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## Radical Transformation of the English Paramedic Service

Martin Flaherty OBE  
Managing Director  
Association of Ambulance Chief Executives (AACE)

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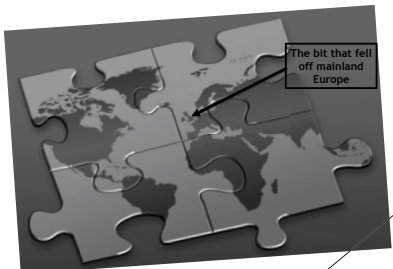
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► THE ENGLISH PARAMEDIC SERVICE  
► WHO WHAT & WHERE?




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By comparison, the UK might not be very big  
but.....




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- ▶ UK has a Population of 64 million (660 per square mile)
- ▶ USA 318m (80 per square mile)
- ▶ Australia 20m (7 per square mile)

**ENGLAND**

- ▶ The National Health Service (NHS) provides healthcare free at the point of use to all citizens
- ▶ Since 2006, 'Paramedic Services' in England have modernised and moved from 31 county services to 10 regional provider 'Trusts'




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■ FULL MEMBERSHIP  
■ ASSOCIATE MEMBERSHIP



Regional Ambulance Trusts:

- Scottish Ambulance Service
- Northern Ireland Ambulance Service
- North West Ambulance Service NHS Trust
- North East Ambulance Service NHS Foundation Trust
- Yorkshire Ambulance Service NHS Trust
- East Midlands Ambulance Service NHS Trust
- East of England Ambulance Service NHS Trust
- London Ambulance Service NHS Trust
- South East Coast Ambulance Service NHS Foundation Trust
- South Central Ambulance Service NHS Foundation Trust
- Isle of Wight Ambulance Service
- South Western Ambulance Service NHS Foundation Trust
- Wales Ambulance Service
- West Midlands Ambulance Service NHS Foundation Trust
- Isle of Man Ambulance Service
- Irish National Ambulance Service
- Guernsey Ambulance and Rescue Service
- Isle of Jersey Ambulance Service

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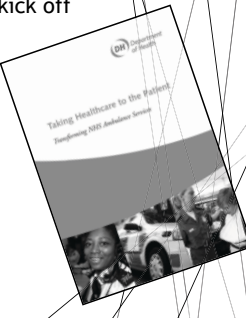
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**So what happened in 2005 to kick off the transformation?**

**Taking Healthcare to the Patient**

- ▶ Detailed review of NHS Paramedic Services
- ▶ 70 recommendations included:
  - ▶ Better management training
  - ▶ Better call handling
  - ▶ More 'hear and treat' - telephone advice
  - ▶ More 'see and treat' - increased care options over and above transportation
- ▶ Reconfiguration and reduction in the number of Paramedic Services




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By 2011 we already looked different but along comes

**Taking Healthcare to the Patient 2:**

It Confirms:


- ▶ We are the largest single emergency and urgent care provider in our areas with:
- ▶ world class call handling,
- ▶ very high levels of patient satisfaction and a mobile workforce with a 'can do' attitude.
- ▶ We are increasingly working with a large range of partners to deliver new and innovative care .

But recognises:

The plan six years ago was principally to :

- ▶ complete mergers
- ▶ achieve challenging new response time targets

It has felt all consuming at times, particularly against a backdrop of year on year increases in 999 demand.




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**Transformation or Evolution?**

- Having moved a long way quite quickly it is clear that more needs to be done
- Demand for 'emergency access' rises year on year by circa 6-8%

▶ Calling 999 for help is free

▶ It is easy to understand

▶ It gets you listened to ( 95% answered within 5 Seconds)

▶ It gets a quick response ( 75% in 8 mins or 95% in 19 mins)

▶ It gets you a well trained Paramedic or ACP crew

▶ It gets you a well equipped front line Ambulance

▶ It gets your problem solved day and night

▶ It's no wonder Paramedic Services so popular??

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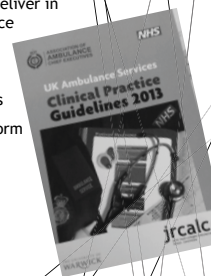
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- ▶ The English Ambulance Trusts look, feel, and deliver in a similar manner but are not a NATIONAL service
- ▶ They do however employ nationally qualified Paramedics and Advanced Care Paramedics
- ▶ They respond to the same performance targets
- ▶ They rely on national clinical guidelines to inform their practice

▶ But they are autonomous services that are accountable to a Trust Board

So what do they do.....?




