Integrated ambulance commissioning in the new NHS

As the NHS reforms start to become embedded over the next year, it will be vital for clinicians leading the new clinical commissioning groups (CCGs) to get involved in ambulance commissioning. New commissioners need to have a good understanding of the role and significance of ambulance commissioning if a safe and effective ambulance service is to be maintained as part of a high-quality urgent and emergency care system.

The purpose of this Briefing is to explain how ambulance commissioning currently works for clinical commissioners who may be new to this area. It is designed to support the efforts being made by the National Ambulance Commissioners Group (NACG), which is hosted by the NHS Confederation, to ensure that ambulance commissioning responsibilities are effectively transferred from primary care trusts (PCTs) to CCGs.

**Key points**

- Getting ambulance commissioning right is vital because of the impact ambulance services have on the wider healthcare system and their influence on overall costs.
- Maintaining a safe and effective service for patients is essential while managing the risks of changing commissioning structures.
- CCGs that commission ambulance services collaboratively will be in a stronger position.
- Some CCG leaders could face a steep learning curve, but what already works well can be built upon and enhanced.

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**Background**

Currently, 11 regionally-based ambulance trusts provide urgent and emergency healthcare and some patient transport services in England, with separate arrangements for the Isle of Wight.

The overarching aim of the Government’s NHS reforms, as set out in the Health and Social Care Act 2012, is to create a more patient-focused NHS that allows clinicians and frontline staff a far greater role in organising and commissioning care as well as providing it.

Ambulance trusts are relatively unaffected by the reforms in terms of their structures and will continue to deliver their core emergency response service during the transition. However, if commissioners fail to maintain effective coordination and
performance management of ambulance services, this could damage efforts to meet the efficiencies expected under QIPP (Quality, Innovation, Productivity and Prevention), undermine the drive to increase clinical leadership, and compromise the quality and safety of patient care.

Where ambulance services sit in NHS commissioning

Under the NHS reorganisation in England, local clinicians, as members of CCGs, will have greater powers and responsibility for making commissioning decisions on behalf of their patients and population, including decisions about commissioning urgent and emergency ambulance services.

Transforming urgent and emergency care services is an important part of the Government’s objectives to improve the outcomes delivered by the NHS and deliver greater efficiency and productivity.

The National Audit Office’s report, *Transforming NHS ambulance services*, stated that the ambulance service had a “pivotal” role in the performance of the urgent and emergency care system. The report said: “Traditionally, the ambulance service has been seen primarily as a call-handling and transportation service encompassing some aspects of patient care. Increasingly, however, it is recognised as having a wider role as a conduit to other NHS services and in ensuring patients can access the facilities they need, close to their home.”

The operation of ambulance services has a disproportionate impact on overall system efficiency, affordability, resilience and ability to improve outcomes. Mark Docherty, chair of the NACG, says: “Overall, ambulance service provision does not cost a lot of money – it is about 1.5 per cent of the total NHS budget – but the impact of getting it right or getting it wrong is very dramatic. It may only be about 1.5 per cent of direct NHS spend, but it probably impacts on about 20 per cent of the total NHS spend (£20 billion).”

The NACG believes it will be critical to maintain strong and robust ambulance commissioning in the future in order to ensure:

- intelligent commissioning that harnesses the potential QIPP efficiency savings of effective urgent and emergency care management
- fair debate, which draws on the expertise of both commissioners and providers, about the most effective use of resources and most appropriate operational models for ambulance services
- ambulance services are fully engaged in wider urgent care service improvements and redesign as part of plans to meet and manage growing demand
- ambulance providers are effectively held to account for the quality and efficiency of their services.

Effective ambulance commissioning is also necessary to ensure capacity, specialist knowledge, capability and resilience during a period of transition and into the future as part of collaborative commissioning of a range of regional services.

How ambulance commissioning works now

The PCT in whose boundary an emergency happens is responsible for ensuring a comprehensive service response is provided, including ambulance services where necessary, and takes responsibility for the cost of the incident.

At present, ambulance commissioning and contract management capability sit within PCT clusters. This is sometimes supported by complementary niche service providers such as management consultancies and performance management companies, which support specific areas of work.

In most areas, PCTs have a formal agreement as to how they will work together on ambulance commissioning, backed up with shared governance arrangements. There are lead commissioners (one for each region) and associate commissioners (one for each PCT or PCT cluster in a region) involved in the process.

Both lead and associate commissioners – usually meeting regularly as part of an ambulance commissioning consortium – are responsible for agreeing strategic plans, priorities and funding across their PCTs. The lead commissioner translates these into commissioning intentions and then negotiates contracts and specifications for ambulance services, while also managing the performance of ambulance trusts.

