



NHS

**East of England
Ambulance Service**
NHS Trust



Clinical Strategy Urgent and Emergency Care

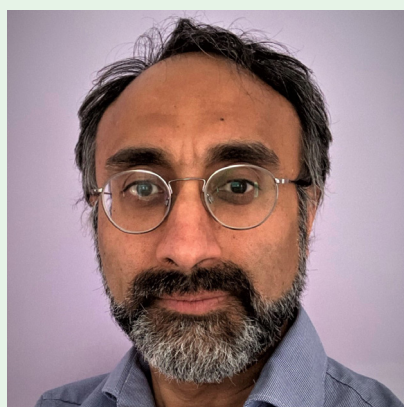
2023-2025

www.eastamb.nhs.uk

#WeAreEEAST



Tom Abell
Chief Executive



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Trust Chair

Foreword

Demand for support from ambulance services has been increasing over recent years. To manage, within our resources, we must respond differently. To take a holistic, integrated, community focus, we have produced the Clinical Strategy 2023-2026. This has been developed in conjunction with our people, regional partners, patient and community engagement groups.

The East of England Ambulance Service NHS Trust (EEAST) plays a pivotal role in the urgent and emergency care system. Our qualified, experienced and diverse workforce responds to the individual needs of patients who dial 999. But we cannot deliver care without the support of our partners.

Our strategy outlines the Trust's approach, alongside integrated care boards (ICBs) and other partners, in changing and improving the way we deliver care. Our aim as a system is to provide the right care in the right place at the right time, and as close to the patient's home as possible. Working hand in hand with ICBs and service providers means we can ensure patients are managed using appropriate alternative care pathways. This enables EEAST to respond to the patients in most need of emergency clinical assessment and emergency ambulance response.

This strategy details how we deliver an integrated approach that will result in a timely response that meets the specific needs of our patients. We work more closely with patients, communities, providers and partners to ensure this happens and we continually seek to improve how we deliver our service.

The delivery of this strategy is underpinned by our people strategy and sustainability strategy which set out the work we are doing to enable the clinical model described here.

There is much to do, and we are keen to hear your thoughts. Please read the strategy and share your views with us. We look forward to working with you as we make it a reality.

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Executive summary

Our clinical strategy sets out how we will improve care and respond to the pressures and challenges we are facing across the east of England.

It is designed to improve clinical outcomes for all of our patients by delivering a more responsive service to patients' specific needs. We will do this by making better use of our resources, supporting and empowering our people across the organisation, and working closely with partners, particularly integrated care boards (ICBs), as part of a system. The approach set out in this strategy will be the key driver to achieving the Trust's vision of :

'Delivering outstanding care, with exceptional people, every hour of every day'

Our clinical strategy sets out how we plan to achieve two of our strategic goals:

- Delivering our service to provide outstanding, safe, quality care and performance, and
- Operating as excellent collaborators and innovators as system partners.

We have developed this strategy in partnership with our patients, our people and our partners. We held partnership events with our partners across health and social care including our universities, to codevelop core elements of the clinical model and will continue engagement as we embed our practices. These conversations were all critical to the development of the clinical model set out in this strategy. This engagement will continue through the lifetime of our strategy as it is delivered across our region, to ensure that it continues to develop in line with the needs of our patients, communities and partners.

It is our plan for delivering urgent and emergency care across the east of England, in partnership with our system partners. Our clinical model is clear. We listen and understand the needs of callers and take the appropriate action as follows:

- We rapidly deploy the most appropriate response to our most critically unwell and injured patients in life-threatening situations, like cardiac arrest, stroke, major trauma or obstetric emergency. The response could be a double-staffed ambulance, rapid response vehicle, community first responder or even helicopters, in collaboration with our charity partners.
- When the call is not a life-threatening emergency, our clinicians assess and treat patients over the phone. Where patients require an alternative pathway, we pass those patients to our clinical partners across the east of England.
- When an ambulance is dispatched, we provide outstanding, safe, quality care to patients when needed, or contact the appropriate local service that can provide the care that meets the specific needs of the patient.

