

**“Right Care, Right Place, Right Time”**

**Understanding the GWAS vision**

September 2007

## **Introduction**

Great Western Ambulance Trust was established on 1<sup>st</sup> April, 2006, following the merger of Avon, Gloucestershire and Wiltshire Ambulance Trusts. It is responsible for providing and co-ordinating an increasing range of mobile healthcare for patients who need urgent and emergency care. This healthcare includes:

- Providing high quality clinical assessment and diagnosis
- Providing more treatment at the scene
- Responding within target timescales, appropriate to individual patient need
- Providing swift emergency transport to the right centre of care, when necessary
- Working closely with other health and social care providers to deliver 'joined up' emergency and urgent care.

The trust organises ambulance services across three county sectors – Avon, Gloucestershire and Wiltshire. It is funded by local primary care trusts, who agree the level of service needed by their populations. To make administration of this simpler, Gloucestershire Primary Care Trust are responsible for buying our services (commissioning them) for the entire Great Western Ambulance region. They do this on behalf of all the other primary care trusts in our area.

Prior to the merger of the three organisations which make up Great Western Ambulance Service Trust, Avon, Gloucestershire and Wiltshire each had differing levels of investment in technology, vehicles, recruitment and training and each had different ways of working.

The ambulance trust area covers 3,000 square kilometres. It is a mix of isolated rural communities with large elderly populations and densely populated urban centres. Two major motorways intersect the region.

## **Changes in Health and Healthcare**

We live in a time of great change and few areas are changing more rapidly than the NHS. The way we access health services has changed. More care is delivered closer to home. Community and general hospitals provide a range of urgent and emergency services. These range from treatment for minor injuries and minor illness to X-rays and emergency life saving care. Some are open 24 hours; others cover peak periods of demand. At the same time, calls to 999 have been rising consistently at around 4% a year.

There are greater numbers of older people in the population, who are more prone to ill-health and there is more long term, chronic illness in the community. At the same time the NHS is faced with public health challenges such as the rise in obesity, the need to increase levels of physical activity and increase support for people to give up smoking

These public health issues can affect people's health in many ways and can impact on levels of coronary heart disease, stroke and cancer in our communities.

We also have an ageing population. For example, the percentage of over 65s in this area is higher than average across England and it is rising. Furthermore, the patterns of illness are changing. Some conditions that were once major killers can now be treated or managed effectively at home. The emphasis is no longer on regular treatment in hospital but rather upon the long-term management of illness in the community with the hospital reserved for specialist treatment and care.

### **The challenges for us**

Meanwhile, there is an increasing need to respond more quickly to emergency 999 calls. Currently, when a call is made to the ambulance service, the clock starts for measuring response times when three pieces of key information have been obtained (location, telephone number and chief complaint). From 1 April 2008, the clock will start earlier - when the call is connected to the ambulance service control room. This is known as 'call connect' and ambulance trusts and primary care trusts will be assessed against this new standard from 2008/09 onwards. 75% of all calls will need to be met within this new timescale. For patients, every minute counts. This means doing things differently.

Progress in mobile technology means that it is possible to track patients and vehicles far more accurately and quickly than ever before. A call made from a mobile phone, for example, can provide a caller location within seconds, buying vital time in responding to calls. At the same time, accurate satellite tracking of vehicles means it is possible to find quickly the nearest resource to an incident.

The Department of Health report, "*Taking Healthcare to the Patient, Transforming Ambulance Services*", outlines the national 'direction of travel' for ambulance services. It outlines proposals for providing a world class system of call handling and telephone based medical advice - to support an increasing range of mobile healthcare for patients who need urgent care. It also describes the need for new partnerships with primary care (e.g. GP surgeries) and hospital trusts and outlines an exciting vision for an ambulance service which works as part of the health and social care team to help provide assessment and referral services and to support patients with long term conditions. It describes how technology will play an important role in achieving increased speed and quality of ambulance responses to 999 calls when combined with improved career development and training for ambulance staff.

The proposals and changes described in this document are about consistently delivering .....the right care, in the right place and at the right time for the people of Avon, Gloucestershire and Wiltshire. They are also about establishing a highly skilled workforce, supporting ambulance staff and clinicians to make the most effective use of their skills, to develop them further and progress their careers.

All these developments in the way we access care, in lifestyle, life expectancy, and in technology represent opportunities or drivers for change and offer an

encouragement to further develop the way in which we deliver healthcare and emergency services in Avon, Gloucestershire and Wiltshire.

