

London Ambulance Commissioning

Pre-hospital Care

***Neil Kennett-Brown,
Director of LAS Commissioning***

Outline

- What is commissioning
- Commissioning arrangements
- Improving pre-hospital care
- Commissioning Intentions
2013/14





What is commissioning?

- The act of committing finite resources to evidence-based interventions, with the aim of improving health, reducing inequalities and enhancing patient experience.
- Aim:
 - Better health and well-being for all
 - Better care for all
 - Better value for all
- Trade offs for investment/disinvestment
 - Geography, disease, prevention, demography

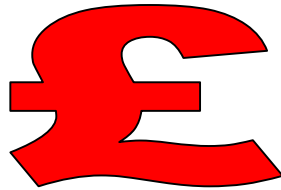
What is commissioning really?

- Conscience – stewardship, quality assurance, public protection
- Brain – resource allocation, service design, planning
- Eyes and Ears – patient experience, receiving and analysing information back to brain and conscience

(Smith & Mays, 2005)

- Not Arms and Legs – doing and delivering

Commissioning Arrangements



Treasury

Department of Health

National Commissioning Board

Policy, Commissioning Mandate

London's 32 Clinical Commissioning Groups

Specialised

GPs, Dentists

-Planning and securing health services and improving health of the local population, lead NHS locally – services covered include...

- Commissioning Support Units – 3 – North West, South, North Central & East

Ambulance Services

Hospitals

Mental Health

Community Services

Pre-hospital Care

Telephone Assess

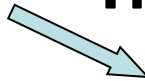
Hear & Treat

Appropriate Care Pathway/ Referral

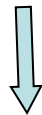


111 referrals

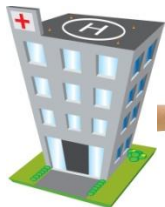
Prioritise & Dispatch



Face to Face Assess



See & Treat (and refer)



Commissioner Questions:

1. Why call 999?
 - Preventable?
 - Sign of other system failure?
2. Was service safe & efficient?
 - Shared understanding of risk
 - Benchmarking efficiency
3. What happened afterwards?
 - Good for person?
 - Did the system work well?

Appropriate Care Pathway

Recent initiatives

- Increase Hear & Treat (& refer)
 - To NHS Direct
 - Resolving within LAS
- Falls & Diabetes
 - Referrals back to primary care
- Mental Health protocols
- Alcohol
 - Alcohol Recovery Centre (Soho)
 - Health promotion
- Frequent Callers/Organisations

Appropriate Care Pathway (ACP)

lessons learnt

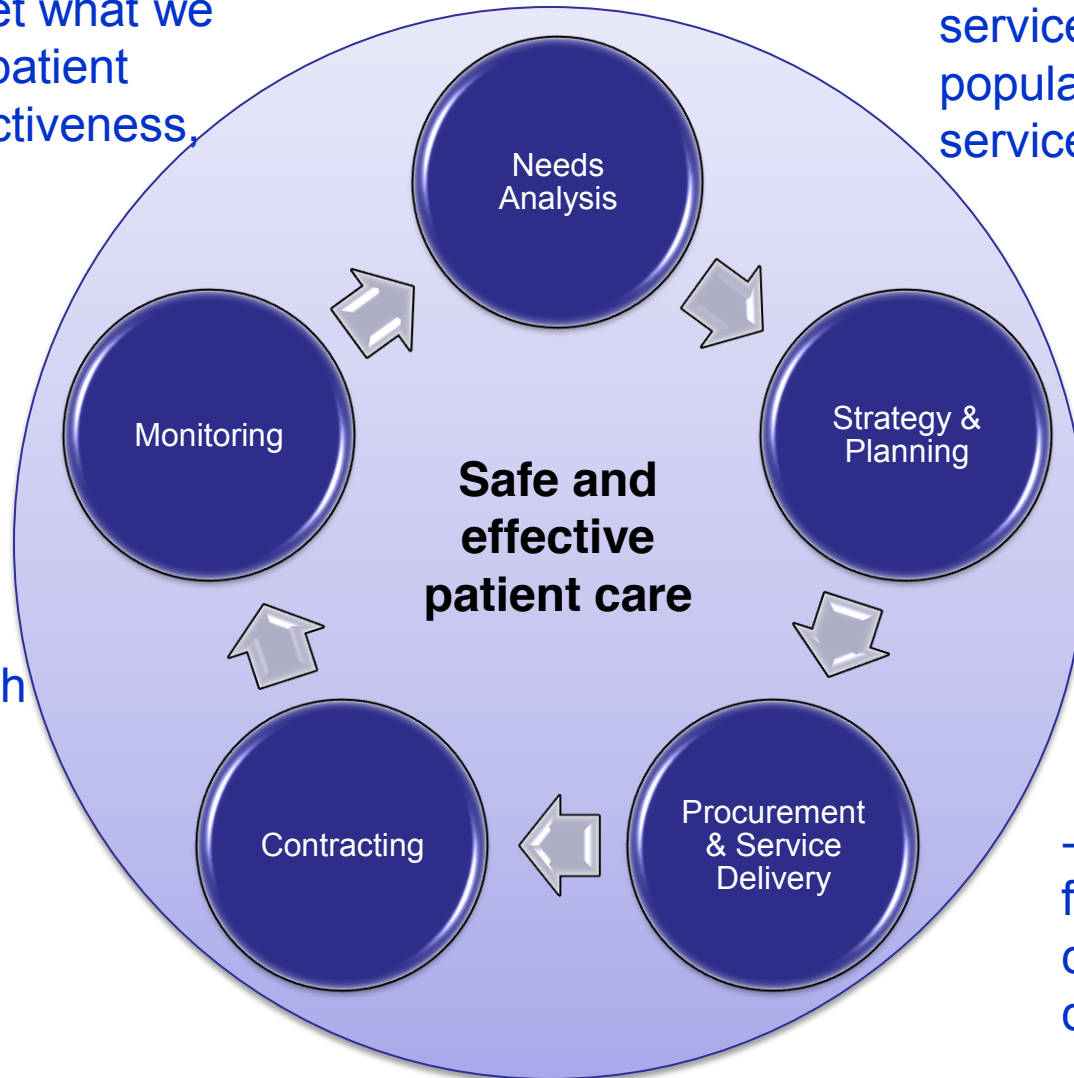
- ✓ Strong Collaboration with key Partners eg Provider, LAS and Commissioner / clear validation process required
- ✓ Referral Pathway (written Provider to Provider agreement between the LAS & Local Service Provider) critical...
- ✓ Keep it simple e.g Co-located UCC **exclusion criteria**
- ✓ Understanding of Governance, roles and responsibilities
- ✓ Alignment to other key priorities, QIPP, Hospital turnaround, Winter Pressure Management

