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# Good practice in ambulance commissioning

The National Ambulance Commissioners Network,  
NHS Clinical Commissioners

NHS Clinical  
Commissioners

The independent collective voice  
of clinical commissioning groups

## Introduction

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In common with many other parts of the NHS, ambulance services are under real pressure. Last winter saw unprecedented demand for emergency care, and an array of media headlines as a result. In some instances, services had to declare a critical state.

The scale may have been new, but the issue itself is not. A growing and ageing population, combined with financial constraints, means ambulance services have been facing pressures for some time.

The National Ambulance Commissioners Network (NACN), which is part of NHS Clinical Commissioners, brings together individuals from across the country with an interest in ambulance commissioning to share learning, provoke discussion and work together to find solutions. As part of that we have collected and brought together a number of good practice examples to contribute to the ongoing debate on finding new approaches to the provision of emergency services, and the role that clinical commissioners can play in driving those new approaches forward.

The clinical understanding and expertise within CCGs is often an important basis of efforts to ease these pressures. But, as the following stories demonstrate, commissioners are already helping transform emergency care and improve patient outcomes. They are promoting the idea that the ambulance service is no longer simply a means of conveying patients to A&E. Instead, such services – and the commissioners of such services – are playing a vital part in delivering care closer to home, improving patient experience and reducing strain on the system as a whole. There is more to do.

This briefing not only shares some examples of this good practice in emergency care but looks to pull out some of the key areas to focus on, such as the need to:

- work collaboratively across health economies, bringing together organisations and staff groups who may not have previously worked closely together
- support paramedics in deciding where care is best provided for a specific patient – this might involve commissioning greater input from GPs and other clinicians
- commission services based on the needs of a local population – an out-of-hospital falls service could be particularly helpful, for example, in an area with an older population.

All of the case studies show successful partnership working between commissioners and providers of ambulance services.

Ambulance commissioners recognise the importance of working in partnership across the whole health and care sector to relieve the pressures that emergency care faces. All of the case studies drew on successful partnership working between commissioners and providers of ambulance services. The NACN provides the opportunity to develop those vital partnerships to innovate for the benefit of patients and local populations. If you want to learn more about us or discuss any of the following examples then please get in touch at [office@nhsc.org](mailto:office@nhsc.org). We are also keen to increase the number of examples of good practice and innovation we have to share across the country; do let us know about any local initiatives you are involved in.

### Jane Hawcard

Chief Officer, East Riding of Yorkshire CCG  
Chair, National Ambulance Commissioners Network,  
NHS Clinical Commissioners

## Case studies

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### Birmingham and Solihull Mental Health Triage Scheme: Helping those in mental health crisis

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In a mental health crisis, it is fair to say that a busy, pressurised environment is not the most conducive to appropriate care and recovery. Yet each year, many people in serious mental distress find themselves being taken to A&E departments. In other instances, individuals are sectioned under the Mental Health Act – often being held by the police. This provides a place of safety but, again, rarely the timely and expert support that is needed.

The result is sub-standard care for patients and, often, unnecessary and inappropriate use of police and A&E resources.

In Birmingham, there was a recognition that a new approach was needed. “There is an increasing need to provide a different type of support and intervention to reduce the number of patients with a mental health crisis being transported to A&E,” explains Gail Fortes Mayer, regional commissioner for urgent and emergency ambulance services.

Cue the January 2014 introduction of the Mental Health Triage scheme. Under the initiative, a team of mental health nurses, paramedics and police officers – who travel in an unmarked ambulance service vehicle – respond to those in crisis. It means that patients receive immediate, appropriate attention in the community.

“The crisis care concordat [a national agreement between

those involved in the care of people in mental health crisis] stated that people should have urgent and emergency access to crisis care, and the right quality of treatment and care when in crisis. That’s exactly what the Mental Health Triage team enables,” says Ms Fortes Mayer.

It also supports another aspect of the concordat: long-term recovery following a crisis. “Third sector organisations are very supportive of the scheme. They give the team pathways into their services, enabling us to support people not only with their mental health issues, but with other social-type issues that may be contributory factors to their illness.”

#### What changes have we seen?

Data analysis suggests the scheme is having a notable impact. From January to December 2014, the team prevented 647 emergency department attendances – “the paramedic can address any physical health problems, with the mental health nurse signposting to mental health services,” explains Ms Fortes Mayer. Meanwhile detentions under the Mental Health Act have been reduced by just over half, to approximately 330.

**Contact:** Gail Fortes Mayer, Lead for Ambulance Commissioning, NHS Sandwell and West Birmingham CCG, West Midlands

## North West: Commissioners and ambulance service working together to innovate

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When a paramedic arrives on site after an emergency call, it is not always easy to decide the best next step for the patient. Assuming the individual's condition is not life threatening, then does he or she need to go to hospital? Or is this someone who could be safe at home, with support from other services? Mark Newton, head of service urgent care at North West Ambulance Service, says "finding the right answers to these questions is crucial, not just for the patient but for the successful operation of emergency services". Also that "success in combating increasing demand relies upon the ability to accurately assess, treat and refer patients to the most appropriate care providers."

