NHS
North West London

LAS Capacity Modelling - Briefing

Introduction

Calls and Category A demand continues to rise across the country and in London this increase is even more pronounced, however overall incident demand is broadly flat. LAS have undertaken a number of changes in recent years, with commissioner support to manage this demand more efficiently and effectively, in particular through the increased use of 'hear & treat'.

It is recognised that the LAS have the highest utilisation rates in the country , with the current operational model and workforce constraints, this does not allow for significant surge capacity to meet unexpected demands. One result is a regular use of the Demand Management Plan, by reducing the level of ambulance provision during peaks in demand, to ensure crews are available to be sent to the highest priority calls which understandably carry considerable clinical risk, and performance reduces.

As part of the contract negotiations for 2012/13 the LAS agreed with lead commissioners that independent capacity modelling would be undertaken to understand the impact of the demand on the service and how capacity could be created to meet this. This may include additional funding from commissioners. It has been agreed to jointly commission this work and for it to cover the current year and following 3 years 13/14 to 15/16, with sensitivity modelling for years 16/17 - 17/18.

Objectives to modelling

The broad objectives of the modelling are as follows:

1. To gain a detailed understanding of current LAS operational model & its capacity to meet the demand and to provide a clinically safe service over the next three years.
2. Identify optimum model of operation in line with the Trust strategy of ensuring a safe and high quality service is provided to every patient.
3. Create a detailed plan moving from current operational model to new model of operation
4. Understand any potential additional resource requirements, in the context of the overall NHS Operating Framework (including efficiency requirements) and delivery of QIPP
5. Work with the new Commissioning System to ensure effective implementation, including consideration of impact on the 2013/14 Contract

How will we engage with Clinical Commissioners and Associate Commissioners?

We will work with CCGs and current Associate Commissioners to share the outputs of this modelling, which will complete by end of November 2012. We will also share the likely assumptions on demand and activity, and ask for their input as these will be affected by CCG's QIPP plans, such as the development of new alternative care pathways.