DRAFT FOR APPROVAL

A Strategic Approach to Commissioning Ambulance 999 & NHS 111 Services in Yorkshire and the Humber 2015-2019

This document is designed to provide an overview of the CCGs Strategic Commissioning Intentions and the governance arrangements.

March 2016
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1.0 Purpose

This document is designed to provide an overview of the Strategic Commissioning Intentions of the CCGs in Yorkshire and the Humber in relation to Ambulance Services 2015-2019. Significant work has been undertaken over recent months and this document crystallises the outputs of that endeavour.

The approach outlined in this strategy is not confined to ambulance services but may be broadened to encompass any work undertaken around Urgent and Emergency care Networks as these agendas become more integrated.

2.0 Introduction

Ambulance services are key stakeholders in the provision of emergency and urgent care. In Yorkshire and the Humber the Yorkshire Ambulance Service and the East Midlands Ambulance Service are two of the largest providers of call handling, response at scene services and patient transport services. The commissioning of these services is overseen by the Joint 999/NHS 111 Strategic Commissioning Board (from April 2016) alongside the Y&H Urgent and Emergency Care Networks.

The accepted model of ambulance service provision is changing. The focus has traditionally been on call handling, on immediate response and more often transport to hospital. The Keogh review identified a number of proposed changes to the commissioning of ambulance service. This strategy is consistent with the Keogh recommendations.

The volume of calls being handled by ambulance services for 999 and NHS 111 response is growing. There are real opportunities to manage these calls in a way that more appropriately places the patient in either health or social care. Similarly, there are opportunities to improve patient-experience and get better outcomes for patients by ensuring the right response is offered first time. This may require a paramedic to respond on scene but may equally allow an alternative to be deployed. Further there are opportunities to utilise new technologies to respond to patient need.

There has been service development across the Yorkshire and Humber region but this has often been uncoordinated. This strategy is intended to bring thinking together in a way that enables commissioners and providers to collaborate on service strategies.
The CCGs in Yorkshire and the Humber have a common goal with local providers. That goal is to provide the right care at the right time on 100% of occasions. The detail of that aspiration is included in this strategy.

3.0 Commissioner Intentions

Commissioner intentions were honed at two workshops in June 2015, October 2015 and include comments received at the Yorkshire and Humber Clinical Commissioning Groups workshop in March 2016.

3.1 Vision

To improve the outcomes and experience for the local population by providing the right care at the right time in the right place on 100% of occasions

3.2 Strategic Changes

Commissioners recognise that these strategic challenges are described in headline terms and there will need to be significant dialogue around how to make the changes happen. It is important that this conversation commences now so that the strategic intent is captured and reflected contractually. Some of the changes are underway and the challenge will be to maintain momentum. The proposals are:

3.2a A clear shift from Urgent Care to planned care to include:
- Development of Care Closer to home
- Improvement of out of hospital services
- Reduction of unnecessary attendances at hospital and admissions.

3.2b Urgent and Life Threatening Emergencies
- To ensure that patients are appropriately treated at scene
- To ensure that the ambulance services have the right processes, facilities and equipment to maximise patient survival
- To move from a traditional response to one where there is guaranteed access to state of the art treatment as per the objectives of the Urgent Care Networks.

3.2c Integrated Urgent Multi specialty Advice
This will entail further development of a Hear and Treat service which will include:
- 24/7 availability
- Integration of 999 & NHS 111 services
- At scale development to avoid duplication and ensure coverage
- Commissioning appropriate specialist advice to support the process.
• Better deployment of available technology including video conferencing.
• An available multi disciplinary team approach which for example could include drugs and alcohol services, midwives and mental health specialists.

Hear and Treat will be supported by enhanced see and treat services, which will include:

• Skilled assessment diagnosis and treatment at scene
• Optimum medical input at the start of patient journey
• Home management as appropriate
• An empowered workforce able to take responsibility for prescribing and independent referral working within a multi disciplinary team
• Revisions to core clinical pathways such that they are compatible with the new approach. These could include mental health long -term conditions and end of life care.

