



London Ambulance Service
NHS Trust

LAS Strategy 2018 - 2023 Summary



A world-class ambulance service for a world-class city

Foreword



Heather Lawrence OBE,
Chair

This strategy outlines our ambition to become a world-class ambulance service for a world-class city.

As an integral part of the National Health Service (NHS) in London, we play a vital part in ensuring that patients get the right urgent and emergency care at the right time when things go wrong. Today, with over 5,000 staff (and nearly 3,500 frontline clinical staff), we aim to never be more than a few streets away when you need us the most.



Garrett Emmerson,
Chief Executive

A key aim of our new strategy is to reduce the proportion of patients who we take to emergency departments when their individual needs can be met just as or more effectively in their own homes. This would not be possible without working closely with our partner organisations and over the course of this strategy we will seek to work more closely than ever before with our colleagues in the wider NHS to develop and make more use of appropriate care pathways that can offer our patients better, quicker and more appropriate care.

We can only provide this world-class care to our patients thanks to the dedication, expertise and skill of our staff. Whether out on the road, in our control rooms, in workshops or any of our support functions, our staff work tirelessly each and every day to help the people who live, work and travel through our capital city.





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Introduction

We are one of the busiest and largest ambulance services in the world. Our vehicles are on the road 24 hours a day, 365 days a year, ready to respond to Londoners and visitors alike, whatever their medical emergency. With over 5,000 people (and nearly 3,500 frontline clinicians), we aim to be never more than a few streets away when you need us most.

We have a proud history of innovation in ambulance provision and serving the capital. Stretching back over a hundred and twenty years. Looking forward, in an ever-changing NHS, we must look to evolve and improve further. In particular, we need to play our part in reducing unnecessary emergency department attendances. Following advances in the last few years, we have reduced the proportion of patients taken to emergency departments from over 70% in 2011/12, to around 63% today. By delivering against this strategy we aim to be closer to just 50% of our patients needing care from an emergency department. This will improve the speed and quality of care both for patients who are critically ill and those with less urgent needs; whilst also reducing pressure on the wider NHS.

Our vision is to be a
World-class ambulance service for a world-class city

We want to be London's primary integrator of access to urgent and emergency care 'on scene', 'on phone' and 'on line'.

We have four goals:

- Provide outstanding care for our patients
- Be a first class employer, valuing and developing the skills, diversity and quality of life of our people
- Provide the best possible value for the tax paying public, who pay for what we do
- Partner with the wider NHS and public sector to optimise healthcare and emergency services provision across London

This strategy plays an essential role in delivering on these goals, which we will do through three themes.

01

Comprehensive urgent and emergency care coordination, access, triage and treatment, with multichannel access for patients

02

A world-class urgent and emergency response with enhanced treatment at scene and for critically ill patients a faster conveyance to hospital

03

Collaborating with NHS, emergency services and London system partners to provide more consistent, efficient and equitable services to Londoners



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Our challenges

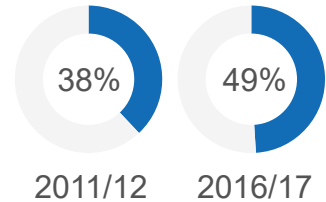
Some of our key challenges are:



Population is growing and aging:
2018/19 = 9m
2022/23 = 9.4m (+400,000)



High priority calls increasing



People living with dementia will double in next **30 years**



1.9m 999 calls in 2017/18, increasing **2% a year**

Aging population:



65-84 year olds up

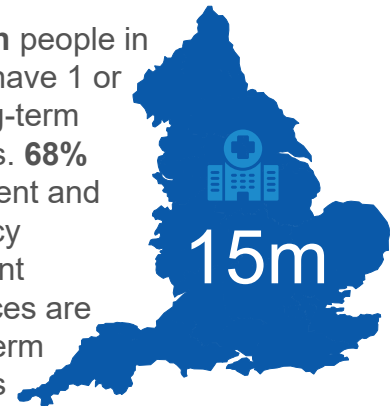
↑ 23%



85+ year olds up

↑ 31%

15 million people in England have 1 or more long-term conditions. **68%** of outpatient and emergency department attendances are for long-term conditions



357k 111 calls increasing at **8.7% a year**



The NHS continues to face substantial and sustained rises in the demand for urgent and emergency care. We have looked at the key challenges as opportunities to improve how we:

- care for patients
- support our staff and attract the very best people to join us
- help the wider NHS deliver best value for taxpayers

The challenge

The population is growing and aging, meaning more patients and greater complexity.