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**In England:**

- ▶ 30,000 Emergency calls daily
- ▶ Over 9 million 999 (911) calls annually
- ▶ £1.6bn budget = 2% of NHS Budget
- ▶ 22,000 frontline staff
- ▶ 12,000 Paramedics
- ▶ 8 minute target for 75% of serious cases
- ▶ 58% conveyed / 35% at home / 6% telephone

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**Life cycle: All the emergency kit and room for the sandwiches**

1. Observation of accident scene	21. Assessment of patient's condition
2. Assessment of patient's condition	22. Assessment of patient's condition
3. Assessment of patient's condition	23. Assessment of patient's condition
4. Assessment of patient's condition	24. Assessment of patient's condition
5. Assessment of patient's condition	25. Assessment of patient's condition
6. Assessment of patient's condition	26. Assessment of patient's condition
7. Assessment of patient's condition	27. Assessment of patient's condition
8. Assessment of patient's condition	28. Assessment of patient's condition
9. Assessment of patient's condition	29. Assessment of patient's condition
10. Assessment of patient's condition	30. Assessment of patient's condition
11. Assessment of patient's condition	31. Assessment of patient's condition
12. Assessment of patient's condition	32. Assessment of patient's condition
13. Assessment of patient's condition	33. Assessment of patient's condition
14. Assessment of patient's condition	34. Assessment of patient's condition
15. Assessment of patient's condition	35. Assessment of patient's condition
16. Assessment of patient's condition	36. Assessment of patient's condition
17. Assessment of patient's condition	37. Assessment of patient's condition
18. Assessment of patient's condition	38. Assessment of patient's condition
19. Assessment of patient's condition	39. Assessment of patient's condition
20. Assessment of patient's condition	40. Assessment of patient's condition

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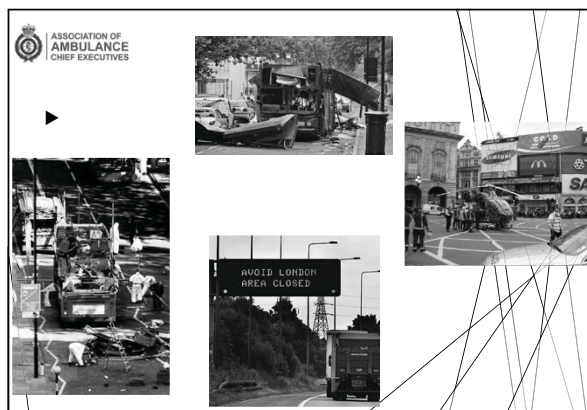
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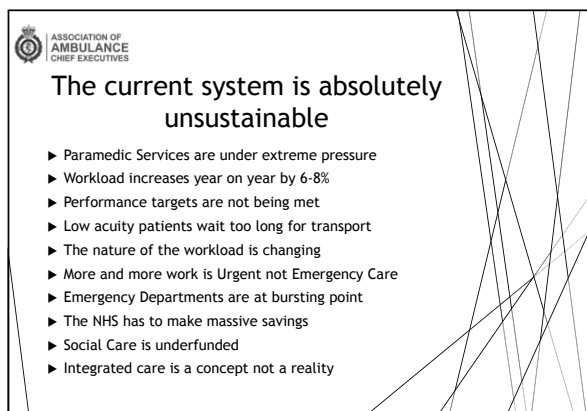
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**The Great British Patient with an Urgent or Emergency care need is:**




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**Context for further Urgent & Emergency Care Transformation**

- ▶ Paramedic services are highly valued for speed of service and the skills of paramedics/ACPs -
- ▶ Paramedic/Advanced Paramedic is the most trusted brand in the NHS
- ▶ Confusing system-the public struggle to navigate and so take easiest option-999 or ED
- ▶ Massive need for care closer to home
- ▶ Around half of 999 calls which require an ambulance to be despatched could be managed at scene.
- ▶ 'Paramedic services should become community based mobile urgent treatment services rather than solely a means of transportation' (Keogh 2013)
- ▶ We must provide better access to General Physicians and specialists in health & social care.
- ▶ Paramedic Services could co-ordinate all of this on behalf of the NHS