To ensure we can most appropriately respond to demand for services, we must work collaboratively with our health and social partners. Key to this is the delivery of a new partnership model across the Trust with integrated care system (ICS) staff and other healthcare professionals to deliver an integrated model for unscheduled care. This model will work closely with services delivering urgent and emergency care to ensure that there is effective coordination to deliver the right care, in the right place, by the right person at the right time. This means patients will receive targeted support, specific to their needs. This will in turn help determine the services that are needed in the future in response to the changing health needs of our communities.

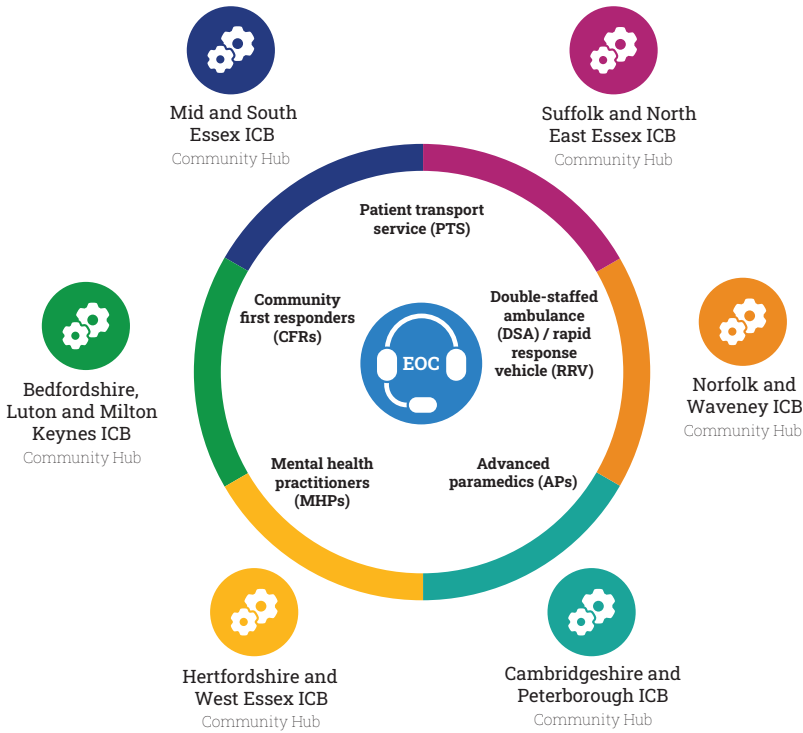
Our approach will ensure that alternative care pathways that best suit the needs of a patient are used, reducing hospital attendances where they are not the most appropriate response for a patient.

Our clinical response model to 999 calls

Our goals

Provide outstanding quality of care and performance

Excellent collaborators and innovators as system partners



The new two part clinical model moves away from conveyance to emergency departments, and shifts to caring for our patients within the community with appropriate local support.

1. Emergency operations centre (EOC) - receiving and handling emergency calls and providing appropriate and effective assessment.
2. System clinical hubs - an integrated multi-disciplinary approach to urgent care at a system level.





Category of calls

C1

Category 1 (C1) – These calls are classified as immediately life-threatening emergencies, based on key words used and triage questions being asked. In some instances, an ambulance is automatically allocated whilst other details are being established. This enables a quicker response, which is vital when dealing with these patients.

C2

Category 2 (C2) – These patients also represent a high level of urgency; the majority of C2 calls will require an ambulance response. In the future, other C2 calls may be navigated to the clinical assessment service for support and treatment by telephone as part of a national programme. Alternatively, after a clinical assessment, the level of urgency may be re-categorised as a C3 or C4.