There is an increasing prevalence of acute and complex long-term conditions.

The need for care of critically ill patients is growing at a higher rate.

New technologies are changing how patients access the care system.

Recruitment difficulties within frontline and support functions.

The opportunity

Use a wider range of specialised staff and deliver more care through our telephone services and in the community - avoiding unnecessary emergency department attendances and hospital admissions.

Further integrate ambulance services with community health teams and social care hubs, co-located or connected virtually to enable robust, high quality and cost-effective coordination of the delivery of urgent and social care.

Increase the use of our 'hear and treat' and 'see and treat' services, and work with London's five Sustainability and Transformation Partnerships (STPs) to seek other ways to manage or mitigate demand on the urgent and emergency care system.

Transform our services to take advantage of digital technology so patients can contact us in ways that suits them.

Further improve our offer to new and existing staff so that we can continue to attract the best in the country.



Ambulance services have delivered significant improvements to the standard of clinical care and services to patients over recent years. But we must go further if we are to realise national and regional objectives.



Strategic theme 1

Comprehensive urgent and emergency care coordination, access, triage and treatment, with multichannel access for patients

We want to manage and coordinate the flow of patients through urgent and emergency services, making it as easy as possible for people to access the help that they need.

We will develop an Integrated Clinical Assessment and Triage service (iCAT London), which will sit behind both NHS 111 and 999, providing integrated urgent and emergency care.

At the core of iCAT London will be a new integrated clinical assessment service building on our existing clinical hub. It will be staffed by a truly multi-disciplinary team of specialist clinicians including GPs, paramedics, advanced nurse practitioners, midwives, pharmacists, dental nurses and mental health nurses. It will have access to advice from hospital specialists and specialist 999 resources such as our air ambulance dispatch desk will also sit within the service.

The service will provide clinical advice to patients, our own staff attending patients and other health professionals working in the community. We will expand the methods of access to include video calls from home and mobile, web-chat, online self-care advice and text messaging: iCAT London will have true multichannel access. Our system will have the capability to conduct video assessment and receive photographs to support joint assessment with external clinicians.

Our aim will be to treat patients via a 'hear and treat' model wherever possible and clinically appropriate. Where referrals are needed a detailed directory of services will provide information on appropriate care pathways to refer patients to community teams such as rapid response, falls and district nursing teams to avoid unnecessary hospital admissions.

Prescribing clinicians will be able to issue prescriptions electronically where clinically appropriate, allowing patients to collect medicines from a local pharmacy. This will improve patient experience and reduce unnecessary referrals to GPs.



Potential patient benefits

- **Improved ease of contact for patients**
 Having multiple contact channels available will allow patients to contact the service via their preferred method.
- **Providing optimal responses –**
 Integrated call handling across 111 and 999 will allow us to determine the urgency and categorisation of calls more efficiently, ensuring that emergency triage is not used for non-urgent patients and vice-versa and reducing the time it takes for patients to reach the right service.
- **Treating more patients remotely –** An expanded clinical assessment service will allow us to give more patients the help they need over the phone rather than waiting for a physical response or being asked to contact/travel to other NHS services.
- **Improving information for physical response teams –** Supporting on-scene crews in determining the most appropriate clinical response and where it's best to convey patients.
- **Improved patient outcomes from better data capture –** Having all contacts registered in one system gives the opportunity to capture and recall data to improve patient experience.



Potential economic benefits:

If adopted across the whole of London this model has the potential to reduce ambulance dispatches from both 999 and 111 services, whilst also improving efficiency compared to existing teams of call handlers and clinical advisors managed by multiple providers. Implementing iCAT London could save the health system in London up to £21m per year.



Strategic theme 2

A world-class urgent and emergency response with enhanced treatment at scene and for critically ill patients, a faster conveyance to hospital

We will continue to provide high quality care to everyone who contacts us, especially those most critically ill and injured.

However, we will place a stronger emphasis on assessment and enhanced treatment at scene and in community settings, taking patients to alternative care settings where it's needed while accessing established pathways of care. Taking patients to hospital should only be used for those who need the assessment, treatment and equipment available only within an emergency department.

Innovating for our most critically ill patients

Patients with life-threatening and life-changing emergencies will always be a priority for us; though they are a relatively small proportion of the patients we treat (just 8.7% of 999 incidents are Category 1). We will continue to ensure these patients receive appropriate pre-hospital assessment and transfer to centres with the right facilities and clinical expertise to maximise their chances of a good recovery.

