NHS Providers

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

A SEAT AT THE TABLE

Ambulance trust engagement in STPs and ICSs

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INTRODUCTION

England's ten ambulance trusts occupy a unique position in serving large geographies, each spanning footprints of upwards of 30 CCGs, or 10 or more sustainability and transformation partnerships (STPs) and integrated care systems (ICSs). In the context of system working and place-based models of care, ambulance trusts across the country are taking up the challenge of negotiating the complex emerging systems within their geographic remit, engaging with leaders across multiple footprints, and adopting new ways of working to meet the needs of diverse systems across the populations that they serve. In the words of one chair, ambulance trusts can act as 'the integrator', connecting services at the level of place as well as across a system, and coordinating patient care across pathways - from 'hear and treat' services and, treating patients within their homes, to conveying patients to hospital when necessary and taking them home via patient transport afterwards.

We spoke to eight ambulance trust leaders in seven of the ten trusts to capture their experiences of engaging with STPs. This briefing highlights the opportunities, and challenges, that system working presents for ambulance trusts and explores what they can contribute to the journey of collaboration and more integrated care.

1 OPPORTUNITIES FOR OPERATING AT SCALE

All ambulance trusts operate across geographies covering more than one STP. This means ambulance trusts have considerable learning to share about operating at scale across larger patient populations and have valuable insight into how changes in services in one STP can impact on those.in neighbouring footprints. Operating at scale, however, makes engagement with multiple STPs/ICSs resource intensive for ambulance leaders and often a challenge to be 'at every table'. It is vital that STP and ICS leads recognise the central, coordinating role that ambulance trusts offer and proactively include them in planning for their local health economies.

Developing a sense of place

Although the trusts we spoke to were all keeping a close eye on the developments within the STPs and ICSs they are involved in, and working with system leaders to adapt the way they work to the needs of the changing health landscape, it can be a challenge for ambulance services to engage with all local initiatives at the neighbourhood level.

Many of the trusts we spoke to described adapting their approach to the needs of the STP/ICS both through reorganising the way they deploy staff to engage within the STP, as well as responding to the changing needs of the health service by aligning their own operational plans with the work taking place in systems. To do this, they need early engagement from STPs/ICSs on the activities they need to take into account. For example, an acute reconfiguration that concentrates urgent and emergency activity in fewer acute hospitals on their patch can impact on patient journey times and demand on ambulance resources.

Trust leaders mentioned that frontline staff and ambulance crews need to be aware of diverse pathways, as each system is so different. In the pursuit of place-based care, health and care organisations are collaborating to develop new ways of working, and often this means integrating care pathways within small footprints, connecting primary care networks and local community and acute services in a way that streamlines care for local patients.

Ambulance trusts need to integrate their services into each of the local pathways, which can vary from place to place – where there is a lack of consistency, challenges can arise for frontline staff. One trust chair emphasised the need for consideration of how neighbouring STPs can collaborate to agree a unified set of pathways, rather than each individual STP developing their own in isolation. This was seen as having the potential to benefit providers delivering services across a larger footprint and in preventing unwarranted variation.

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Managing pressure on resources

All of the interviewees were clear that the process of engaging with an STP or ICS creates considerable demand on senior leadership time and other resources. While STPs and ICSs convene working groups for different areas of transformation taking place locally, the position ambulance services occupy within the wider health economy and their role as a gateway to the health service means that often there is a need to be closely involved at multiple stages along the patient pathway, including primary care, social care, and public health, as well as urgent and emergency care.

In this context, covering more than one STP can mean duplicating work, meetings, and relationship management. For example, one chief executive we spoke to described a week in which the trust's chief medical officer had 38 hours of such meetings scheduled. Others mentioned the value of STPs' recognition of the pressure ambulance trusts are under to engage across the many STPs, particularly where existing commissioning for quality and innovation (CQUIN) requirements include STP engagement and to proactively ensure they are not overlooked when they cannot be physically present.

Many ambulance trusts are developing ways of managing this workload internally, by allocating responsibility for each STP/ICS to a member of staff with sufficient authority (such as an executive director) to make decisions on behalf of the trust, meaning that time can be divided between more than one individual and enable bespoke engagement with each STP. Trust leaders identified numerous benefits to this; no single colleague is spread too thin, and it enables the trust to become involved in the more in-depth clinical transformation, and to build closer relationships with system partners.