C3

Category 3 (C3) – In most cases patients who are in this category require further clinical assessment to determine how to manage their care. As part of this strategy, the majority of these calls will be dealt with by the clinical assessment service. The outcome of the calls with a clinician could be self-care, automated or clinician referral to the unscheduled care coordination hubs, referral to another service or upgraded to a higher category call.

C4

Category 4 (C4) – These are less urgent calls and that can be managed directly by the unscheduled care coordination hubs or other local providers. In the future they may not always require an ambulance service face-to-face response.

Why do we need a clinical strategy?

We have developed this strategy with our partners and our people as we face specific challenges, both as an ambulance service and as a health and care system in the east of England.

Our communities in the east of England

The Trust provides an emergency response to six million people across six counties in the region (Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk and Suffolk).

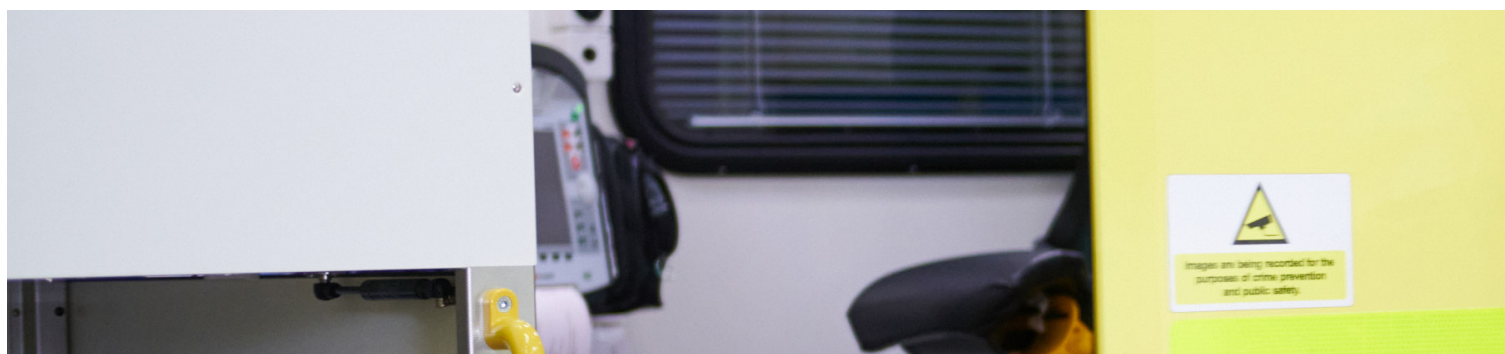
The demographics of our population across the east of England vary hugely. This presents a number of challenges:

- Around a fifth of areas in our region are deprived and over half of the counties and unitary authorities in the east of England have a lower healthy life expectancy than the England average.
- Over a quarter of people live in rural areas. On average, it takes about five minutes longer to reach a C1 and C2 incident in a rural area compared to an urban area.
- The population of over 65s is projected to grow by 35% by 2043, with older people already making up the highest proportion of conveyances.

Working as a system to deliver integrated services

We can only respond to the increasing demand for the health and care sector by operating as an integrated system to deliver the services that our residents, patients and communities need. We also know that the way services are commissioned and designed requires improvement and further understanding of our communities needs.

By integrating and collaborating with system partners we can make lasting improvements and changes in the way that we deliver health and social care. We are working with ICBs, local partners and providers to achieve this by developing new ways of delivering services to meet the increasing and changing needs of our residents. This strategy sets out those innovative approaches along with our operating model for service delivery.



Providing an emergency response service in the region

We operate within a complex healthcare landscape, with 17 acute trusts, across six ICSs and almost 1,000 GP practices. EEAST has over 5,800 employees, more than 1,000 volunteers, as well as a patient transport service.

In common with all NHS Trusts in the UK, EEAST has been under immense operational pressure to respond to ongoing, increasing demand for services.

In 2022/23:

- The Trust received 1.1 million emergency 999 calls (3,000 calls a day).
- Our clinical assessment team supported 58,584 patients, providing advice on self-help or attending a more appropriate service.
- Clinicians attended 792,335 incidents, 14% of those being life threatening emergencies.
- We also carried out 426,500 non-emergency patient journeys.

