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London Ambulance Service NHS
NHS Trust

Older People's Strategy

Claire Garbutt
Policy, Evaluation & Development

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London Ambulance Service NHS
NHS Trust

Older People's Strategy
2008

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1.0 Introduction

Older people's health is an important aspect of the service provided by the London Ambulance Service (LAS). The health needs of older people can be complex, with many older people suffering from long term conditions, particularly coronary heart disease, stroke, diabetes, cancer and chronic obstructive pulmonary disease (COPD). The prevalence of these illnesses and physical disabilities among older people makes them frequent users of health services; with people over the age of 60 representing 70% of medical admissions to hospitals. In 2006/7 the LAS responded to 945,776 incidents of which 647,811 were in relation to people over the age of 60. This equates to 68.5% of all incidents.

Older people can be a vulnerable population and often have special needs when accessing emergency and urgent care services. Greater understanding is needed of how to deliver personalised healthcare to older people[12]. The six senses framework[13] illustrates that in the best care environments all participants experience a sense of *security* to feel safe, *belonging* to feel part of things, *continuity* to experience links and connections, *purpose* to have a goal to aspire to, *achievement* to make progress towards those goals and *significance* to feel that you matter as a person.

It is essential to ensure that the LAS are providing equal access to services for all, without prejudice based on age, gender, sexual orientation or ethnicity.

The objective of this strategy is to develop key priorities in older people's ambulance care and set out the actions required to achieve these priorities over the following five years.

2.0 Background

England is an aging society; one fifth of our population are over the age of 60 and the greatest population increase is occurring in those aged 85 years or older[14]. While London has a relatively young population compared to the rest of England[15], there are currently more than 1 million people over state retirement age, and older people make up a significant proportion of those using health services.

The term older people can be relative and there are a number of definitions at which people are referred to as older. In order to ensure LAS staff are not making judgements on age but making decisions based on clinical and personal need, older people may be assessed by their phase of their life. Staff can then determine the issues likely to affect each patient.

The three key stages of life for older people are[3]:

Entering old age: Those people who have completed their career and are active and independent.
Transitional phase: Those people who are in transition between having an active, healthy life and frailty.
Frail older people: Those who are particularly vulnerable because of their health problems.

2.1 The case for change

Approximately 68% of all calls received by the LAS in 2006/7 were in relation to an older person. The most common reasons for these calls are shown in the table below.

Illness type	Number of incidents	%
Other medical conditions	56,261	8.7
No injury or illness	42,333	6.5

[12] Bridges, J. (2008). Listening Makes Sense: Understanding the Experiences of Older People and Relatives Using Urgent Care Services in England. City University London.
[13] Nolan, M.R., Brown, J., Davies, S., Nolan, J., Keady, J. (2006). The Senses Framework: Improving Care for Older People Through a Relationship-centred Approach.
[14] Older People National Service Framework (2001). Department of Health.
[15] Focus on London (2007). Office for National Statistics.

DIB/SOB/dyspnea	41,057	6.3
Generally unwell	39,170	6.0
Pain - other	32,289	5.0
Abdominal pains	27,312	4.2
? fracture	21,035	3.2
Collapse - reason unknown	17,535	2.7
Pain - chest	15,841	2.4
Head injury (minor)	15,717	2.4
Cardiac chest pains	14,052	2.2
Other	325,209	50.2
Total	647,811	

2.2 Policy context

National Service Framework (NSF) for Older People[16]

The NSF for Older People provides a 10 year programme of action for improving quality of care, and tackling existing variations in care. Four main themes of the framework are; respecting the individual, intermediate care, providing evidence-based specialist care and promoting an active healthy life. Within these themes, the following eight standards were developed:

Standard 1: Rooting out age discrimination
NHS services will be provided, regardless of age, based on the basis of clinical need alone.

Standard 2: Person centred care
NHS and social care services treat older people as individuals and enable them to make choices about their own care. This is achieved through the single assessment process, integrated commissioning arrangements and integrated provision of services, including community equipment and continence services.

Standard 3: Intermediate care
Older people will have access to a new range of intermediate care services at home or in designated care settings, to promote their independence by providing enhanced services from the NHS and councils to prevent unnecessary hospital admission and effective rehabilitation services to enable early discharge from hospital and to prevent premature or unnecessary admission to long-term residential care.

Standard 4: General hospital care
Older people's care in hospital is delivered through appropriate specialist care and by hospital staff who have the right set of skills to meet their needs.

Standard 5: Stroke
The NHS will take action to prevent strokes, working in partnership with other agencies where appropriate. People who are thought to have had a stroke have access to diagnostic services, are treated appropriately by a specialist stroke service, and subsequently, with their carers, participate in a multi-disciplinary programme of secondary prevention and rehabilitation.

Standard 6: Falls
The NHS, working in partnership with councils, takes action to prevent falls and reduce resultant fractures or other injuries in their populations of older people. Older people who have fallen receive effective treatment and rehabilitation and, with their carers, receive advice on prevention, through a specialised falls service.

Standard 7: Mental health in older people
Older people who have mental health problems have access to integrated mental health services, provided by the NHS and councils to ensure effective diagnosis, treatment and support, for them and for their carers.

Standard 8: The promotion of health and active life in older age
The health and well-being of older people is promoted through a co-ordinated programme of action led by the NHS with support from councils.

Improving care of older people at the LAS: A strategy and action plan[17]

The previous LAS Older People's Strategy was written in 2003. 36 recommendations for action were presented in the strategy and these can be classified into the following themes:

- Care strand recommendations (relating to the way staff interact with older people)
- Intermediate care
- General hospital care
- Stroke

[16] National Service framework for Older People (2001). Department of Health.
[17] Improving Care of Older People at the LAS: A Strategy & Action Plan (2003). London Ambulance Service NHS Trust.

- Falls
- Mental health in older people
- Promotion of health and active life in older age

Since the development of this strategy the LAS has undergone significant service development relating to the way in which we respond to our patients. The Older People's Strategy therefore needs to reflect the changing culture of The Service. For a status report of the recommendations provided in the 2003 strategy see appendix 1. The following summarises the key points of the current strategic direction of the LAS.

Taking Healthcare to the Patient: Transforming NHS Ambulance Services (2005)[18]

A national review of ambulance services was undertaken in 2005 and provided a vision for the following five years to improve the speed and quality of call handling, provide and co-ordinate an increasing range of mobile healthcare, provide an increasing range of other services and improve the speed and quality of service provided to patients. Key targets include an increase in the number of older people receiving care in their homes. Envisaged benefits of implementation include the right response first time, fewer A&E admissions, greater job satisfaction, more effective use of resources and improvements in self care and health promotion.

London Ambulance Service Strategic Plan 2006-2013[19]

The LAS has traditionally been perceived as an emergency service responding to 999 calls and a survey carried out by IPSOS-MORI in 2005 found that over 75% of respondents indicated that the most important role of the Service was to provide an emergency service. The Trust has traditionally focused on this activity with a 'Blue Light' response being provided to convey patients taken ill or suffering trauma to hospital Emergency Departments (A&E) as quickly as possible.

The strategic plan focuses on greater independence in decision making for staff, with strong clinical leadership and increased use of guidelines rather than protocols. The prime objectives for The Service are to:

1. Redefine ourselves as a provider of urgent care in London as much as a provider of emergency care and to demonstrate to our partners and the public that this new role is of equal significance to the health service.
2. Develop an organisation which responds appropriately to all our patients whether their need is emergency or urgent in nature.

