="list-style-type: none"> • A registered mental health nurse (RMN) would be paired with a clinician who would be able to provide the appropriate level of medical care should this be required • In order to improve the parity of care provided, would require a two-person response; however this could be in a rapid response vehicle rather than a double-crewed ambulance <p>Considerations</p> <ul style="list-style-type: none"> • Strong links with local community services, including rapid response teams, social care, and wider health promotion • Need access to senior doctor in mental health speciality to work alongside the current mental health leads within the Trust <p>Benefits for patients and the public</p> <ul style="list-style-type: none"> • An RMN would be able to navigate the appropriate mental health pathways, especially out of hours, and would have the skills and knowledge to discuss management with approved medical practitioners and mental health units • An RMN would have greater access to other appropriate alternative care pathways, which are currently closed to other clinicians (e.g. crisis cafés) • Potential to increase current list of prescription-only medications to enable a safer, more controlled, transfer of a patient suffering from a mental health crisis • Potential requirement to be able to prescribe a time limited amount of medication to facilitate patients been able to be referred to the community/GP for further treatment • If 'sectioning' were required, this could be done without the need for police intervention and the patient transported, without prejudice, to an appropriate 136 suite • Emergency bed service undertaking the collation of pan-London availability of 136 suites 24/7 to facilitate a more timely referral <p>Benefits for staff</p> <ul style="list-style-type: none"> • Ensuring that staff are able to rapidly assist our most vulnerable patients

¹³ <http://www.cpft.nhs.uk/Latest-news/Extended-111-service-will-help-those-in-mental-health-crisis.htm>

Maternity	End of life care
<p>We currently deliver around 1,500 babies per year, where a mother is not able to get to an appropriate maternity facility; and/or where a midwife is unable to attend.</p> <p>Response</p> <ul style="list-style-type: none"> • A two person response in a rapid response vehicle, consisting of a registered midwife and an appropriately skilled clinician would be able to provide advanced life support and intravenous access should this be required • This mobile resource which would automatically be sent to category 1/2 maternity/obstetric calls where on scene management is required <p>Considerations</p> <ul style="list-style-type: none"> • Strong links with local community midwifery service <p>Benefits for patients</p> <ul style="list-style-type: none"> • Birth imminent – examination to be undertaken; consultation with maternity unit could result in either a home birth or taxi arranged for conveyance if safe to do so • Ante-/post-partum haemorrhage – effective management and stabilisation of both mother and baby if required • ‘Hear and treat’ to be undertaken by a midwife in the Clinical Assessment Service for all category 3 and 4 maternity related calls; dispatching mobile midwife should further face to face assessment be required or arranging transport to nearest maternity unit <p>Benefits for staff</p> <ul style="list-style-type: none"> • Ensuring that staff are able to rapidly assist our most vulnerable patients 	<p>We are called to end of life care patients at times when their symptoms have become unmanageable for the protocols put in place to help them remain in the community. We have secured funding from Macmillan to recruit an end of life care specialist, a paramedic and a clinical researcher to develop an approach.</p> <p>Response</p> <ul style="list-style-type: none"> • All registered clinicians working on the frontline will be able to ensure that a patient in end of life care can be made comfortable at their place of rest and not be conveyed to hospital against their or their families wishes <p>Considerations</p> <ul style="list-style-type: none"> • Consideration to be given to additional pharmacology to allow treatment for excessive secretions and breathlessness for example; along with alternations to prescribed usage for drugs already carried by registered clinicians • Further education and support will be provided to all frontline clinicians from a dedicated team of end of life care specialists • Additional pathways will be further developed and audited with palliative care teams, hospices and other third party providers • Improved awareness of access to ‘Coordinate My Care’ plans • Introduction of Schwartz Rounds® to support staff wellbeing <p>Benefits for patients</p> <ul style="list-style-type: none"> • End of life care patients will be able to get the correct treatment to ensure they are made as comfortable as possible • There will be a reduction in the number of unnecessary conveyances to hospitals and patients will be able to die at their place of choice <p>Benefits for staff</p> <ul style="list-style-type: none"> • Staff will feel more confident in dealing with the ailments which impact on the standard of life of this particular cohort of patients • The impact on staff wellbeing will be reduced due to being able to respect their patients’ wishes and not convey them un-necessarily to hospital

5.4 How our strategy will improve the experience and outcomes for patients

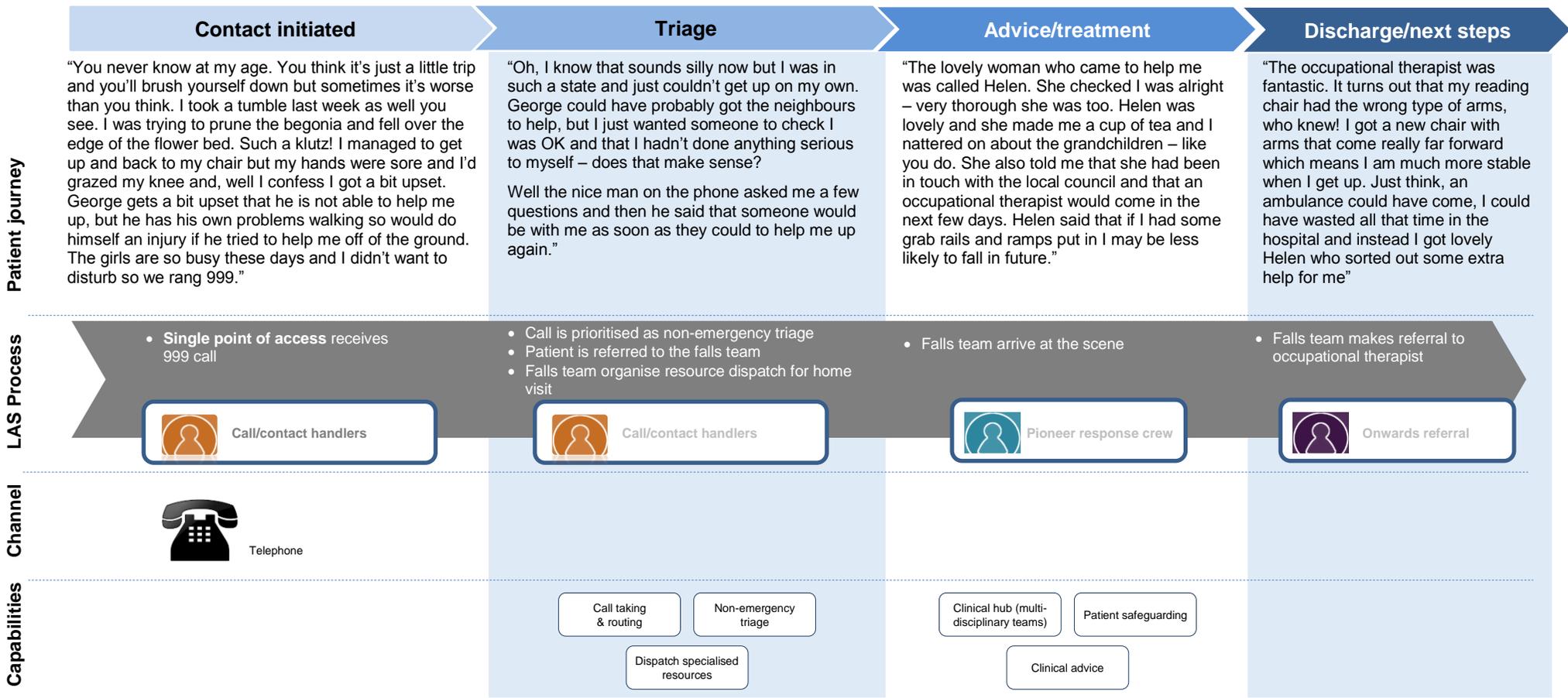
We have described our three strategic themes which we believe will result in significantly improved patient care, better use of our resources and a lower overall cost to the urgent and emergency care system. The best way to bring our strategy to life is to look at this through the eyes of patients and staff. We set out below four stories that demonstrate how the way we provide services will change.

5.4.1 Enid

London Ambulance Service roles



Enid is 87 and lives with husband George, who is 92 and has trouble walking. She has two daughters who visit when they can, though unfortunately neither lives close by. Whilst getting up from her reading chair, Enid has a fall. Although her injuries are not serious, she is unable to stand up on her own, so George calls 999. A clinician from the falls response service, uses a lifting chair to help Enid up and assesses her to make sure there are no underlying issues or more serious injuries from the fall. Enid is referred to an occupational therapist who will visit in the next couple of days to assess whether any changes can be made in the home to reduce the risk of Enid or George falling in the future.

