NHS Confederation

Access to emergency services

October 2022

About us

The NHS Confederation is the membership organisation that brings together, supports, and speaks for the whole healthcare system in England, Wales, and Northern Ireland. The members we represent employ 1.5 million staff, care for more than 1 million patients a day and control £150 billion of public expenditure. We promote collaboration and partnership working as the key to improving population health, delivering high-quality care, and reducing health inequalities.

Earlier this year, we made a written evidence submission to the Committee's Inquiry on '*Designing a public services workforce fit for the future'* and are pleased to submit evidence to this new inquiry.

Executive Summary

The ambulance service plays a significant role in the NHS. Whilst ambulance services are emergency services and work closely with other emergency services, their role within the NHS and the relationships they hold with other parts of the system are significant.

The ambulance service faces a number of different challenges, with the majority of these issues directly related to wider pressures across the health and care system including increased levels of acuity which requires a clinical response from appropriately trained staff.

Some ambulance services also deliver 111 services, providing medical advice to the public, as well as booking appointments with clinical services or, where appropriate, sending an ambulance.

All services provided by the ambulance service in England are commissioned and funded through integrated care boards (ICBs), with different commissioning arrangements in Wales and Northern Ireland, and work as an integral partner in integrated care systems (ICSs). Any closer working arrangements with other blue light services would need to take these funding arrangements into account.

We need to ensure that the voice of the ambulance sector is involved in strategic planning and decision-making at national, regional, ICS and place level.

Ambulance services are key partners within Local Resilience Forums and already collaborate with their blue light colleagues locally in a variety of different ways which includes major incident response, co-responding schemes for category one calls that are life threatening, joint response units to better manage calls that require a police and ambulance response and shared estates.

There needs to be a greater recognition of the ambulance sector's role as providers of urgent and emergency care and as care navigators, ensuring people are treated in the right place at the right time. Every day there are many care episodes being concluded, either on-scene or over the phone, without the need for onward referral.

Given rising acuity of patients presenting and the pressures created by delays to ambulance handovers, improving emergency care requires a joined-up response across the health and care system, taking a system-based approach.

Our response to this Lords Public Services Committee inquiry focuses on the challenges facing emergency services, decision-making and accountability, innovations that are taking place and examples of best practice illustrated through local case studies.

Challenges facing emergency services

What are the main challenges facing emergency health services in the UK? How are these challenges affecting the service user?

1. Ambulance services have been under sustained pressure over the past few years and are experiencing a significant increase in calls from both 111 and 999 services.

2. Whilst overall demand has not increased significantly, category one calls (where it is judged an immediate response is required to a life-threatening condition) have increased. In July 2022 in England, there were more category one calls than in any month previously and these incidents now account for twelve per cent of all incidents compared with seven per cent two years ago.[1]

3. Patients are presenting to emergency services with increased acuity – meaning they need more intensive observation and treatment from staff.

4. The increasing acuity of patients presents a significant challenge for the ambulance service who have been working to reduce pressure on hospitals by reducing conveyance and supporting patients to stay at home. The use of *hear and treat*, where patients are advised over the phone, has increased and less people are being conveyed to emergency departments, though those who are being conveyed are more unwell, as noted above.[2]

5. Long delays to ambulance handovers have been at unprecedented levels this year, with thousands of hours lost to handover delays and increasingly long waits for

[1] https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/
[2] https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/ambulance-quality-indicators-data-2022-23/

patients waiting in the community. Waits of over 60 minutes to hand over patients at hospitals increased 285 per cent between February and August 2021.[3]

6. Ambulance services have continuously highlighted the challenges posed by handover delays and the associated risks for both staff and patients. In November 2021, the Association of Ambulance Chief Executives published a report on the potential harm caused to patients by handover delays. It found that more than eight in ten patients who were delayed beyond 60 minutes were assessed as potentially having experienced some level of harm, and that nearly one in ten experienced severe harm.[4]

7. Our members that lead hospital trusts are clear that ambulance handover times have, in part, increased because they are unable to get patients discharged in to social care and the community with domiciliary support due to these services being on the brink of collapse. This makes it more difficult for hospitals to get patients in through the front door. In short, it's an issue of flow, not demand.

