



Frequently Asked Questions

National Collaborative Commissioning: Quality & Delivery Framework

Emergency Ambulance Services



A transformational programme for commissioning healthcare



PREFACE

Emergency Ambulance Services have a critical role to play in the provision of healthcare primarily within the pre-hospital element of the Unscheduled Care System. The provision of effective and prudent unscheduled health care services are a key priority for NHS Wales with a focus on how we deliver services and more effectively manage demand to optimise outcomes for patients and the general population.

From April 2014 LHBs were statutorily required to work together to form a joint committee – the Emergency Ambulance Services Committee (EASC) – for the purpose of undertaking the functions of planning and securing the provision of emergency ambulance services on a joint basis. Additionally a role of the Chief Ambulance Services Commissioner (CASC) was created tasked with holding responsibility for the commissioning of ambulance services and working with LHBs to ensure sufficient resources to allow WAST to deliver against the agreed commissioning framework using the CAREMORE approach.

I, together with EASC members are pleased with the good progress made in producing the framework and we have supported it to become operational for 2015/16 – although recognising that once finalised for 2015/16 it will continue to be a “live” framework in that it may be added to, as the collaborative relationships and understandings between health boards, WAST and other partners and stakeholders continues to mature.

This FAQ guide is provided to support and aid understanding of the detailed Commissioning Quality and Detailed Commissioning Framework. I would like to thank everyone who has been involved in the hard work which has led to the production of the Framework.

Professor Siobhan McClelland (Chair, EASC)

About this document

This document has been structured in a 'Frequently Asked Questions' (FAQs) format to assist all stakeholders in their understanding and future use of the new Framework Agreement.

For more details on the issues related to the development process for the National Framework for Emergency Ambulance Services, the operation of the Framework Agreement or about this document please contact the authors at:

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Frequently Asked Questions

Q1. What is the National Collaborative Commissioning: Quality & Delivery Framework Agreement?

This document is an agreement on key areas of service between NHS Wales Health Boards and WAST through a new National Collaborative Commissioning: Quality & Delivery Framework Agreement, which details:

- what is required (*commissioning*);
- how assurance is given for '*what is required*' (*quality*);
- how the '*what is required*' will be achieved (*delivery*).

Q2. Why has the Framework Agreement been produced?

The Framework Agreement has been produced to meet the Minister for Health & Social Services requirements as stated in his response to the Strategic Review of Welsh Ambulance Services in July 2013, when he made the following statements:-

- i. There would be a "*national delivery model based on a commissioner/provider relationship between local health boards and the ambulance service. In future, therefore, local health boards will be responsible for securing the provision of ambulance services in Wales, and the ambulance service will be a delivery organisation, supplying the emergency medical services that local health boards require.*"
- ii. The Strategic Review of Welsh Ambulance Services had "*...found the fundamental problem has been that current accountability and governance arrangements for ambulance services in Wales are multiple, complex and lacking in clarity and transparency.*"
- iii. An action to "*establish a new delivery arm that will be responsible for the commissioning of ambulance services. The seven chief executives of the local health boards will all be members of that new organization, and will be required to work collaboratively to commission ambulance services.*"
- iv. The need to put "*...in place a future structure that is simple, clear and aligned directly with better delivery for patients.*"

Q3. What are the main conditions within the Framework Agreement?

Firstly, there is the contractual structure.

Internal NHS Contracts are not legally enforceable and this Framework Agreement has no legal standing, however, by ensuring it is signed by the Chair of the Emergency Ambulance Services Committee and the Chief Ambulance Services Commissioner on behalf of the committee, and both the Chair and Chief Executive of the Welsh Ambulance Services NHS Trust, evidences a collaborative commitment to deliver benefits for patients within a non-competitive health service environment.

Following the Minister's statement referenced in the answer to Q1. above the Emergency Ambulance Services Committee (Wales) Regulations 2014 were laid down. This created the Emergency Ambulance Services Committee (EASC) which has an independent chair, who is Professor Siobhan McClelland (also vice Chair of Aneurin Bevan Health Board) and its membership consists of each Health Board's Chief Executive.

The Chief Ambulance Services Commissioner (CASC) referenced above acts on behalf of EASC to support efficient and effective commissioning, planning and delivery of emergency ambulance services in a collaborative and transparent manner between Health Boards and WAST. This post is held by Mr Stephen Harray.