Commissioning Intentions 2013/14

Commissioning Cycle

– ensuring we get what we specify: quality, patient experience, effectiveness, efficiency

– understanding needs & services, identifying gaps, population based not service specific



– Commissioning Intentions set each year, working across with all commissioners
 - KPIs, CQUIN
 - Financial

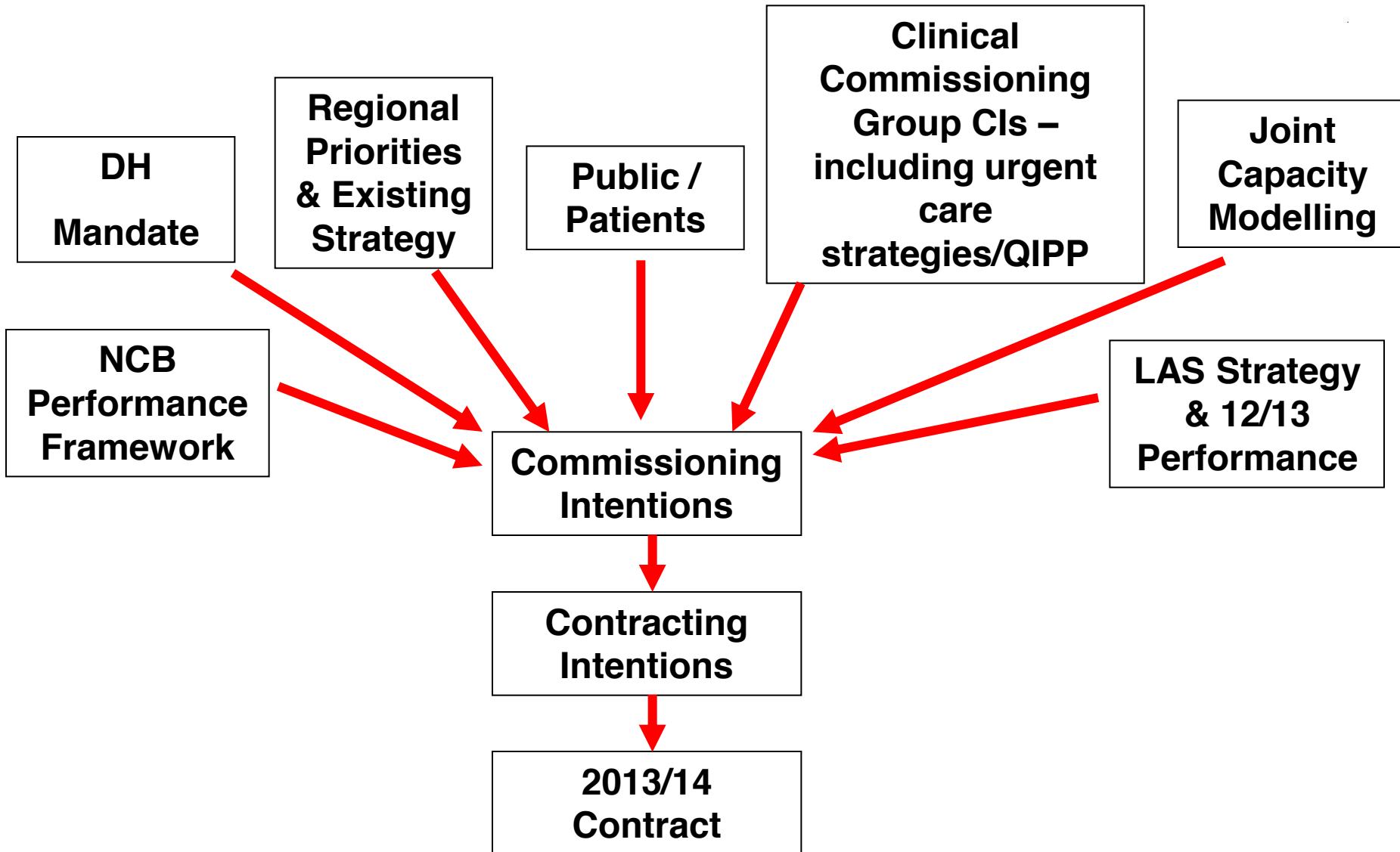
- what services best fill the gaps? How do we develop/procure