When Great Western Ambulance Service was created, its vision was to:

**“...provide a consistent and comprehensive assessment of the urgency of health need and an appropriate and prompt 24/7 response”**

This sense of providing greater clinical assessment and swift response to patient needs remains central to our purpose and is echoed in the Department of Health's thinking as outlined in its report on ambulance services, 'Taking Healthcare to the Patient'. Central to achievement of this is investment in training, technology, public involvement and close working with partners in hospital trusts and primary care.

We are keen to deliver the urgent and emergency care that local people want and need, where they need it and when they need it. Our objective is quite simply **right care, right place, right time**.

### **Why is change needed?**

A number of factors are driving the need for change in Great Western Ambulance Service. They include:

- **Changes to the way patients access care** - the way people access out of hours care has changed. Opening hours and locations of MIUs has altered and, in some parts of our region, the ambulance service already provide out of hours care on behalf of local GPs. People generally prefer to be treated and cared for at home and, only by working together can the health and social care community (primary care trusts and GPs, hospital trusts, social care and ambulance services) make this happen. It makes sense for the ambulance service to play a greater role in delivering urgent care and assessment of patients – making it simpler for patients to get the care they need, when and where they need it.
- **Rising call volumes** - nationally and locally, numbers of responses to 999 calls are rising by more than 4% a year. If this continues at the same rate, by 2012 there will have been an increase of 50% in just 10 years. More people are turning to the ambulance service for their urgent care needs.
- **New technology** – telephone networks, satellite tracking and mobile technologies have been transformed in recent years. It is possible, for example, to find a caller location with pinpoint accuracy, seconds from a call being received at a call centre. Location of an emergency vehicle and crew should be as easy to track as an online book order, meaning the closest available resource can be found – and can respond quickly.
- **Call and despatch centre duplication** – there are currently three despatch centres and two call centres – each using different technologies and

systems for emergency call handling for the three sectors of Avon, Gloucestershire and Wiltshire. Centralising the service with consistent technology and a single, large call handling and despatch team means that all resources can be allocated more quickly and we are better able to respond rapidly to patient need.

## **New challenges – new solutions**

Feedback from people across the region – and discussion that has taken place with patients in other parts of the country, including the government’s consultation on its white paper, “Our Health, Our Care, Our Say” – shows that it is clear what people are seeking from their local ambulance service.

People in general want:

- Ease of access to urgent care
- Rapid response to emergency calls, 24 hours a day, 7 days per week
- High quality care and clinical advice
- Good patient communication

The Great Western Ambulance Service Trust is responding to these public demands and **is working together with staff and local communities** to design better healthcare provision. It is developing and implementing the strategy in a number of ways:

- Planning the installation of up to date computer, despatch and call technology across the entire region to ensure rapid clinical response wherever patients live. This means we will be able to identify quickly the closest available ambulance or clinician to an incident and organise despatch within seconds. It also means, for example, that patients who need assistance in towns and villages on the borders of counties can benefit from being sent the closest available resource, rather than the closest one available in the same county.
- Considering centralisation of emergency call handling and despatch to prevent duplication of service. More dedicated call handlers on one site means that calls will be picked up – and dealt with - more quickly.
- Recruiting and training more clinical staff – paramedics and emergency care practitioners (ECPs). This means many patients will benefit from being treated closer to home by staff with advanced assessment and treatment skills, rather than taken to hospital for simple drug treatment, for example.
- Recruiting more staff to support front line staff, such as emergency care assistants (ECAs), who, for example, can take on the burden of driving; more control room staff to concentrate on managing dispatch of vehicles and crew; and more staff to concentrate on cleaning and re-stocking vehicles. This means patients will benefit from qualified staff concentrating on what they do

best – assessing and treating patients, rather than driving or cleaning vehicles.

- Ensuring ambulances and rapid response vehicles are upgraded more often, that they are each equipped to the same high standards (in line with expected national patient safety agency guidelines) – and that they are professionally cleaned and re-stocked by specialist teams. This means we can maintain the highest levels of hygiene for patients; and can have vehicles on the road more often.
- Exploring more opportunities for ambulances and crews to be based in the communities they serve, situated with other primary care professionals, such as GPs, Minor Injury Units and Walk In Centres, for example. This will enable patients to benefit from partnership working and means we can better respond to health needs, preventing unnecessary hospital admission, when there are more appropriate types of treatment or care available.
- Changing the response type to match the caller need, so that more rapid response resources (such as ambulances, rapid response vehicles, ECPs and first responders) are made available for patients in immediately life threatening emergencies (defined as Category A) needing an 8 minute response; whilst a planned response or a clinical desk can support those calls requiring less urgent action.
- Improving patient assessment so that people are transferred to the right place for care, rather than just taken to hospital A&E. This includes GP care, minor injuries units, social services, a specialist ward or unit – or hospital A&E when necessary.