8. While handover delays have been a significant challenge for many ambulance trusts across the UK, some have made some progress in this area, as highlighted in our briefing on ambulance handover data earlier this year.

9. Ambulance services have undertaken a significant amount of work to increase staffing numbers and improve retention. However, this issue continues to be a huge challenge for the service, particularly in call handling, where staff can often find better paid opportunities in other sectors including retail that doesn't require shift work in the context of a tight labour market.

10. The UK government must urgently publish a fully funded and long-term workforce plan that can meet the current and projected demand in different parts of the country, different parts of the health service and vitally in social care. A key part of this will need to be urgently incentivising and attracting people to work in health and social care through fair and competitive pay and other benefits.

How has the type, and volume of demand for emergency services changed over recent years?

11. Demand for ambulance services has changed over the past few years, with both 999 and 111 calls increasing. While the volume of incidents attended to by ambulance services has decreased, the volume of category one calls which are life threatening has increased significantly – rising by thirty-seven per cent between August 2020 and August 2022 in England.[5] While 999 calls tend to highlight demand related to more serious medical conditions, many ambulance services are also responsible for 111 calls, which increased 54 per cent between February 2021 and July 2021 in England.[6]

[3] https://www.nhsconfed.org/articles/ambulance-service-pressures-need-whole-system-response
[4] https://aace.org.uk/news/handover-harm/
[5] https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/
[6] https://www.nhsconfed.org/articles/ambulance-service-pressures-need-whole-system-response

12. Category one calls generally require a greater volume of resources with multiple ambulance crews attending a single call, so the increase in this category of call is placing even more demand on already over-stretched resources.

13. Post-covid challenges across NHS have had a knock-on impact for ambulance services with the backlog of care in acute, community and mental health services alongside capacity challenges in social care causing pressures across the health and social care system. We know, for example, that there is significant unmet demand for General Practice appointments, despite 25.5 million appointments taking place in August 2021.[7]

14. The ambulance service is increasingly dealing with patients who require urgent care, rather than emergency care and is continuously having to adapt and manage changing demand. For example, more mental health nurses are working in the community to better support and manage need for mental health services.

15. A significant proportion of ambulance services' work is linked to patients experiencing mental health crisis. South West Ambulance Service NHS Foundation Trust estimated that about 10-15% of their calls were related to mental health[8]. There is a commitment in the Long Term Plan to improve the mental health response provided by ambulance services and NHS 111, and most ambulance services are putting in place mental health cars. All areas now have a mental health crisis line, and some are available via NHS 111. There is a good example of a mental health triage services via NHS 111 in Hampshire, Southampton, and Isle of Wight.[9] This service is having an impact by providing more appropriate support for people with mental health issues and is reducing the number of people needing an ambulance or a GP.

Decision-making and accountability

How effectively are frontline workers enabled and empowered to make decisions on emergency care?

16. Ambulance crews have a significant amount of autonomy, either working as part of double crewed ambulances or as a solo responder. They work within clinical governance systems and have support available within that model, either from specialist clinicians on the phone or advanced paramedics in the field.

17. Frontline workers are empowered to make decisions about the treatment a patient requires, whether to convey the patient to hospital or make any appropriate referrals if required. New roles have been added within ambulance services to provide specialist support, such as advanced clinical skills in emergency care and urgent care.

18. As frontline workers treat patients in their own homes or within the community, ambulance staff hold a considerable amount of risk and are empowered and supported appropriately in managing that risk.

[7] *Ibid.*
[8] Ambulance Mental Health Commissioning Guide - NHS England National Adult and Older Adult Mental Health Programme - FutureNHS Collaboration Platform
[9] NHS 111 mental health triage service | NHS Confederation

How far are the targets set for emergency health services helpful for driving good practice and processes which benefit service users?

19. The change to ambulance targets in England the Ambulance Response Programme provided an important change for patients, recognising the importance of ensuring the clinical model was appropriate for the patient. This is particularly important for stroke patients where the target changed to recognise the clinical need for patients to receive specific stroke care quickly, rather than the target being related to a clinician being on scene where little actual treatment can be given for strokes.