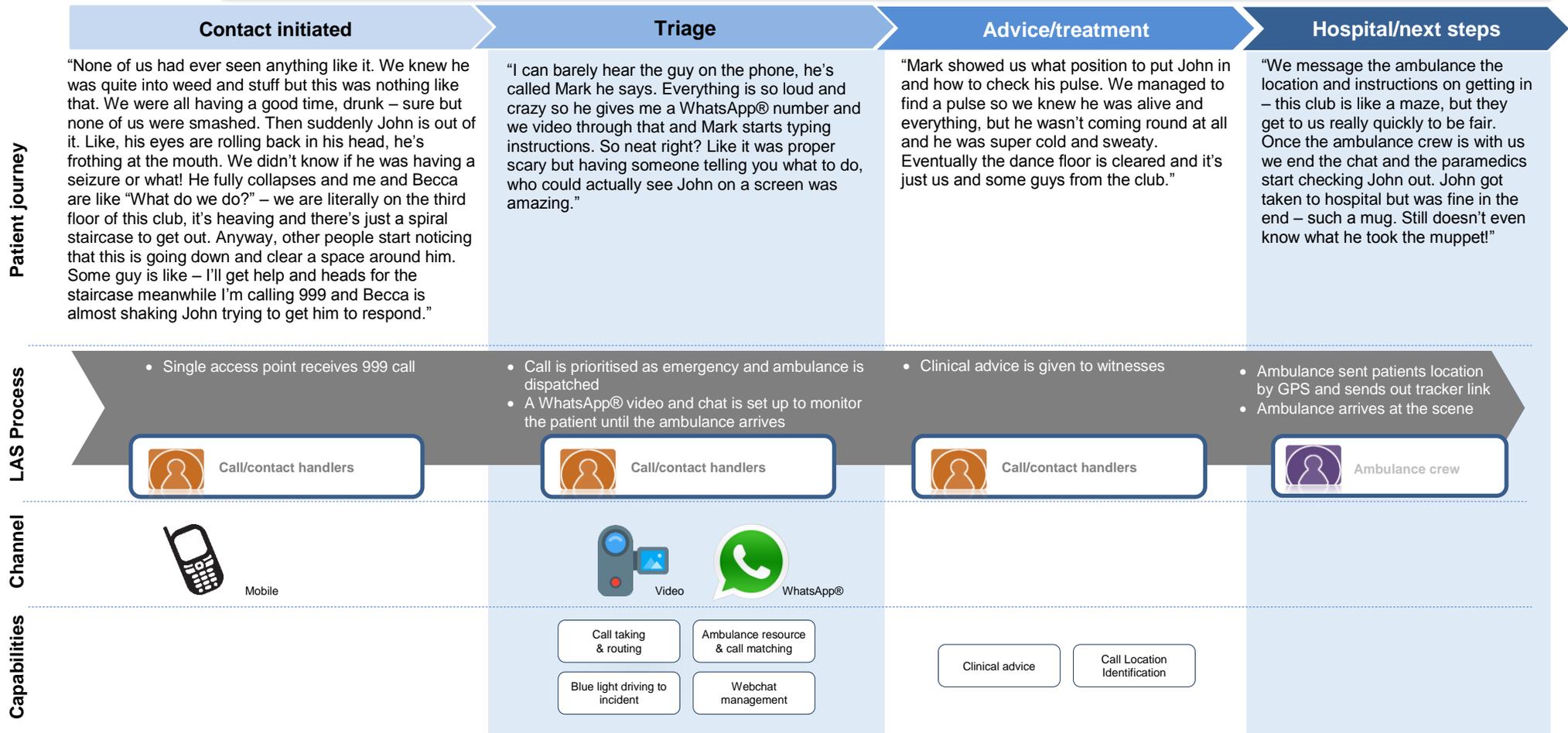


5.4.2 Shani

London Ambulance Service roles



Shani is a 21 year old student. She is out clubbing when one of her friends has a bad reaction to a drug he has taken. Shani calls 999, however due to the noise of the club they conduct the triage via WhatsApp® video and messenger. An ambulance is dispatched and clinical advice is given to Shani via WhatsApp®. The Ambulance is sent Shani's GPS location and instructions to help them find them. Her friend is then taken to hospital for further treatment.



5.4.3 Nazli

London Ambulance Service roles



Nazli is a 38 year old mother of two – Aisha 6 and Rizwan 4. Whilst cycling in the park Aisha falls off her bike into a patch of stinging nettles and is badly stung. Nazli gets the kids home and checks Aisha's symptoms with an automated symptom checker on line. She is put through to a clinician for video triage and films Aisha on her tablet computer. To her parents' relief, the nurse is satisfied that a bath and antihistamine will make Aisha feel better and she needn't go to an emergency department.

Patient journey

LAS Process

Channel

Capabilities

Contact initiated

"It's always worst when it's your kids. We'd gone to the park after school. Aisha was riding the new bike we bought her for Christmas and Riz was playing on the mini climbing-frame.

Suddenly, I hear Aisha scream. She's managed to topple the bike over into some stinging nettles and isn't strong enough to get the bike off her. She's only in her summer school dress so her little arms and legs are all exposed. I grab Riz and run over to Aisha, pulling her and the bike out of the nettles. She's completely covered in stings – all raised and red across her skin. Aisha is still wailing even once we're back home and I'm a bit concerned about just how much surface area is covered. The nettles have got up under her dress so even the tops of her legs are covered.

My husband gets back and suggests we go onto the NHS symptom checker in case she needs to go to A&E"

- Single point of access – NHS symptom checker automated chat undertakes an initial review

NHS symptom checker chat



Automated online Chat

Triage

"NHS symptom checker is an automated chat system, where you answer some questions about you or your child's condition and the tool advises you on next steps.

We tell the system about the size of the rash, the nature of the rash, that Aisha doesn't have a fever or trouble swallowing etc. In the end it recommends that we have a video call with a clinician and transfers us through to an out of hours nurse."

- Information is passed on to a clinical advisor
- Clinical advisor instigates video conference triage



Clinical advisory team

Webchat management

Application dev & support

Advice/treatment

"We're using my tablet so it's easy for us to film Aisha's rash and show the nurse how she's doing. The nurse is called Judy and speaks in a calm and soothing tone.

Aisha is such a good girl – she sits on Daddy's lap showing Judy her stings, opens nice and wide to show that her tongue isn't swollen. She's still sniffing a bit and the stings are clearly hurting her but she's much calmer than she was before.

Judy takes Aisha's details and says that information from the video-call will be added to Aisha's medical records in case her doctor needs it in the future. I'm thinking that'll save a lot of hassle if we do have to take her!"

- Clinical advisor uses patient details to send triage information to the patient's electronic record



Clinical advisory team



Tablet Video

Clinical advice

Patient record access

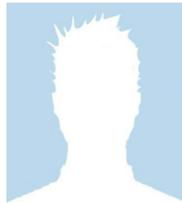
Hospital/next steps

"In the end Judy is satisfied that she isn't having an allergic reaction. She tells us to run her a bath and give her an antihistamine. If it doesn't go down in 48 hours or if she starts showing other worsening symptoms we should take her to the GP.