New Ways of Working (2008)[20]

The implementation of the New Ways of Working programme (NWOW) is going to have a huge impact on the service LAS deliver. There are a number of opportunities for improving patient care and experience that by be provided by the implementation of NWOW. The Older People's Strategy seeks to anticipate these opportunities and provide further suggestions for utilising the benefits of the programme.

3.0 Strategy Method

The key methodology for development of the Older People's Strategy involved development of a gold standard service description, a gap analysis and establishment of a set of priorities to improve the standard of care provided to older people in London. These priorities were determined through policy research and stakeholder engagement including a stakeholder event held on the 15th May 2008. Representatives from patient groups, Primary Care Trusts (PCTs), voluntary organisations and LAS staff participated in the event. The 37 delegates discussed what the priorities for older people's ambulance care should be, the changes needed and barriers to achieving these priorities, outcome measures and health equality issues. The feedback from the event was analysed and from this five key priorities were determined. For a summary of the feedback from the event see appendix 2.

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[18] Taking Healthcare to the Patient (2005). Department of Health.
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4114269?IdcService=GET_FILE&dID=2256&Rendition=Web

[19] Strategic Plan 2006/7 – 2012-13 (2007). London Ambulance Service NHS Trust

[20] New Ways of Working: Transforming Clinical Leadership (2008). London Ambulance Service NHS Trust.
http://www.londonambulance.nhs.uk/ABOUTUS/publication_scheme/publication_scheme_files/Strategic%20Plan%20(Jan%2007%20TB)%20v6.pdf

4.0 Strategy Priorities and Recommendations

4.1 Gold Standard Service Description

'An accessible service which works in partnership to provide appropriate care for older people; treating them with dignity and respect.'

4.2 Professional development of LAS staff

The way in which LAS staff interact with patients affects patient experience and effective information exchange between the patient, their carers and LAS staff. Active listening, communication skills, maintaining confidentiality of information and sound decision making without making assumptions have been identified as important factors contributing to a positive patient experience. Staff attitude represents a large proportion of the complaints received by the LAS, with 8.5% of the complaints received by the LAS PALS department in relation to an older person. It is of note that older patients had a higher proportion of complaints relating to delays than other patient groups and a lower proportion of complaints in relation to staff attitude and treatment.

The previous role of Older People's Champion has been replaced with Dignity in Care Champions who raise the profile of dignity in care within the service however there has not been wide uptake of the role within the service.

Action: Increase awareness of older people's issues within LAS staff

Action: Promote dignity in care networks within the LAS.

Action: Improve partnership working to better provide for vulnerable adults

4.3 Patient Transport Service (PTS)

LAS currently hold the contract for approximately one third of the PTS provision within London. Stakeholder feedback has identified that levels of satisfaction with the PTS provided by LAS were generally high, however a number of issues have been identified by service users relating to the London-wide provision of PTS. Issues relating to timing with patients often required to be ready for pick up hours before the appointment, unreliability of the service and a reported poor standard of English spoken by PTS staff were highlighted. PTS related complaints received by the LAS PALS made up 13.9% of all complaints, with 9.7% of these related to the PTS provided by LAS. Stakeholders felt that the LAS should play a role in the development of London-wide PTS standards.

It was also identified that PTS clients are often disinclined to contact the Patient Advice and Liaison Service (PALS) as they do not know the complaint process and often feel uncomfortable complaining about a service they need to continue to use. Feedback on the service we provide is vital for service improvement.

Action: LAS to support groups involved in lobbying for the development of London-wide PTS standards.

Action: PALS information including contact details to be made available on all LAS vehicles.

4.4 Improving pubic perception of the LAS

Older people often do not contact the ambulance service when they should; because they do not recognise the significance of their symptoms, do not want to burden what they see as an emergency only service or do not understand the process for requesting an ambulance. Encouraging older people to call the LAS when they are in need, increasing awareness of the role of the LAS, building relationships and communicating with patients and carers is important to improve access to health services for older people.

Action: Undertake a public awareness campaign targeted towards older people.

Action: Hold station open days for older people to increase awareness of the LAS and build local relationships.

4.5 Partnership working

Building strong relationships with partners, voluntary organisations, local services and out of hours providers is essential to ensure cohesive service delivery and seamless care for patients. With the introduction of the New Ways of Working programme (NWOW), namely the role of the Community Involvement Officer; it is anticipated that engagement with patients, partners and local services will become more consistent across the service.

The relationship between care homes and LAS has been identified as a priority for improvement, as there is currently a lack of clarity of role between LAS and care home staff in emergency or urgent care situations. The failure to deliver basic first aid and lift non-injured fallers by care staff have been highlighted as issues by LAS staff.

Action: LAS staff to actively deliver public health messages targeted to the needs of the local population in partnership with local healthcare providers.

Action: Carry out relationship building between LAS complexes and care homes. This will include setting out responsibility agreements between LAS and care homes, upskilling of care home staff in basic first aid and increasing awareness within care homes of LAS recognition of life extinct protocols.

4.6 Use of care plans

The use of care plans such as the message in a bottle scheme, advanced directives, do not attempt resuscitation orders (DNAR) and patient specific protocols have wide support among our stakeholders, however the use of care plans is currently variable by locality. As the only pan-London healthcare provider LAS is in a key position to be able to drive the promotion of these schemes in collaboration with our partners.

Action: Investigate the success of existing care plan schemes LAS are involved with and roll successful schemes out London-wide.

4.7 Medicines management

Older people may often be taking a large number of medicines. It was identified that medicines management including regular review of a patient's medication is an issue. Some medicines can also have an impact on the condition or forms of treatment that are suitable for an individual patient. The LAS has introduced a patient pharmacy bag to facilitate all patients' medication accompanying them to hospital, to ensure hospital staff are aware of the medications patients are taking and can carry out a medicines review. This scheme also ensures a patient has all necessary medication with them while in hospital.

Action: Continue use of the patient pharmacy bag and increase utilisation of the resource.

5.0 Implementation Structure

The priorities for the strategy will be agreed and fed into the work streams defined by the Service Improvement Programme. Suggested actions are provided to achieve the priorities identified within a five year period. For an action plan outlining implementation of the recommended actions see 5.1.

It is important that implementation of these actions is not undertaken in a directive manner; there is sufficient evidence to suggest that an approach that engages the individuals who will be responsible for delivering the strategy recommendation will be most effective. The risk of not using this approach is significant failure to produce the intended outcomes, and for local action to block the desired direction of progress.

