



Great Western Ambulance Service **NHS**

NHS Trust

Joint HOSC Meeting

To be held on Friday, 29 January 2010 at 11am
at The Guildhall (Bath), Bath and North East Somerset
Council

Draft Strategic Direction, 2010-2015

1 Purpose

To provide members of the Joint HOSC with an early indication of how GWAS is looking to develop its model of patient care over the next five years.

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Great Western Ambulance Service

Date paper was supplied – 15 January, 2010

Draft Strategic Direction – 2010-15

Introduction

The purpose of this paper is to set out the emerging strategic direction and clinical priorities of Great Western Ambulance Service (GWAS) for 2010-15.

GWAS is seeking early engagement and feedback from key stakeholders to help shape the final strategy which will be approved by the GWAS trust board in March 2010.

STRATEGIC DIRECTION

Context

The developing strategy takes account of health policy and key national and regional policy directives including:

- *The Next Stage Review; Our NHS, Our Future* (2008);
- *High Quality Care for all* (2008) ;
- *Our Vision for Primary and Community Care* (2008);
- *Transforming Community Services* (2008);
- *Taking Healthcare to the Patient - Transforming NHS ambulance services* (2005).

Values

These will reflect the principles, and values contained within the NHS Constitution published in January 2009, and will focus on the following NHS values:

- Respect and dignity
- Commitment to quality of care
- Compassion
- Improving lives
- Working together for patients
- Everyone counts

STRATEGIC AIMS

At the heart of our strategic direction is the desire to improve the quality of the services we provide; deliver improved services through innovative practice; improve efficiency & productivity and play an integral role with health partners in the prevention of disease and chronic illness. Clinical outcomes and improving patient experience form a key strand of our strategy.

We recognise that delivering high quality, cost effective services cannot be achieved in isolation, therefore the effectiveness and quality of our future partnerships with health and social care and other key partners will be imperative in delivering improvements within the area served by GWAS and across the South West.

Strategic Aims

- Improving clinical quality & effectiveness
- Improving patient outcomes and patient experience
- Delivering response time reliability
- Improving efficiency & productivity
- Supporting prevention of illness / diseases

STRATEGIC OBJECTIVES

Improving clinical quality & effectiveness

- Develop a clinical system and pathways
- Develop a Research & Development capability
- Provide excellent leadership and development
- Improve clinical outcomes and access to services

Improving customer satisfaction and patient experience

- Effective engagement with stakeholders and users of our services
- Continuously improve patient satisfaction and experience
- Ensure we are an employer of choice and attract talent

Delivering response time reliability

- Improve response standards and reduce variability
- Reconfigure service delivery models to meet the needs of patients

Improving efficiency & productivity

- Improve quality, efficiency & productivity and reduce costs
- Ensure effective management of trust assets
- Reduce environmental impact of the trust
- Supporting prevention of illness / diseases

Supporting prevention of illness / diseases

- Improve public health through community education and engagement

CLINICAL PRIORITIES

Our clinical priorities focus on the priorities within the next stage review and regional priorities for the South West:

- Cardiac arrest
- Heart attack
- Stroke
- Major trauma
- Long term conditions

The clinical strategy also recognises priorities in relation to emergency Paediatric care and management of common emergencies that make up the majority of the calls received by the ambulance service; these include:

- Asthma
- Diabetes
- Falls
- Mental health
- Clinical cases managed by PTS – i.e. renal care

DELIVERING OUR AIMS

This section outlines how the trust intends to organise its business to ensure delivery of the strategic aims and objectives.