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**Role of NHS Paramedic Services in Transforming Urgent & Emergency Care**

Four areas:

- ▶ Emergency Care - 999
- ▶ Hear & Treat - 999 / NHS111 & Clinical Hubs
- ▶ See & Treat - Mobile Treatment Services
- ▶ Urgent Care - alternative care pathways

Requires:

- ▶ Developing the workforce
- ▶ Changing NHS culture
- ▶ True integrated care not just rhetoric
- ▶ Enhanced data sharing to improve patient experience and clinical outcomes

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### UK Paramedic service 999 workload

<p><b>10% Life threatening</b></p> <ul style="list-style-type: none"> <li>▶ Advances in cardiac care, stroke, major trauma, cardiac arrest</li> <li>▶ Acute service reconfigurations-maternity, paediatrics, surgery</li> <li>▶ Trauma centres</li> <li>▶ Clinical Outcome Indicators</li> <li>▶ Resilience for major incidents &amp; mass casualties - working with other emergency services</li> </ul>	<p><b>90% Urgent care</b></p> <ul style="list-style-type: none"> <li>▶ Advanced and specialist paramedic roles-expanded clinical decision making, advanced clinical assessment, diagnostic skills, independent, prescribing</li> <li>▶ Paramedics working alongside community, primary care, social care, mental health</li> <li>▶ More care closer to home</li> <li>▶ Alternative care pathways</li> </ul>
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### So what do we need to do differently ?

- ▶ 'Manage' demand in even more inventive ways
- ▶ Respond more appropriately in different time frames
- ▶ Dismantle the current performance targets
- ▶ Develop 'whole system' performance measures
- ▶ Provide care 'closer to home'
- ▶ Utilise technology much more effectively
- ▶ Convince the NHS that we can co-ordinate all of this
- ▶ Educate our staff very differently
- ▶ Provide a different 'offer' for the public
- ▶ Help educate the public to use the new system

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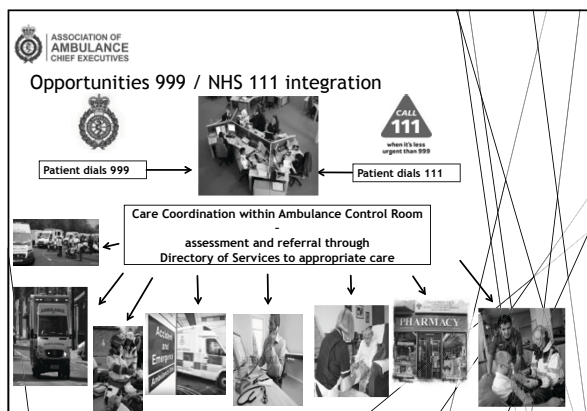
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### Traditional Workforce Training

- ▶ Training has traditionally revolved around acute illness, trauma skills, cardiac arrest management, stroke management etc
- ▶ Differential diagnosis of the unwell octogenarian patient has been much less well taught
- ▶ Focusing on the high profile but relatively rare events does not meet the majority of patient needs
- ▶ 90% of demand is for complex illnesses, mental health crisis, minor injuries , social difficulties etc
- ▶ The underpinning academic level is often insufficient.

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### The future ambulance workforce

- ▶ Developing more paramedics to advanced and specialist paramedic roles
- ▶ Improve the range of clinical assessment and clinical decision making skills to manage patients closer to home
- ▶ Independent prescribing for ACPs
- ▶ Paramedic Evidence Based Education Project (PEEP report 2013)- introduction of a national education and training framework for ACPs at degree level
- ▶ Obtaining mainstream NHS education funding

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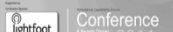


AACE invites you to register for  
the Ambulance Leadership Forum  
(ALF) 2014 - 18/19 November

The 2014 ALF will be held on 18/19 November at the Leeds Convention Centre, Leeds. The event will provide an opportunity for ambulance leaders to meet and discuss key issues facing the sector. The event will also provide a platform for ambulance leaders to share their views and experiences. The event is open to all ambulance leaders and is free of charge. Registration is now open and places are limited. To register, please visit <http://alf2014.aace.org.uk/>

18<sup>th</sup> /19<sup>th</sup> November

Leeds UK  
<http://alf2014.aace.org.uk/>



Conference

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Thank you



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