5.1 Action Plan

Supporting actions	Resources required	Benefits	Timescale	Outcome measures	Workstream
Increase awareness of older people's issues within LAS staff					
•Introduce older people's issues in the Patient Care section of the LAS News •Develop CPD training package relating to older people	•Identify and engage potential contributors •Training capacity •Communication team guidance •Identify internal and external professionals who could assist in providing training	•Increased awareness about issues pertaining to older people will allow front-line staff to make more informed assessments when visiting older patients •More appropriate care for patients	6-12 months	•Articles in the LAS news •Training sessions provided by suitable professionals •Improvement in relevant staff survey result (would require adaptation of standard staff survey questions) •Improvement in patient satisfaction survey results	E-learning
Promote dignity in care networks within the LAS					
•Identify current number of Dignity in Care Champions within LAS •Scope the role of Dignity in Care Champion •Recruit new champions for those complexes currently without champions •Ensure champions have an effective mechanism for communicating with one another to ensure co-ordination of activities and identification of new areas for improvement	• Staff released to carry out Dignity in Care duties	•Increased awareness of Dignity in Care throughout the service •Opportunity for partnership working through national Dignity in Care Network. •Staff development •Improved patient care	12-18 months	•Number of Dignity in Care Champions within the LAS •Improved patient satisfaction survey results •Reduced number of complaints relating to staff attitude •Positive feedback from staff •Increased knowledge of Dignity in Care code among LAS staff	Business as usual

Improve partnership working to better provide for vulnerable adults					
•Identify agencies involved in care of and response to referrals of vulnerable adults •Foster relationships with agencies involved in care for vulnerable adults	•PALS team input to manage process	•More joined up care for vulnerable adults •Faster and more effective response to vulnerable adult referrals •Improved stakeholder engagement	Immediate	•Increase in number of vulnerable adult referrals •Improved outcomes for vulnerable adults •Stakeholder feedback regarding referrals received	Business as usual
LAS to support groups involved in lobbying for the development of London-wide PTS standards					
•LAS to provide support and representation when requested to groups involved in the lobbying for development of London-wide PTS standards	•Input from staff as and when required	• Improved standard of service for PTS London-wide •More standardised care	Ongoing	•Reduction in the number of complaints received in relation to PTS •Improved patient satisfaction results for PTS	Business as usual
PALS information to be made available on all LAS vehicles					
•Assess the number of vehicles with poster display units •Identify who is responsible for installing poster on vehicles • Distribute PALS posters	• Poster display units for vehicles which do not currently have them • Staff to distribute posters to vehicles	• Increased awareness of LAS PALS • More feedback received regarding service provision	ASAP	• Increase in the number of PALS enquiries received •Number of posters displayed on vehicles	Access programme

Undertake a public awareness campaign targeted at older people					
•Determine key messages to deliver to older people regarding use of the ambulance service •Launch public awareness campaign •Evaluate success of public awareness campaign	•Communications department support	•Older people contacting the LAS sooner resulting in better patient outcomes	October 2008	•Increase in number of category C calls received in relation to older people, with a corresponding decrease in the number of Category A calls •Improved patient outcomes for older patients	Business as usual
Hold station open days for older people to increase awareness of the LAS and build local relationships					
• Identify stations in areas with high populations of older people •Agree stations to hold open days • Agree programme for open days •Assess resourcing required to deliver open days •Carry out advertising with stakeholders (such as Age Concern, Greater London Forum for Older People)	•Communications department support for planning and advertising events •Staff to run events	•Improve relationships with the public locally •Increase awareness of the LAS and our role •Opportunity to deliver key health messages to an at risk population	6months-ongoing	•Number of people attending open days •Analysis of feedback from attendees at open days • Increase in the number of calls received relating to older people	Business as usual

LAS staff to actively deliver public health messages targeted to the needs of the local population in partnership with local healthcare providers					
• Determine the public health priorities locally •Engage with stakeholders locally to assess what work is being carried out by partner organisations •Develop outline of communication strategy locally •Regular evaluation of project	•Complex staff to co-ordinate delivery of public health messages •Input of the PPI and Communications Department to advise on methods of public engagement	•Improved health outcomes for local communities, particularly those at high risk of health inequalities •Improved relationships with the public locally •Increased awareness of local health issues •Potential to gain additional funding for formalising delivery of health promotion messages	12 months - ongoing	• Attitude and behaviour change in the local population • Established communications channel to local community • Broad community awareness of health issues • Increased visibility of the role of the LAS	Development of a public health strategy
Carry out relationship building between LAS complexes and care homes					
•Carry out a pilot with a complex to engage more effectively with care homes •Identify the issues relating to each care home and determine ways of best working together to improve care •Where need is identified provide basic first aid training to care home staff •Set out agreements with care homes with regard to LAS response (including provision of CPR, DNAR orders)	•Staff resource to carry out project •Community resuscitation team input to provide first aid training to care homes staff	•Improved relationships between LAS and care homes •Improved care for patients in care homes	Initial pilot: 12 months Roll out service-wide: 18months-4 years	•Reduction in number of category C responses at care homes •Feedback from care home staff •Increase in the number of patients for whom CPR has been initiated upon LAS arrival at the scene	NWoW

Investigate the success of existing care plan schemes LAS are involved with and roll successful schemes out London-wide					
•Identify areas of good practice and determine why these are working well •Consult with AOMs about barriers to success •Develop a project to roll-out the scheme London-wide if desirable and practicable •Design a system to monitor usage	•Personnel •Buy-in from local complexes and providers (e.g. PCTs, Age Concern, etc.) •Bottles for message in a bottle scheme	•More information available when crews attend patients, thereby creating more opportunities to provide personalised, appropriate care •Greater patient satisfaction with service received	18-24 months	•An increase in the number of patients linked in with primary and secondary care practitioners •Improved patient satisfaction survey (indirect) •Reduction in hospital admissions (indirect)	Business as usual
Continue use of the patient pharmacy bag and increase utilisation of the resource					
•Continue stocking patient pharmacy bags on vehicles •Encourage crews to utilise patient pharmacy bags	•Patient pharmacy bags •Personnel from the Make Ready Team to ensure vehicles are stocked	•Savings for the NHS on wasted medications •Better management of conditions •Additional opportunity to carry out medicines reviews for patients •Reduction in time taken for patient to recall and record all medications they are currently taking	Ongoing	•An increase in the need for restocking patient pharmacy bags on LAS vehicles •Feedback from acute trusts	Business as usual

6.0 Measurement, Review & Evaluation

This strategy will need to be evaluated to ensure that any changes are an improvement in the services provided, and to enable communication and dissemination of successes achieved as well as to enable the LAS to learn from any challenges.

Each recommendation is accompanied by suggested outcome measures and these will be indicators for success in each area.

Evaluation does need to include patient outcome measures and satisfaction where possible however, and not just focus on reducing demand or decreasing A&E attendances for example - though these remain valuable indicators.

There is a particular need for ongoing conversation with the front-line staff about their perceptions of the strategy, to ensure that there is fit with their experiences of the operating environment.

It is anticipated that the overall strategy will be reviewed in five years' time. It is acknowledged, however, that what works for one complex may not work for another; ongoing local evaluation is therefore required to be undertaken in addition to wider strategy evaluation to ensure that projects remain relevant to practice. It is recommended that annual status reports are provided to monitor the status of implementation of the Older People's Strategy.

Appendix 1: Status update - Improving care of older people at the LAS: A strategy and action plan (2003).

The previous older people's strategy - Improving care of older people at the LAS a strategy and action plan was developed in 2003. A number of recommendations were provided and implementation initiated. However due to environmental and internal changes including the loss of key drivers of the strategy some recommendations have not been fully implemented. In the development of the 2008 Older People's Strategy the status of the previous recommendations have been considered and included where deemed still appropriate.