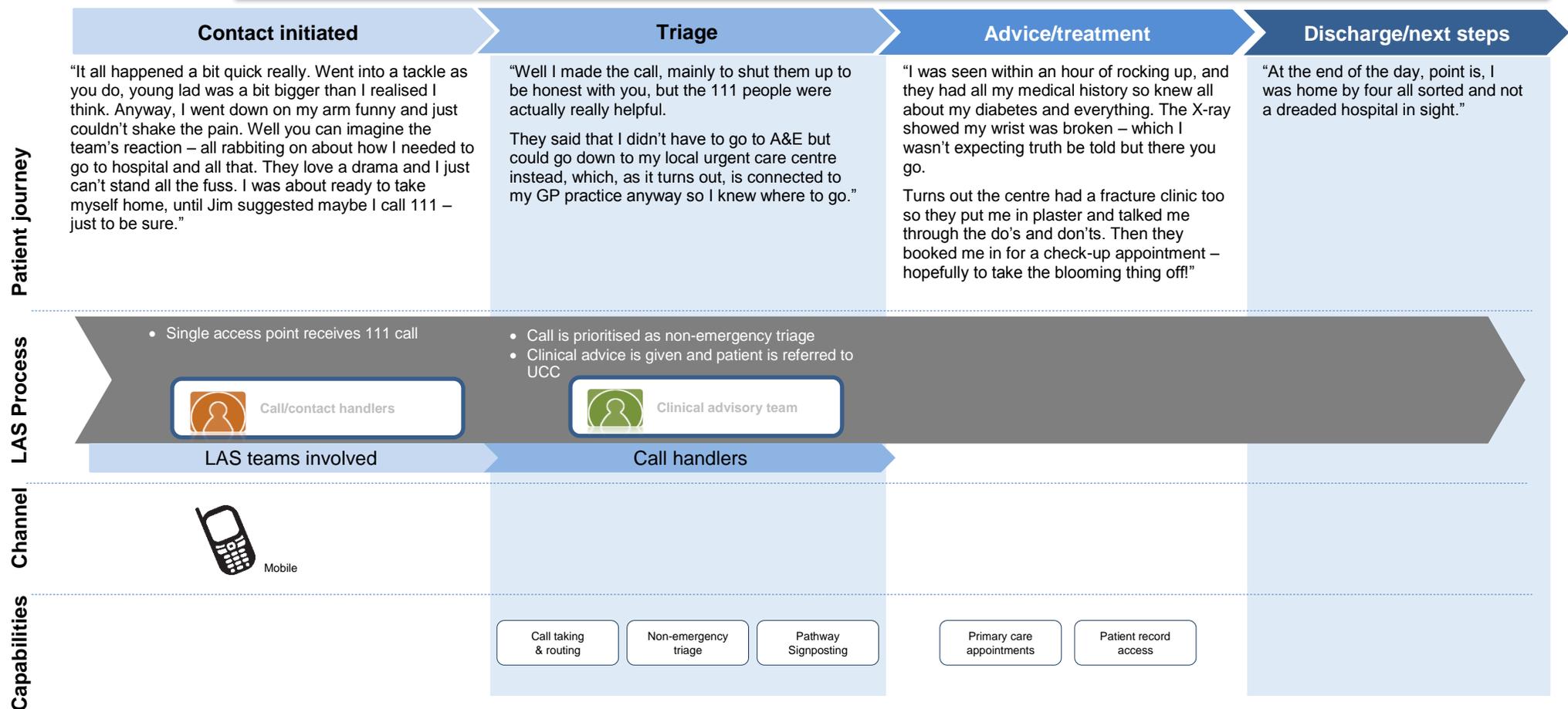
It was such a relief she didn't have to go to hospital. Kids find that environment so stressful don't they? It's great to be able to check these things from the comfort of your own home – gives you real peace of mind.

5.4.4 Dave

London Ambulance Service roles



Dave is a 44 year old father of two who enjoys cycling holidays with his family and playing football for his local team. One Saturday, during a league game he falls and hurts his wrist. He calls NHS 111 who are able to direct him to an urgent care centre. At the UCC Dave receives an X-ray which shows that his wrist is broken. His wrist is put in plaster and he has a meeting with the fracture clinic to discuss treatment. Dave is back at home with his family that afternoon.



5.4.5 Robert

London Ambulance Service roles



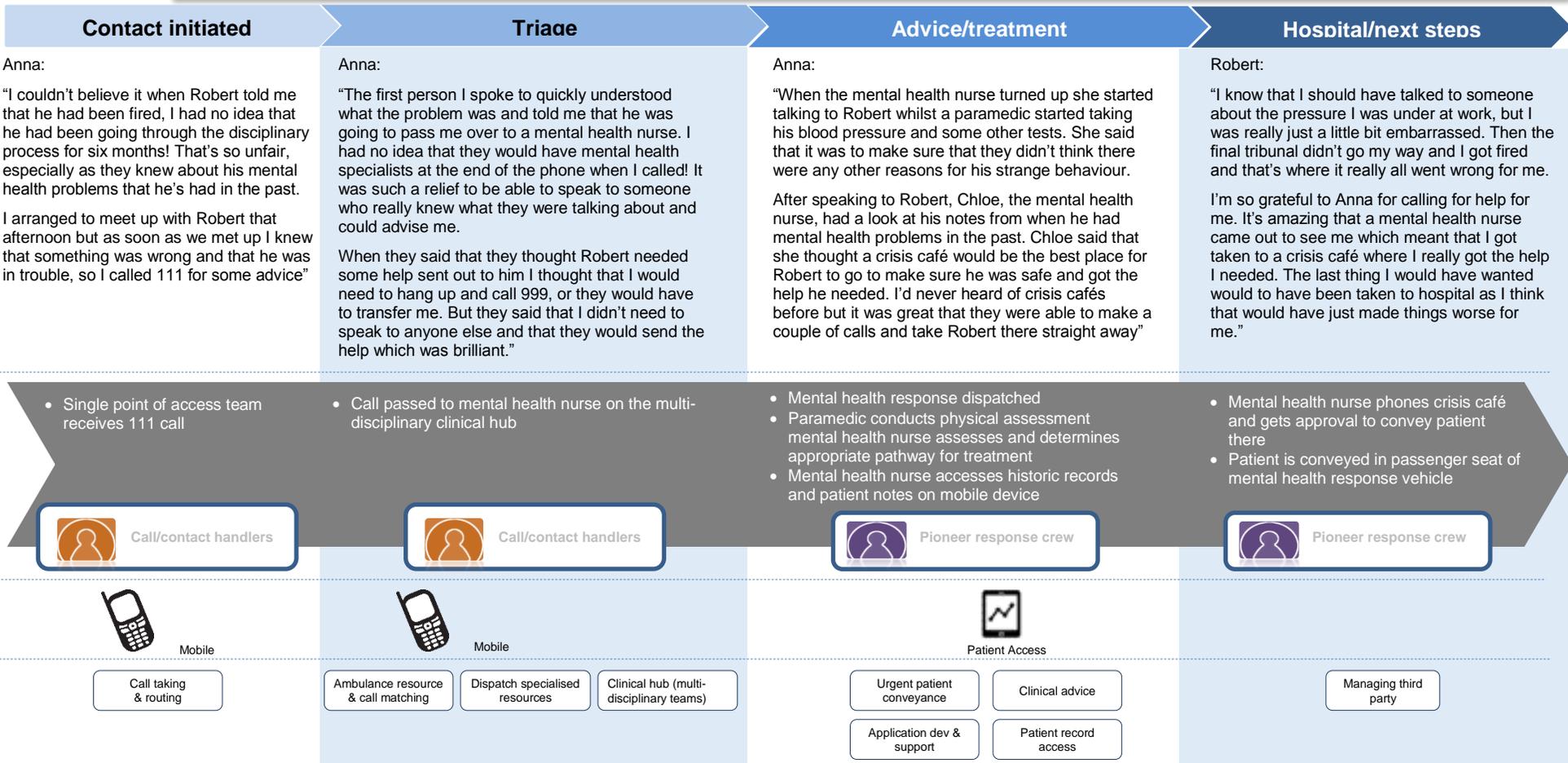
Robert is a 45 year old who works as an IT expert in a city of London accountancy firm. Robert has been going through a long running disciplinary process and has just been dismissed following a final hearing. That afternoon Robert arranged to meet up with his friend, Anna, but as soon as they both get to the pub Anna is worried that Robert is acting strangely. Anna is aware of Robert's history of personality disorder and decides to call 111. The call taker alerts the mental health nurse in the single point of access clinical hub who takes over the call. From Anna's description the mental health nurse assesses that Robert is in crisis and dispatches a mental health response. The mental health nurse on scene talks to Robert and decides that a crisis café would be the best place to meet his needs.

