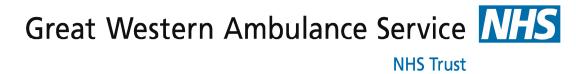


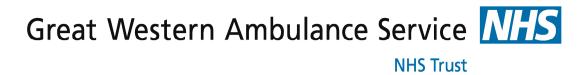
## Working in Partnership

GWAS and HOSCs 3<sup>rd</sup> April 2007



#### Outline

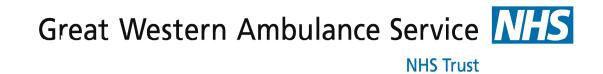
- The Environment
- The National Ambulance Review
- Drivers for Change
- The future for Ambulance Services
- GWAS strategy
- Service delivery



#### The Environment

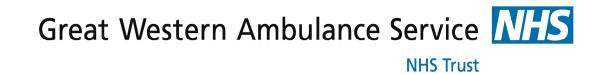
#### In 2004/05:

- 5.3 million 999 calls
- 4.3 million incidents attended
- 3.4 million emergency patient journeys
- 75.7% of Category A patients received a response within 8 minutes



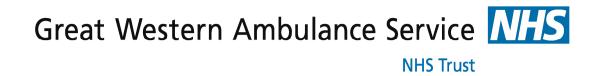
#### Internal national drivers

- Demand rising by approx 6% a year
- Over 1 million patients a year taken to A&E who could be cared for differently
- Category B (50% of all calls) and GP urgent performance below standard
- Long waits for some 999 calls to be answered
- Paramedic and technician training does not adequately reflect patient need
- Technology support unable to keep pace with service requirements
- Patient survey revealed BME patients less satisfied with the Service



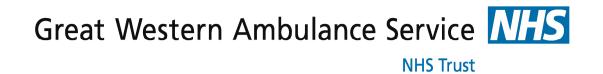
#### **External drivers**

- No guarantee that investment in the NHS will remain at the same levels beyond 2007/2008
- Increased private provision
- Increased community based primary care services
- Long term condition management focus ageing population
- Increased interest and involvement by patients and the public
- Duplication of effort across urgent care



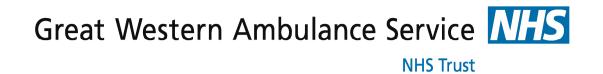
#### The National Ambulance Review

"Taking Health Care to the Patient"

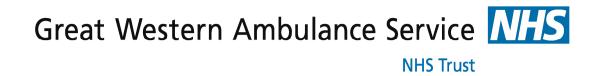


#### The Challenge

- How do we maintain and improve response times in the face of increasing demand, when funding is not available to respond to that demand?
- How do we respond to fellow healthcare organisations, who want us to contribute to better care for patients with long term conditions and want us to avoid A&E for patients who don't need it?

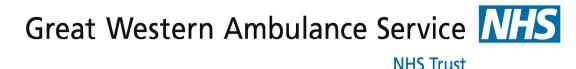


- How do we change to ensure we are giving the right/best care to all 999 callers, not just the most seriously ill and injured?
- How can we ensure that our service responds to the needs of all members of the diverse population we serve?
- How do we ensure satisfying career opportunities for our staff?



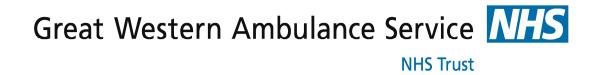
#### A different approach to:

- Our patients, callers and the public
- Skill & workforce mix
- Training & education
- Roles, responsibilities & relationships
- Information management & technology
- Structure and operating arrangements



#### The benefits

- Improved patient experience Taking Healthcare to the patient, better quality of care, quicker more appropriate care
- Reduced emergency bed days
- (Measurable) improvements in quality of care
- Significant cost efficiencies
- Improved use of workforce knowledge and skills
- Improved patient and staff satisfaction



#### Outcome

Right Care Right Place Right Time

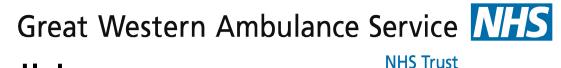
## Great Western Ambulance Service The Future NHS Trust





