London Ambulance Service NHS
NHS Trust

Chief Executive

Bulletin

13 February 2013

Changes needed to improve patient care

We met with union colleagues at the Staff Council today to talk about changes within the NHS in London as well as the impact of increased demand on our Service and what we need to do differently to ensure we can provide our patients with a safe and high-quality service in the future.

I wanted to take the opportunity to share some of the main issues with you, and outline what changes we can expect over the next year. I recognise this bulletin is lengthy as the changes being proposed are complex, but I would encourage you to take the time to read it in full.

The need for change

Our Service is facing increasing levels of demand, with 999 calls into our control room up 10 per cent on last year and our staff responding to 4.1 per cent more incidents overall.

We have been providing a good level of service to our patients with life-threatening illnesses and injuries, despite attending 14 per cent more of these patients. But some of our patients who have less serious conditions are having to wait longer for our help than they should.

We have reduced our frontline staffing numbers by 230 over the last two years as part of our five-year savings plan and this, coupled with a higher than expected increase in demand, means our staff are much busier than those in any other ambulance service. On a normal day, frontline staff spend 80 per cent of their time dealing with patients, compared with 60 per cent in other ambulance services. Essentially, this means staff are extremely busy throughout the entire shift. And we recognise that our control room staff come under immense pressure when we are busy and are holding high numbers of calls.

As a result staff are feeling the pressure, and those who work on the frontline are not getting regular breaks during shifts and have difficulty being released for training.

With demand expected to continue to increase, it is clear that change is needed if we are to maintain a safe and high-quality service for our patients and good working conditions for staff in the future.

We have carried out some work with our commissioners to identify what capacity we need to meet future increases in demand. This has confirmed that we need to increase frontline staffing levels. One way will be through more investment and our commissioners are committed to working with us to obtain funding; but it is also clear that we will have to work differently and more efficiently to increase staff availability.

Many of the proposed changes will directly affect frontline and control room staff, but it is important everyone understands what is happening and why.

How we will work differently

- **Responding differently to some patients**

  We recognise that we need to become more efficient by reducing the number of resources we send to individual incidents.

  We will continue to send a minimum of an ambulance crew and a single clinician to our most serious calls. Referred to as Red 1 calls, these are patients who are in cardiac arrest and who are unconscious and have stopped breathing.

  In future, however, we will not automatically send both resources to Red 2 calls. These patients, who include people with diabetic emergencies and seizures, need hospital treatment and will be sent an ambulance crew if this is the nearest resource, without a single responder backing them up. If however, a single responder is nearer, they will be dispatched, and an ambulance crew will also be sent.

  An ambulance crew will be sent to Category C1 and C2 patients if they can reach these patients within target times. If not, a single responder will be sent, backed up by an ambulance crew only if, on assessment, the patient needs to go to hospital.

- **Reducing time spent at hospital**

  By minimising the time it takes us to hand a patient over at hospital, we provide better care to our patients and they have a much better experience of the healthcare system. And the quicker our crews then prepare for the next call, the less time other patients have to wait to receive our help.

  For these reasons, we will be working with hospitals to reduce the time staff spend at emergency departments with patients. Hospital staff will be expected to take patients from us within 14 minutes of crews arriving at A&E, and crews will then be expected to be available to respond to their next call within a further 14.5 minutes on average.

- **Clinical assessment for less serious calls**

  We will provide advanced clinical assessment over the phone for more patients who are categorised with less serious conditions (Category C3 and C4 patients).

Paramedics in the clinical hub will review patients where the call is categorised as C3, before deciding if an ambulance is needed. And clinical advisors will review C4 patients.

We want to reduce waiting times for these patients, and our clinical commissioners support the introduction of new call back time targets for calls dealt with by our clinical hub and clinical telephone advice teams.

- **Increasing vehicle availability**

  We need to ensure that vehicles are better stocked and more readily available for frontline staff 24/7. We will reduce overall downtime – the number of hours that are lost because vehicles are off the road for repair, restocking, cleaning etc – by 0.5 per cent to 5.1 per cent.

- **Improving active area cover**

  Under the active area cover policy, staff on ambulances are placed in demand hotspots where the next emergency calls are highly likely to come from. This is to help reduce the length of time patients wait for a response from us.

  We are now using locations which enable staff to provide roving cover in an area rather than being situated at a fixed point, and we have reduced the number of cover areas we use, which makes it easier to manage within the control room. In the future, we are looking to use these active area locations up until midnight.

- **Adapting our frontline workforce**

  The changes we are making to the way we deliver care to our patients will require us to adapt the profile of our frontline workforce.

  Over recent years we have increased the number of paramedics significantly – we have around 900 more paramedics compared to five years ago – whilst not recruiting to the role of the emergency medical technician. Looking forward, we will continue to recruit apprentice paramedics and we will need to make better use of our valuable A&E support staff.

- **Providing rest breaks**

  Only a third of frontline staff receive a break during their busy shifts, which is unacceptable. And the existing arrangement - which allows staff to finish their shift half an hour early if they are not given a break - has a significant impact on our patients. It means that during the main shift change over periods (6am to 7am and 6pm to 7pm) we don't have enough staff available to respond to calls and many patients have to wait too long for our help. Patients then continue to wait as we catch up with the backlog.

  We will be introducing rest break arrangements which we expect will ultimately enable 80 per cent of frontline staff to get the break they are entitled to, and that allow us to maintain appropriate cover for patients, whatever time of day it is.

- **Changing annual leave arrangements**

  Our annual leave arrangements do not give us the flexibility we require to meet demand and often leave us with insufficient cover to provide the level of service patients need from us, particularly at weekends.

  Currently a proportion - up to 15 per cent - of staff at a station are granted leave based solely on total staff numbers who should be employed at that station. However, this does not take account of vacancies or staff who are already absent through sickness, maternity leave or training etc, meaning absence levels are often much higher than they should be.

  We will be introducing a system where the allocation of leave better reflects actual resource, whilst ensuring staff can take all their leave entitlement through the year. This will reduce the amount of leave that staff carry over into the next year and, since any leave carried over has a cost attached to it, we hope to save over £2m that is otherwise simply lost to the Service.

- **Aligning rosters with demand**

  Changes in demand mean that rosters introduced two years ago no longer provide us with sufficient staff at the times that our patients really need us, particularly in the evening and at the weekend.

  We currently have hundreds of different rosters across the Service, many of which do not provide cover when patients need us.

  We will be working with local managers and staff to develop new rosters, based upon demand and including different shift patterns, with different start and finish times. We will also be looking at the shift patterns for staff covering relief requirements.

What next

This briefing provides an update as we finalise our work with commissioners to identify the resource and potential investment we need going into next year and beyond, whilst also recognising and acting upon some key changes we need to make.

If discussions with our commissioners progress as expected, we anticipate being able to provide unions and staff with full details of the changes in March, and will be organising a set of workshops across the Service to communicate and consult with you directly.

Ann Radmore
Chief Executive Officer