

SUMMARY AND ANALYSIS OF THE LIGHTFOOT EFFICIENCY REVIEW OF THE WEST MIDLANDS AMBULANCE SERVICE NHS TRUST – PREPARED BY NHS HEREFORDSHIRE

Background

The West Midlands Ambulance Service (WMAS) is commissioned by the West Midlands Specialist Commissioning Team (MSCT) to provide Emergency and Urgent Ambulance and associated services on behalf of the 17 West Midlands Primary Care Trusts (PCTs) [who commission collaboratively for this service]. The Lead Chief Executive position for ambulance commissioning is jointly shared between Moira Dumma (South Birmingham) and Jo Chambers (Shropshire County)

- The Contract with WMAS is worth in excess of £142m.
- WMAS is the third largest ambulance service in the UK.
- It covers a population of 5.3 million people
- WMAS was created in July 2007 from the merger of ambulance services in Birmingham & the Black Country, Coventry & Warwickshire and Herefordshire & Worcestershire.
- Staffordshire Ambulance Service remained as a separate organisation, but was subsequently also incorporated into WMAS in October 2007
- In 2008/9 WMAS received an average of 14,000 999 emergency calls per week
- The current contract is a block contract based on a volume of work, with variations of activity paid (or reimbursed) at 75% of activity value, reconciled back to individual PCTs

Introduction

WMAS has been delivering performance that has, regionally, exceeded National Standards for the last 3 years, but over the last 12 months the service has not consistently met national response targets.

During 2008/09, extra financial resources were made available to WMAS by all the West Midlands PCT's and the WMSHA to address the immediate issues. In addition, recurring additional funding was made available during the 2009/10 commissioning round.

Demand on the ambulance service continues to rise, and the funding of this is based on a historical contract basis. There is a need to understand the funding of the contract, and how additional demand can best be met. For this reason, as part of the commissioning agreements for 2009/10 a condition was agreed by all parties that an independent review be undertaken.

The Terms of Reference of the review were to examine:

- WMAS' current ability to meet ambulance performance standards across all West Midlands PCTs within current contracted income levels
- The cost effectiveness of the current service
- WMAS ability to meet ambulance performance standards across all West Midlands PCTs and meet the requirements of the 'Ambulance Commissioning Model of Care' and action needed to accomplish this
- The most appropriate way to share ambulance contract costs across the West Midlands

The review was commissioned from a specialised consultancy group called Lightfoot, with financial support from Deloitte.

Findings of the Independent Review

The principal findings in the review are:

- Based on current ways of working, WMAS will require a considerable number of additional staff to meet national targets, particularly in the more urban areas of the Region. We would propose a review of innovative approaches to delivering front line provision of urgent care, alongside a review of the workforce requirements.
 - In the medium to longer term, we would propose a review of innovative approaches to delivering front line provision of urgent care, alongside a review of the workforce requirements and training.
 - The current arrangements for clinical oversight and governance at WMAS could be improved by involving representatives from the rest of the urgent care network in the West Midlands.
 - WMAS and PCTs should work in partnership to agree on an appropriate level of funding to ensure national response standards are met.
 - The current response model in WMAS relies on Technicians and Emergency Care Assistants (ECAs). To improve access to alternative care pathways it is recommended that a review of paramedic workforce requirements is undertaken.
 - The current funding arrangements largely reflect the population base of the PCTs and do not reflect the current level and growth of EMS activity across the West Midlands health economy. A new model of response and funding is required that distinguishes between the requirements of the highly urban areas and the more rural parts of the health economy.
 - Since the creation of WMAS there has been a focus by WMAS and Commissioners on achieving short term performance at the expense of developing strategic direction
 - WMAS operates on the basis of the four legacy organisations and in some areas has still to develop a common operational approach across the Trust
 - The management structure at WMAS is lean and depends heavily on a limited number of key executives and middle managers
 - WMAS and the PCT Commissioners need to establish a more sophisticated mechanism for analysing the patterns of demand for EMS services and for identifying the factors underlying changes in activity
 - WMAS needs to ensure that the management information collected is used to identify emerging trends in its performance and lacks a trust wide performance management structure to manage and monitor the introduction of new operational processes
 - There is scope for reducing the rate of ambulance attendance and transportation particularly in relation to Category B and Category C incidents through the use of new and innovative ways of responding
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- There are areas of good practice within the four legacy Localities of WMAS but mechanisms need to be established to ensure these are shared and implemented across the whole Trust where appropriate
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- The current arrangements for clinical oversight and governance at WMAS could be improved by involving representatives from the rest of the urgent care network in the West Midlands.
- WMAS and PCTs should work in partnership to develop and agree appropriate response standards and the level of funding to support this.
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- There are areas of good practice within the four legacy Divisions of WMAS and mechanisms need to be established to ensure these are shared across the Trust

Herefordshire specific findings and issues

The report made the following recommendations with regard to Herefordshire:

- That the funding of the WMAS be rebased to reflect both population base and utilisation of the service
- That greater use be made of Extended Scope Practitioners and rapid response vehicles across the county to ensure both equitable service and improved response times
- That additional investment be considered for Community First responders.