Recommendation	Work to date	Actions to be brought forward into 2008 strategy
A non-executive director is appointed as the lead for older people within the LAS	No director appointed as older peoples lead. A member of the Policy, Evaluation & Development team leads for older people within the LAS.	Dignity in care network to be established and led by a non-executive director.
A clinical or practice champion is appointed to lead professional development	Dignity in care champion (1) is now carrying out role of older person's champion. Leading on professional development however, is not a current function of this role.	
Data protection requirements regarding consent and referral outside of the LAS and A&E are clarified	Completed through referral pathways project and development of a consent policy.	
Process mapping for other areas of care or conditions particularly applicable to older people is carried out	Not implemented specifically, however the implementation of referral pathways outlines care pathways specifically for older people.	
Monitoring and evaluation of the strategy is carried out	Individual actions implemented have been evaluated, however the strategy as a whole not robustly evaluated.	Annual updates on actions implemented will be carried out for the 2008 strategy in addition to formal evaluation.
A coordinated approach is taken to communicating the strategy	Communication carried out locally with LAS crew staff.	
Time and effort is given to ensuring that LAS staff feel developed and supported in their changing roles	This will be one of the benefits resulting from implementation of NWoW.	
The role of PTS in the delivery of this strategy is given consideration	A separate PTS listening event was carried out.	
Carry out an audit of policies and procedures for any reference to age-related decisions about treatment and care	Not carried out.	
Carry out a piece of qualitative work on attitudes of staff	Not actioned.	
Ensure representation of older people across the organisation	The LAS patients forum has older peoples representatives who are involved in consultation and stakeholder engagement.	
Implement guidelines on gaining informed consent from older patients	New consent documents have been developed and implemented.	

Recommendation	Work to date	Actions to be brought forward into 2008 strategy
Undertake a review of training and education on the care of older people	Not actioned.	
Build up links with other parts of the NHS and social services	LAS actively engages with PCTs and other providers. Establishment of referral pathways also requires significant local engagement.	
Promote the use of language line by ambulance staff in the clinical setting	Language line widely used by LAS staff.	
Carry out consultation/listening exercises with older people	PTS listening event, PPI events.	
Learn from other ambulance service schemes	No evidence found of implementation.	
Continue to make LAS operational resources available to the existing District Nurse/Paramedic scheme in Havering PCT	Referral pathways now established with a number of services.	
Pilot admission avoidance using agreed pathways and access to community based services with the ECPs.	Links established through ECP role & referral pathways project.	
Pilot a direct entry for older people to the appropriate speciality scheme (Kings College)	Referral pathways now established with a number of services.	
Continue to support existing 'message in a bottle' schemes	LAS support but do not actively promote scheme.	
Continue to participate in the research trial of rapid treatment and transfer of patients with acute stroke	Carried out via stroke pilot in SW London & engagement with HfL workstream.	
Carry out an audit of the accuracy of recognition of stroke	No longer applicable with implementation of the stroke pathway.	
Give consideration to providing information for GP registers	Vulnerable adult form introduced however links with GPs are limited.	
Work with GPs to ensure the patient with acute stroke who accesses care via their GP receives the appropriate fast care	Carried out through implementation of stroke pathway.	
Develop a research project with Guy's and St Thomas' & Lewisham Hospital testing the impact on patient outcome of the whole system process change	No evidence of implementation.	
Training and education on stroke is reviewed	Carried out.	
Continue to participate in the research trial of rapid treatment and transfer of patients with acute stroke to a rapid assessment unit	Carried out through South West London stroke trial.	
Give consideration to providing information for GP registers being developed for the prevention of coronary heart disease	No evidence of implementation.	
Continue to support the ambulance stations involved in providing information for older people on falls prevention services & roll this out if successful	EBS support desk carry out this function.	

Recommendation	Work to date	Actions to be brought forward into 2008 strategy
Give consideration longer-term to the identification of people at risk of falling to be added to GP falls registers	Dependant on locality/PCT.	
Offer full LAS support to the work that has commenced to reduce the current identified risk associated with variations in non-conveyance	Training improvements have been made regarding both assessing and completing documentation.	
Work with care providers in the community; particularly care homes, social alarm providers and domiciliary carers to reduce the use of the ambulance service for 'assistance only' calls.	Carried out.	
To review training on mental health with particular attention to the differences and needs associated with older people	Redesigning CPD course to include both mental health and older people.	
Build up links with mental health services	Links continually being developed.	
Build up links with services providing health promotion	Local links continually being developed.	
The rationale and objectives for promoting healthy and active life in older age underpin this entire strategy and all its recommendations.	Included in strategy.	

London Ambulance Service NHS

NHS Trust

Older People's Strategy Workshop
15th May 2008

WORKSHOP SUMMARY

The Policy, Evaluation and Development team ran a successful workshop to develop priorities for the London Ambulance Service (LAS) Older People's Strategy on the 15th May 2008. The objectives of the workshop were:

- To provide a forum for stakeholders to share current strategies for older people's health and perceptions of these
- To generate options for how the LAS can better support patients and local strategies and initiatives
- To determine how success in these areas can be measured

This document summarises the outcomes of the discussions, and outlines the suggested next steps for the LAS.

1. ATTENDEES

Violet White	Chair - Older People's Reference Group	Newham PCT
Vicky Kankam	Adults Commissioning Team	Newham PCT
Joyce Conway	Chair Patients Forum	Greenwich PCT
Yemisi Osho	Clinical Services Manager for Older People	Waltham Forest PCT
Nicole Price	Community Services Commissioner	Richmond & Twickenham PCT
Peter Ebenezer	Commissioner for Continuing Care	Kensington & Chelsea PCT
Andrew Gawthorpe	Senior Strategy & Commissioning Manager &	Islington Council Housing Adult Social Services & Islington PCT
Margaret Vander	Patient & Public Involvement Manager	London Ambulance Service
Claire Garbutt	Policy Manager	London Ambulance Service
Kiran Chauhan	Policy Officer	London Ambulance Service
Emma Williams	ECP Programme Manager	London Ambulance Service
Alison Oakes	EBS Operations Manager	London Ambulance Service
Nick Lawrance	Head of Policy, Evaluation & Development	London Ambulance Service
Daryl Mohammed	GP, Assistant Medical Director (Primary Care)	London Ambulance Service
Sara Sandven-Burnett	PALS Officer	London Ambulance Service
Paul Ward	Ambulance Operations Manager	London Ambulance Service
Alan Clark	Team Leader, Dignity in Care Champion	London Ambulance Service
Martin Cook	Ambulance Operations Manager	London Ambulance Service
Jenny Palmer	Project Manager	London Ambulance Service
Shirley Murgraff	Member	City & Hackney Older People's Reference Group
Caroline Tella	Member	City & Hackney Older People's Reference Group
Grace Olaiynka	Member	City & Hackney Older People's Reference Group
Brigid Doherty	Assistant Director of Care	St Josephs Hospice
Pat Notton	Volunteer	Blackfriars Settlement
David Hart	Member	LAS Patients Forum
David Singh	Treasurer	Haringey Forum for Older People
Gordon Deuchars	Policy & Campaigns Manager	Age Concern London

Pamela Moffatt	Transport Advisor	Age Concern London
Lynn Strother	Director	Greater London Forum for Older People
David Prichard-Jones	Member	Lambeth Older Persons Forum
Fiona Gowen	UK Assistant Director	RSVP
Louise Lakely	Senior Policy Officer	Alzheimer's Society
Celia Bower	Member	Haringey Forum for Older People
Ellen Lebathe	Chair	Lambeth Pensioners Action Group
Shu Pao Lim	Patient	

2. MAIN THEMES

The highest priority changes that were suggested by the discussion groups can be categorised into the following broad themes:

- Professional development of LAS staff
- Patient Transport Service (PTS)
- Public perception
- Partnership working
- Use of care plans
- Effective service delivery

The following provides a summary according to these themes.