This collaboration has supported the development of expertise, enabling commissioners to
challenge more effectively as well as influence the design of local urgent care systems and the role of ambulance services within them.

Some areas also collaboratively commission patient transport services (PTS) through their ambulance commissioning structures. However, in many areas this is managed separately, recognising the different range of providers involved in PTS beyond the ambulance service, and the role of PTS in the delivery of planned care.

Until recently, the interest and involvement of GPs and other primary care clinicians in the commissioning of ambulance services has been relatively limited, although there is a small cadre with a high level of interest and knowledge (see case study below). NACG deputy chair Neil Kennett-Brown says: “CCGs are new with new responsibilities, and potentially relatively few of their clinical leads will have had any involvement in the past in the detail of ambulance commissioning. I’d like them to be excited about some of the potential to now get more involved, but also to understand the governance about how it could work most effectively.”

Alan Murray, a former ambulance service CEO, says CCGs will have to quickly take control of commissioning budgets but that this could lead to improvements in how the service currently operates. Alan says: “It will be a steep learning curve for some CCG leaders from a number of perspectives – first of all they need to understand what they are buying.

“I think it’s taken PCTs, usually acting as consortia, quite some time to develop their proficiency in commissioning ambulance services. With the new arrangements, there is potential for CCGs to help commission a better service from ambulance providers through greater clinical engagement in service design and evaluation. But, if it’s going to work, the commissioning arrangements need to be efficient as well – operationally and financially.

“They need to take a lot from what PCTs were doing which was beginning to work pretty well. Where a shared approach across several CCGs is most appropriate, they quickly need to agree who

Case study: Clinically-led commissioning of London Ambulance Service

One GP who has extensive knowledge in commissioning ambulance services is Dr Andrew Steeden, clinical director for NHS North West London. Andrew leads on clinical commissioning in the sector, while also working as a GP.

Andrew has been involved in ambulance commissioning for about three years and has worked with Neil Kennett-Brown, the lead commissioner for the London Ambulance Service (LAS) and deputy chair of the NACG.

Andrew says: “It will be difficult for CCGs to get to know about ambulance service commissioning because people have a big black hole with regard to understanding where any ambulance service fits into how patients use the NHS.

“We discovered quickly that ambulance services work incredibly hard to provide a really good service but because they don’t have great relationships with other parts of the healthcare family – apart from A&E – they tend to try and solve all the problems they come across by themselves and develop whole patient forums, strategies for frequent callers and alcohol services in isolation to what is happening in the wider health economy.”

Previously, the LAS was often left out of conversations and meetings between health services across London and, as Andrew explains: “As a consequence, we had cultures where people were working very hard to deliver great services, but weren’t taking advantage of pieces of work that were already being done.

“There is a need for a more collaborative approach to ambulance commissioning in the future because we can expect the ambulance service to do far more than just a scoop and run service for emergency cases.”

London, like other regions, has developed regional centres for stroke, major trauma and cardiac services, so now ambulance services are expected to do a degree of diagnosis and assessment before they work out the best place to take a patient.
their lead commissioner is going to be and they need to act in consortia and have a risk-sharing agreement.”

**Early collaborative efforts**

To address the future challenges facing the NHS, and ensure patients’ needs are placed at the centre of an effective urgent care system, strong clinical commissioning is essential. As part of the transition under the NHS reforms, existing commissioners are keen to work collaboratively with emerging CCG to help support them take on their new responsibilities. The current model of collaborative commissioning of ambulance services now needs to focus on enhancing clinical engagement.

In some areas there is already evidence of increasing clinical involvement, with GPs proactively leading the redesign and improvement of urgent care services. Examples from around the country have shown that where emerging CCGs and their commissioning support organisations are working together, the expertise is enhanced and improved clinical outcomes are achieved.

Geraint Davies, director of commercial services for South East Coast Ambulance Service NHS Foundation Trust, whose remit includes managing the FT’s relationships with its commissioners, agrees there is a need for providers to work closely with and inform GPs to enable effective commissioning.

Mr Davies says: “All providers need to understand how they will inform and engage their CCGs and CCGs need to think about how they inform themselves about the services that are available and what that means for their commissioning intentions.”

In Mr Davies’ area, the ambulance service has already been working with the emerging CCG leaders and attending their urgent care boards meetings.

“We have been endeavoursing over the past 12 months to engage with and develop a relationship with the emerging GP leaders and talking to them about what our commissioning arrangements could look like,” he explained.

“I would say that kind of ground work around the country is essential for everyone. If the transactional aspects of commissioning are managed via a collaborative approach then it decreases inefficiencies. Instead of me relating to 20 contract managers, I can relate to one or three or any combination. That is beneficial to both parties. We need to learn from what works in the existing system. There are some very good systems that are already in place that work.”