A service that responds appropriately to all our patients

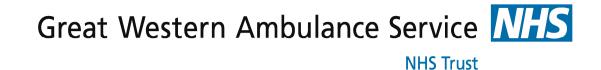
 A service that looks, feels and behaves differently



#### Principles to build on

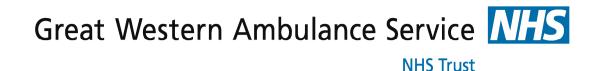
- (1) High case completion at point of
  - telephone contact
  - face to face contact
- (2) Accessible
- (3) Localisation embedded with primary care & community services
- (4) Flexible & highly empowered workforce – (key to cost efficiency)





#### New model?



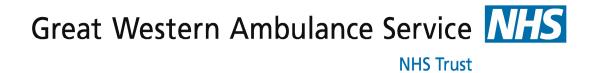


#### Workforce redesign

Educational modules

- □ a) Physical assessment
- □ b) Clinical decision making
- □ c) Long term conditions
- □ d) Minor illness
- □ e) Minor injury

This covers 92% of case mix



#### Workforce redesign

Summary

- Educate to treat rather than transport
- We may need to recruit differently. Key attributes needed are:
- \* critical thinking
- \* communication skills



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2005

Ambulance response 80%

ECP response 15%

Telephone advice 5%

Initial response

2011

Ambulance response 45%

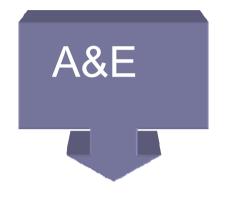
ECP response 33%

Telephone advice 12%



#### Patient destination

**NHS Trust** 







2005 70%

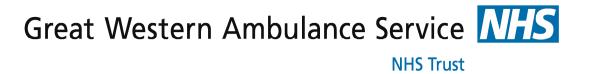
25%

5%

2011 50%

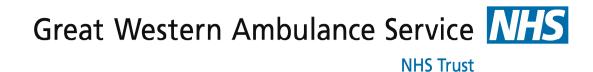
35%

15%



# The Great Western Ambulance Service Our strategy

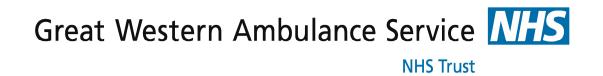
A consistent and comprehensive assessment of the urgency of health need and an appropriate and prompt 24/7 response



#### The challenges of change

At the heart of the Trusts strategy lies the following principles:

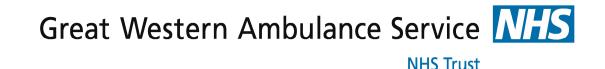
- Excellence in performance
- Integration with the NHS
- Financial stability
- Innovative and high quality care
- Responsiveness to patient need



Capacity – strategic, operational and clinical capacity

■ Competence – 'right time, right place, right skills'

■ Confidence – patient involvement, reputation management, effective assurance



Working together.....

Call connect

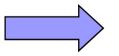
up to 13% impact on performance

Commissioning



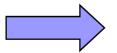
practice based commissioning

PTS

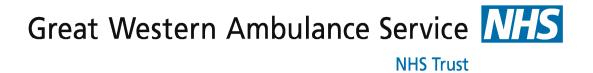


exploring new models e.g. social enterprise

Control centres



call handling and dispatch

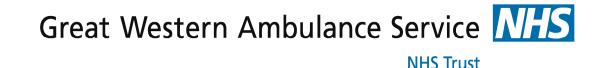


### Service delivery

**Right Care** 

**Right Place** 

**Right Time** 

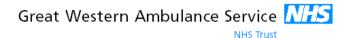


#### **Key Facts**

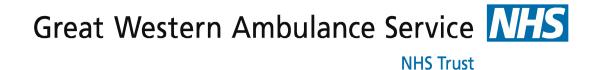
- □ Operational Area 3,000 km²
- □ Population served 2.1 million
- □ 1,300 staff
- □ 29 operational sites
- □ 3 communication centres
- ☐ 2 Air support units
- □ 300 vehicles (of all types)
- □ Turnover £63 million
- □ Over 160,000 emergency responses a year
- □ Over 35,000 urgent responses a year
- □ Over 150,000 Out of Hours Calls a year
- □ Over 448,000 PTS journeys