➢ PROFESSIONAL DEVELOPMENT OF LAS STAFF

Staff treating patients with dignity and respect was a key priority in a number of the group discussions. This involves addressing patients in an appropriate manner, treating the patient rather than the condition, engaging in active listening to avoid making assumptions, communicating effectively with a range of patients and ensuring confidentiality is maintained.

It was identified that staff development and education in specific clinical areas and in identifying vulnerable adults and assessing mental capacity would be beneficial. Use of referral pathways was acknowledged as important to ensure patients receive the most appropriate care and it was suggested that triggers could occur when calls were received into the Emergency Operations Centre (EOC) to highlight more appropriate pathways early in the process.

➢PATIENT TRANSPORT SERVICE

The Patient Transport Service (PTS) was identified as an important part of the service provided by the LAS. LAS does not hold the contract to provide PTS services London-wide, with this service tendered for locally. A number of issues relating to provision of PTS (not limited to that provided by LAS) were discussed including timing, with many patients required to be ready for pick up hours before the appointment, unreliability of the service and a poor standard of spoken English by PTS crews, resulting in patients feeling their needs were not effectively being met. LAS currently hold the contract for approximately one third of the PTS in London however it was suggested that LAS should lead in driving for the development of London-wide PTS standards.

When wanting to make a complaint some older patients did not know the procedure for complaining, and others felt uncomfortable making a complaint when they would be using the service again in the future. It was suggested that PTS staff distributing information for complaints procedures and PALS contact details would help to facilitate people feeding back on the quality of the service.

➢ PUBLIC PERCEPTION

The public perception of the LAS was discussed and it was identified that many older people did not call an ambulance when they should. This may be because they do not recognise the significance of their symptoms, do not want to burden what they see as an emergency only service or do not know they can contact an ambulance directly. It was also identified that older people may have perceptions of ambulance staff and their ability to meet their needs, particularly relating to pain management and reassurance.

Improving access by encouraging older people to call the LAS, increasing awareness of the role of LAS, building relationships and communicating with patients and carers were seen as priorities. Suggestions for achieving these included providing an alternate number for people to contact for advice rather than calling the EOC. There was some debate about the effectiveness of an additional number as it may create confusion with NHS Direct. Links with NHS Direct were seen as vital to ensure that care is joined up and patients know when they should be calling 999 and when it is more appropriate to call NHS Direct. Older People's Forums may be an effective method of disseminating this information. It was suggested that providing feedback on calls that may be more appropriately dealt with by another service - which may be NHS Direct, the GP or a community health worker would be useful.

It was also suggested that open days at local ambulance stations would be an effective way of raising public awareness and also building local relationships between LAS staff and the public.

➢ **PARTNERSHIP WORKING**

Building strong relationships with partners, local services and out of hours providers was identified as a key priority to ensure cohesive service delivery and seamless care to patients. Local engagement is currently variable by locality however with the introduction of New Ways of Working (a LAS programme to create a greater range of options for patients by creating an environment focusing on clinical leadership) and the role of the Community Engagement Officer it is anticipated that engagement with partners and local services will become more standardised across the service. It was suggested that Community Engagement Officers should establish links with local community centres, publicise when people should be calling 999 and deliver public health messages targeted specifically to local need.

Information sharing is an important aspect of partnership working and ambulance crews having access to patient records would ensure relevant patient details are available to ambulance crews. Information technology is therefore important, and was viewed as currently being a barrier to information sharing. It was suggested that LAS should link in with the RIO system (a web based electronic care record system) to identify high intensity users.

The perception of the skills of care home staff and the relationship between LAS and care homes was discussed and a need was identified to develop the relationship between crew staff and the staff working at care homes. Particular issues were cited including the varying quality of care, level of skill and differences in care provided outside of business hours, particularly relating to knowledge of care plans and ability to carry out specific tasks such as lifting a patient who has fallen or performing basic first aid.

➢ **USE OF CARE PLANS**

There was widespread support from many of the delegates for the use of care plans, whether these are in the form of a message in a bottle, living wills, do not resuscitate orders (DNAR), patient specific protocols or medicines management programmes. Many felt that LAS should contribute to clinical treatment plans and take a lead role in the promotion of having a care plan, particularly the message in a bottle scheme. In order to ensure wide-spread use of the scheme, it was recommended that mapping is carried out to determine what currently exists and that re-implementation should be on a rolling programme targeted at vulnerable people and audited to ensure its effectiveness.

➢ **EFFECTIVE SERVICE DELIVERY**

The need for a quick response and sending the appropriately skilled crews to each call is important. In order to ensure assistance is provided as quickly as possible the assessment process was identified as being key and provision of telecare (as is currently provided by the Clinical telephone Advice Service) and linking in with Connecting for Health were seen as important.

3. EQUALITY IMPACT ASSESSMENT

The equality impact of implementing the changes suggested above was discussed, to identify if any groups would be disadvantaged.

Cultural diversity is an important aspect of equality assessments, and culture has an impact on the health seeking behaviours of populations. It was identified that some cultures may be more inclined to seek help within their own family or community rather than contact an ambulance service, even in an urgent situation. Willingness to share personal information to someone not known to the patient can also be difficult for some people. This may be particularly relevant for older people in sharing information regarding their sexuality as older people may feel there is a stigma associated with lifestyle choices and sexuality because of the environment which they have been brought up in.

Language is also a common barrier particularly as for people for whom English is not their first language, communicating on the telephone and with ambulance crews can be difficult especially in a high stress situation.

The current make up of the LAS workforce does not match that of the population of London, with a high proportion of white British staff which may influence some communities' willingness to access, or join the service.

While there was a lot of support for use of alternative pathways rather than conveying patients to A&E, it was identified that while most A&E departments have established public transport routes other locations such as minor injuries units may not. This would present difficulties for those reliant on public transport or with specific mobility requirements.

Older people with disabilities including learning disabilities, visual and hearing impairment may not always disclose this information which may impact on the information they are both able to provide to ambulance staff and also their ability to process the information they receive.

In order to reduce the impact of these inequalities health promotion activities such as advertisements, particularly on television, ensuring information is distributed in a manner which is accessible to all (for example not just by email) targeting health education to the younger generation to cascade through their families were suggested.

For further information, please contact:

Claire Garbutt
Policy Manager
Policy, Evaluation and Development
London Ambulance Service NHS Trust
Ground Floor, 8-20 Pocock Street
London SE1 0BW

Tel: 020 7463 3116
Email: claire.garbutt@lond-amb.nhs.uk

London Ambulance Service NHS
NHS Trust

Long Term Conditions Strategy

Kiran Chauhan
Policy, Evaluation & Development

June 2008

London Ambulance Service NHS
NHS Trust

Long Term Conditions Strategy

Contents

1. Introduction

This paper sets out an update and the next steps for the London Ambulance Service NHS Trust's (LAS) strategy for involvement with the management of long term conditions in London's health communities.

Recent information from the Department of Health reports that over fifteen million people in the UK live with a long term condition (LTC)[i]. These are conditions that at present cannot be cured, but can be managed by medication and therapies. They include asthma, diabetes, epilepsy, chronic obstructive pulmonary disease, conditions related to old age and cardiac and stroke-related conditions. While various mental health conditions are long term conditions, they are addressed within a specific mental health strategy and therefore outside of the scope of this strategy.