Core Business Areas

In delivering the key strategic aims and clinical priorities, the trust will focus on the following core business areas:

- **Accident & Emergency Care**** (Call management [triage / advice / referral], Response, Treatment and Transport)
- **Urgent Care** (Emergency Operations Centres [EOC] and operations)
- **Patient Transport Services** (Non-emergency services)
- **Out of Hours services**

Supporting delivery

The output of safe, high quality, evidence based patient care across these themes can only be delivered through systematic approaches to:

- Re-shaping clinically focused service delivery models
- Clinical leadership & support
- Increased clinical skills
- Remote clinician support
- Technology supporting clinical delivery
- Clinical pathway development
- Focus on management of infection control
- Effective audit & research
- Effective, integrated partnership working

SERVICE STRATEGY - Core Business Areas

Accident & Emergency Care

The trust will continue to build upon the quality of the front line service and develop the service model to manage more effectively the needs of patients and to provide the most appropriate clinician and treatment in the most appropriate setting.

The trust will continue to develop a services based around Hear & Treat (telephone triage and referral) and the response model will continue to focus on developing the skills of solo Paramedics to deliver more care in the home (See & Treat) and suitably skilled ambulance resources to offer both emergency treatment and urgent transport where required.

The key priorities for the A&E service and Emergency Operations Centres (EOCs) will be:

- Increased reliability in the achievement of response standards and reducing variation in delivery;
- Improving the speed of answering 999 calls;
- Increasing the provision and quality of telephone advice to patients / callers;
- Increasing the clinical capacity within EOCs to provide decision support for clinicians;
- Ensuring the most appropriate resource and skill set is sent to patients requiring help;
- Improving patient satisfaction, clinical outcomes and reducing mortality rates;
- Patients suffering from major trauma, stroke or MI are conveyed to the most appropriate centre;
- Reducing the number of avoidable attendances at A&E by ambulance, through management and treatment of more patients at home;
- Improving the clinical outcomes of patients and improving patient satisfaction.

The key A&E service developments will be:

- Developing a service delivery model based around the clinical needs of patients;
- Ensuring every vehicle has a minimum skill mix of paramedic;
- Delivery of appropriate skill mix within operating model based on clinical information;
- Increasing clinical skills of staff to manage serious trauma;

- Ensuring Paramedics have appropriate skills to support the management of patients in the community setting (See & Treat);
- Ensuring effective configuration and deployment of practitioner resources to improve access to alternative care pathways;
- Maintain development of community based responder groups and co responding schemes and improve access to publicly accessible defibrillation.

Future Service Delivery Model

The future operational service delivery model would remain a front loaded design and comprise of a three-tier approach:

- Solo response tier primarily focusing on the initial response to Category A and serious Category B incidents;
- Emergency Ambulance tier focusing on the response to Category A and serious Category B incidents and transportation to acute hospitals or transfer to a specialist centre;
- Urgent / Transport tier mostly focused at GP admissions/Cat C/transfer work – comprising of a solo Practitioner tier (ECP or Paramedic with additional skills) and dedicated Urgent Transport Tier;
- Critical care tier to support NSR developments by providing emergency and critical care transfers between acute hospitals and specialist centres and potential for a dedicated retrieval / transfer service.

The model is supported by:

- A network of community first response and co responder schemes providing an initial response and treatment to a range of Category A calls;
- A network of BASICs support providing additional clinical skills for serious incidents.
- Clinical support from Air Support Units (ASU) providing a response, stabilisation and transfer capability;
- A Hazardous Area Response Team (HART) providing both a clinical response capability and CBRN / HART capability;
- Maintenance of Make Ready – deep cleaning and logistics teams;
- Increased access to public access defibrillators;
- A strategy to provide emergency aid skills and resuscitation training for the public.

Urgent Care Services

Urgent care as opposed to Accident & Emergency care is defined as: the range of responses that health and care services provide to people who require – or who perceive the need for – urgent advice, care, treatment or diagnosis. Service users and patients who access such services should expect 24/7 consistent and rigorous assessment of the urgency of their care need and an appropriate and prompt response. GWAS will continue to manage urgent care calls through its Clinical Desk, including Category C calls via the 999 system requiring telephone advice, referral to an alternative health provider or requiring a face-to-face consultation with an emergency care practitioner (ECP).