The Paramedic Pathfinder tool was developed on the back of the growing awareness that many patients could be treated in a pre-hospital environment, and both NWS and commissioners recognise this as a key factor in urgent care delivery. The tool is a set of algorithms that help paramedics to triage patients. Paramedics consider the symptoms being experienced by a patient, and then the tool helps them decide where that individual would most appropriately be cared for.

Partnership working between provider and commissioners, and a shared vision, has been crucial to the implementation of the model. The Paramedic Pathfinder tool is an innovation which was developed by the North West Ambulance Service (NWS), with support from commissioners.

### What changes have we seen?

Since full implementation in 2012, the number of patients treated without the need for the emergency department has increased by 10 per cent. Working together, this initiative has saved the system in the region of 29,000 bed days, which equates to approximately £19,198,000 system savings; and circa 33,000 patients being treated in the most appropriate setting, which is outside the emergency department and closer to home.

**Contact:** Mark Newton, Head of Service: Urgent Care, North West Ambulance Service NHS Trust

## Innovations in the delivery of care for older people: Hardwick and North Derbyshire CCG Falls Partnership Service

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Each year, around 30 per cent of people older than 65 experience a fall. For people aged 80 or above, the rate rises to 50 per cent. Many will be taken to hospital, often by ambulance. Staff at Hardwick CCG, for instance, report that falls are the most common cause of emergency hospital admission in the area they serve.

Commissioners decided to explore what they could do to bring that rate down. The result is the Hardwick and North Derbyshire CCG Falls Partnership Service, which brings together an integrated team of consultant geriatrician, a paramedic and an occupational therapist.

When 999 is called in the event of a fall, there is the option for this team to respond rather than an ambulance. Together, these professionals can provide immediate on-scene assessment and treatment, provide any aids the patient may need, and refer to social services as necessary.

"The integrated team approach was deemed vital to bring a comprehensive package of assessment and care direct to the patient in the community, and that can be accessed via 111, 999 or via healthcare professionals such as GPs," explains Dr Steve Lloyd, chair of Hardwick CCG.

### What changes have we seen?

Within its first 15 weeks of operation, the service had seen 152 patients. It was possible to avoid hospital admission in 55 per cent of cases. That represents a cost saving of £239,000 and, as Dr Lloyd points out, "a much better outcome for patients to remain safe and independent at home, with community and social service support".

He says the hardest part of setting up the service was overcoming initial scepticism. "But once the benefits had been seen, it was rapidly rolled out to include a neighbouring CCG. The benefits not just to patients, but to the system as a whole, were quickly apparent."

**Contact:** Dr Steve Lloyd, Chair, NHS Hardwick CCG, East Midlands

## South Central: Ambulance services and GPs working together

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When commissioners in the South of England were looking at ways to keep patients out of hospital whenever appropriate, they came to a realisation. As Dr Mike Johns, the clinical lead for the South Central Ambulance Service Contract puts it: "It didn't matter what services we commissioned in the community if a 999 call would routinely bypass them and result in admission."

Dr Johns and his colleagues therefore started to consider ways in which paramedics could be better connected to such services. "We envisaged a protocol whereby ambulance crews on scene would ring GPs for advice, especially if conveyance to the emergency department was being considered," he explains, "and that for this to work the GP response had to be immediate – receptionists had to put the incoming calls directly through to the GPs."

So that is what has been introduced. Dr Johns says buy-in was necessary from both ambulance crews and GPs. "There was a hearts and minds approach where we got GPs going out with the crews, as a means of getting to know and trust and respect each other. Coupled with financial incentives for GPs to take the calls and a variety of incentives in the ambulance contract – which we have refined year on year. "

### What changes have we seen?

Good results have been seen in areas where local commissioners have promoted the scheme. "Year on year, more calls have been made to GPs and there has been a steady commensurate decline in the rate of conveyance to A&E," reports Dr Johns.

**Contact:** Dr Mike Johns, Clinical Lead (Commissioner) for the South Central Ambulance Service Contract, NHS South Eastern Hampshire CCG

## East Riding of Yorkshire CCG: Partnering with the fire service

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At East Riding of Yorkshire CCG, there was a clear incentive to consider new approaches to emergency services, explains assistant director of localities, William Uglow: "[We have] rurality challenges of covering nearly 1,000 square kilometres, and a consistent non-achievement of the national eight-minute response target [for patients with serious conditions]. They were the major factors as to why the CCG looked at using other resources to complement those provided by the ambulance service."

The CCG has developed a Transport Decision Tree giving alternative flexible and reliable transport options for healthcare professionals to utilise as part of an alternative response solution to the traditional ambulance dispatch. Commissioning an integrated responsive 999 ambulance response service ultimately required using support from another emergency service. "We now have 11 out of the 13 fire stations in the area offering a 24/7 capability to respond to certain emergency calls," explains Mr Uglow.