Despite growing demand, our service is improving:

- Waiting times for an ambulance to arrive in the east of England were among the longest in the country but performance has improved.
- Compared to other ambulance services, we are routinely in the top five best performing in relation to answering calls. We perform on par with others in identifying and responding to calls; we are the highest performer in recognition of C1 cases at the initial call stage.
- We are seeing improved outcomes for stroke, cardiac arrest and falls compared to previous years.
- The CQC rated our service under the caring domain as 'good' in 2022, as our staff treat patients with compassion and kindness and involve them in decisions about their care and treatment.

We know where we need to improve further. For example, compared to other ambulance trusts, we close fewer calls through clinical assessment, in part due to the system we use and in part due to recruitment challenges in the region. So an important focus for our strategy is working as a system to clinically assess patients and get them to the right place for the right care.



Our strategic vision and goals

Our vision

Outstanding care, exceptional people, every hour of every day

Our goals

Be an exceptional place to work, volunteer and learn

Provide outstanding quality of care and performance

Excellent collaborators and innovators as system partners

Be an environmentally and financially sustainable organisation

Our supporting strategies



People



Clinical



Sustainability

This strategy has five objectives that will support delivery of our strategic goals to provide outstanding, safe, quality of care and performance, and be excellent collaborators and innovators as system partners. These objectives will be delivered through our operating model which sets out how we deliver our service.

Our goals

Provide outstanding quality of care and performance

Patient safety and quality of care is at the heart of everything we do.

Our clinicians deliver outstanding quality of care to individual patient needs.

We strive to improve how we deliver services through innovation.

Excellent collaborators and innovators as system partners

Our service meets the needs of the communities we serve.

We work as a critical part of the integrated health and care system.

Our operating model

In our emergency operations centres:

We work as part of a system to triage calls and get patients to the right place, at the right time.

Through our clinical advice service:

As a system, we provide the most appropriate care to our patients by ensuring we reserve ambulance capacity for our highest acuity patients.

When an ambulance is dispatched:

When face to face care is needed, our highly skilled clinicians provide timely and appropriate care or take patients to the right place for the right care.



The clinical model

We have developed a clinical model that describes how EEAST will operate within the integrated urgent and emergency care system across our region.

Our new model moves away from the traditional ambulance service model of dispatching an ambulance to all calls, with the exception of C1 and specific C2 calls. It focuses on clinical assessment and onward referral. The aim is to:

- Provide an appropriate and timely response to life threatening emergencies.
- Work with system partners to get patients with care needs that are not emergencies to the right place.

If the patient's presenting condition requires an ambulance response, there are several options for our dispatch team. Our C1 and appropriate C2 patients will be treated on scene and taken to the most appropriate healthcare facility quickly. All other patients will receive a clinical assessment and either self-care advice or onward referral to an alternative healthcare provider, as close to home as possible. By implementing this clinical model of care, patients receive the most appropriate level of care, while our ambulance resources are used effectively to quickly reach our sickest patients.

The model brings together:

1. An emergency call handling and initial triage response to patients who need an immediate life-saving emergency response and intervention, including the management of critical and major incidents.
2. Liaising with our NHS system partners to provide remote clinical assessment of patients to ensure that people who do not need an immediate urgent or emergency intervention or to be admitted to hospital are directed to appropriate alternative treatment and care locally.
3. Outstanding face to face care that responds directly to a patient's needs when an ambulance is dispatched - improving on-scene clinical assessment and diagnostic skills; empowering our clinicians to make clinical decisions and have greater autonomy; increasing deployment of senior clinicians to critically ill patients to support clinical leadership, assessment and management.