Key principles for reducing death and long-term disability that we will focus on in the coming years are:

- Rapid recognition of critical illness or injury at the point of first contact with iCAT London
- Timely response by appropriately trained and skilled clinicians
- Prioritisation of lifesaving interventions over non-essential activities
- Support, where needed, by clinicians with enhanced skills and additional experience, either in person or through iCAT London, utilising technology including video calls
- Minimising time spent on-scene for time-dependent clinical conditions
- Transport to definitive care, with a pre-alert call to activate an appropriate response
- Direct transfer to tertiary care centres for specific conditions, including stroke, heart attack and major trauma

Our full strategy provides detail on our priorities for supporting patients, with critical care needs including: major trauma, heart attacks, cardiac arrest, stroke, sepsis, vascular disease and sickle cell.

Bespoke services for patients with less urgent needs – introducing our ‘Pioneer Services’

To meet the challenges of increased demand for urgent and emergency care and improve outcomes for patients, we need to offer specialised responses for more patients. We will introduce bespoke services for five patient groups:

These ‘pioneer services’ will change how we respond to these groups when they call 999 or 111; significantly improving quality of care and patient experience, and reducing unnecessary trips to an emergency department.

They are not intended to duplicate (or replace) existing primary care, community prevention or lower acuity response services. Close working with community services will be essential if we are to send an appropriate specialist to ‘see and treat’ and refer without conveyance.



Pioneer services

Urgent care response

This service has been piloted in 2017 and having proven itself, we are expanding it to more parts of London. Our aim is to offer it across London as part of delivering this strategy. It is focussed on lower acuity patients with complex needs, and can care for more patients on scene and in their own home using additional tests and treatments.

The service will be delivered both by urgent care advanced paramedic practitioners and paramedic practitioners. Clinicians will receive significant additional specialist training in assessment, clinical decision-making and managing patients with urgent care needs. Improved training and options for career progression will support recruitment and retention.

Patient Benefits (projected for 2023)



213,000 patients could benefit from this service, of which:

- 76,900 would receive 'see and treat'/be referred
- 136,100 would be conveyed, of which 77,500 would be to emergency departments

Benefits for the NHS:

A reduction in emergency department conveyance rate from 57.0% to 36.4% for a selected cohort

Falls

This service will attend patients who have fallen and whilst not seriously injured, may not be able to get up off the floor on their own. A specialist falls paramedic, supported by an assistant practitioner, will be dispatched in a fast response car with specialist equipment.

Advanced skills will allow them to carry out a full assessment of the patient's physical condition and identify reasons for their fall. Mobile access to our detailed service directory will allow enhanced referrals to an expanded range of community services, occupational therapy, rapid response teams, social care, falls prevention services and provide wider health promotion to help facilitate a patient's full recovery from their fall and help them remain in their own home rather than needing to go to hospital for treatment.

Patient Benefits (projected for 2023)



94,700 patients could benefit from this service, of which:

- 39,800 would receive 'see and treat'/be referred
- 54,900 would be conveyed, of which 44,400 would be to emergency departments

Benefits for the NHS:

A reduction in emergency department conveyance rate from 52.8% to 46.9% for a selected cohort

Mental health

This service will see a registered mental health nurse (RMN), paired with another ambulance clinician responding to patients identified as requiring a specialist mental health response. It will provide a specialist mental health response consistently seven days a week.

The RMN will be able to provide specialist care and support and navigate the appropriate mental health pathways, especially out of hours. They will have the skills and knowledge to discuss risk assessments, recommended management plans and presenting condition with approved medical practitioners and mental health units. Their specialist skills will reduce unnecessary conveyance to acute hospitals when that is not the best place to meet the patient's needs.

Patient Benefits (projected for 2023)



84,600 patients could benefit from this service, of which:

- 1,900 would receive 'hear and treat' discharge
- 56,300 would receive 'see and treat'/be referred
- 26,400 would be conveyed, of which 20,200 would be to emergency departments

Benefits for the NHS:

A reduction in emergency department conveyance rate from 54.3% to 23.9% for a selected cohort

Maternity

A two-person response in a rapid response vehicle, consisting of a registered midwife and an appropriately skilled clinician, would provide advanced midwifery care including new-born life support. A midwife on scene will reduce the need for multiple crews to attend a birth. They will also provide additional assurance and confidence to the mother and the maternity team. We will also have midwives in the control room to provide expert telephone advice to callers and support crews on scene.