He admits it was not a quick scheme to set up. "It took two to three years of negotiation between Yorkshire Ambulance Service and Humberside Fire and Rescue Service for the local fire brigade union to agree their members would participate."

He says it was important for champions within the fire service to continue conversations with the union during this period; the ultimate result was an agreement to pilot the scheme in one station. By the end of 2015, it is expected all local stations will be involved in the scheme.

"Regular dialogue between the ambulance service, the fire service and the CCG helped the process," says Mr Uglow. "By working together we were able to understand organisational issues and come up with a workable solution without detracting from the aim of commissioning an integrated, responsive 999 service for the betterment of local patients."

### What changes have we seen?

At present, the fire service are responding to 70 to 90 calls per month and achieving a response rate of some 82 per cent within the eight-minute national target. The scheme has also improved response rates within eight minutes by 1 per cent.

**Contact:** William Uglow, Assistant Director of Localities, NHS East Riding of Yorkshire CCG, Yorkshire and Humber

## Lincolnshire: The power of volunteers

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In many areas, community first responders (CFRs) are an increasingly important part of providing emergency care. These local volunteers are trained by the ambulance service and, in the event of a 999 call, will head straight to the person in need. They can be especially helpful in rural areas, where ambulances might take a longer time to arrive.

Lincolnshire was one of the first CFR schemes in the UK. According to Paul Martin, the manager of the headquarters of LIVES (Lincolnshire Integrated Voluntary Emergency Services), the challenge once such a scheme is established is to ensure the service remains strong and relevant.

“We have evolved by listening to our volunteers’ views on how they would like to develop, and by being aware of the changing needs of the population of Lincolnshire,” he says.

He admits that it can also be challenging for ambulance services to feel comfortable with sending CFRs out. “Clinical governance and liability is always likely to make them sensitive to the arrangement.

“We have proved how robust our clinical governance is, and in turn they have adopted a more standardised approach to their CFR qualifications, and have followed our lead in adding levels of progression with additional training.”

### What changes have we seen?

The area now has over 750 CFRs. Together, they make a significant contribution to supporting ambulance trusts to respond speedily in the event of an emergency.

**Contact:** Paul Martin, HQ Office Manager and Treasurer, LIVES (Lincolnshire Integrated Voluntary Emergency Service)

## South West: Right care, right place, right time

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For the past five years, the Right Care, Right Place, Right Time initiative has aimed to reduce the number of people taken to A&E in the South West. Through a funded agreement with commissioners, it has been possible for South West Ambulance Service NHS Foundation Trust to make a number of changes in support of the aim. More paramedics have been trained in advanced clinical decision-making skills. GPs have joined the clinical hubs where 999 calls are answered, offering their expertise on whether a patient needs to be taken to hospital. More recently, the idea of GPs travelling with paramedic crews has been piloted.

### What changes have we seen?

The result has been a decrease in the number of patients taken to A&E. More and more people are taken to other hospital settings instead, or indeed offered support in the community.

Now commissioners are working with the trust to develop highly local Right Care action plans. This involves assessing what emergency care populations might need – for instance, a falls team would be especially appropriate for an area with high numbers of older people – and addressing any gaps in services. Again, the aim is to increase the number of people who can be cared for without being taken to A&E.

**Contact:** Richard Crocker, Ambulance Service Contract Performance Manager, South West and Central Commissioning Support Unit

## More information about the NHSCC National Ambulance Commissioners Network (NACN)

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The National Ambulance Commissioners Network (NACN) was originally established as the National Ambulance Commissioners Group. Hosted by the NHS Confederation, the group was a collaborative forum for lead ambulance commissioners working with primary care trusts. Each of the ambulance trust areas were represented, and the group developed a national profile that counterbalanced the strong provider voice.

Following the introduction of clinical commissioning groups, the group moved under the umbrella of NHS Clinical Commissioners. A new steering group was established, and a new name introduced, but the aims remain the same: to allow peer-to-peer networking, to share good practice, and to influence national thinking on ambulance service commissioning.

As focus continues to fall on how urgent and emergency care can be transformed, the NACN will be a central part of the debate, representing and supporting commissioners in this crucial but specialised part of the health service.


The NACN is a membership-led network and we are keen to ensure we reflect all ambulance commissioners' views. If you would like to join the Network Steering Group, get involved or find out more information, please contact NHS Clinical Commissioners at [office@nhsc.org](mailto:office@nhsc.org)

NHS Clinical Commissioners is the only independent membership organisation exclusively of clinical commissioning groups.

**Our job is to help CCGs get the best healthcare and health outcomes for their communities and patients. We're giving them a strong influencing voice from the front line to the wider NHS, national bodies, Government, Parliament and the media. We're building new networks where they can share experience and expertise; and providing information, support, tools and resources to help CCGs do their job better.**

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