**NHS Trust** 

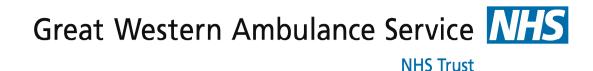






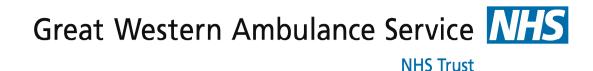
#### Culture – A Paradigm Shift

From	$\rightarrow$	То:
Ambulance service	$\rightarrow$	Out of Hospital Care
Stand alone	$\rightarrow$	Networked
Specialist	$\rightarrow$	Generalist
Transport	$\rightarrow$	Assessment
Training	$\rightarrow$	Education
Trade	<b>→</b>	Profession
Blame	$\rightarrow$	Learning
Internal facing	<b>→</b>	External facing
Performance driven	$\rightarrow$	Patient driven
Inflexible response	$\rightarrow$	Flexible response



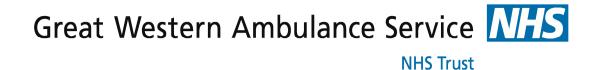
#### Service Delivery Areas

- Accident and Emergency
- Urgent/Out of Hours
- Patient Transport Services



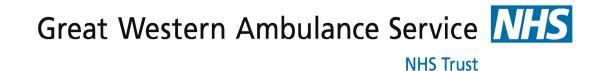
#### **Key Performance Indicators**

- Category 'A' (Life Threatening)
  - 8 minutes response 75%
  - 19 minutes transport 95%
- Category 'B' (Serious Non-Life Threatening)
  - 19 minutes response 95%
- Category 'C' (Ambulance/Alternative response required)
  - 60 minute response 95%

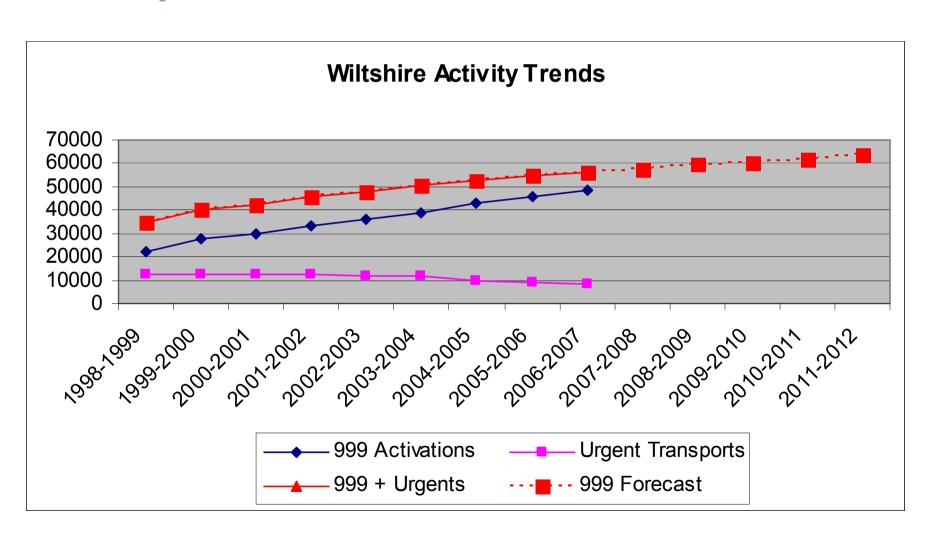


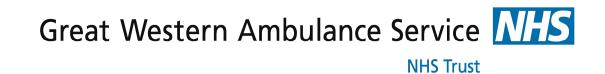
#### A&E

- Reconfiguration
- New standards Call Connect
- Challenging financial position
- Increasing activity