Actions

The review presented its initial findings to both WMAS and the PCT CEOs at the end of July 2009 outlining concerns about service issues which required immediate action to address them.

The joint PCT CEO leads [Moirra Dumma/Jo Chambers] have established short life Task and Finish Groups to address the following themes:

- Workforce
- Clinical Quality
- Commissioning
 - Category C Diversion
 - Capacity Optimisation
- Finance
- Communication

These groups are required to identify actions to address areas of immediate concern, and develop the longer term strategic direction.

A detailed action plan has been compiled, which will be overseen by the Specialised Commissioning Team (West Midlands) on behalf of PCTs

Appendices

- Appendix 1 - A summary of the actions being undertaken
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Summary of Actions

Action

Establishment of an Overview Steering Group - This group is led jointly by Chief Executives Moira Dumma, and Jo Chambers, and is attended by key senior personnel from across the health economy.

The Task and Finish Group has wide stakeholder engagement to oversee the short term/long term work-streams to ensure a safe and sustainable service within an agreed financial and contractual framework.

Action

Establish specific work-streams to address immediate and longer term priorities

Finance

- Identify current budgetary position
- Agree any amounts of financial slippage
- Scope the current gap in financial resource
- Identify ways of closing the current gap
- Make recommendations on resource required:
 - To avoid 999 call stacking
 - To meet Category A performance (monthly)
 - To recover Category A performance (annual)
- Present to PCTs a proposal for additional resource investment
- Longer term, to present proposals on investment and productivity
- Develop a model for PCT proportionment of payment

Clinical Quality

The Group are tasked with giving assurance to the Overview Group that clinical quality is improved. In particular to look at ways to improve clinical supervision and support to operational and control staff.

The Group has reviewed the assurance currently available regarding quality and safety and compiled a risk log including plans for mitigating the risks. 4 areas of work have been identified:

- Mandatory training – to be completed in 2009/10.
- Clinical supervision – 2009/10 proposal developed to initiate supervision awaiting approval.
- Doctors in the pre-Hospital environment – medical lead in post.
- Clinical input into other work streams tackling capacity challenges.
- Develop the assurance framework with a key set of clinical/safety indicators which will form part of the contractual framework.

Workforce

- To refresh and update the WMAS workforce plan by mid September which maps out all available staff coming on line, input from clinical supervision and other initiatives etc to support increase in capacity.
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Commissioning

- The work plan which will initially focus on:
 - Immediate action [by October] to address diversion of Category C/ GP urgent work to alternative pathways developed by localities.
 - In the longer term to develop an agreed commissioning framework by March 2010 [incorporating clear specifications and performance standards]. Further work on benchmarking / redesign of service model will also be undertaken.
 - The Group is also addressing the future role of the capacity management function in 2009/10 in supporting the commissioners in overseeing the commissioning framework, and the transfer in October of capacity management from WMAS to PCTs

Communications

A representative group of communications leads will be developing a communications strategy for dealing with both the operational response to the issues, publication of the review itself as well as developing proposals for a public campaign to educate the population on appropriate use of the ambulance service.

Action

Immediate actions have been taken by WMAS to address urgent issues highlighted in the initial interim report:

- Re-deployment of voluntary vehicles for optimal use across localities.
 - Additional private ambulances deployed – 4 have been in operation for some time, and an additional 3 are being commissioned. The 7 private ambulances will continue to ease pressures in Birmingham and the Black Country
 - Additional staff recruited and coming into post
 - Agreement has been reached to secure the provision of 12 additional private emergency ambulances predominantly to ease current pressures in Birmingham and the Black Country.
 - Additional control staff brought in to support flu contingency plans/resilience.
 - Additional overtime incentive for crews over the Bank Holiday to cover shifts.
 - Station incentive schemes initiated.
 - Senior management team restructured.
 - Performance improvement plans developed for each of the areas.
 - Regional project to implement single rostering system implemented.
 - Consultants engaged to review likely flu pandemic and winter pressure activity growth.
 - Control dispatch processes re-engineered (now dispatching by sectors).
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