Patient Journey

LAS Process

Channel

Capabilities



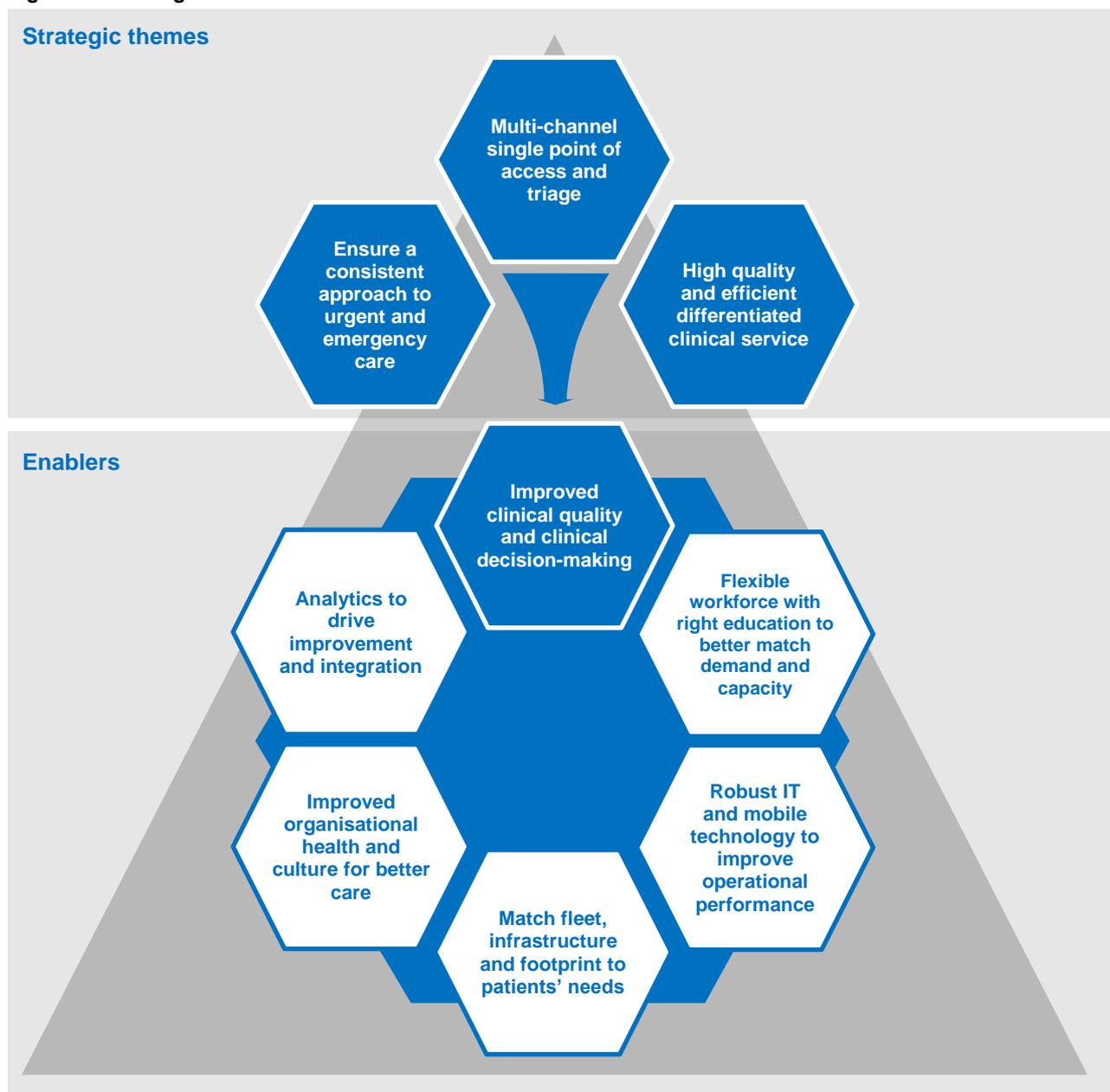


6 How we will deliver our strategy

Delivering our strategy will require substantial changes to our operating model. In this section, we describe six enabling initiatives that are needed to support the three strategic themes.

We set out below the transformational change required in each supporting area of our organisation.

Figure 17: Strategic themes and enablers



6.1 Improved clinical quality and clinical decision-making

6.1.1 Transformation required to support strategy

Improved emergency care

We will continue to ensure that our patients with the most serious or life-threatening conditions receive appropriate pre-hospital assessment and treatment in centres with the right facilities and clinical expertise in order to maximise their chances of a good recovery. Whilst a relatively small proportion of the patients we treat, the care of patients with life-threatening and life-changing emergencies remains the core priority for us. We will continue to focus on further improving clinical outcomes for patients in the following conditions:

- Cardiac arrest
- Cardiac arrhythmias
- Emergency maternity care
- Heart attack
- Major trauma
- Sepsis
- Stroke
- Vascular disease

For all of these conditions, whilst the specifics will differ, there are a number of principles that are consistent and key to reducing death and long term disability that we will focus on in the coming years:

- **Rapid recognition** of critical illness or injury at the point of first contact with the single point of access and triage
- **Timely response** by appropriately trained and skilled clinicians
- **Prioritisation** of lifesaving interventions over non-essential activities
- Support, where needed, by **clinicians with enhanced skills** and additional experience, either in person or through the single point of access, utilising technology including video calls
- **Minimising time spent on-scene** for time-dependent clinical conditions
- **Transport to definitive care**, with a pre-alert call to activate an appropriate response
- **Direct transfer to tertiary care** centres for specific conditions, including stroke, heart attack and major trauma

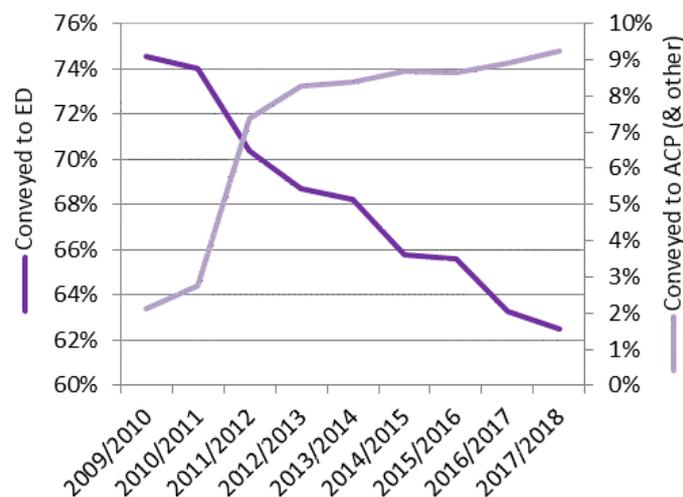
Improved clinical decision-making

Changing the way we deliver services will require us to change the way we work with partners. We will need access to expert clinical advice in order to triage patients and we want to work with partners to be creative in how we resource clinical staff. For example, it may be possible to offer rotations for midwives and mental health nurses onto our pioneer services rather than employing them directly.

We intend to appoint specialist leads for midwifery and mental health to advise on the best approach and to help us to work with partners.

A consistent approach to alternative care pathways

Whilst we recognise that there will always be differences in locally-commissioned services, it is our intention to work with London's five Sustainability and Transformation Partnerships (STPs) to support the development of an agreed set of minimum standards for appropriate care pathways across London. We know that by developing appropriate care pathways, we can better meet the needs of particular groups of patients. Over 60% of incidents that we respond to result in conveyance, the majority of these to an emergency department, although we are seeing a gradual shift to alternative care pathways.

Figure 18: Percentage of incidents resulting in conveyance, 2009/10 – 2017/18 (projected)

6.1.2 Benefits for patients and staff

Patients and staff will have the following benefits from improved clinical quality:

1. Improved clinical outcomes for life threatening conditions, including by reducing on-scene time for time-dependent clinical conditions
2. Reduction in the variability in response to critical patients across London
3. Increase the range of specialist skills on our clinical hub to provide expert advice to staff and better care to patients

6.2 Flexible workforce with right education to better match demand and capacity

6.2.1 Transformation required to support strategy

Supporting our differentiated service

The future system of integrated urgent and emergency care requires an ambulance service that places a clear emphasis on assessment and treatment at scene and in community settings, with transport to alternative care settings, where required. Transport to hospital should be for those patients who require the level of assessment and management skills available only within an emergency department.

New models of care require flexible, multi-disciplinary working across organisational boundaries, supported by enhanced educational programmes and workforce development to support this. Developing a sense of a 'single clinical team' will require a shift in our culture and our governance. We will work with our feeder universities and Healthcare Education England to influence the curriculum to ensure that there is a sufficient coverage specifically on urgent as well as emergency care.

Our proposed response will depend on being able to deploying professionals with different skills, for example:

- Mental health professionals to those with mental health crises
- Physiotherapists and occupational therapists to patients following falls
- Midwives, when we are called to a birth and there isn't already a midwife on-scene

We need to have a broader range of skills available to help patients in order to provide the right care at the right time, first time.

Volunteering

We believe that there is scope to enhance the service we provide by reaching out to members of the public who would like to volunteer for us. We work closely with voluntary ambulance services including St John Ambulance and the British Red Cross, but we can do more to encourage volunteering by individuals. We already encourage clinical or first aid trained members of the public to become volunteer emergency responders through our GoodSAM app, which is explained in more detail below. However, we want to fully understand what appetite there is amongst members of the public to volunteer in a variety of areas of our organisation and the governance arrangements that will be necessary for this.

Volunteer responders – GoodSAM

We were the first ambulance service in the UK to roll out a community emergency life support app: 'GoodSAM'. GoodSAM allows us to notify up to three GoodSAM registered volunteer responders to cardiac arrests that they are nearby. We know that survival rates for cardiac arrests diminish each minute that a patient does not receive good cardiopulmonary resuscitation and so our ability to dispatch volunteers who are within 200m of the incident to the patient is crucial in improving outcomes for these patients.

Over the course of this strategy we will look into enhancing how we can use GoodSAM, including by enabling video calls which will be linked into our single point of access. This will allow our clinical hub clinicians to better provide expert guidance to those volunteers who are attending patients whilst they wait for an ambulance crew to arrive. We will also continue to support the placement of public access defibrillators across the capital, particularly in all public areas such as shopping centres, so that volunteer members of the public are able to help when someone suffers a cardiac arrest.