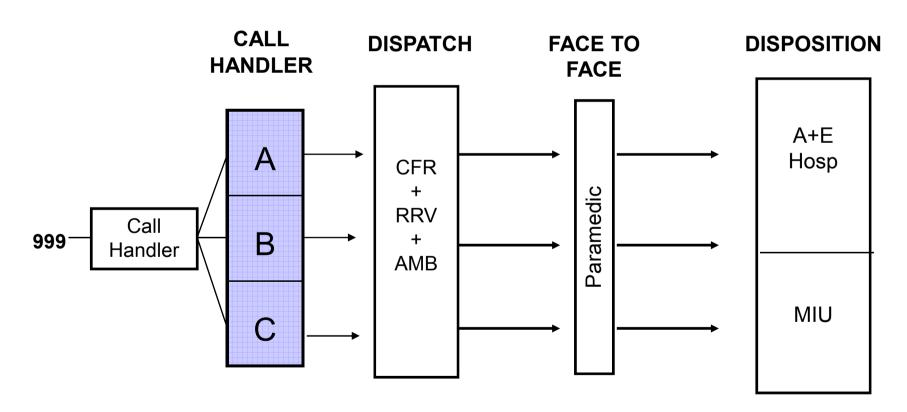


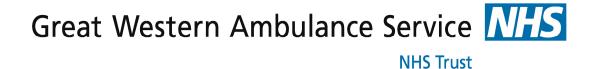
#### **Activity**



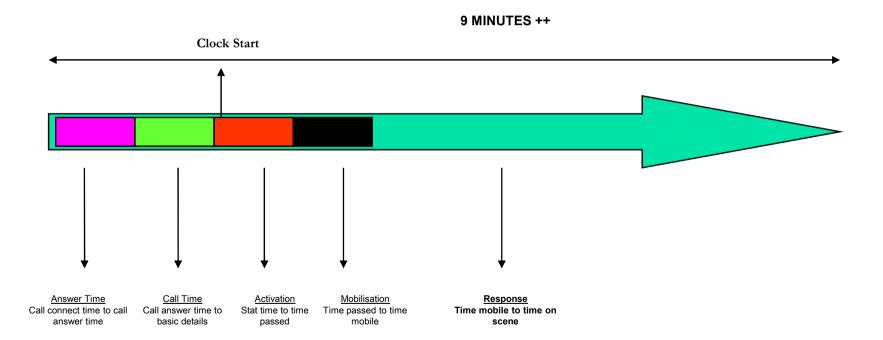


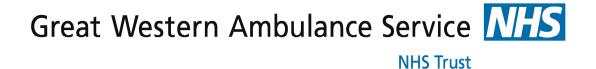
#### **PATIENT CARE PATHWAY**



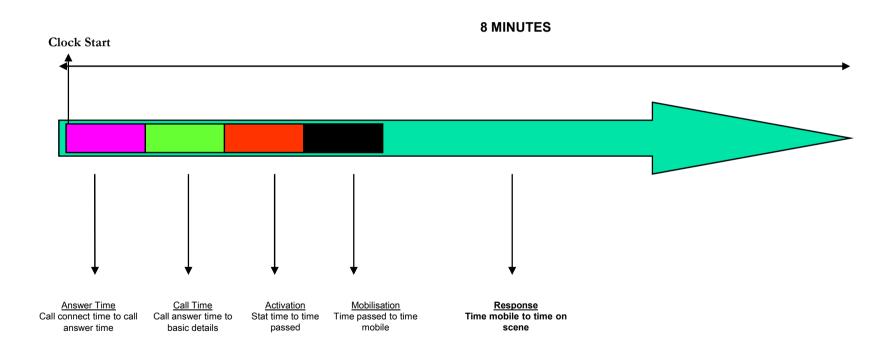


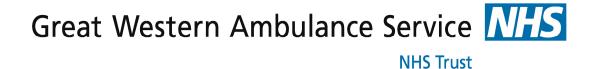
#### Call Connect



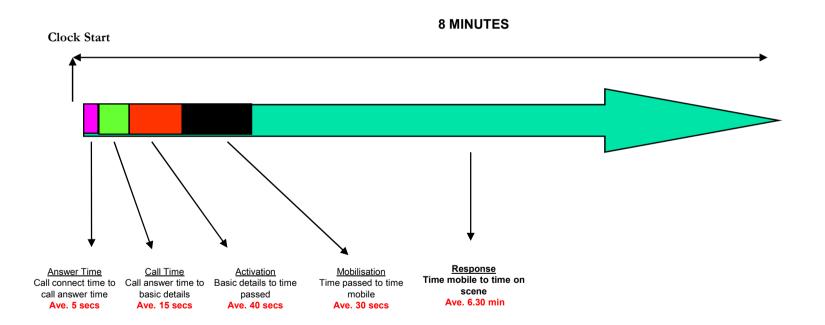


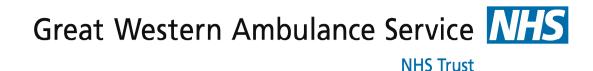