Commissioning Intentions

2013-14 – What are they?

- The commissioning intentions are developed annually to signal to the LAS our commissioning principles and areas for potential change in the next financial year.
- The commissioning intentions provide the background and context which informs the decision-making process.
- Key areas covered:
 - Quality, Innovation, Productivity & Prevention requirements
 - Financial context, including DH guidance
 - Key service developments
 - Contractual performance requirements
 - CQUIN (clinical quality incentive scheme)

Commissioning Intentions



Commissioning Intentions

2013-14 – Headlines

- **Patients feedback (via Patients Forum)**
 - End of Life Care – integrated planning
 - Dementia Care - training of staff, referring on
 - Greater involvement of public & patient experience
 - Involvement of staff to review care pathway outcomes – integrated care
 - Mental Health – sectioned patients experience/delays

Note: Further feedback requested this evening from Foundation Trust Members (29th Nov 12)

Commissioning Intentions

2013-14 – Headlines

- **Clinical Commissioning Groups** Commissioning Intentions & urgent care strategies
 - Integrated Care planning
 - Urgent Care – linking back to primary care
 - Quality, Productivity & Prevention plans:
 - Self-care
 - Increase Hear & Treat; See & Treat; See, Treat & Refer
 - Ensure appropriate Emergency Department attendances
 - Tackling demand - Frequent callers/locations

Commissioning Intentions

2013-14 – Headlines

- **Nationally**

- Category A performance (Red 1 and Red 2)
- Upper Quartile performance for Ambulance Quality Indicators – Stroke, Cardiac etc
- Priorities from mandate
 - Dementia & elderly care
 - Long term conditions - Integrated Care planning
 - Mental Health on same footing as physical health
 - Positive experience of care

- **Financial context** – following DH/NCB guidance

Commissioning Intentions

2013-14 – Headlines

- **Regionally**

- Link with 111 &
 - Special Patient Notes & Coordinate my Care
 - Direct transfer of 111 calls to and from LAS
 - Use of Directory of Service & NHS Pathways
- LAS to play key role in integrated system
 - e.g. pressure surges
- Hospital reconfigurations
 - Fewer specialist sites – cancer, cardiac – arrhythmia
 - Use of local Urgent Care Centres

Commissioning Intentions

2013-14 – Headlines

- **LAS Performance** over past 12 months
 - ✓ Successful Olympic & Paralympic Games
 - ✓ Successful implementation of new CAD
 - ✓ Quality indicator improvement, including 30% cardiac arrest survival
 - ✓ Whole system triggers & escalation now in place
 - ❖ Lack of resilience currently (fluctuations in performance)
 - ❖ Use of the Demand Management Plan & delays for lower categorisation of patients
 - ❖ Staff
 - Engagement & satisfaction
 - Training compliance

Commissioning Intentions

2013-14 – Headlines

- **Capacity Modelling**

- Significant opportunities to improve triage
- Significant operational efficiencies possible
- Staffing needs to align with demand
- Demand pressures predicted (e.g. 111), impacting on resourcing

Commissioning Intentions

2013-14 – Summary

- Collaboration & Integration with wider system
 - 111 & NHS Pathways
 - Local QIPP schemes and pathways to reduce ED attendance
 - Integrated care plans
 - Ambulance turnaround improvement
- Address findings from Capacity Modelling
- Dementia focus
- Deliver within financial guidance
- Support for hospital configurations

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Any Questions?