> *We've changed our operational structure to mirror the STPs, with the view that you get out what you put in. The level of engagement we maintain is resource intensive but our visible leadership across multiple organisations has adapted over many years to meet local needs.*

Others, however, identified a benefit to transferring the bulk of their stakeholder engagement from over 20 clinical commissioning groups (CCGs) to a smaller number of STPs, and many described the expertise in managing multiple footprints they have gained from experience of working with large numbers of CCGs as being vital to their experience of integrating into STP working groups.

BUILDING RELATIONSHIPS WITH STPs AND ICSs

2

A seat at the table

Those we spoke to described their relationship with the STPs they are involved in as positive, but felt more could be done to proactively ensure ambulance trusts have a seat at the table in conversations about service changes they would need to respond to. Becoming embedded in the culture of each STP an ambulance trust is involved in helps them to maintain involvement in critical decisions being made about new care pathways, care models and service reconfigurations.

Ambulance trusts work across the health system, in services from urgent and emergency care, to patient transport, and have an increasing number of clinical disciplines working within their response models, such as GPs, nurse practitioners, mental health nurses, midwives, palliative care nurses and pharmacists, particularly within their clinical assessment services (CAS), to ensure patients receive the right care when they call 999 or 111. There was a sense among trust leaders we spoke to that while their trust is well regarded in STPs/ICSs, it can take a good deal of work on their part to build the level of understanding of the range of clinical services they deliver, and ensure their presence and visibility in all the relevant conversations.

> *We have had good engagement over the past year with four STPs, and we have managed to be more embedded in clinical work streams rather than just focusing on operational performance. This has been a huge positive change. The result of this work is that our medical director is more involved. Getting to this point has been a process of development over the past few years as the STPs have become more developed.*

Often, the degree and nature of this engagement depends on the maturity of the STP/ICS, and how far conversations within the STP have progressed around transformation of care – where relationships are good, ambulance trusts find space to be involved in the clinical work taking place. Elsewhere, relationships are still emerging and conversations focus more on operational challenges. Adding to this are financial and capacity pressures which can strain relationships where individual system partners are struggling to balance the demands on their own organisation with the need to collaborate to transform care.

However, in thriving systems leaders are seen as having a more up-to-date understanding of what an ambulance trust brings to a local health economy, which deepens the engagement and offers more effective collaboration – there is headspace to look beyond day-to-day pressures. In some areas it was felt that there had been a recent increase in the engagement of ambulance trusts in STP work due to a focus from the arm's-length bodies on improving performance against A&E targets. Those STPs/ICSs which recognised

the role ambulance trusts play in reducing pressure on acute trusts, when there are more appropriate community pathways in place, so avoiding unnecessary conveyance to A&E, as well as improving patient flow out of the hospital setting, meant there was more space to contribute.

> *We need to consider very broadly what the role of an ambulance trust is within a system. As a trust, we can think more strategically about urgent and emergency care and this is where the STPs see us as adding value and getting them involved. We want to be involved strategically on IT, digital, workforce and the whole patient pathway.*

3

WORKFORCE

Changing models of care, prompted by the push for integration, create both challenges and opportunities for ambulance providers looking for better ways to manage demand on their resources within a context of workforce pressures, including recruitment and retention. The Carter review of operational productivity and performance in English NHS ambulance trusts (NHS Improvement, 2018) found that sickness absence among ambulance trust staff stands at an average of 20 days per year. There is significant variation in staff retention among trusts, ranging from 9% to 17% staff turnover per year and there is an acknowledged gap in workforce capacity as with other clinical specialties.

Among efforts to make best use of staff across the NHS workforce, initiatives to rotate advanced paramedic practitioners into GP practices can support both ambulance trusts to reduce conveyance rates and 999 demand from GPs, as well as pre-empting patient needs for urgent and emergency care at home. Paramedics working in primary care settings can take on home visits and administer medications, further reducing pressure on GP time, and also potentially reducing calls to the ambulance service itself.