#### **New Process Map**





#### Performance Improvement Plan



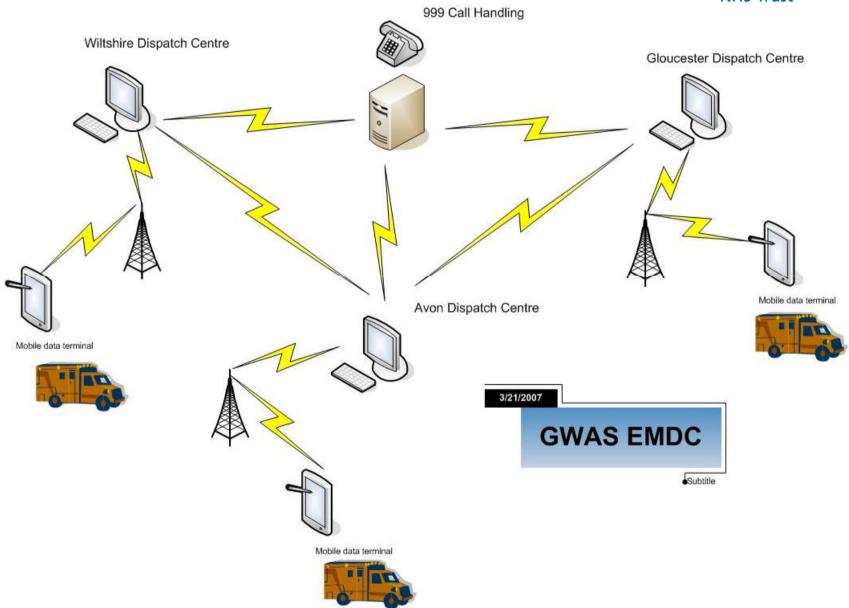


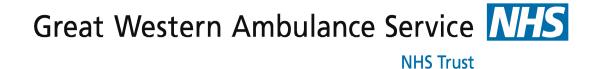
#### Distribution Redesign

- Dedicated call grabbers
- CLI
- Auto page
- Mobile data
- Increased number of dispatch desks
- Dispatch assistants
- AVLS Auto Attend
- Clinical Desk

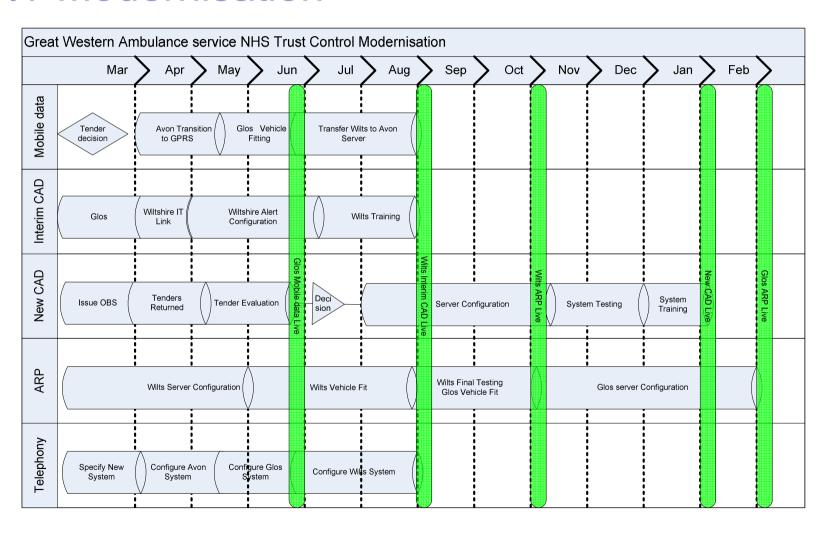
#### Great Western Ambulance Service **WHS**