Welsh Ambulance Services NHS Trust (WAST) is the provider of emergency ambulance services to EASC and its Health Boards.

Secondly, there is the term of the agreement.

The Framework Agreement commenced on 1st April 2015 and has an initial term of 3 years with a further extension period if required.

However, it is a 'live' document in that it will be updated as collaborative relationships/understandings of service provision and required improvements between stakeholders develop. In addition, updating will also take place as and when policy changes are agreed and implemented. All updating will be undertaken via an open and transparent process and be accordingly 'signed off' by EASC and WAST as explained above.

Q4. What services are covered by the Framework Agreement?

The Framework Agreement covers WAST's provision of emergency ambulance services, which includes:

- responses to emergencies following '999' telephone calls;
- urgent hospital admission requests from General Practitioners (and other Health Care Professionals);
- high dependency and inter-hospital transfers;
- patient triage by telephone;
- NHS Direct Wales Services; and
- major incident responses.

In addition, an innovative citizen centred perspective has been adopted in the creation of the Framework Agreement which is called the Ambulance Patient Care Pathway. This pathway describes a 5-step process for the supporting the delivery of emergency ambulance services within NHS Wales. The 5-steps are:

- Step 1: Help me choose
- Step 2: Answer my call
- Step 3: Come to see me
- Step 4: Give me treatment
- Step 5: Take me to hospital

Q5. How was the Framework Agreement developed?

The EASC at its inaugural meeting in April 2014 sponsored the use of CAREMORE® for the creation of the Framework Agreement. CAREMORE® is a 'made in Wales' commissioning method, focusing on:

- Care standards
- Activity
- Resource Envelope
- Model(s) of care
- Operational arrangements
- Review of performance
- Evaluation

(Its registered trademark belongs to Cwm Taf University Health Board on behalf of NHS Wales).

A Collaborative Commissioning Project Group was then established to lead the production of the Framework Agreement, with representation, at executive director level from all Health Boards and WAST, together with Welsh Government and Public Health Wales. Key stakeholders have collaboratively supported its development through specific workstreams and events.

Q6. What benefits has this approach delivered?

The approach has:

- defined standards of care for WAST to meet, including requirements across each step of the Ambulance Patient Care Pathway (pathway);
- identified WAST activity information across each step of the pathway;
- identified WAST resource management information across each step of the pathway;
- explained WAST services across each step of the pathway;
- determined operational arrangements to support the ongoing delivery of the Framework Agreement;
- defined the outcomes required for the Framework Agreement related to its joint pursuit of improving patient experience; improving patient's clinical outcomes; and demonstrating value for money;
- defined measures to track performance across each of the step of the pathway;
- developed evaluation approaches for assessing proposed service changes.

Q7. What benefits will this approach deliver?

This approach will ensure:

- that quality and safety expectations are met;
- the right capacity available to meet the right demand;
- the right ambition to make the best use of all available resources;
- the right staff, at the right place, at the right time;
- the right interaction between patients, professionals and organizations;
- the right measures, monitoring and management to ensure continuous improvement;
- the right patient outcomes, from the right patient experience, at the right cost.

Q8. How will Health Boards support the delivery of the Framework Agreement?

Health Boards will support the delivery of the Framework Agreement through numerous actions, which are:-

- i. Health Board Chief Executives continued attendance at EASC.
- ii. Health Board Chief Executives (as members of EASC) approval of a small fund which will finance a support office to be known as the EASC: Quality Assurance & Improvement Team (QAIT).
- iii. Each Health Board Chief Executive nominating an Emergency Ambulance Services Champion. The champion's role will be to act as their organisation's point of contact for the successful operation and ongoing development of the Framework.
- iv. Sponsoring and nominating the membership of the Collaborative Commissioning Delivery Group which reports to EASC. It will manage, maintain, monitor, implement and develop the Framework Agreement in collaboration with WAST. This will include from each Health Board a Director (or their representative) - who could also be their champion, together with WAST Directors. It will be chaired by the CASC.
- v. Sponsoring and nominating the membership of the Collaborative Performance Delivery Group which reports to EASC. It will consider and advise upon the management of performance issues. This will include from each Health Board their Chief Operating Officer (or equivalent), together with WAST input from senior information, operational and quality leads. It will be chaired by the CASC.
- vi. Sponsorship of a Quality Assurance and Improvement Panel which reports to EASC which will provide performance assurance assessments on the meeting of Care Standards by reviewing outcomes and measures, and evaluating service improvement opportunities.