These changes in our Emergency Operations Centres (EOC) will support field based practitioners by more targeted tasking to relevant patients, providing access to referral care pathways and appropriate transport when required utilising the Urgent transport tier.

The key Urgent care developments will include:

- Develop capacity and capability of the Clinical desk function to offer more telephone support to patients requiring advice;
- A range of health professionals including Nurses, Clinical Specialists and ECPs operating within the EOC environment;
- Introduction of a capacity monitoring and pathway access system, including a regional directory of services to ensure patients can access the most appropriate care pathway, first time;

- Develop access to more urgent care pathways in partnership with PCTs and health partners.

Patient Transport Services

There is also opportunity for closer integration with the A&E service in the delivery of a 999 response in rural areas, by equipping certain high dependency ambulances with additional resuscitation equipment and ensuring connectivity with the A&E service.

Greater flexibility and productivity will be derived as a result of using technology to more effectively plan journeys and a system of managing transport eligibility developed in partnership with customers / commissioners.

Increased productivity and flexibility of resource will enable the development of a high dependency service capable of supporting activity increases in either the emergency or non-emergency service, responding to major incidents, or delivering a first response to Category A patients.

The model will be dependant upon local customer needs, but based on the following approach:

- Solo staffed cars – transporting fully mobile patients;
- Small ambulances providing a ‘shuttle’ service in urban areas – staffed by one or two operatives;
- Core dual crewed ambulance with stretcher capability.

Out of Hours (OoH) Service

The trust currently operates an OoH service from its Gloucestershire EOC site, providing a call answering and triage service linked in to an OoH GP-led home visiting service.

This is an area of business that the trust wishes to grow and will actively seek aligned services that could compliment its current OoH business.

The key OoH priorities will include;

- Maintaining standards of service delivery.
- Improving the quality of services and user satisfaction.
- Seeking additional business to compliment OOH and emergency & urgent care services.

Supporting Strategies

A range of supporting strategies are being developed to ensure delivery of the clinical priorities and strategy and ensure services are provided in a quality and cost effective manner. These strategies include:

- Estates
- ICT
- Fleet & Logistics
- Supply Chain
- HQ & Support Functions

Workforce Developments

Development of the workforce and organisational development is essential in ensuring staff have the relevant skills and knowledge to deliver future services to patients. The key workforce priorities over the next 5 years

A&E Service

- A Paramedic on every response car and emergency ambulance by 2013.
- All A&E ambulances staffed by a Paramedic supported by an Emergency Care Assistant (ECA)
- All Paramedics developed to diploma level education by 2015.
- All new Paramedics developed through a HEI / university programme from 2010.

- Introduction of a Critical Care Paramedic role on specific core ambulances to manage major trauma cases.
- To maintain establishment of Emergency Care Practitioners to work both as part of the Accident and Emergency service and across the wider health community, focusing on See and Treat / Treat and Refer.

Emergency Operations Centres & Urgent Care Services

The key workforce priorities over the next 5 years:

- Maintain effective, flexible call answering capacity to delivery best practice standards;
- Introduce clinical roles within EOCs to support field based clinical decision making;
- Introduce clinical specialist roles to support management of patients with specific needs – i.e. Mental Health specialist advice, utilising Nurses, ECPs and other clinical specialists on the Clinical Desk function.

Patient Transport Service

The key workforce priorities over the next 5 years:

- Development of a high dependency service, with a role capable to working across traditional A&E and PTS – providing a discharge role and supporting the transportation of Category C / HPC patients;
- Develop a high dependency role to provide initial life saving skills, in line with the Emergency Care Assistant (ECA) role, providing greater service flexibility;
- Developing a customer care focus within all PTS roles;
- Developing greater capability in booking, planning, and communication centre roles to improve the decision making and quality of service provided.

15 January 2010