Patient Benefits (projected for 2023)



10,700 patients could benefit from this service, of which:

- 2,200 would receive 'hear and treat' discharge (over current)
- 2,700 would receive 'see and treat'/be referred
- 5,800 would be conveyed of which 1,900 would be to emergency departments

Benefits for the NHS:

A reduction in emergency department conveyance rate from 21.5% to 17.8% for a selected cohort

End of life

The ultimate aim of this service is to reduce unnecessary resuscitation attempts and conveyances for patients at the end of their lives and to make the final stages of life as comfortable, pain free and dignified for them and their families as possible. We will enhance our education and training for all frontline staff to improve the skills, knowledge and confidence in providing end of life care.

We will develop new referral routes to community and palliative care providers to offer better alternatives to emergency departments. We will also review the range of medication available to our clinicians, to allow enhanced pain relief on scene and treatment for excessive secretions and breathlessness.

Patient Benefits (projected for 2023)



4,400 patients could benefit from this service, of which:

- 4,000 will receive 'see and treat'/be referred
- 400 will be conveyed, of which 200 will be to emergency departments

Benefits for the NHS:

A reduction in emergency department conveyance rate from 19.6% to 4.5% for a selected cohort

Summary of benefits

Implementing our pioneer services would allow us to increase the number of patients who receive a differentiated service, specialised based on the specific patient illness or injury, from less than 10% to over 30% over the period of this strategy.

We believe that it could mean up to 95,000 fewer patients taken to emergency departments; saving London's health system between £9.5m and £12.8m per year.

This is the first tranche of pioneer services that we are proposing. Once these have been piloted, the benefits demonstrated and the clinical model finalised, we hope they will become part of our core business of responding to emergency calls, subject to alignment and agreement with STPs and commissioners. We would then seek to develop a second tranche of pioneer services. Staff have identified children (paediatrics) and incidents involving substance abuse as areas to explore.



Strategic theme 3 Collaborating with NHS, emergency services and London system partners to provide more consistent, efficient and equitable services to Londoners

We will work with London's other public services and will support every opportunity to improve patient outcomes and experiences whilst improving public value.

We are also committed to working alongside the emergency services and London's wider stakeholder community and stand behind the Mayor of London's pledge, and are a co-signatory, to "making London the safest global city".

As the only pan-London NHS provider, we have unique insight into the care available to patients across London. We can help NHS England and the five Sustainability and Transformation Partnerships to identify the best services for managing demand on the wider NHS, where there are inconsistencies, and where changes to service delivery would provide benefits to patients and the urgent and emergency care sector as a whole.

There are some exciting initiatives being developed in the STPs to improve patient outcomes and experiences. However, not all care pathways and services are consistent across London. While we recognise that there will always be differences in locally-commissioned services, it is our intention to work with London's five STPs to develop an agreed set of minimum standards for appropriate care pathways across London.

Increased consistency would provide a better patient experience and support our staff in providing patients with the most appropriate care.

By working with system partners, using our data and analytics, in the design and development of urgent and emergency care in London, we aim to:

- Simplify and ensure consistency between unplanned care pathways – providing consistency of experience and outcomes for patients; and reducing complexity for paramedics
- Develop and implement our pioneer services – ensuring that they work well across London
- As a provider of both 111 and 999 calls, release additional value through ensuring proper use of non-emergency care pathways, helping to ease the pressures on hospital emergency department services

We believe that we could save London's health system between £2.2m and £2.7m per year by working with partners to ensure a more consistent, efficient and equitable service.

Emergency services partners

Building on existing collaboration in a number of critical areas, we are now working with the police and fire services to go further to provide a world-class service for the people of London. Together we will:

- Share a common vision of 'making London the safest global city'
- Deliver a world class emergency service to the people of London
- Ensure collaboration is at the heart of everything we do