- vii. Each Health Board identifying and delivering joint opportunities across each of the 5 steps of the Ambulance Patient Care Pathway.
- viii. Health Board Chairs and Independent members receiving regular updates and progress reports from their own executive Directors, by inviting WAST to attend their Boards or Sub Committees and the Chair of EASC and the CASC attending each Health Board annually.

Q9. How will performance be managed under the Framework Agreement?

Firstly, performance will primarily be managed under the Framework Agreement through the key activities of the EASC: Quality Assurance & Improvement Team who will have the relevant expertise to:

- a) give assurance on the adherence to agreed Care standards;
- b) review and report on performance improvements;
- c) review and report upon activity information;
- d) review and report on resource utilisation and effectiveness;
- e) review delivery of agreed service change initiatives in line with agreed milestones;
- f) provide reassurance that the Framework Agreement is operating effectively between all parties, that is, Health Boards and WAST.

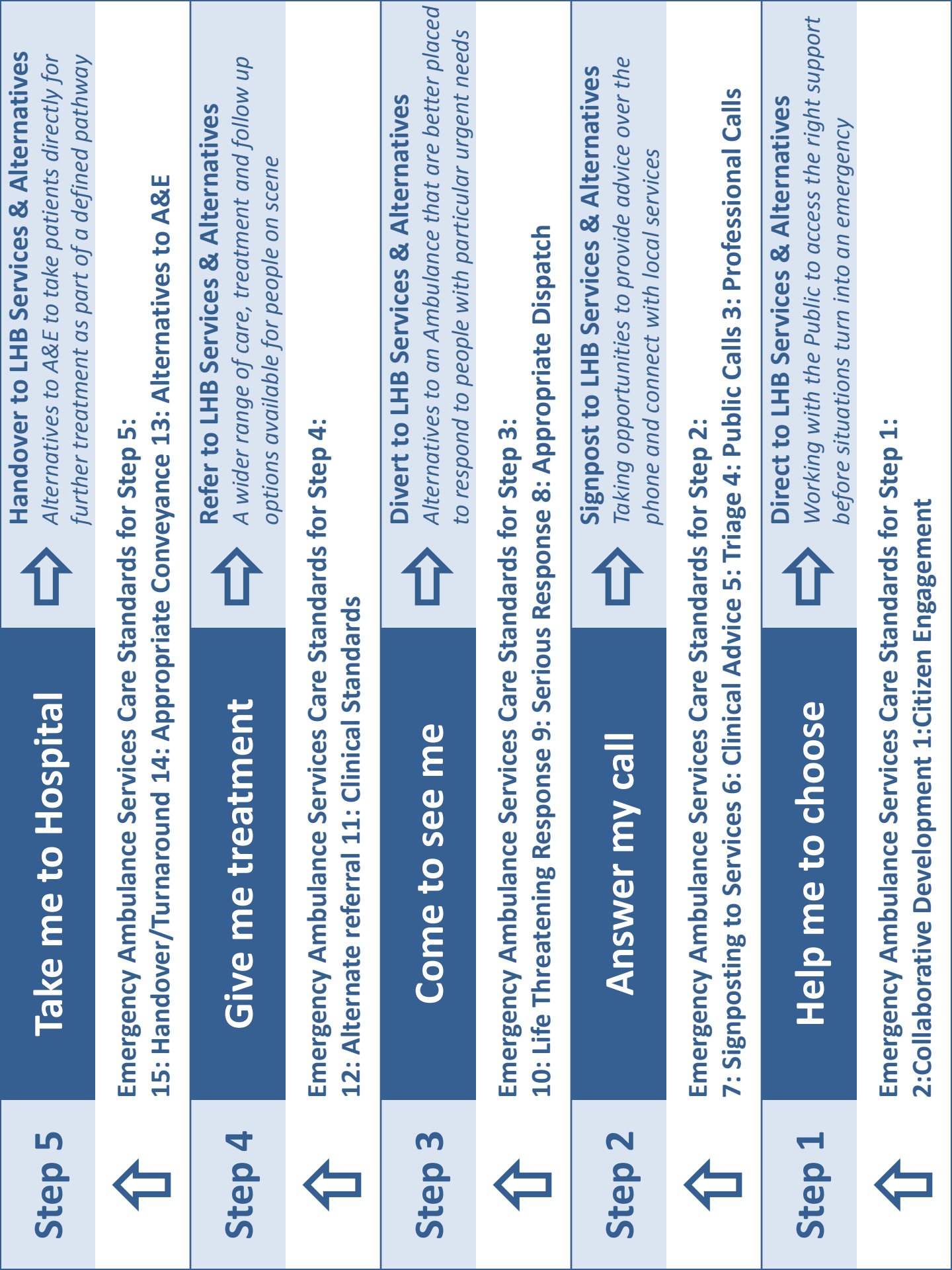
Secondly, build upon the work already undertaken to produce the Framework Agreement as outlined in the answer to Q5. Which will be to develop regular reporting arrangements between WAST and the CASC that will enable joint but challenging questioning of one version of performance. These arrangements will align to the support mechanisms as detailed in the answer to Q8.