Call handling and dispatch

At EEAST, we have teams of qualified call handlers and dispatchers in our emergency operations centres (EOCs) who receive 999 calls using a recognised emergency triage system. Questions are asked that determine the nature of the call to make sure that the caller and patient receive the correct response. A nationally recognised clinical assessment system codes the call based on the responses to these questions and determines whether an ambulance response is required and how quickly.

Our call handling teams also answer calls from healthcare professionals and other emergency services as well as being the first point of contact if there is a critical or major incident. Additionally, they take 999 emergency calls from other ambulance services as part of a national intelligent routing platform, to ensure that the national ambulance capacity is used when calls are waiting in an area.

Our dispatch teams then allocate the closest and most appropriate resource to each case. They are supported by our team of clinicians in the clinical assessment service on clinical decision making. They also work closely with other emergency services to maintain open communication channels between all services. A call determined to be a C1 call with immediate threat to life will automatically have an ambulance dispatched, and it is likely that the patient will be taken to hospital as quickly and efficiently as possible.

How we are improving this service:

Around 55% of all calls to the ambulance service are initially coded as C2 calls. Some of these calls will require rapid dispatch as, although there is not an immediate threat to life, delaying care could mean that the patient worsens and their condition becomes life-threatening. C2 segmentation is a national initiative that allows ambulance services to consider other ways to support patients who would otherwise have waited for an emergency ambulance. This initiative provides the prompts for call handlers so that the call can be categorised in greater detail and allow for a more tailored responsive approach to the patient's individual needs. It will also mean that ambulances will not be dispatched if they are not needed.

There are ongoing developments in the use of technology to support call handling and initial triage. We are currently piloting the use of artificial intelligence (AI) to identify emergency calls through voice stressors. If successful, we will work to embed AI in our call handling and initial triage service.

We are making changes to our dispatch team in line with best practice and the best use of resources. We are also reviewing our strategic standby points to best align location to patient needs – and so get to more patients more quickly. Finally, we are developing extra dispatch functions so that we can assign calls to our community first responders and urgent care resourcing.



Clinical assessment

We receive calls into our 999 emergency operating centres, 24 hours a day. During normal working hours, a clinical queue can develop as a result of changes in forecasted demand, where the demand outweighs the clinical capacity planned in at the time.

We aim to assess all calls in a timely manner, based on the initial category assigned to the emergency call. Due to demand, there can be a potential delay in clinically assessing all calls, and so we have been working with system partners to ensure that calls that do not require an ambulance response (based on initial category) are referred to unscheduled care co-ordination hubs for local assessment and care. This means that those patients who do require a full clinical assessment are managed in a timely way, and either supported with self-care advice, referred on to another service, or placed into dispatch for an ambulance response.

The 999 call queue

As part of the C2 segmentation programme, the needs of each 999 call within the C2 group will be assessed by clinicians at EEAST and ranked in order of clinical need. Those with the greatest clinical need will be treated as a high priority and an ambulance dispatched. Lower acuity C2 cases may be referred to unscheduled care co-ordination hubs or other providers after clinical assessment.

The programme allows other care pathways and health providers to treat patients who would otherwise have waited for an emergency ambulance. We anticipate that 50% of C2 calls will be most appropriately managed through clinical assessment or referral to alternative care providers after being clinically validated, This will have a significant impact on patients and on how we use our emergency resources at EEAST.

How we are improving this service

Within our emergency operations centres (EOCs) at EEAST, we are updating our practice to best meet the needs of our patients by:

- Expanding our clinical assessment team to include a multi-disciplinary approach to emergency clinical assessment, so that specialist advice and support is immediately available (for example, for mental health callers). The team will also support emergency operating centre staff, operational colleagues and ambulance crews.
- Moving to NHS Pathways by 2026.
- Developing a 999 'Directory of Services' with all other services' opening hours and available appointments, meaning that we can make seamless referrals to other services at the point of call.
- Developing improved clinical standards to assess patient outcomes following triage and follow up on patient care to inform best practice, reduce variation and enable learning across the system.