> *Having flexibility in the workforce has been helpful. We have been situating paramedics in primary care settings, who then do some of the home visits and work with a portfolio of patients. The benefit of this has been to see patients earlier so if they need conveying to hospital it can be done earlier in the day where a GP might not otherwise have seen the patient until later. This also improves flow in the hospital. They can also refer to community teams and they have equipment and medication that GPs don't have immediate access to.*

However, rotational workforce models need, by definition, to be rotational, facilitating a flow of skills and experience from other disciplines into ambulance service delivery too. Many ambulance trusts now have nurse practitioners working on the frontline alongside paramedics. Those trusts we spoke to highlighted the need to find balance and demonstrate the benefits of flexing the workforce in this way to prevent increasing pressure on an already stretched paramedic workforce by losing them to bolster the primary care workforce.

Bringing other health professions into ambulance service control rooms/CAS also helps to diversify the role of ambulance services within an integrated care setting. The smooth transition of patients dialling 999 or 111 to talk immediately to advanced practitioners, GPs, midwives, mental health nurses, pharmacists, dentists and even social care staff within the ambulance CAS, can both ensure that patients are advised by the right person first, free up paramedic time for the most urgent cases who need to be seen, and equally can alleviate demand on those community teams at the point of access.

3

Here, the benefit of ensuring ambulance trusts are included in conversations about care transformation is clear. Those piloting 'shared workforce' initiatives have taken different approaches to managing the risks - some providers have collaborated with other local organisations to offer paramedics 'portfolio' careers who then rotate through sectors, ensuring a healthy supply of paramedics is available to the emergency services. Other providers have developed alliance arrangements within their ICS to place their clinical staff in the ambulance CAS settings, physically or remotely, thereby reaping the benefits, often reducing demand on their own services by being able to assess patient needs at their point of contact with the health system (via 999 or 111).

4 FACTORS LEADING TO SUCCESS

A shared understanding

Those we spoke to were positive about the benefits of integration and felt that there was much potential to improve and streamline care. Having a shared understanding of the aims and objectives of integration was felt to be key. Trust leaders cited the importance of system partners understanding what ambulance services do, beyond just traditional emergency 999 services and conveyance to A&E, as well as within specific clinical areas like mental health, frailty and end-of-life care.

Bringing together a set of disparate organisations previously operating on different footprints and working with different subsets of the population carries challenges that can be greatly facilitated by building a shared understanding and getting onto the same page. Each organisation may have different definitions and data sources and trust leaders spoke of the need to align information to ensure clarity of understanding, governance arrangements and management of risk between system partners.

Sharing learning

Trust leaders identified benefits to working across larger footprints. The opportunity to share lessons learned from one system with another could go some way towards addressing the lack of national support identified by STP leaders as inhibiting the process of integrating care. Where system partners are equipped to learn from work taking place in other systems, ambulance trusts involved in the development of new care pathways and service transformation can bring this work to the table in an area that might benefit from a similar approach.

Equally, having a regional oversight of work happening in different systems, often adjacent to each other but working within their individual boundaries, gives ambulance trusts the unique position of being able to see how a change in one system can impact on resources and patients elsewhere, particularly in terms of the change to the way the ambulance trust might have to work more broadly.

> *We have been getting better at flagging up the impact of changes to the system – for example a decision to change stroke services might make sense at the STP level, but as an ambulance trust we have oversight of the whole system and can see what impact that might have on a whole region, for example where another STP might also be looking to change stroke services. This is a strategic overview that only we can offer.*

4

Adapting to new models

Interviewees cited a willingness to adapt to the needs of the STP as a key success factor in maintaining strong relationships and building resilience to change. Those we spoke to describe the flexible and pragmatic approach they had taken to adapting to the work being done around reorganising to local systems, moulding their financial and resource planning to their needs.

Ambulance trusts that hold an NHS 111 contract felt that running this service gave them a head start on successfully embedding themselves in an STP/ICS because it transforms their role from being more than just a player in one part of the journey of certain patients under certain circumstances, to being a service which sits right at the heart of the system, opening doors to the rest of the patient journey. These providers felt that they were well-equipped to offer system-wide support and play a key role in streamlining care for patients.