At the heart of our thinking is a swift and consistent 24 hour response to patient need, made possible by combining modern technology with development of staff skills, more staff supporting front line delivery of care - and closer working with other health organisations.

### **Our strategic vision for Great Western Ambulance Service – a new model of care**

From the Department of Health’s “Taking Healthcare to the Patient” through to the white paper, “Our Health, Our Care, Our Say,” the way forward is clear. The NHS must ensure that everyone has access to safe, high quality care when they need it. In other words, we must deliver the right care in the right place and at the right time. .

Our operations and clinical teams are introducing a new model of care based on the following principles:

- Delivering high quality healthcare and advice – when and where patients need it
- Ensuring easier access to services by locating frontline staff closer to the communities they serve.

- Investing in up to the minute technology which can support rapid call response
- Ensuring all vehicles and equipment are clean, up to date, well stocked and replaced regularly
- Maintaining the highest standards of infection control in the fight against MRSA and clostridium difficile
- Planning services carefully with our partners patients, public, staff and the primary care sector
- Ensuring staff are suitably trained and equipped to provide good patient assessment and treatment – either in person, or via a telephone based clinical desk
- Investing in specialist support staff to ensure frontline teams can concentrate on what they do best – assess and treat patients.

The new model of care is all about...

- Assessing and treating more patients locally
- Preventing unnecessary hospital admissions
- Responding to calls faster
- Getting to patients quicker

It will involve...

- More treatment from paramedics and emergency care practitioners (ECPs) generally
- More treatment locally
- More telephone assessment and advice from clinical staff
- More staff located at community GP surgeries, minor injury units and walk in centres.

And this must be delivered against a backdrop of rising 999 calls and the challenging 'call connect' target of 8 minutes.

Why are we proposing this new model of care?

- Because the evidence suggests it is better for patients
- Because patients tell us it is what they want
- Because this model of care will help us to meet the 8 minute 'call connect' target in life threatening emergencies

Rapid response, high clinical standards and advanced assessment and treatment of patients is at the heart of the delivery of this new model of care. We plan to invest in technology, vehicles, training and recruitment and to work with staff, public and partners to deliver them. We want to create stronger links with existing or new GP, social care, MIU, specialist units and walk in centres.

Sometimes, the best care is delivered at the scene. For example, the British Heart Foundation confirms that a lone community first responder on the scene quickly with a defibrillator prevents many deaths per year from heart failure. Much of the

time, high quality assessment from an ECP or paramedic can mean that local treatment, for example, prevents any need for hospital admission. At other times, swift transport to an A&E unit is the best possible response; but our aim is to work as part of the wider health community - providing treatment, wherever possible and avoiding unnecessary admission to hospital.

## **Our strategic vision for Great Western Ambulance Service – consistent response across the region**

Earlier this year, we began modernising and developing our call centre and despatch technology and extending our training and recruitment of frontline staff. The new model of care described above takes those changes to the next stage across the three sectors of Avon, Gloucestershire and Wiltshire.

By ensuring consistency – of technology, systems, protocols, clinical standards, equipment, training - patients can be confident that the service received in one part of the region will be equivalent to that received in another. By also working flexibly, we can better manage peaks and troughs of demand – and maintain consistency of service at any time of the day or week to ensure we can meet the new ‘call connect’ 8 minute target.

The Trust will develop new partnerships with partners in primary and secondary care<sup>1</sup> and to engage with local communities to establish where – and how – we can best deliver the new response model of care across the entire trust region. We want to establish the right mix of resources in each sector to secure maximum benefit for local people.

### Call handling and despatch

We are working to bring together three different systems from the three former trusts. Once the technology installation programme is complete, we will be able to track an exact caller location the moment a call is received. At the same time, vehicles set up with satellite tracking will mean we can locate the closest suitable staff – for any sector - and they can be on the move before a call is ended. On board satellite navigation buys vital seconds, meaning we can get to patients faster.

Within the call and despatch centres, technology also allows us to make changes to the way calls are handled. We plan to employ dedicated staff to pick up initial 999 calls in a dedicated centre before passing to despatch administrators, who can send the appropriate resource, whether that be a single person or a multiple vehicle and crew. In time, we plan to install a clinical desk staffed by nurses, emergency care practitioners or paramedics; who can provide telephone support to front line staff and assist in appropriate triage.

Diagnosing the type or category of emergency call also helps us to quickly determine and send the right resource – making sure, for example, that we effectively identify the need for either emergency or urgent response.