Community first responders (CFRs)

We currently work in partnership with St John Ambulance, where members of the public can volunteer to be ambulance community responders. These individuals undertake a bespoke training course, delivered by St John in conjunction with the London Ambulance Service and become attached to a dedicated unit close to their home to ensure they are supported with additional training.

CFRs are then able to book on to shifts where they are free and will be dispatched by our control room to calls within their local vicinity where someone is in a life-threatening emergency as further, clinically trained resources are dispatched. Their role is to help provide basic interventions and provide appropriate care until the ambulance crew or first responders arrive to take over the management of the patient. The CFR then works alongside the crew to ensure the best outcome for the patient.

6.2.2 Benefits for patients and staff

Like all ambulance trusts we have found it difficult to recruit enough paramedics for the way we deliver services now. We hope to continue to attract some of the best paramedics in the country. We know that with demand increasing faster than we are able to attract paramedics, this has led to increase pressure for our staff. This is not a sustainable way of working or delivering a service. Managing the workload of our staff is a key benefit of our strategy.

Multi-disciplinary working will also provide opportunities for our staff to learn new approaches to dealing with different situations and helping patients in different ways.

6.3 Robust IT and mobile technology to improve operational performance

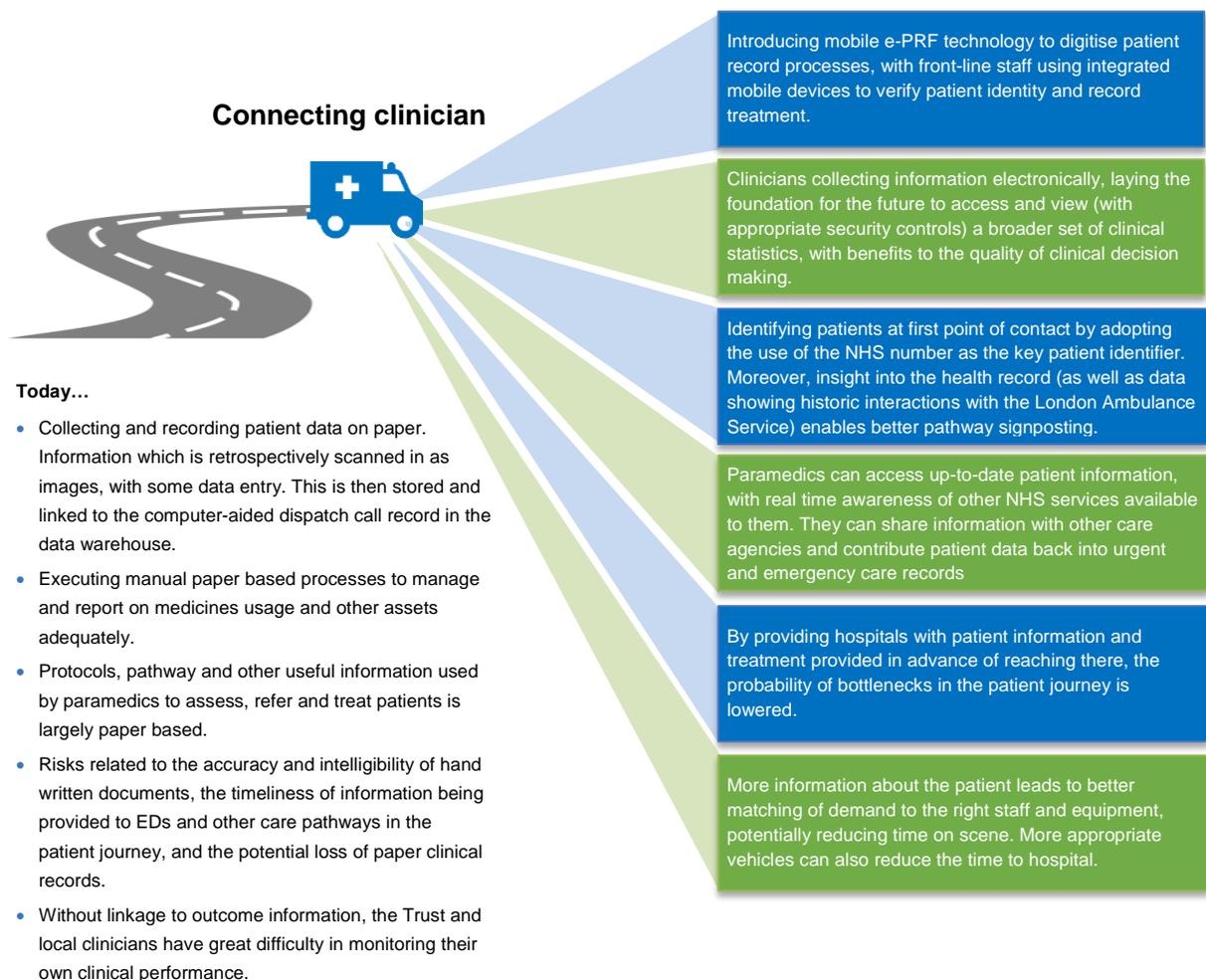
6.3.1 Transformation required to support strategy

Perhaps more than for any provider trust, our work depends on mobile technology. We are already investing in new technology infrastructure that will support our transformation as an organisation – both within our Emergency Operations Centre and within our vehicles. We are currently rolling out tablet computers to our paramedics that will provide future digital connectivity including location-aware functionality.

An assessment of our IT infrastructure has been carried out identifying areas we will need to improve in order to effectively deliver our proposed strategy. These eight programmes are:

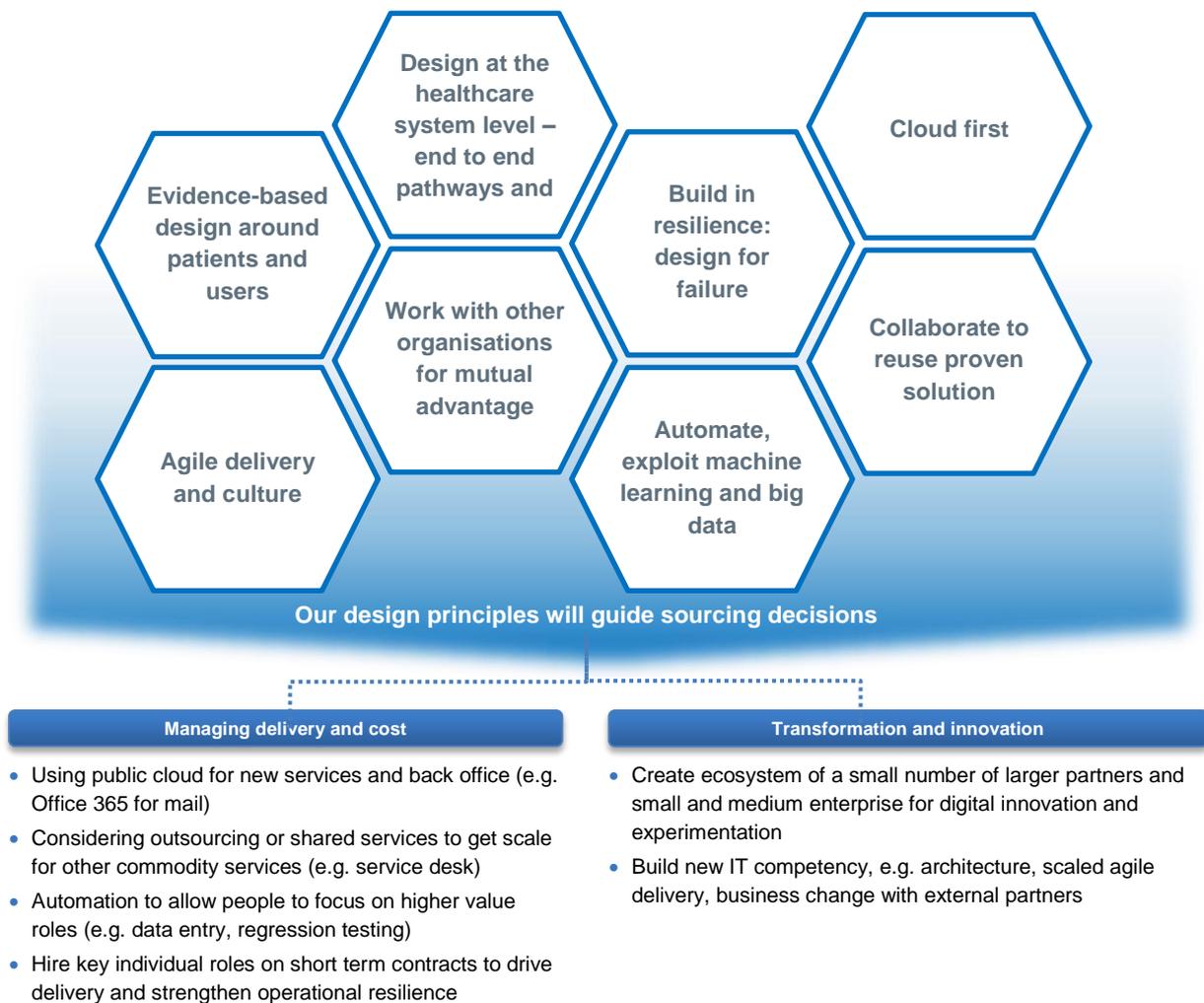
- Transform IM&T organisation
- Patient-facing digital platform
- Future computer-aided dispatch
- Connecting clinician
- Interoperability
- Asset and inventory optimisation
- Improved workforce management; and learning and development
- Advanced analytics