> *We have the infrastructure to integrate 999 and 111 with a regional CAS. If they're run by the same service, we can plan future services and future-proof our current development. Ambulance trusts are about far more than trauma now.*

Trusts felt, however, that current commissioning arrangements were a barrier to making the transition into system working. Contributors identified issues around the repeated re-commissioning of 111, which as a service is so essential to integration is and a significant touchpoint for ambulance trusts when planning for system working. This means that it is harder for ambulance trusts to engage in longer term planning when the threat of losing a 111 contract needs to be taken into account. As integration progresses, trusts are preparing for being commissioned differently in the future and so are putting in place measures to future-proof their place-based management.

5 CONCLUSIONS

From our research, it is clear that ambulance trusts are already engaged in system working in varying degrees, and all are keen to realise the full value of their contribution within STPs/ICSs. Here we provide a summary of the experience and expertise which ambulance trusts, and their leaders and frontline staff, can bring to system working:

- **'No wrong front door'**
  Ambulance trusts are often the first port of call for many patients who need support and they sit at the centre of the array of pathways a patient could ultimately follow on their journey through the health and care system, helping to identify the most appropriate one depending on the patient's needs. This comes with an opportunity to become embedded into the health system, connecting patients with the services best suited to their needs and embodying the 'no wrong front door' philosophy that can ensure a patient reaches the right service regardless of who they see first.

- **Technical infrastructure and expertise**
  Ambulance trusts have expressed an interest in wider engagement in STPs not just around clinical pathways, but at the more strategic level on IT, digital transformation and workforce. With a need for integrated patient records and sophisticated communications systems, ambulance trusts are not only pushing the envelope in terms of what they can add to the integration landscape, they are also offering up their technical skills and infrastructure to support other providers with telephony, high-volume call handling, triage skills and multi-disciplinary workforce deployment.

- **Experience of operating at scale and achieving economies of scale**
  Ambulance trusts are used to working on a large scale, including rostering and deploying staff across a large area. One of the key challenges around integration is the question of how to scale up small initiatives to achieve efficiencies on a larger scale. With their experience of juggling numerous pathways, and an oversight of place-based practices across their patch, ambulance trusts can bring their expertise and diverse examples of innovative practice to system working.

- **Knowledge and experience of supporting people close to home**
  A key focus of integrated care is the ambition to provide patients with the care they need as close to home as possible. Ambulance trusts meet those patients in their communities and homes and, using 'hear and treat' and 'see and treat' models, have a key role to play in keeping people out of hospital wherever possible.

- **Close local and system-level relationships**
  Ambulance trusts navigate complex care pathways both at the level of systems, conveying patients across their patch to specialist centres where needed, as well as in neighbourhoods, connecting patients with primary care and community teams, such as falls clinics, mental health services and social care services. If integration is about building relationships and clear lines of communication, ambulance trusts have much to offer in the way of leading this development.

5

The development of STPs/ICSs presents some unique challenges for ambulance trusts. However, we were struck by the positivity and energy of the ambulance trust leaders we spoke to who were united in their view of the opportunities at hand.

> *Moving to place-based decision-making and responding more proactively to communities can only be a good thing, and having empowered ambulance leaders participating directly in this decision-making lends itself to the trust being led by their front line. Patients go where the lights are on, so the ambulance service can be the glue, signposting and joining the dots for them.*

Despite some of the challenges, collaborative working is seen as an opportunity by ambulance trusts to improve pathways for patients and shift the balance of care away from hospitals. Where an STP or an ICS achieves full and in-depth engagement with ambulance trusts, they play a valuable role as a 'front door' and an 'integrator', managing flow for the wider health and care system and ensuring patients get the right care in the right place.

Reference

NHS Improvement. (2018). *Operational productivity and performance in English NHS ambulance trusts: unwarranted variation*. [online] Available at: https://improvement.nhs.uk/documents/3271/Operational_productivity_and_performance_NHS_Ambulance_Trusts_final.pdf [Accessed 5 Dec. 2018].

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Interactive version

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The AACE works closely with NHS Providers to represent the voice of the ambulance sector within health and social care. The primary focus of the AACE is the ongoing development of the role of ambulance services, working alongside partner providers, in improving patient care. More information about the AACE is available at www.aace.org.uk

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