Treatment for exacerbations of these conditions accounts for a significant proportion of resource use in the National Health Service; people with LTCs, and especially those with co-morbidities, are reported to be the most intensive users of the most expensive services. The government is keen to see these conditions better managed using whole-systems approaches, broadly following lessons learnt from the United States adapted to fit the social care model. One aspect of this is enabling patients living with LTCs to self-care more effectively; another is ensuring that support services are adequate, responsive, and joined-up to provide case- and disease-management as appropriate.

As a key part of front-line care and the only pan-London provider NHS organisation, the LAS will need to be an integral part of any improved or reconfigured system.

2. Background

The case for change

A limited, high level analysis of 2006/07 hospital episodes data restricted to LTCs provides some interesting results[ii]:

- 16% of patients admitted to hospitals in England had primary diagnoses coded as relating to LTCs ("LTC admissions" hereafter). These admissions accounted for 24% of all occupied bed days.
- Mean and median lengths of stay for LTC admissions (14 and 5 days, respectively) were more than double the averages for total admissions (6.3 and 2 days respectively).
- 41% of LTC admissions were coded as emergency admissions compared to 36% of all admissions indicating that patients with LTCs are more likely than average to require emergency admission to hospital.

Chronic care models, such as those used by Kaiser Permanente, Pfizer and Evercare groups in the United States are seen to be a means of reducing the number of unscheduled LTC admissions through case management strategies. As well as being indicative of poorly controlled illness, unscheduled admissions for exacerbations of LTCs clearly create what could be seen to be avoidable expenditure for the NHS; adopting versions of these systems has understandably been strongly advocated by the current government in keeping with its broad aim to encourage greater efficiency within the health service set out in the 2000 NHS Plan.[iii]

High level outcomes for people with LTCs

The Department of Health's document *Raising the Profile of Long Term Conditions Care* [iv] suggests the following high level outcomes for patients with LTCs:

- People have improved quality of life, health and well-being and are enabled to be more independent.
- People are supported and enabled to self care and have active involvement in decisions about their care and support.
- People have choice and control over their care and support so that services are built around the needs of individuals and carers.
- People can design their care around health and social care services which are integrated, flexible, proactive and responsive to individual needs.
- People are offered health and social care services which are high quality, efficient and sustainable.

These indicate broad aims for improving care for patients with LTCs; more detail regarding the role that Ambulance Services can play in providing this is found in the *National Service Framework for Long Term Conditions*, issued in March 2005. This document sets out a strategy for improving the integration of services for patients with chronic illness and disease.

The National Service Framework for Long Term Conditions

The National Service Framework for (neurological) Long Term Conditions[v] is arguably the most important recent relevant publication that mandates the development of this strategy. The NSF sets out eleven Quality Requirements for an integrated system for long term neurological conditions but states that "much of the guidance [...] can apply to anyone living with a long-term condition." These quality requirements are listed in Box 2.1.

Quality requirement 1: A person centred service
People with long term neurological conditions are offered integrated assessment and planning of their health and social care needs. They are to have the information they need to make informed decisions about their care and treatment and, where appropriate, to support them to manage their condition themselves.

Quality requirement 2: Early recognition, prompt diagnosis and treatment
People suspected of having a neurological condition are to have prompt access to specialist neurological expertise for an accurate diagnosis and treatment as close to home as possible.

Quality requirement 3: Emergency and acute management
People needing hospital admission for a neurosurgical or neurological emergency are to be assessed and treated in a timely manner by teams with the appropriate neurological and resuscitation skills and facilities.

Quality requirement 4: Early and specialist rehabilitation
People with long term neurological conditions who would benefit from rehabilitation are to receive timely, ongoing, high quality rehabilitation services in hospital or other specialist settings to meet their continuing and changing needs. When ready, they are to receive the help they need to return home for ongoing community rehabilitation and support.

Quality requirement 5: Community rehabilitation and support
People with long term neurological conditions living at home are to have ongoing access to a comprehensive range of rehabilitation, advice and support to meet their continuing and changing needs, increase their independence and autonomy and help them to live as they wish.

Quality requirement 6: Vocational rehabilitation
People with long term neurological conditions are to have access to appropriate vocational assessment, rehabilitation and ongoing support, to enable them to find, regain or remain in work and access other occupational and educational opportunities.

Quality requirement 7: Providing equipment and accommodation
People with long term neurological conditions are to receive timely, appropriate assistive technology/equipment and adaptations to accommodation to support them to live independently, help them with their care, maintain their health and improve their quality of life.

Quality requirement 8: Providing personal care and support
Health and social care services work together to provide care and support to enable people with long term neurological conditions to achieve maximum choice about living independently at home.

Quality requirement 9: Palliative care
People in the later stages of long term neurological conditions are to receive a comprehensive range of palliative care services when they need them to control symptoms, offer pain relief, and meet their needs for personal, social, psychological and spiritual support, in line with the principles of palliative care.

Quality requirement 10: Supporting family and carers
Carers of people with long term neurological conditions are to have access to appropriate support and services that recognise their needs both in their role as carer and in their own right.

Quality requirement 11: Caring for people with neurological conditions in hospital or other health and social care settings
People with long term neurological conditions are to have their specific neurological needs met while receiving treatment or care for other reasons in any health or social care setting.

Box 2.1: The National Service Framework for (neurological) Long Term Conditions: Quality Requirements

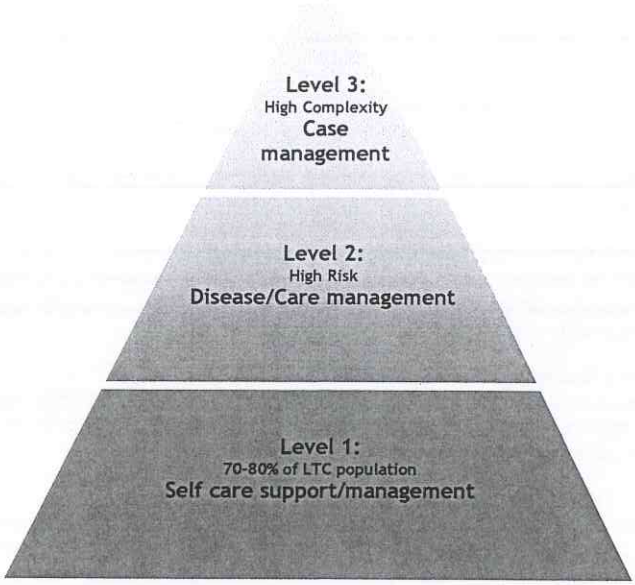
Schematically, Quality Requirements 1 - 3 relate approximately to pre-diagnosis phases of care, and 4 - 11 to post-diagnosis phases of care. Ambulance services will be particularly important for the pre-diagnosis phase, and so this paper will consider the LAS's role in relation to QRs 1 - 3 in the first instance.

2.3.1 Quality requirement 1: a person centred service

People with LTCs are offered integrated assessment and planning of their health and social care needs. They are to have the information they need to make informed decisions about their care and treatment and, where appropriate, to support them to manage their condition themselves.

For ambulance crews, there is a clear drive to ensure that treatment ultimately follows the wishes of the patient. At the same time, however, there is a need for crews to ensure that patients are provided with enough information to be able to make informed choices so that those wishes are in the patient's best interests. This may involve informing the patient about local services and will rely on establishing a common language between ambulance staff and their Primary Care Trust colleagues.

Primary Care Trusts are in the process of developing case and care management systems using variations of the Kaiser Permanente, Pfizer and Evercare models. These are at various stages of implementation and consequently it is difficult for ambulance crews to approach patients in a systematic way.