Unscheduled care co-ordination hubs

Within each ICS area, an unscheduled care co-ordination hub is being established to support those calls categorised as C3 - C5. This will reduce unnecessary ambulance trips to hospital emergency departments. The hubs will ensure that alternative care is available for patients in line with their needs. Currently these hubs have structured but individual operating hours, and the ambition is for each hub to move to a 24/7 operation.

The unscheduled care co-ordination hubs will receive calls from 111, other healthcare professionals and low acuity cases that we receive via digital enablers and automated technology. The hubs will be staffed by local clinicians and social care colleagues, working as part of a multi-disciplinary team, to manage the referrals from EEAST and to co ordinate local care for local patients. It will direct patients to the most appropriate primary care, community or mental health services to support their individual clinical needs.

The benefits are:

- Close working between the ambulance and the hub so that patients get the most appropriate care.
- Working more effectively as a system to respond in times of increased pressure and demand.
- Effective demand management, freeing up resources so that we can send an emergency response to those who need it more quickly.
- Reducing unnecessary hospital attendances, releasing time back to EEAST so that we can respond to our sickest patients more quickly.
- A more effective use of resources, including future commissioning and funding arrangements.
- Identifying changes in demand so that the wider NHS system can respond to the changing needs of local residents and communities.

The hubs will also provide a pre-conveyance service, sometimes known as 'call before you convey'. This provides ambulance crews with a single phone number within their ICS to call and either gain clinical advice from the system or to access prompt referrals into alternative care pathways such as frailty assessment, virtual wards and same day emergency care services.

High quality face to face care

We will target and deploy our most senior clinicians (specialist and advanced) to the most critically ill and complex patients for face-to-face care.

Responding to high acuity and critically ill patient care will be led by our teams specialising in critical care. This may include medically led critical care teams from our partner charities, sometimes deployed via helicopter. They will provide critical lifesaving interventions to stabilise patients and ensure they are transported to the most appropriate place for their care needs. It is this group of patients that our dedicated volunteer community first responders are most likely to respond to and provide critical life support.

For our most complex patients with urgent care needs, our dedicated teams of advanced clinical practitioners will provide high quality tailored care to ensure that the patient receives any necessary immediate intervention and that they are referred to the most appropriate local service to address any further ongoing needs. In over 75% of cases, the patient will not need to be transported to hospital and they will be able to remain at home or be managed by community-based health partners.

To respond to increasing demand, we are delivering our plan to increase our workforce by 324 patient facing clinicians in 2023/24. We are advertising roles across the region and are committed to building a workforce that represents the diversity of the communities we serve.

We will continue to develop our advancing practice offer to create opportunities for our people to develop and gain the highest levels of clinical practice within the pre-hospital setting, as well as provide appropriate regional coverage in response to demand. We are working with our system partners to provide rotational roles through front line response and remote clinical advice and triage in both the emergency operational centres within EEAST and in the unscheduled care coordination hubs.

Our outstanding clinical workforce, from care assistants to consultant practitioners, will receive clinical supervision throughout their career. This will be provided on a one-to-one basis with dedicated clinical supervisors that span the skillsets and scopes of practice of all EEAST clinicians. Clinical supervision is not only a professional requirement but is highly evidenced to support the delivery of sustainable, safe, high-quality care.



In summary: what the clinical model means for patients



Your 999 calls will be triaged by a trained call handler to determine whether an immediate emergency response is required, and if not an emergency, the level of response required.



You can be confident that if you call us with an emergency, your call will be handled quickly and if required, an ambulance will be dispatched immediately.



If it is not an emergency, one of our qualified clinicians will speak to you or, if appropriate, your call will be passed to the unscheduled care coordination hub for clinical assessment, depending on the level of clinical need.



You can be confident you will get the care that you need – this might be over the phone or via video call, before being referred to someone who can help with your specific need. This is made possible because we work as part of a system with ICSs, 111, community providers and mental health teams. A referral to the most appropriate care will take place in conjunction with you, as the patient, to ensure you are comfortable with, and understand the next steps.