Thirdly, to ensure efficiency, effectiveness, consistency and transparency, the CASC will through the support mechanisms, again as detailed in the answer to Q8. be the first point of contact for service development and performance issues.

Q10. How will the Framework Agreement support improvements to WAST performance?

The Framework Agreement will enable both WAST and Health Boards to detail how they will support improvements to WAST performance within their Integrated Medium Term Plans.

The Framework Agreement puts in place a structure that is simple, clear and aligned directly to delivering better care for patients. This is through a 5 step citizen centred pathway that uniquely links WAST's emergency ambulance services as a clinical service into the integrated Welsh healthcare system.



Step 5

Take me to Hospital



**Emergency Ambulance Services Care Standards for Step 5:
15: Handover/Turnaround 14: Appropriate Conveyance 13: Alternatives to A&E**

Handover to LHB Services & Alternatives
Alternatives to A&E to take patients directly for further treatment as part of a defined pathway

Step 4

Give me treatment



Refer to LHB Services & Alternatives
A wider range of care, treatment and follow up options available for people on scene



**Emergency Ambulance Services Care Standards for Step 4:
12: Alternate referral 11: Clinical Standards**

Step 3

Come to see me



Divert to LHB Services & Alternatives
Alternatives to an Ambulance that are better placed to respond to people with particular urgent needs



**Emergency Ambulance Services Care Standards for Step 3:
10: Life Threatening Response 9: Serious Response 8: Appropriate Dispatch**

Step 2

Answer my call



Signpost to LHB Services & Alternatives
Taking opportunities to provide advice over the phone and connect with local services



**Emergency Ambulance Services Care Standards for Step 2:
7: Signposting to Services 6: Clinical Advice 5: Triage 4: Public Calls 3: Professional Calls**

Step 1

Help me to choose



Direct to LHB Services & Alternatives
Working with the Public to access the right support before situations turn into an emergency



**Emergency Ambulance Services Care Standards for Step 1:
2: Collaborative Development 1: Citizen Engagement**

CAREMORE

A transformational programme for commissioning healthcare



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For explanatory video:

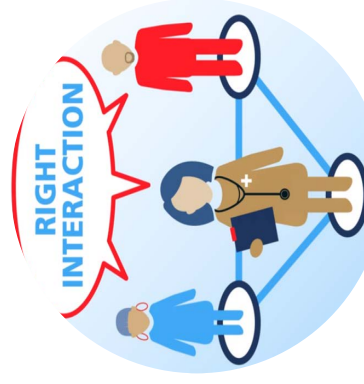
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Care Standards



The right expectations are defined for quality and safety

Operational arrangements



The right interactions between patients, professionals and organisations

Activity



The right capacity available to meet the right demand

Review of performance



The right measures, monitoring and management to ensure continuous improvement

Resource Envelope



The right ambition to make best use of all existing resources

Evaluate



The right outcomes, from the right patient experience, at the right cost

Models of care



The right staff at the right place at the right time