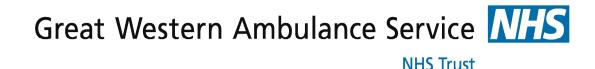






#### **IT Modernisation**





#### Production Redesign

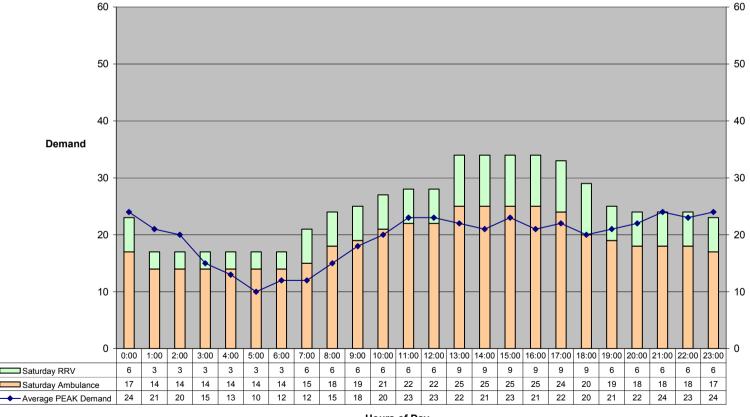
- Temporal demand analysis
  - Team structure
- Geographical demand analysis
- New Front Loaded Model
  - Response plan
  - Transport plan
- Local Delivery Plan
  - 59 ECPs
  - Reduce conveyance rate to 60%
- Make Ready



**NHS Trust** 

#### **Temporal Demand Analysis**

Avon All A and E Demand (Incidents with an activation) Going Back 60 Weeks from 29th October 2006
Saturdays
Activation included within hour of call
Current

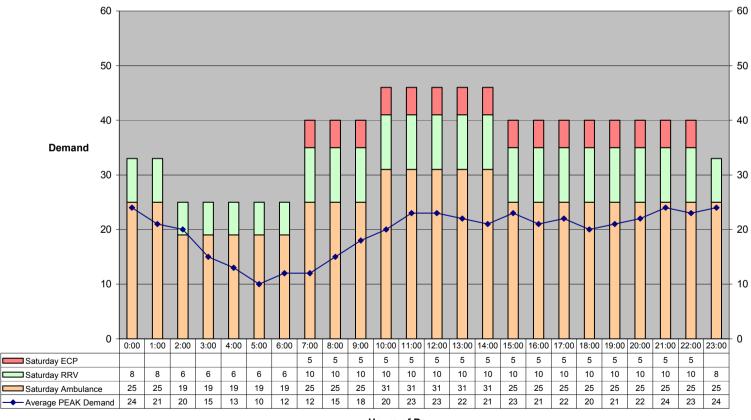




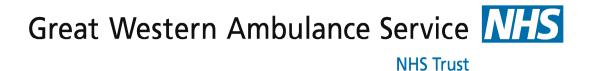
**NHS Trust** 

#### **New Temporal Analysis**

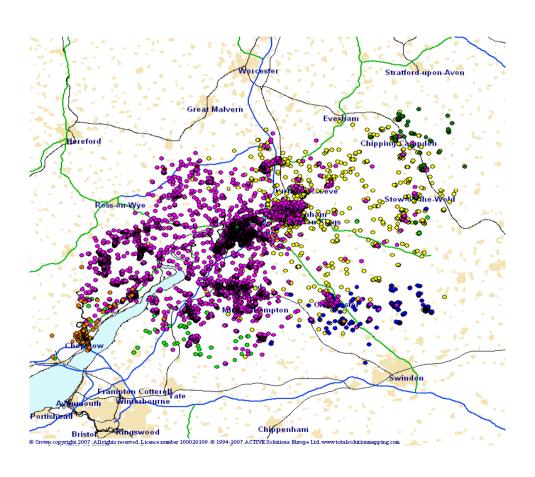
Avon All A and E Demand (Incidents with an activation) Going Back 60 Weeks from 29th October 2006
Saturdays
Activation included within hour of call
NKM Proposal