What impact do regulations and inspections have on decision-making in and for emergency services?

20. Ambulance services in England are inspected and regulated by the Care Quality Commission (CQC). They work closely with both the CQC and NHS England and have processes for continuous improvement. Ambulance services carry significant risk and while there is a lot that ambulance services can do, the situation in the wider system significantly impacts their performance.

21. The need to share risk across the system has been recognised but is a continued challenge, as for risk to be shifted within the system the regulation of that risk must recognise the role of the whole system. There needs to be space for leaders to make difficult decisions and to manage the risk appropriately, given the wider pressures and budgetary constraints the NHS finds itself under.

22. The introduction of ICSs in England presents a unique opportunity to plan and deliver patient care differently across the NHS and social care. But as a recent National Audit Office review into ICSs rightly recognises, change will not happen overnight and local systems need the time, space and support to deliver on their ambitions.[10]

23. That means government action to address the fundamental challenges of constrained funding, huge staff shortages, lack of capital investment and commitment to tackle health inequalities. It also means committing to no further structural reorganisation for the next decade so that the current reforms can be embedded, as the NHS Confederation has called for.[11]

Innovation and best practice

Who should be responsible for identifying, driving, and implementing good practice in emergency health services across the UK?

24. Identifying good practice should not be limited to an individual organisation, it is the role of multiple organisations and individuals including individual ambulance services, other health and care organisations and ICSs.

25. There is also a role for membership organisations like the Association of Ambulance Chief Executives and the NHS Confederation in identifying and driving good practice. The NHS Confederation is made up of different networks that look at the role of the ambulance service from different perspectives across the system to share innovation and best practice.

[10] https://www.nhsconfed.org/news/nhs-confederation-responds-national-audit-office-review-integrated-care-systems
[11] https://www.nhsconfed.org/publications/renewed-vision-nhs

26. The below case studies highlight the innovative work taking place across the country by NHS Confederation members.

27. Mid and South Essex had three community organisations delivering four rapid response services, all with different names across the region, which was confusing for patients and staff. Studies at the emergency department front door showed that nine per cent of admissions in over-65s could have been avoided through the use of an urgent community response team (UCRT), yet when surveyed, seventy per cent of ambulance crews weren't aware of the services. The new Urgent Community Response Team (UCRT) has brought these services together, providing a single integrated service that responds to people experiencing an acute medical crisis in their own home. This benefitted patients by providing access to a range of specialists, including prescribers and social workers to support people to stay in their own homes. It also led to a thirty-five per cent increase in referrals from 111 and 999, helping to reduce demand elsewhere in the system, and an average of 2.7 acute bed days saved for every UCRT referral.

28. Clinicians in South Warwickshire NHS Foundation Trust (SWFT) noticed too many older people were being conveyed to hospital when they didn't need to be. At the same time, West Midlands Ambulance Service (WMAS) was under considerable pressure with increasing demand. SWFT and WMAS worked together so that ambulance crews on the scene with patients could contact a clinician at South Warwickshire NHS Foundation Trust to seek additional advice. For those conveyed, they would be directed to the right specialty team first time, instead of the emergency department as a default. This increased the opportunity for patients to be sent home the same day instead of being admitted. To support the care of people at home, SWFT used its existing community and spare acute resource and also recruited to those roles. Having this resource in the community meant that the trust could discharge patients home safely and thereby reduce their length of stay in hospital. The use of the virtual wards meant that forty-eight per cent of conveyances for over 80s were avoided. Of those who were conveyed, only twenty-five per cent of over 80s were conveyed directly to an emergency department and patients had shorter hospital stays.

What are the mechanisms for sharing good practice, both in the NHS and other emergency services? How effective are they, and how could they be improved?

29. The NHS Confederation supports the sharing of good practice across our membership – this is particularly important given the need for the whole system to work together and recognise that solutions may not sit with an individual organisation or part of the system but across the health and care sector.

30. While we publish and share articles and case studies, we also convene members to come together and discuss the issues they and to share ideas with each other. For example, our Community Network recently brought ambulance services, community services and ICS leaders together to discuss urgent and emergency care.