Figure 19: Benefits of ‘connecting clinician’ and ‘interoperability’



We have also identified the design principles that will drive the change:

Figure 20: Design principles that will drive change



6.3.2 Benefits for patients and staff

- **Transform IM&T organisation** – We will build organisational and technical resilience and adopt new, modern ways of working to make our IM&T directorate an exciting place to work, attracting and retaining experienced professionals to help transform our organisation. We want to become technology leaders for mobile urgent and emergency care in order to create opportunities to share technology and information with our partners to support alternative care pathways.
- **Patient-facing digital platform** – Patients increasingly want to communicate with us in different ways to access a range of services. As we describe in Section 5.2, a new patient-facing digital platform will allow improved patient access to our services via the web and/or apps, including a self-triage tool powered by software artificial intelligence. Putting patients at the centre of the way we design our services enables us and the NHS providers we work with to provide the most appropriate care.
- **Future CAD** – We will continue to improve the way our computer-aided dispatch works, building in new functionality to support staff in our control room and out on the road.
- **Connecting clinician; and interoperability** – These are the biggest ways that IM&T can provide benefits for patients and staff. Shared electronic care records, appropriate integration of records and the standardisation of care plans must be developed and implemented. Additional clinical decision making support tools and better access to advice and support (via Skype® or similar) from

the clinical hub will help our staff to provide better care on scene and prevent unnecessary conveyance to hospital. These changes and benefits are detailed in Figure 19 above.

- **Asset and inventory optimisation** – We will provide our staff with the best available technology, supporting them to do their job.
- **Improved workforce management; and learning and development** – We will make sure that our workforce systems are fit for purpose and support a mobile workforce by being available on mobile devices.
- **Advanced analytics** – We will use the significant amount of data that we collect, expertly analysed, to ensure that patients are receiving the best possible care. We will ensure that operational improvements are supported by high quality data and focussed on improving the quality of patient care and outcomes.

6.4 Match fleet, infrastructure and footprint to patients' needs

6.4.1 Estate

Transformation required to support strategy

We will ensure that the estate from which we operate is appropriately configured, maintained, secure and safe, that building and land efficiency is maximised; our carbon footprint minimalised; and that our premises support the delivery of high quality care to the people of London. We will work with our 'blue light' Metropolitan Police and London Fire Brigade colleagues to look for opportunities to collaborate where our estates needs are complementary and we can work together to develop efficient and effective estate solutions.

Our objectives for our estate are:

- To better utilise our estate to support delivery of our operating model
- To support improved response times to patients through better placement of main operational deployment centres and faster vehicle turnaround
- To provide high quality facilities and environments for our staff
- To reduce estates-related risks
- To improve the lifecycle of the estate and reduce backlog maintenance
- To improve the performance and reduce the running costs of individual buildings
- To improve sustainability through a lower carbon footprint

We are seeking to consolidate our estate, creating "operational deployment centres" across the capital, co-locating make-ready and vehicle preparation hubs to support a faster, consistent vehicle turnaround and ensuring that all deployed vehicles are fully equipped and maintained. These buildings must provide high quality facilities and environments for our staff, be modernised and maintained to improve our carbon footprint and reduce overheads across the Trust and provide best value for money. In order to support improve response times, a number of dedicated ambulance community response posts will be identified where staff are able to reside whilst not engaged in responding to patients. We will work with 'blue light' and NHS partners to identify where opportunities for co-location or estate sharing would provide cost savings and better sites for our staff to work from.

Assessing and redeveloping our estate footprint is a substantial piece of work that will require significant capital investment. We will be further scoping what is possible, affordable and desirable, both for our staff and for our patients as part of year one of this strategy.

Benefits for patients and staff

We know that not all of our premises provide staff with the best working environments and as part of this strategy we will change that. We will make sure that our staff have high quality facilities to work from that are safe and secure.

Whilst we go through the process of identifying what sites should be changed or moved, we will make sure that they are in the right places, co-located with vehicle make ready sites, to ensure that we maximise the effectiveness of our operational response model.

6.4.2 Fleet

Transformation required to support strategy

We will ensure that our staff have fully kitted, cleaned and reliable vehicles so that they can provide the best possible care for our patients; whilst reducing the impact of our carbon footprint on the environment. For our service this means:

- **Response time reliability** – We will match the expectations held by both staff and patients that the operational fleet will support an agile and timely response reliably and consistently when deployed. The new national ambulance response targets will require a different looking fleet to the one that we currently have and the first year of this strategy will make sure that we are effectively responding to patient and meeting the expectations of our commissioners and regulators.
- **Clinical effectiveness** – We will provide standardised vehicles that match the clinical vision of the trust that are fully equipped and maintained to very high standards limiting downtime and improving reliability. We will supply vehicles and equipment that exploit the best technology available and maximise safety and infection control standards.
- **Customer satisfaction** – We want a fleet which provides a professional, clinically appropriate, clean and medically equipped environment, comfortable and adaptable to the needs of the patient and staff that operate it. The majority of our staff are mobile and they deserve a high quality place of work – their vehicle.
- **Economically efficient** – Our fleet will support operational efficiency and the transformational needs of the Trust and those ideals enshrined in the Carter Review. Our fleet should be standardised, sustainable, reduce costs and impacts on the environment whilst meeting the needs of the commissioner and the taxpayer alike.
- **Environmentally friendly** – We will support the Mayor of London's vision by ensuring that our fleet, where possible, will have zero emissions by 2050, with all new vehicles purchased meeting the newly agreed ultra-low emissions requirement.

Benefits for patients and staff

Our staff deserve a high quality work environment and this includes the vehicles that they use each and every shift. We want our staff to be proud to work for us as a world class ambulance service and that means having a world class fleet with the right equipment to do their job. As we invest in and modernise our fleet we would expect to see increased job satisfaction as measured by the NHS staff survey or the 'Friends and Family' test.

Our patients will receive a better service from us, as we make sure our vehicles are well maintained and subsequently spend less time off the road, meaning that we will safeguard the number of vehicles we have available to be utilised to provide a response to our patients. By better matching the vehicle to the incident, a more targeted response can be offered that improves patient outcomes or reduces conveyances.

We will also standardise our fleet across the Trust, improving our procurement of specialist vehicles, as well as our standard response vehicles to improve efficiencies in maintenance and reduce costs.



6.5 Improved organisational health and culture for better care

In order to support differentiated services we need to make our organisation welcoming to other professionals. This means placing a higher emphasis on professional diversity.

Figure 21: Our people and organisational development strategy



6.5.1 Transformation required to support strategy

Through our people and organisational development strategy, we are **investing in our people to care for London**. We will do this through the talent and dedication of our people who work together for a common purpose. We strongly believe that diversity and inclusivity in all its forms delivers greater impact in the work we do and enhances the services we deliver to Londoners. We will find new talent to meet our needs into the future and to enhance our culture; develop our people and; strive for effectiveness and efficiency to provide sustainable services within the London healthcare system.

We are committed to ensuring that every single one of us is equipped to do the job and has equal opportunity to grow and progress. There are a number of 'golden threads' that necessarily run through the separate strands of the people and organisational development strategy and these will include:

- **Continuous improvement** – We will demonstrate we are a learning organisation. This will mean not only being technically or clinically competent but also the ability to continuously learn and improve for effectiveness and efficiency.
- **Inclusion** – Organisations that are committed to embedding 'difference' demonstrate the ability to make better decisions and deliver better performance and better outcomes – in our case for our patients. For us, this not only means having a more diverse organisation that better reflects the population we serve, but also a more inclusive and welcoming organisation for the different professional groups that will make up vital parts of the response that we provide to our patients.
- **Culture** – We must all commit to the values and behaviours that are required to succeed in a caring environment, ensuring that all that we do focuses on the needs of our patients and their families.