**Hours of Day** 



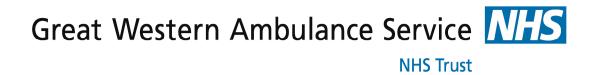
#### **Geographical Demand Analysis**





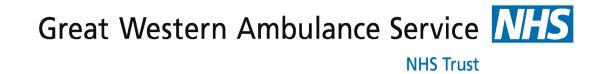
New Front Loaded Model - meets Taking Healthcare To The Patient recommendations

- Separate response from transport
- Separate cover plans
- New deployment criteria
  - Nearest & quickest
  - Solo only
  - Transport on request (with exceptions)
- Increased use of advanced practitioners
- Reduction in conveyance rate critical to success

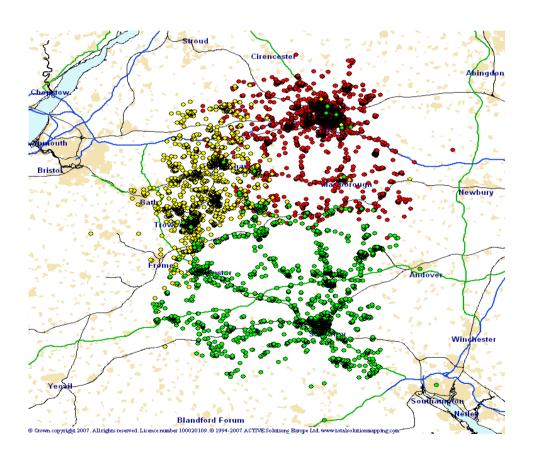


#### Make Ready

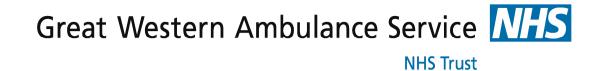
- Improved infection control
- Increased unit hour availability
- Dedicated staff stock and clean
- Clinicians treating patients
- Best based around patient flows
- Local staff integrated into health teams



#### **Patient Flows**

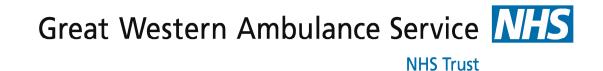


Key	Count	Description
	11783	GREAT WESTERN
		HOSPITAL
<u> </u>	7787	ROYAL UNITED
		HOSPITAL
<b>O</b>	6674	SALISBURY DISTRICT
		HOSPITAL

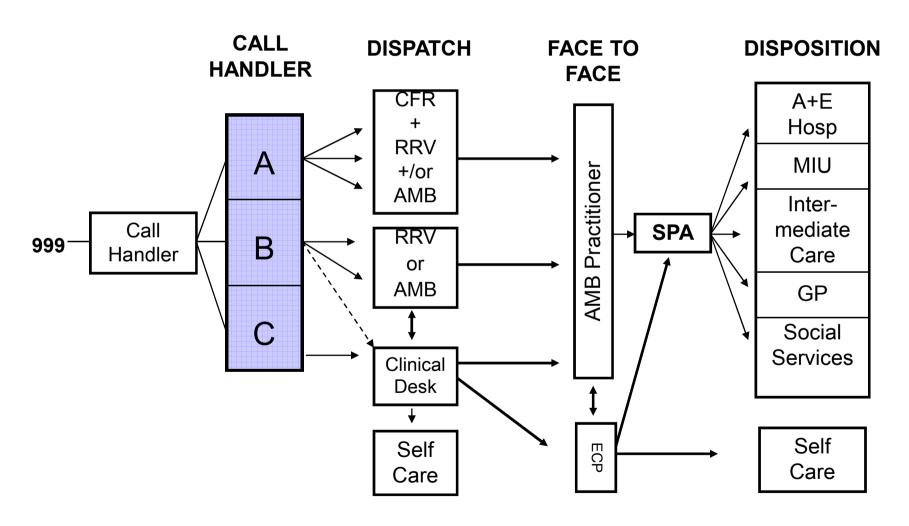


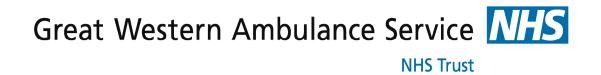
#### Summary

- Team restructure
- Control IT modernisation
- Control redesign
- Workforce modernisation



#### PATIENT CARE PATHWAY





#### Outcome

Right Care Right Place Right Time