The NHS Commissioning Board that will oversee the performance of CCGs is also keen on a collaborative approach to ambulance commissioning and has recently published in draft form *A framework for collaborative commissioning between clinical commissioning groups.*

This document says where two or more CCGs commission a single service it will be important to have appropriate and robust collaborative arrangements between them.

“In some cases, a large number of CCGs might commission a single service that is organised across a large geographical area (such as ambulance services), or in other cases a group of CCGs who are geographical neighbours may wish to work together on a contract with a single provider to which the majority of their patients flow,” states the document.

**Governance issues**

There are different levels at which a collaborative approach to commissioning could be adopted, bearing in mind that robust governance arrangements are necessary to underpin any shared or joint commissioning structure. Most current arrangements have formalised consortium agreements that identify the process of decision-making, accountability and leadership.

For the future, there needs to be an appropriate level of leadership, accountability and responsibility given to CCGs through the overall collaborative governance process to ensure that commissioning remains rooted at a local clinical level.

A lead commissioning role should include certain functions and responsibilities, but there are also clear areas of accountability and responsibility that must be held and acted upon by CCGs.

While supporting consistency and stability, governance frameworks should also enable the local flexibility and creativity that will be required to deliver transformational change.

Ambulance commissioning must
not be seen in isolation: urgent and emergency care services are interlinked in a complex way and governance structures need to be joined up to recognise the system’s interdependence.

The governance framework for ambulance commissioning also needs to allow for a collaborative approach to the implementation of the NHS 111 service, identifying the linkages between the overall improvements to the urgent care system, which will provide easier and more appropriate access to an integrated 24/7 service.

The relationship with local GPs will be particularly critical in this matter, in ensuring that the NHS 111 service actively supports their key role in the effective delivery of in-hours and out-of-hours urgent care.

**Supporting collaborative commissioning at a national level**

In view of the specialist nature of ambulance commissioning the NHS Confederation, initially as part of the PCT Network, has for several years hosted an informal forum for the lead ambulance commissioners in England.

This group – the National Ambulance Commissioners Group (NACG) – exists as a national expert group and has membership from each of the lead ambulance commissioners from across the country. It meets monthly to agree and move forward priority workstreams, share and interpret intelligence, and agree coordinated approaches to planning and performance management.

Members have already agreed that collaboration on a national basis is worthwhile because it:

- avoids duplication of work – for instance, work has been undertaken to agree clinical outcomes indicators and a methodology of measurement for application across all regions
- encourages sharing of best practice, such as in the specification of contract schedules
- ensures consistency of approach across the country, for instance in the application of the operating framework to ambulance contract developments
- facilitates the development of specialist knowledge
- provides peer support and challenge
- allows best use of a scarce resource
- provides organisations with a central point for advice or expertise.

By working collaboratively on a national basis, lead commissioners in the group have produced benchmarking data for all ambulance services in terms of contract price and activity, and a standard service specification to be included within the contract documentation for local adaptation. They have also collectively inputted to and influenced key national work groups (such as the Emergency Services Review) and commissioning tools and frameworks, including the standard national ambulance contract, payment by results, clinical quality indicators and the RCGP Commissioning Guide on Urgent Care.

CCGs and commissioning support units may wish to consider how they can continue and build on this type of collaborative working at a national level.

**Ambulance commissioning in a period of transition**

The scale of the NHS reforms is significant. Transforming urgent and emergency care services will be central to achieving the Government’s objectives to improve outcomes delivered by the NHS alongside delivering greater efficiency and productivity.

This period of transition to new commissioning arrangements in the NHS presents particular risks and challenges, as well as opportunities. One of those risks is the loss of commissioning expertise at all levels of the commissioning process. In some parts of the country, nearly all the specialist knowledge and expertise about ambulance services is within the ambulance service itself and there is a risk of losing an effective counterbalance from commissioners.

Mark Docherty, NACG chair, says: “What we have developed at the moment is a pretty expert group of commissioners but the risk is that there are not many. Over the last two years, there’s been something of a turnover of ambulance commissioners. The risk is that if key commissioning people were to leave what you’d find is that all of the expertise in the system would be in the provider organisation, i.e. the ambulance service. That would potentially put them in a position where they could pursue..."
organisational strategies that support their own development but are not optimal for the health economy as a whole. You really need a counterbalance of expertise and perspective from well-informed commissioners to help prevent this.”

Another risk is that while traditional commissioning structures are dismantled, overall commissioning resources are also scaled back, meaning that in some areas resources for ambulance commissioning are too lean. This underlines the need to reduce duplication and share resources and work programmes wherever possible.