If an ambulance is dispatched to you, the ambulance team may, having assessed you face to face, refer you to alternative care. Only patients who need to be treated at hospital will be taken to hospital.



Strategic enablers

In order to provide high quality urgent and emergency care for patients across the east of England we must look after our people and ensure we can operate sustainably.

We are delivering 10 defined programmes to support our people.

These include:

Recruit the right people
at the time

Deliver our **Green Plan**
2021-2026

Deliver the **Time to Lead**
programme

Maximise our **digital**
platforms and improve the
insights from our **data**

Improve our
culture

Maximise our **fleet and**
estate utilisation

Deliver our **education** offer,
with outstanding learner
experience rates

Meet the **financial plan**

Engage meaningfully
with **patients**

Make best use of our
resources through
effective **planning**

Our people and our culture

In order to provide high quality urgent and emergency care for patients across the east of England we must look after our people. They are at the heart of delivering our clinical strategy, whether frontline staff, support services or volunteers – everyone has a vital role to play. We are aiming to become an employer of choice in the east of England. We will create an environment where people are passionate about working at EEAST, and want to stay here and progress their careers. We are strengthening the opportunities we offer our workforce and enabling our people to reach their maximum potential.

We also need to retain people, in light of the persistent shortage of skills and personnel in the healthcare industry. Empowering our people through proper training is essential to ensure confident decision-making and delivering the right care at the right time.

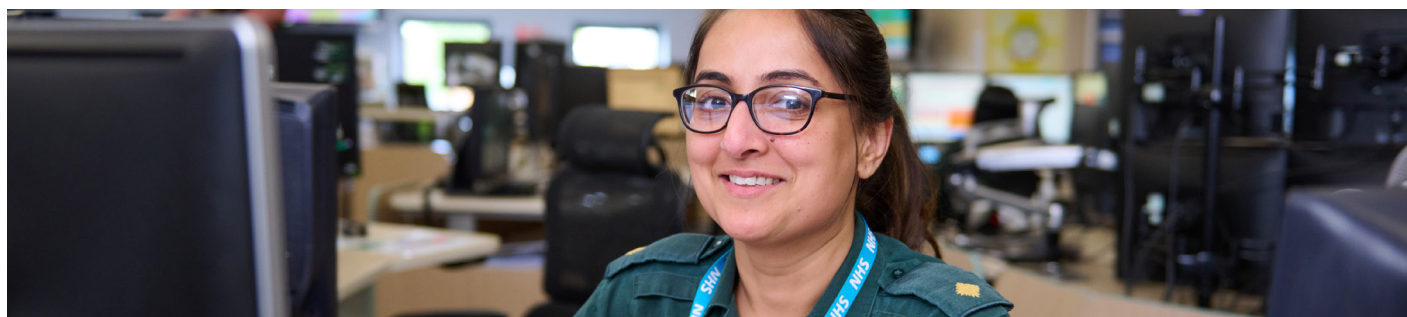
Retaining our people and harnessing their talent is critical to building our resilience against growing demand. We will:

- Recruit the right people at the right time - our goal is to attract the most talented individuals who reflect the diversity of our communities. We are adapting our recruitment processes to reach a wider pool of candidates through diverse channels.
- Deliver the 'Time to Lead' programme - a significant investment in our people to equip them with the structures, support, training and leadership they need to thrive.
- Improve our culture – we are steadfast in our commitment to equality, diversity and inclusion (EDI) at all levels and across all areas of the Trust. Recognising the positive impact of an inclusive and supportive culture on our people, patients and the communities we serve, we will continue to cultivate a culture that prioritises safety, well-being, learning, professional conduct, growth and development at EEAST. We will equip our people to recognise and pursue development opportunities, identify their personal areas for growth, and proactively engage in interventions that enhance their skills, knowledge, and experience.
- Deliver our education offer, with outstanding learner experience rates – we are providing our people with comprehensive training tailored to the specific roles of our workforce, to build the skills, experience and knowledge necessary for our organisation now, and in the future. We are prioritising continuous learning and development, including reflective learning to support our people to acquire and develop new skills while reinforcing their existing knowledge. We will adhere to the highest professional standards and incorporate innovative approaches to education, maintaining and building on excellence in providing care.
- Engage meaningfully with patients – nurturing a culture of open communication and collaboration. We will actively seek feedback and engage with patients to develop responsive services that meet their clinical needs. This also includes ongoing efforts to educate patients and communities and facilitate appropriate access to health and social care services.