6.5.2 Benefits for patients and staff

We have seven people and organisational development priorities:

1. **Talent** – We want our staff to enjoy working for us. We will be known as a great place to work, attracting diverse talent from the strongest pools. This means that staff from a broad range of

professional backgrounds will be welcomed, supported and valued as essential members of our workforce. We will develop a values based recruitment approach to make sure that our values are at the heart of everything we do.

2. **Engagement** – We will create a working environment to inspire people to give their best. We will work tirelessly to build on the work done to communicate effectively with our people, introducing a ‘you said, we did’ approach.
3. **Healthy workplace** – Placing wellbeing and mental resilience at the heart of our employees’ experience of working at the London Ambulance Service, we will encourage and inspire people to look after their health and wellbeing.
4. **Performance, development and growth** – Creating capability for the future by motivating and engaging individuals to take responsibility for their own performance and development and to be resilient through change and challenge.
5. **Leadership and management** – We will instil confidence and capability in our leaders and managers to deliver innovative and creative solutions that enable the delivery of our ambitions. We will make sure that our organisational structures are the right ones to support our staff and provide clarity for all our people about what is expected of them and what they can expect from their managers.
6. **Inclusion** – We will be a diverse and inclusive community that drives performance and celebrates difference. We know that we want a more inclusive and diverse workforce, to better reflect the people we serve and to provide a better working environment for all our staff.
7. **Reward and recognising excellence** – We will reward and recognise excellent contributions which reflect our values and contributes to the accomplishment of our goals.

6.6 Analytics to drive improvement and integration

6.6.1 Transformation required to support the strategy

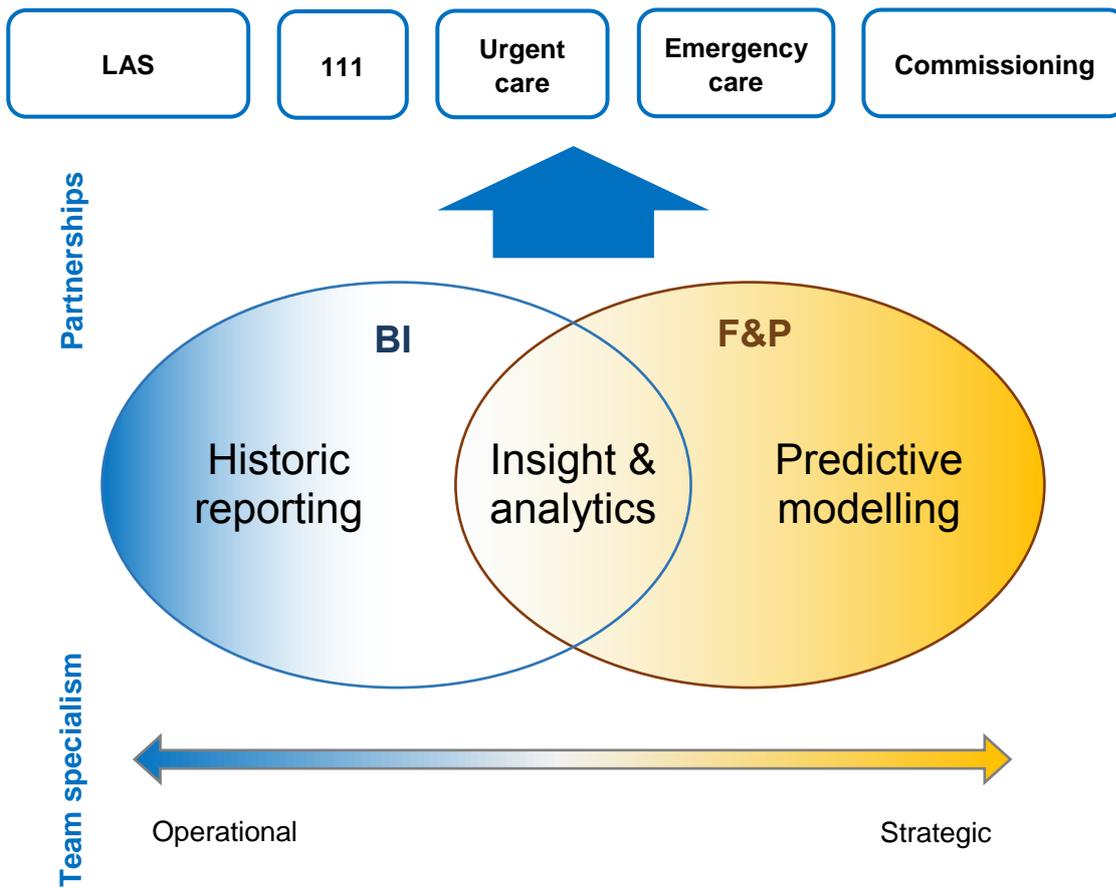
As we become a primary integrator of urgent and emergency care we will need a strong analytics capability to bring together intelligence from across London to enable us to inform system-wide policy, strategy and operations. We will seek new analytical opportunities such as monitoring the full patient pathway in order to provide evidence-based recommendations to drive change within the London’s five STPs.

The strongest recommendations are evidence-based. Here we can learn from influencers such as Transport for London (who already feature heavily in, and help inform, the Mayor of London’s Plan), and use connected data sources to suggest and drive change when planning differentiated care models and establishing a single point of access.

We already have a centralised business intelligence (BI) team complemented by a data science function fulfilled by our forecasting and planning (F&P) team. We will seek to enhance the quality, accuracy and accessibility of insights from intelligence by remaining invested in the right people, developing the correct lines of technology and harnessing best practice processes.

In striving to become a hub for exemplar analytics in healthcare, we will expand the analytics function to support all areas of the organisation whilst harnessing intelligence from other service providers. This analytics insight will be integral in decision-making, not only within the London Ambulance Service, but across the wider healthcare community, and will identify system gaps and opportunities where gains can benefit our patients.

Figure 22: Relationship between analytics functions

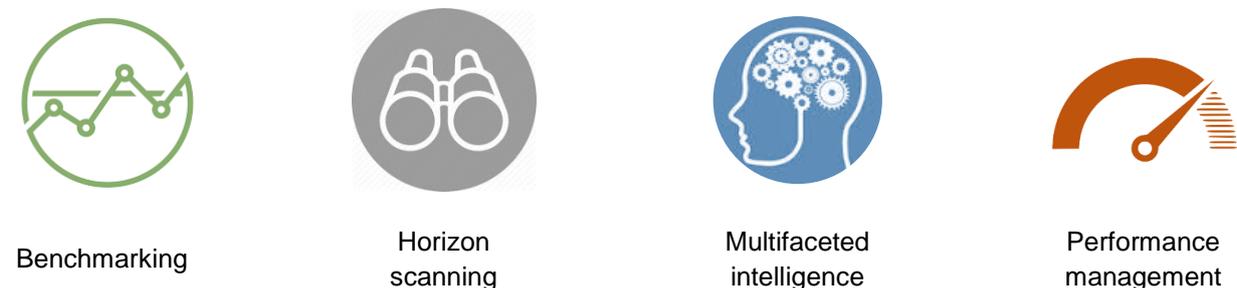


The four areas of focus for change and development in terms of analytics will be:

1. **Benchmarking** – including understanding equity in service provision
2. **Horizon scanning** – introducing learnings from demographics, geo-spatial trends, infrastructure and economic awareness
3. **Multifaceted intelligence** – for example, detailed reporting, trend analysis, change identification, and predictive modelling
4. **Performance management** – tying together insight from areas 1 to 3

To improve clinical quality to our patients, determine the most appropriate care pathways, and support our staff, we will develop bespoke tools to: monitor historic trends, make predictions, report performance, and compare our position to our associated and partner organisations. Creating sustainable, automated and near real-time links with external data sources and partner intelligence will be key to the delivery; in addition we can utilise the existing forecasting capability and analytical skills already available in-house to help organically grow and increase productivity of the teams.

Figure 23: Areas in which we will contribute to service development through analytics and data science



6.6.2 Benefits for patients and staff

There is much that can be learned from industry leaders in the analytics arena, from financial to retail sectors. Some examples of service and service-user improvements achieved from analytical insight which are applicable in a healthcare setting are shown in Figure 24.