Over the transitional period, lead ambulance commissioners should be committed to continue to deliver business as usual including negotiating future contracts within their own individual patches and across the country.

In addition, other action they should take during this period of transition is to:

- create a framework to support local approaches to transferring ambulance commissioning responsibilities and associated agreements from PCTs to CCGs
- accelerate dialogue with CCGs on future models of ambulance commissioning support (i.e. the prospectus for ambulance commissioning support function) in their local areas and at a national level
- continue dialogue with providers on the future model of ambulance commissioning support
- continue to operate collaboratively on a national basis and explore potential to formalise the national coordination and leadership of ambulance commissioning.

**Commissioning support**

The new CCGs are going to need outside support when, from next year, they assume responsibility for commissioning up to £80 billion worth of services across England.

CCGs have options when deciding how to procure commissioning support, including employing their own staff, contracting with NHS commissioning support units (CSUs) or other providers of commissioning support from the independent and third sectors. For many CCGs ambulance commissioning support is one of the services they are likely to buy in to enable them to carry out their commissioning functions effectively, although some of the larger ones may undertake significant elements of ambulance commissioning in-house.

The NHS Commissioning Board is establishing up to 23 CSUs to offer transitional commissioning support to CCGs. Over time, these units are expected to become independent freestanding commercial enterprises. CCGs are likely to require support from these CSUs in undertaking both the transactional (contracting and procurement) and the transformational functions (clinicians leading change and improvement through service redesign, and engaging with local stakeholders to set agreed priorities) associated with good commissioning.

Expert commissioning support will ensure that CCGs are able to concentrate better on the clinical aspects of commissioning and will develop flexibly as CCGs’ support needs change. There should not be one prescribed model for ambulance commissioning support because CCGs and their populations will have varying needs which may change over time.

Final decisions on the shape of commissioning support will be a matter for individual CCGs.

Whatever the local circumstances, it will be important for CCGs to recognise that ambulance commissioning involves a multitude of different activities that need to be coordinated at several different levels and aligned with the commissioning of other related services. Figure 1 (Potential commissioning levels) is not intended to be prescriptive, but illustrates how different types of urgent and emergency care services might be commissioned at different levels of the system. Different approaches to and structures for collaborative ambulance commissioning are likely to be required, depending on local factors and the type of ambulance service being commissioned.

Ambulance commissioning support services could help commissioners in delivering several elements of their commissioning functions, including:

- ‘end-to-end’ commissioning support – providing a total commissioning management function so that CCGs have collective power in negotiating with ambulance service providers and have some commonality of services around their activities linked to clinical networks of care
- specific products and/or services – commissioning support
services will provide a range of expert consultancy and project style workstreams, working on a specific contracted basis for each identified piece of work

• running organisational functions – support services can provide, or themselves contract for, a whole range of corporate management functions including data analysis, financial reporting, and strategic planning

• ‘scale services’ – support services will provide all of the commissioning needs where scale of service is critical to safe and effective delivery.

The NACG hopes that this Briefing provides a useful introduction to some of the issues CCGs may want to consider as they take on their new commissioning responsibilities. Members of the group are all working with local CCG colleagues to develop more specific plans and structures for maintaining strong ambulance commissioning arrangements in their area.

For more information, or to get involved in the work of the NACG, please get in touch using the contact details provided at the end of this document.

Figure 1. Potential commissioning levels

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<thead>
<tr>
<th>Commissioning level</th>
<th>Type of service</th>
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<tbody>
<tr>
<td>Individual clinical commissioning groups (CCGs)</td>
<td>Local unscheduled care services</td>
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<tr>
<td>CCG “clusters”</td>
<td>NHS 111 provision</td>
</tr>
<tr>
<td>Ambulance Service Footprint*</td>
<td>999 urgent/emergency response</td>
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<tr>
<td>National</td>
<td>Emergency preparedness</td>
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</table>

*The full geographical area covered by a single ambulance service provider.

References

3. NHS Commissioning Board (2012), A framework for collaborative commissioning between clinical commissioning groups.
The National Ambulance Commissioners Group (NACG)

The NACG brings together the individuals with responsibility for fulfilling the coordinating commissioner role for each of the NHS ambulance trusts in England, and those working within the teams providing that coordinating commissioner function and associated commissioning, contracting and service improvement activities.

The NACG’s mission is to contribute to the development of high-quality, cost-effective, clinically-focused and locally integrated NHS services, by ensuring the commissioning of emergency ambulance services and emergency preparedness is carried out in the most efficient and effective way possible.

For more information or to get involved in the work of the NACG, please contact Mark Docherty (chair) or Neil Kennett-Brown (deputy chair) of the NACG at mark.docherty1@nhs.net and neil.kennett-brown@westminster-pct.nhs.uk