

EMERGENCY AMBULANCE SERVICE REVIEW

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, and in some localities has consistently failed these targets, including Birmingham East and North. 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:

- The cost effectiveness of the current service
- WMAS ability to meet ambulance performance standards across all West Midlands PCTs within current contracted income levels 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.
- 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 alternative responses
- 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

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.

With the support of the PCT Chief Executive community, Moira Dumma and Jo Chambers as the joint PCT CEO leads 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