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<sup>1</sup> Primary care - GPs and primary care trusts (PCTs), who decide what level of service to buy or ‘commission’ for their local population. Secondary care - general hospitals, including A&E.



Department of Health advisors have recently suggested that we consider centring all call handling and despatch on a single site. This is in line with our response model of care and we plan to engage further with staff, public and stakeholders before making any firm implementation plans

#### Patient care

There are plans in place to introduce a telephone based clinical desk to support emergency care practitioners (ECPs) and paramedics on the road. Staffed by a mix of dedicated nurses, ECPs or paramedics, the clinical desk team can help make arrangements to get patients quickly to the most effective destination – when A&E is not the most appropriate place for their care. This might be, for example, an out of hours centre, a GP, a specialist unit or social care and can help prevent unnecessary admission to hospital - ensuring patients get the best care for their needs.

#### Staffing and skill mix

What the public tell us they want are more qualified paramedics. Already, we have recruited and/or trained more than 60 new emergency care practitioners (ECPs), who are qualified paramedics or nurses with new advanced patient assessment and treatment skills. Another 60 are due to join in the next 6 months. We are also recruiting additional paramedics and encouraging existing ambulance technicians to undergo further training.

A new role of clinical team leader has been established. This person leads a team of eleven – and agrees flexible working patterns with the team - to ensure 24 hour cover across the week, with staff and resources available at times when public demand is higher.

To assist professionally qualified staff, we are also recruiting specialist cleaning and re-stocking crews to make sure that ambulances and vehicles are equipped, clinically clean and available as often as possible.

It is also part of the national plan to recruit more emergency care assistants (ECAs) to support paramedics in carrying out their work – for example, by driving vehicles. This reflects changes being made nationally and means paramedics can spend more time assessing and treating patients.

#### Local access

Technology is helping us to map all critical locations where demand for emergency service is highest. Using this information, we can pinpoint the ideal standby locations for vehicles and crews – a highly visible part of the communities we serve - and able to reach key risk areas as quickly as possible.

For example, we have opened one of these close to junction 16 of the M4 at Blagrove in Swindon, in partnership with a major employer. These organisations are also giving our staff access to their own high quality rest and refreshment areas.

Partnership working with other services such as St John Ambulance and the Fire and Rescue Services has proved highly effective; and community first responders will

continue to play an important role in improving and supporting service delivery for rural communities – fully endorsed by the British Heart Foundation.

#### Resource centres

To maintain good infection control and ensure ambulances are kept fully stocked and equipped at all times, we plan to develop a number of ‘resource centres’, where re-stocking teams will be based. There are three centres currently – in Staverton (Gloucestershire), Bristol (Avon) and Swindon (Wiltshire). However, existing sites in Bristol and Swindon are in a poor state of repair and we are looking for more suitable sites. Over the next three years, we hope to develop further stations in Weston, Coleford, Bath (new site) and Salisbury.

#### Fleet

There is currently a national review of ambulance type and design that will offer recommend standard vehicles and equipment. Once this work is complete, we plan to move from a seven year cycle of vehicle replacement to a five year cycle. This will allow us to maintain better patient comfort and means vehicles are kept in good working order and on the road for more of their working life.

### **Conclusion**

Right care, right place, right time has been developed as our strategy for ensuring Great Western Ambulance Service meets local needs – and national targets. This approach has received wide support from the community we serve.

The area of greatest public interest is speed of response and good clinical care. In line with the Department of Health’s report, “Taking Healthcare to the Patient,” we are determined to ensure that in Great Western Ambulance Service, we respond to patients quickly and sensitively to deliver the right care.

We have an ambitious programme for change. It will not happen overnight but as Lord Norman Warner made clear, in his capacity as Minister of State for NHS Delivery, ambulance services are playing an increasingly wide role in the NHS, not just providing rapid response to 999 calls and transporting patients to hospital. The shift to becoming a mobile healthcare service for the NHS will happen. He stated that modern technology and new ways of working will mean we can take healthcare to the full range of patient groups who need an emergency response, the far greater number who do not have a life threatening condition but are seeking urgent advice or treatment and those whose condition prevents them from travelling easily to access healthcare services”<sup>2</sup>.

People want consistently high quality, clinical care in the right setting – and rapid response when they need it. It is not only better for people’s health and well being but provides better value for the public’s money.

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<sup>2</sup> Taking Healthcare to the Patient: Transforming NHS Ambulance Services – Foreword by Lord Warner

## **Your feedback**

We welcome your views and comments on our vision.

Please write, email or telephone us with your views.

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