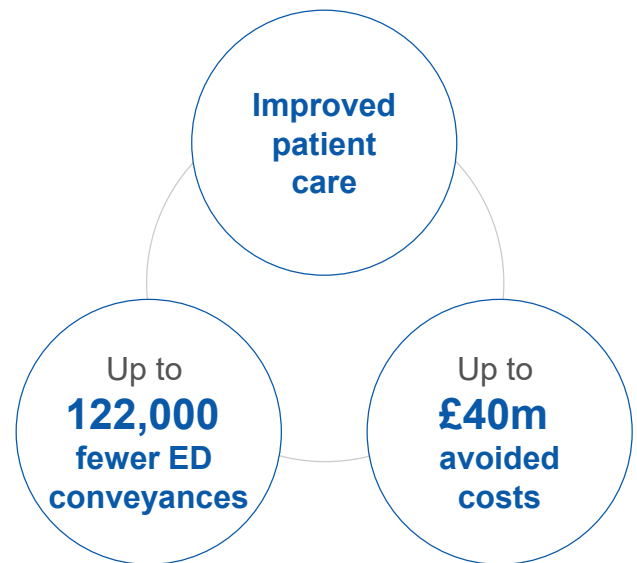
Impact

Our strategy will have direct clinical benefits for patients by providing more care by 'hear and treat' and by providing over a quarter of patients with a specialist service with more skilled clinicians able to treat and discharge people on scene.

Fewer people being taken to emergency departments will ease pressure on hospitals delivering both operational and economic benefits.

The combination of **theme 1** and **theme 2** reduces the number of patients taken to emergency departments by up to **122,000** in 2023 from current forecasts.

The benefits set out below will be further tested and refined as we develop iCAT London and pilot the falls, mental health, maternity and end of life pioneer services.



Theme	Benefit area	Source of benefit	Cost avoided (£m)
iCAT London	Ambulance dispatches	Avoided ambulance dispatches (999)	11.6
		Avoided ambulance dispatches (111)	2.8
	Utilisation	Improved utilisation of call handlers	3.0
		Improved utilisation of clinical advisors	3.6
	Total		
Pioneer Services	Staffing and vehicles	Net cost avoided minus investment in training, vehicles and project costs	7.1
	Investment cost	Average investment cost per year over the 5-year strategy	(5.1)
	Reduction in hospital contacts	Avoided Emergency Dept attendances	8.6
		Avoided non-elective admissions	2.2
	Total		
Collaboration	Reduction in hospital contacts	Avoided Emergency Dept attendances	2.1
		Avoided non-elective admissions	0.6
	Total		
Total potential savings			36.5



Delivery

Delivering our strategy requires fundamental changes to our organisational structure, capabilities and infrastructure.

It is also dependent on commissioners' support, closer working with partners, and the development of national digital solutions.

We are building a flatter and more agile structure that empowers people at all levels to make appropriate decisions and improves collaboration.

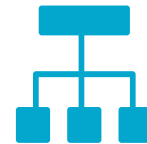
Ten enabling strategies will support delivery:

- Clinical
- Fleet and equipment
- IM&T
- People and culture
- Clinical education and training
- Quality
- Estates
- Operational transformation
- Partnerships
- Volunteering



Capabilities

- **Greater skill-mix** - Our new models of care put more emphasis on assessment and enhanced treatment by phone and on scene. This needs flexible, multi-disciplinary working and a broader range of skills including advanced paramedic practitioners, GPs, mental health nurses, midwives and dental nurses.
- **High quality training** – We will consolidate training resources into two centres of excellence supported by mobile classrooms and online training options. A bespoke leadership development pathway will support leaders at all levels.
- **Quality improvement and innovation** – As a learning organisation, we will build on well-established systems for quality assurance, audit and research, and train more staff in continuous improvement techniques. A train-the-trainer approach will spread knowledge across all levels of the Trust.
- **A career with LAS** – Recruiting and retaining the very best staff is essential to delivering our strategy. Developing new services will mean more use of advanced paramedic practitioner roles and a wider mix of clinical skills within our workforce. This will provide more scope for continuous learning and long-term careers in the Trust.
- **Volunteers** – We will build on our existing volunteer services with a strategy that aims to recruit 1% of London’s population to support us in a variety of ways, from being trained first aiders through to promoting positive health messages in their communities.



Infrastructure

- **Digital** – We will develop a patient facing digital platform; move all internal patient records to electronic systems; and continue to develop the mobile tools that help staff provide better care and stay connected to colleagues. Working with partners we will ensure interoperability across health and care systems.
- **Estate** – We will ensure that all of our staff have modern, high quality places of work and world-class training centres. We will make sure that our estate is developed to be efficient, effective and economic, to support the delivery of our service to patients whilst providing best value for money for the tax paying public.
- **Fleet** – We will continue to modernise our vehicles to maximise their operational effectiveness and environmental efficiency. In so doing they will help crews provide the best possible care for patients; whilst also reducing our carbon footprint.



Our full strategy is available at www.londonambulance.nhs.uk/strategy