3.2d Conveyance of patients

In future they will be a mixed economy of options for patient conveyance which will include:

• Partnerships with other emergency services including Fire and Rescue.
• Partnerships with independent providers
• Partnerships with Voluntary and third sectors
• All the above to be protocol driven and appropriately risk assessed.

4 Other Strategic Context

While this strategy primarily relates to ambulance 999 and NHS 111 services, commissioners need to be cognisant of other strategic context. The CCGs will develop this strategy in close liaison with Vanguard communities and in common with the strategies of individual urgent care networks. The CCGs are well aware of the constraints on social care and will be seeking to work in partnership with the wider health and social care economy to enact these changes.

Additionally some of this strategic intent will impact on secondary care provision so it will be important to include those colleagues in remodelling of services.

Secondly the Commissioners of Yorkshire and the Humber are a mix of rural and urban communities with differing demographic issues. In implementing the strategy different delivery models are expected to be explored and developed to specifically deal with the challenges of rural areas which seek to provide equity of performance across both urban and rural areas. As the strategy is implemented it will need to flex to reflect some different needs. The key point though is that the Vision is owned throughout the patch.
During 2016-17, commissioners will agree with YAS a ‘floor’ for red performance which will be applicable across all Y&H CCGs using YAS. The level of the ‘floor’ will be determined with reference to quality and safety measures.

5 How Commissioners will execute this Strategy?

This is a three-year strategy but much work has already been undertaken. Implementation requires a two-pronged approach. Firstly commissioners need to organise themselves into a more streamlined form to commission these services with more formal governance arrangements. Secondly there will need to be some enabling actions taken to support providers in remodelling the service.

5.1 Commissioner Governance

CCGs work closely to commission urgent care but there is now a case to establish more formal arrangements, which may be relevant beyond NHS 111 and 999 commissioning to include Urgent Emergency Care Network(s) activity. There is also significant learning to be shared from Vanguard communities. From a governance perspective the following has been proposed with supporting papers and will be considered for approval by individual CCG Governing Bodies in May 2016:

- Collaborative commissioning of 999 & NHS 111 services by Yorkshire and Humber CCGs
- Memorandum of Understanding for the collaborative commissioning of 999 & NHS 111 services between Clinical Commissioning Groups across Yorkshire and Humber.
- Terms of reference for the Joint Strategic Commissioning Board (JSCB) are contained within the Memorandum of Understanding, along with the scheme of delegation.

Practically it is proposed:

- CCGs will combine to create lead commissioner/contractor arrangement (April 2016).
- CCGs will support the lead arrangements creating a Joint Strategic Commissioning Board (JSCB) co-chaired by Wakefield and Greater Huddersfield CCGs (April 2016). This is at present the Hear See and Treat work stream.
- CCGs will create a single quality board for 999 & NHS 111 (April 2016).
- Current CBU and UECN arrangements will be integrated (as soon as possible).
- CCGs will form a joint committee to take the process forward (October 2016).
- Commissioners will review the resources required to support the commissioning & contracting processes detailed above in order to facilitate rapid progress.
5.2 Service Priorities and Enablers.

It is important that the CCGS support providers in enabling service changes. Clearly there will need to be an agreed pace to all changes which will be subject to a tightening resource envelope. All changes will need to reflect vanguard and UECN priorities. However the following should be considered in detail over the lifetime of this strategy:

- Potential integration of NHS 111 and 999 to develop an advisory hub and integrate specialist teams
- Delivery of an A and E transformation which will include hub and spoke delivery models
- YAS will be expected to maximise their efficiency gains in the 999 EOC (control room).
- Support providers in Urgent Tier review
- Review PTS and deliver current transformation strategy including close attention to social care.
- Support providers in development of cost efficient support services.

6.0 Next steps

This strategy will be considered for approval by the Governing Bodies of Yorkshire and Humber CCGs. A delivery plan will then be developed through the West Yorkshire Urgent & Emergency Care Vanguard Hear See and Treat Board and the sub regional Urgent and Emergency Care Networks.