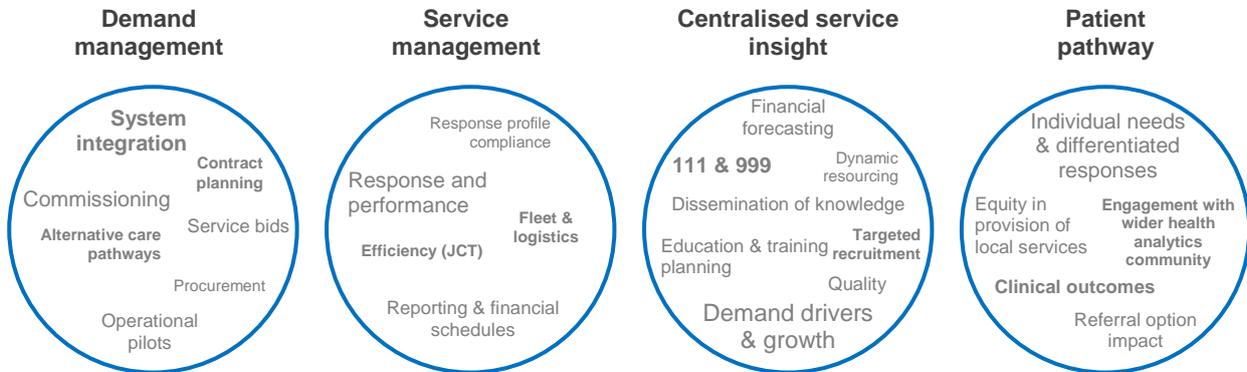
Figure 24: Areas where analytics could be applied to improve patient care and provide more efficient insight for staff

Demand management	Disney is a pioneer of customer satisfaction and demand management, monitoring demand in real time and dynamically deploying resources where they are needed to manage the customer experience. Disney also use this insight strategically to forecast for the future and to determine capacity. <i>The transferable learnings here apply not only to our mission of being a high quality service provider, but in understanding the pathway and full system experience of our patients, incorporating real-time information (e.g. weather) and social contexts (e.g. tourism, demographics and economy).</i>
Performance management	Many household-name supermarkets and retailers have experience in performance management and understanding the equity of their service provision. They make use of innovative analytical techniques to monitor data and recommend improvements in specific areas. <i>It is important to us that new models of care are equitable and managed effectively to provide the best care to patients across London. Intelligence and insight will be produced by our in-house business intelligence and data science teams.</i>
Service-user satisfaction	Businesses such as British Airways and John Lewis are renowned for their customer satisfaction scores and service quality. Analytics are a pivotal part of informing business strategies in these companies. <i>As an emergency care provider, we support and serve the population of London in their greatest moment of need. We can use insight from the evaluation of patient and staff satisfaction to recommend ways to improve. This branch of analytics is essential for helping us to understand which efforts lead to positive service experiences.</i>
Personalised service	In the finance sector many companies generate marketing based on intelligence from customer data and target specific individuals with products and services they believe will be most useful/relevant. <i>Applied to healthcare, this means using ensuring that we: understand our patients' needs by using business intelligence and analytics to make accurate predictions; and respond to patients in the most appropriate way, referring them to the right care pathways. It can also mean creating more effective media campaigns to inform the public, and evaluating the impact they have made.</i>
Centralised intelligence	The Ministry of Justice has a Data Lab that generates evidence for change. The Department of Health provides guidelines for employing analytics and making use of insight and expertise. And NHS Digital has established a centre of excellence in big data and data science. <i>We aim to enhance our own in-house capabilities, from what is already a sound base, to increase the value that we add from analytics and statistical modelling to support our staff, our commissioners, and other providers of emergency care across London to care for patients.</i>

With the right processes, access to data and software systems, it is will be possible for us to analyse and report on a wider range of information, including: patient and staff satisfaction; patient outcome; utilisation of service pressures; demographic and geo-spatial data; sentiment analysis of staff, patients and the population to understand behavioural differences, individual needs, and make predictions.

Our in-house expertise brings greater understanding of the intricacies of the operations, as well as a unique perspective on the wider healthcare system in London. This insight, coupled with the objective to integrate knowledge from partners and utilise best practice analytical approaches, will enable us to also lead and explore projects in various areas, including those shown in Figure 25.

Figure 25: Insight enabled by analytics



Once our capability is fully established we will be in a position to share learning with the other ambulance trusts, and work in collaboration with them to address the common challenges in emergency care, benefiting the wider population. This would be best achieved through the establishment of a professional network, where the forecasting and reporting frameworks could be formalised and deployed effectively.



7 Engagement to develop our strategy

This document represents “our strategic intent”. Following its publication, we will work with patients, staff and stakeholders to co-design our final strategy, which will be published early in 2018. We will hold a six-week period of engagement from 6 November 2017 to 15 December 2017, the main purpose of which will be to ensure that we fully address the needs of patients, our staff and of the NHS in London.

We want to make sure that our strategy is fit for purpose, understood and believed in as well as in keeping with the strategic direction of the wider NHS system. We have based our engagement approach on best practice guidance in NHS Improvement’s Strategy Development Toolkit¹⁴. We have also closely looked at the Care Quality Commission’s guidance as to how they expect strategy development to be carried out and we are ensuring that we are meeting all of those expectations.

Across the three groups we are engaging with (staff, patients and stakeholders) there are three key outcomes that we would like to achieve:

- **Understanding** of our ambition and strategic intent
- **Alignment** with local, regional and national NHS strategy
- **Co-designing our strategy**, providing feedback and ideas on how we can improve our service to patients in the future

Engagement will be led by our Trust Board, with board members involved in discussions with patients, staff and stakeholders whenever possible.

Following the end of the six week engagement period we will publish a summary of the key themes that emerged.

7.1 Patient and public engagement

We are committed to working with The Patients’ Forum, Healthwatch, and voluntary sector organisations, to ensure that our services are responsive to patients’ needs and that patients are always at the centre of our transformation into an urgent and emergency care provider.

Patient and public participation in the design of our strategy is critical to ensure we deliver a service that is responsive to patients’ needs. We have already started work with the Patients’ Forum and we are co-designing an event, open to patients and the public, to share and seek feedback on our ambition and emerging strategy and to discuss options for development.

We will be holding a patient and public engagement event between 09:00 and 11:00 on 7 December 2017.

¹⁴ <https://www.gov.uk/government/publications/strategy-development-a-toolkit-for-nhs-providers>

7.2 Staff engagement

We want to make sure that our staff are fully engaged in the development of our new strategy so that there is a broad understanding of the direction the organisation is going, we have the buy in from our staff and, crucially, so that we can utilise the in depth knowledge of our staff in order to make our strategy a better one for them and for patients.

We have developed an engagement approach to provide a variety of ways for staff to get involved with the development of this strategy, including:

- **Chief Executive roadshows** – giving staff the opportunity to hear from the Chief Executive first-hand about his ambition for the organisation
- **Staff engagement event** – centralised events bringing large numbers of staff together from across the organisation to hear about and discuss the emerging strategy
- **Sector based sessions** – we will be holding a strategy engagement event in each of the five sectors in November and December 2017
- **Live interactive webinar** – this will give staff who are not able, or do not want, to attend an event the opportunity to hear about and ask questions about our strategy
- **Drop-in sessions** – these will allow staff who want to know more, have questions, or want to give their views to come and speak to a member of the Strategy Team at one of our headquarters sites
- **Survey** – reaching as many staff as possible, we will devise a short survey to get views and reactions on our strategy

We want to make the development of our new strategy something which is done in public, with our staff, so that there is a shared vision and shared ownership as we move into the implementation phase. Our full staff engagement schedule, including the dates and locations of each of the sector based sessions, will be published in the Routine Information Bulletin (RIB).

7.3 External stakeholder engagement

As part of this period of robust engagement we will be engaging with a variety of external stakeholders. It is imperative that our strategy is aligned with the NHS *Five Year Forward View*, the strategic intent of the five Sustainability and Transformation Partnerships (STPs), the NHS system and the emergency services sector. We have identified the following organisations as the key external stakeholders that we will look to engage with over the engagement period:

Table 3: External stakeholders

National health bodies	Regional and local health bodies	Regional emergency services partners
<ul style="list-style-type: none"> • Department of Health • NHS England • NHS Improvement • Care Quality Commission • Health Education England 	<ul style="list-style-type: none"> • London STPs • London CCGs • NHS acute and mental health providers • NHS 111 providers • NHS primary care providers • Third sector providers • Healthwatch London branches • Neighbouring ambulance services 	<ul style="list-style-type: none"> • Greater London Authority • Mayor of London's Office • London Fire Brigade • Police (Metropolitan Police, City of London Police and London Transport Police)

We will be holding a stakeholder conference between 14:00 and 16:00 on 7 December 2017.

7.4 How to get involved

We will publish details on our public website www.londonambulance.nhs.uk and intranet of how you can get involved in engagement events. To register your interest, please contact us on strategy@londonambulance.nhs.uk.





Our strategic intent

2018/19 – 2022/23

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