(Source: DH 2008)

There is also a need for robust communication channels so that all ambulance encounters can be reported back to primary care practitioners (GPs, community matrons, case managers, etc.) so that appropriate action can be taken if necessary.

2.3.2 Quality requirement 2: early recognition, prompt diagnosis and treatment

People suspected of having a long term condition are to have prompt access to specialist expertise for an accurate diagnosis and treatment as close to home as possible.

Intuitively, there seems to be great scope for crews to assist in the identification of patients with LTCs, and in particular high-risk patients who might benefit from pro-active case management. The cost benefits of reducing admissions through better management are potentially huge and the LAS is well-placed to contribute to this significantly.

The LAS has a role beyond emergency first aid within a patients care pathway. Shifting the culture of the LAS is perhaps the most difficult barrier to be overcome, but work is underway in the form of the *New Ways of Working* initiative to address this.

The first phase of this programme, entitled 'Transforming Clinical Leadership' brings together various strands of the overall Service Improvement Programme and focuses them on the delivery of patient care by staff working on station complexes. The aim is to create the best possible environment for clinical leadership, and so improve both the care given to patients and the job satisfaction of staff.

Within the current provision, Emergency Care Practitioners (ECPs) are well-placed to contribute to the management of patients with LTCs. Already having additional training in chronic conditions, ECPs can build and use referral routes in their areas to ensure patients receive the most appropriate care in keeping with PCT initiatives. These referral routes are available to all front-line ambulance staff, but uptake has been variable.

Many ECPs are already involved in projects around LTCs and, in the areas they are operating, have formed a natural link between primary and secondary care and the LAS. In turn, many community teams, GPs and professionals in the acute sector are keen to learn more about the role and skills of ECPs, and are also keen to have more of them operating in more areas. The LAS will be significantly increasing the numbers of ECPs it employs by April 2010. The challenge will be to keep ECP work on specification while performance pressure inevitably mounts for the ambulance service. There is a strong argument to suggest that ensuring this work remains focussed will bring significant long-term benefits to the health population thus *reducing* demand on the service.

2.3.3 Quality requirement 3: emergency and acute management

People needing hospital admission for a long term condition-related emergency are to be assessed and treated in a timely manner by teams with the appropriate resuscitation skills and facilities.

However well cases and diseases are managed, there will still be LTCs related emergencies. These should continue to be managed using local specialist centres and Accident and Emergency departments as appropriate in keeping with the outcomes of the Healthcare for London review. There may be opportunities to refer these patients to alternative practitioners if suitable case management structures are available within the local Primary Care Trust's provision and the Policy, Evaluation and Development team, and complexes' Pathway Champions are working with London providers to forge links and establish pathways accordingly.

3. Strategy Method

This strategy has been developed with the input of interested people from a range of professions, both from within the LAS and external organisations.

In additions to interviews with relevant members of LAS and PCT staff, a half-day stakeholder event was held in April 2008 to look at:

- the opportunities available for the LAS to help manage patients with LTCs in London's health population; and
- how success could be measured.

A summary of the feedback received from this workshop can be found in Appendix A.

4. Implementation Structure

The priorities for the LTCs strategy that have been determined through stakeholder and policy research are largely concerned with making improvements to existing protocols, or using existing mechanisms. The strategy recommendations in this document specify areas of work; these will be adapted to produce project plans that will need local adaptation. The recommendations will be ratified and fed into the workstreams defined by the Service Improvement Programme.

It is important that implementation of these project plans is not undertaken in a directive manner; there is sufficient evidence to suggest that an approach that engages the individuals who will be responsible for delivering the projects will be most effective. The risk of not using this approach is significant failure to produce the intended outcomes, and indeed for local action to block the desired direction of progress.

5. Strategy Priorities and Action Plan

5.1 Options analysis

- The following actions are methods by which the LAS could help to better manage LTCs in London.

- Feasibility and indicative timescales are considered for each option in the suggested action plan.

- These are subject to ratification and subsequent resource allocation.

5.1.1 PCT/LAS Joint Contact List

It is recognised that, if local solutions to LTC management are to be developed, there needs to be good communication between Ambulance Operations Managers and local LTC leads in primary care. Currently, many PCT leads do not know who their local AOMs are, and vice versa, and this is not unique to the LTC workstream. A local 'directory' maintained by the Community Involvement Officer is therefore recommended as a means of improving communication channels. This is, however, only the first step: the aim is to initiate local dialogue between PCTs and the LAS about how to work in partnership to produce service improvement.

ACTION: **Produce a local directory of service** in which PCT and Complexes can share contact details that include the AOM, PEDT staff at the LAS, PCT leads for LTCs, Older People, Pharmacy, etc. This could briefly outline current strategies for each workstream. This should be kept under review by Community Involvement Officer and be sent out via e-bulletin/in hard copy on a quarterly basis.

5.1.2 Increase awareness of LTCs

It is recognised that LTCs do not have a high profile in the LAS's field of vision because of the tendency for front-line staff to approach patients as a 'first aid' service. A theme that runs through the NSF quality requirements is to deliver care in more holistic way; this is supported by the LAS's own strategic plan which advocates the appropriate treatment of each patient, rather than conveying to an Accident and Emergency Department by default.

Currently, the Emergency Care Practitioner programme is engaged with this kind of approach, and the scheme is undergoing a rapid expansion in the near future. It is understood that a change in the focus of front-line staff is a difficult task, and that the *New Ways of Working* initiative, amongst others, is aiming to tackle this issues. These large-scale cultural changes will take time to produce results.

The actions that can currently be taken, however, are to raise the awareness of LTCs, so that when the *New Ways of Working* initiative becomes more wide-spread, front-line staff will already be more aware of the conditions they might encounter.

The training programme for front-line staff already includes aspects of LTC care, however, additional work is required if these conditions are to gain a higher profile.

ACTIONS:
- Include articles focussing on specific LTCs in the LAS News on a regular basis
- Increase training in LTCs more generally where possible and appropriate

5.1.3 Patient specific protocols

Patients suffering from LTCs will often have established care pathways/contacts for dealing with exacerbations of their conditions. These can be created in conjunction with all of the providers (in primary and secondary care) involved in the patient's care, and can be recorded in their Care Management folder, on an instruction sheet, or using the Message in a Bottle.

ACTION: Improve use of Message in a Bottle/Ambulance Instruction Cards systems to better tailor care to the individual

5.1.4 Reporting non-conveyance of patients to primary care

Currently, attendance of a patient who does not go on to get conveyed to an Emergency Department is not reported back to that patient's primary care practitioner. A copy of the Patient Record Form (PRF) is given to the patient to deliver to their General Practitioner; this may or may not happen. It is clearly important for the primary care practitioners involved in the care of patients with LTCs to be notified of any attendance by the LAS, as calls to emergency services may indicate poor disease control in some cases.

ACTION: Create a method for feeding back non-conveyances to primary care practitioners

5.1.5 Referral Pathways

When a patient doesn't need to be conveyed to an Emergency Department but does require some follow up, it is possible for front-line ambulance staff to refer these patients to suitable community services. These may be community nurses, physiotherapists, falls teams, etc., with whom the LAS has a referral pathway agreement.

A number of such pathway agreements are established in various parts of London, but the uptake of these pathways is variable. This is for a number of reasons: sometimes pathways are under-resourced and so cannot meet the needs of the LAS; services may not be available 24 hours a day; crews may not feel confident in making referrals; patients may not want to be referred to another service; crews may consider conveyance to hospital a safer option; or, it is sometimes just easier to take the patient to hospital.