Our sustainable organisation

Our aim is to focus investment on becoming more proactive in our service provision, rather than crisis management. We are committed to optimising our pathways to alleviate pressure on emergency departments (EDs). Investing in our new clinical model will help prevent unnecessary conveyances to ED, and instead shift those resources towards allowing patients to be seen closer to home. And there is more we can do to become a more sustainable organisation:

- Deliver our Green Plan – in common with all NHS organisations, we have a significant impact upon the environment and consequently the health of the communities we serve. Our Green Plan sets out our commitments to delivering sustainable models of care. Embedding net zero principles across all clinical services is key to that. This includes everything from medicines optimisation and reducing waste, to considering lower carbon alternative medicines and default preferences for lower-carbon interventions. In addition, by following the statutory Net Zero Supplier Roadmap, we will deliver social value through our supply chain. This will help reduce health inequalities, drive better environmental performance, and deliver even more value from procured goods and services.
- Maximise our digital platforms and improve the insights from our data – we will use technology to modernise our service, making it quicker and easier for our staff and patients to access and receive care. Giving our people access to the best technology that will support them in their roles - like video-enhanced assessment from our emergency operations centres to patients, and appropriate connected technology for colleagues on scene to our clinicians in the clinical advice service.
- Maximise our fleet and estate – we are enhancing our fleet and our vehicle and kit preparation service (make ready teams) to ensure our clinicians have the right vehicles and equipment when they need them.
- Meet our financial plan – our finances are the key to the delivery of our clinical strategy. We have a five year financial model in place.
- Make best use of our resources – we are improving our ability to forecast and plan through a connected and centralised scheduling system so that we can plan our staff rotas effectively. We are also, improving staff experience and wellbeing. Both of these will improve performance and impact on patient outcomes and quality of care.



Measuring success

Outcome measures

The aim of the clinical strategy is to provide the right care in the right place at the right time. Our aim is to direct 999 calls to the right level of care. This should result in reduced response times to emergency calls and improved patient outcomes. The following outcome measures will therefore be monitored:

- Improved clinical navigation (Hear & Treat; See & Treat; See, Treat & Refer) to 10%, 40% and 50% respectively.
- Category 1&2 response time (time from dispatch to arrival at scene), to consistently achieve national ARP standards.
- Clinical outcomes (e.g., return of spontaneous circulation; post-resuscitation 30-day survival rate), to continue to perform well when compared with other ambulance services whilst striving to further improve.

These outcomes will be measured through patient feedback, safety incidents and reviews of clinical care through our clinical audit plan.

These measures cover the extent of the patient journey, from the 999 call to the face to face response and ultimately to the clinical outcomes achieved. We will also monitor those input measures that impact on these outcome measures, taking into account the experience of the patient and the quality of care delivered.

Input measures

These metrics are key performance indicators which impact on the outcome measures. Achieving the input measures is fundamental to delivering the outcome measures. The input measures will therefore be drawn from the following initiatives:

- EOC transformation, including expanding the clinical advice service and call conversion rates.
- Clinical workforce plan, including meeting our recruitment trajectory and employee turnover and SIP levels.
- Organisational performance improvement plan, including time spent at scene, hospital handover and clearing times.
- Unscheduled care coordination hubs plan, including building relationships to support urgent care.



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