ACTION: Continue to monitor and increase use of referral pathways

5.1.6 Avoidable use of ambulance services

It is important for PCTs to understand where their current care provision is lacking so that appropriate measures can be taken to fill the gaps in service. Calls to emergency services from patients for avoidable reasons (eg. exacerbations of LTCs due to inadequate management) are a good indicator of the adequacy of provision so a means of feeding back this information would be useful. PCTs already receive feedback from the Commercial Analysis department of LAS, but it is not certain that this is well-utilised.

ACTION:
- Adapt feedback capability to highlight service provision gaps
- Liaise with PCT colleagues to better utilise this information

5.1.7 Screening for LTCs

In relation to the NSF's second quality requirement, there is a requirement for local health services to find ways to identify patients who are at risk. As well as broader public education campaigns, it is recommended that avenues by which LAS staff could be involved in pro-actively screening all patients attended for detectable LTCs are explored.

ACTION: Complexes to liaise locally with PCTs to identify areas where LAS crews can assist in early identification and screening for long term conditions.

5.2 Suggested Action Plan

Supporting actions	Resources required	Benefits	Timescales	Outcome measures	Workstream
5.1.1 Produce a local directory of service for PCTs and Complexes					
• Engage AOMs/NWOW team • Compile data • Establish roles for updating data • Compile distribution lists	•Local network researcher, e.g. the Community Involvement Officer •Communications team guidance on style	•Developed and maintained local networks •Better communication between agencies • Greater awareness of local initiatives • More joined-up care for patients	•Constrained only by availability of CIO/ local network development capacity. •Go-live in line with NWOW timeframes. **SHORT/MEDIUM TERM**	•Existence of up-to-date directory, held by PCTs and Complexes, and updated regularly. •Higher levels of patient satisfaction	Access programme
5.1.2 Increase awareness of LTCs • Include articles focussing on specific LTCs in the LAS News on a regular basis • Increase training in LTCs more generally where possible and appropriate					
•Identify and engage potential contributors to the LAS news •Liaise with Communications Team •Develop training package for LTCs (esp for PTS and Urgent Care teams) •Identify internal and external professionals who could assist in providing training.	• Clinical staff to provide information for articles • Communication team guidance • LAS news • Training capacity • Professional expertise/trainer	• Increased awareness about particular LTCs will allow front-line staff to make more informed assessments when visiting patients with these conditions •More appropriate care for patients	•This project should be initiated as soon as possible. **SHORT TERM**	•Articles in the LAS news •Training sessions provided by suitable professionals •Improvement in relevant staff survey result (would require adaptation of standard staff survey questions) •Improvement in patient satisfaction survey results	Business as usual

5.1.3 Patient specific protocols • Improve use of Message in a Bottle/Ambulance Instruction Cards systems to better tailor care to the individual					
•Identify areas of good practice - find out why these are working well •Consult with AOMs about barriers to success •Develop a project to roll-out the scheme London-wide if desirable and practicable •Design a system to monitor usage (via PRF or other audit mechanism)	•Personnel •Buy-in from local complexes and providers (eg. PCTs, Age Concern, etc.)	• More information available when crews attend individual patients, thereby creating more opportunities to provide personalised, appropriate care • Greater patient satisfaction with service received	Timescales will depend upon what arrangements are currently in place in local stations, but conversations should begin as soon as possible. **SHORT/MEDIUM TERM**	•An increase in the number of patients linked in with primary and secondary care practitioners •Improved patient satisfaction survey (indirect) •Reduction in hospital admissions (indirect)	Business as usual
5.1.4 Reporting non-conveyance of patients to primary care • Create a method for feeding back non-conveyances to primary care practitioners					
•Identify the information that needs to be fed back •Identify who the information needs to be sent back to (presumably the patient's primary care practitioner) •Communicate the need for a feedback system to the LAS team developing the hand-held computers so that this may be part of	*(dependent upon the solution devised)*	•Primary care practitioners (who are responsible for ongoing care) will have more clinical information about their patients •Primary care practitioners will have the potential to identify changes in illness patterns •Better clinical outcomes for the patient	•Currently, it is not feasible to engineer a paper-based solution to feeding back information about non-conveyances to primary care. There are plans in plans, however, to introduce hand-held computers for front-line crews to use on-scene. **MEDIUM/LONG TERM**	•Better clinical outcomes	Access programme

the design. •Devise an auditable system - eg. record on PRFs					
5.1.5 Referral Pathways • Continue to monitor and increase use of referral pathways					
•Devise a means of identifying LTC patients using the PRF •Establish expected/current usage & bring actual usage more into line with expected usage •Develop crew confidence in using pathways (via NWOW) •Improve technological data-management - eg. palm pilots, EMS, CSD •Encourage 24 hour services from providers and, eg. ECPs.	•Training capacity •Primary care services	•Patients will receive appropriate care without being transferred to hospital. •Primary care practitioners will be more involved in looking after patients within their own catchment areas, thereby providing a more joined-up service •Financial benefits to the health economy due to reduced hospital episodes	•Already in progress and linked in with *New Ways of Working* **SHORT/MEDIUM TERM**	•Increase in the number of referrals made •Decrease in the number hospital admissions relating to LTCs.	Operational model
5.1.6 Avoidable use of ambulance services • Adapt feedback capability to highlight service provision gaps • Liaise with PCT colleagues to better utilise this information					
•Establish how information received is used by PCTs •Develop the existing feedback function to highlight	•Management Information capacity to adapt current data set •Data management skills in primary care to make use	•A better understanding of the needs of the local community for primary care providers •Awareness of trends in illness to better inform service planning/ gap	Information of this sort is already available in some form, so resource will indicate timescales for further software development work.	•Fewer attendances to patients with LTCs in both quantity and proportion of all attendances (indirect)	Access programme

LTC patients	of the data produced for business planning	analyses	**SHORT TERM**		
5.1.7 Screening for LTCs • Complexes to liaise locally with PCTs to identify areas where LAS crews can assist in early identification and screening for long term conditions.					
•Identify which LTCs could be screened for in liaison with PCTs •Establish resource requirement, eg. training, test kits •Establish how to feedback information received to primary care •Carry out an audit on crews routinely screening those over 40 years for diabetes	•Training capacity •Screening kit •Method for referring/feeding back any suspected cases •?Central database •CARU input for audit	•Earlier identification of LTCs •Prompter referral and treatment for patients with LTCs	This will depend upon the allocation of resources for scoping and purchase of necessary kit. **MEDIUM TERM**	•increased referrals to LTC management services (eg. diabetes team)	Development of a public health strategy

6. Measurement & Evaluation

This LTCs strategy will need to be evaluated to ensure that any changes are an improvement in the services provided, and to enable communication and dissemination of successes achieved as well as to enable the LAS to learn from any problems.

Each recommendation is accompanied by suggested outcome measures and these will be good indicators for success in each area.

Evaluation does need to include patient outcome measures and satisfaction where possible however, and not just focus on reducing demand or decreasing A&E attendances for example - though these remain valuable indicators.

There is a particular need for ongoing conversation with the front-line staff about their perceptions of the strategy, to ensure that there is fit with their experiences of the operating environment.

It is anticipated that the overall strategy will be reviewed in five years' time. It is acknowledged, however, that what works for one complex may not work for another; ongoing **local** evaluation is therefore required to be undertaken in addition to wider strategy evaluation to ensure that projects remain relevant to practice.

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