

**UNISON Response to the  
Ambulance Review Report**

*Taking Healthcare to the Patient –  
Transforming NHS Ambulance  
Services*

**October 2005**

## **UNISON response to the Ambulance Review Report “Taking Healthcare to the Patient”.**

### **1. Introduction**

UNISON welcomes the overall objectives and direction for the future of the Ambulance Service in England as recommended in Peter Bradley’s 2005 report “Taking Healthcare to the Patient.” It has been long held UNISON policy that both patients and staff alike would benefit from a single strategic body covering Ambulance Services in England and the report goes some way to meeting this.

However there are certain aspects within the report that are cause for concern particularly where fundamental changes to current methods of provision of procurement and other support services are suggested. It is felt most appropriate to respond to the report by addressing the 70 recommendations it makes.

### **2. Recommendations 1 to 8 - Call Handling and Despatch.**

This is rightly acknowledged as a major area of ambulance work, fundamental to patient care delivery. UNISON agrees that national standards and targets must be meaningful and reflect actual patient care outcomes. National monitoring standards are equally important, including an ongoing process which can detect substandard performance at an early stage and assist in providing immediate solutions.

UNISON also welcomes the acknowledgement that control room staffs are the key to achieving improvement and maintaining higher standards. The report recognises that they have been a hitherto relatively neglected part of the workforce in terms of core national standards and clinically based training and development.

To achieve this UNISON believes it is essential to develop a complimentary career pathway which is aimed at but not limited to the control room and related environs, and provides further opportunities not just within Ambulance but the wider NHS. The report acknowledges that Ambulance Services are most appropriate to deliver urgent as well as emergency care treatment. A properly structured, nationally applied programme dedicated to control room staff is essential to enable them to respond to an increased demand and broader set of patient conditions.

It will also be absolutely essential to clearly define distinct remits for the Ambulance Service and other deliverers of telephone initiated patient care such as NHS direct, and the relationship and liaison expected between them.

### **3. Recommendations 9 to 14 – The Urgent Care Role**

This section of recommendations is based on the incontrovertible evidence from all trusts that whilst the Ambulance Service has hitherto been focused on its emergency care responsibilities the majority of patient demand is of an urgent rather than an emergency nature.

To date this area of Ambulance work has largely been driven through responding to local demands and circumstances although it is noted that the increase in this area of work has corresponded with the decrease in availability of GP home visiting and out of hours practice. The report rightly recognises that this needs to be seen as a distinct area of work that in itself merits national strategic direction and standards and increased joint working with other NHS providers.

These recommendations, whilst relatively small in number are perhaps the most significant. The proposed formalisation of current ambulance urgent care provision through “see and treat” services is recognition of the importance of such a service to patients and the ability and potential of the ambulance service to deliver it. It also acknowledges the huge potential such a properly structured service would have in lifting the burden from other NHS bodies including a significantly reducing the number of “urgent” hospital admissions.

Whilst UNISON welcomes this we would warn against any attempt to try and secure the broader “home clinician” role on the cheap. Ambulance staff have, partly as a result of their isolation been the poor relations of the NHS for too long. Whilst Agenda for Change is seeking to redress the balance a concerted effort has been made to cap key Ambulance staffs salaries to save money. If this approach is maintained the review will never get off the ground as there will be few if any staff either from within ambulance or the wider NHS who will see a move into this role as anything but a

backward step.

UNISON therefore believes that the benefits realisation must be felt by patients, the wider NHS AND the staff in order to deliver this, including those in patient transport services (PTS) who are a key element in ensuring improvements in patient services and that potential resource savings are maximised. UNISON believes that PTS staff are not only an integral part of the Ambulance team but provide a vital entry into the ambulance service for members of the local community.

Moves by some Ambulance Services to privatise PTS is a retrograde step. By so doing Ambulances Trusts are losing the ability to develop these services so that they properly complement the emergency services they provide. They are also losing the clinical expertise these staff have to offer. Also we would like to emphasise that although some trusts have privatised their PTS Services, others haven't. The drive to privatise PTS Services has not come from within the service. It has been through the political motives of this and previous governments. If the government was so minded it could halt and reverse this process. The PTS staffs of today are essential in providing the technicians, paramedics and extended role practitioners of tomorrow. The removal of such a rich source of potential and valuable link with local communities can only be damaging. UNISON looks forward to working with Ambulance Trusts who are prepared to work in partnership, in developing the skills, and the vital services these staff provide.

#### **4. Recommendations 19 to 25 – Improvements in Emergency Care**

These recommendations cover what are considered the core role of the Ambulance Service, namely delivering the best possible service to patients with immediate life-threatening conditions. In particular this section focuses on treatment of heart attack victims where the quality of the response means the difference between life and death.

The report identifies that there is wide room for improvement in this and in dealing with other types of critical patient especially children. UNISON agrees that there is room for improvement in these areas including better integration with other NHS services and ongoing development of staff to enable application of a wider range of treatments. Again, though the impact of changing jobs must be acknowledged through a continual reassessment through the JE scheme especially to ensure that such developed roles within ambulance are rewarded on an equal basis with like jobs elsewhere in the NHS.

The suggested widening of the use of community responders needs to be handled carefully. The benefits of both community responders (and co-responders) need first to be proven. If their use is widened it should be managed on a national basis to include minimum set qualification levels, standards and monitoring. They should be linked to local agreements on responders use, and regarded as an extra, rather than alternative tool.

#### **5. Recommendations 26 to 39 – Improve clinical and managerial leadership and quality of care provision.**

Without diminishing the advantages to be gained from devolved management there is clearly a need for national direction in clinical and workforce issues to ensure consistency across the service in key areas. Nowhere is this more apparent than in the Ambulance Service.

Within Ambulance national direction has until now been provided on workforce issues by the employers body, The Ambulance Service Association (ASA) and on clinical matters by the Joint Royal Colleges Ambulance Liaison Committee (JRCALC).

Although both bodies carry out their duties conscientiously their effectiveness is somewhat undermined by their lack of authority in that trusts have the option of whether or not they apply the recommended guidelines. Indeed it should be noted that the ASA no longer represents all of the ambulance services. This, together with the autonomy previously bestowed on NHS trusts in workforce matters, has led to a postcode lottery of patient care and unevenness in workforce development within Ambulance, and incompatibility with the rest of the NHS. The use of Independent Ambulance Providers has also led to further inconsistencies.

Despite the consistency across trusts in using the job titles "technician" and "paramedic". However the fact that every single Ambulance trust in England applies a different (and in some cases substantially different) job description for these staff is illustrative of how a lack of authoritative

national direction will lead to fundamental, local inconsistencies that compromise national initiatives including minimum standards of patient care.

UNISON believes that there needs to be a clearly defined national Ambulance centre for England, with responsibility and authority to ensure consistent implementation and application of clinical procedures and national initiatives. In addition to minister with responsibilities for Ambulance Services a “National Chief Ambulance Officer” role should be introduced to act as a conduit between Ambulance Services and the Department.

UNISON would expect that such a national management body would work in partnership with the national Ambulance unions on the NHS Staff Council on all workforce issues, including facilitating partnership working at local level.

In particularly partnership working is the cornerstone on which Agenda for Change is built and any issues that are directly governed or influenced by the national Agenda for Change agreement including the job evaluation scheme and knowledge and skills framework must be dealt with on a partnership basis. This would help ensure that wherever possible future national ambulance strategy and direction and the provisions of agenda for change complement rather than conflict with each other.

## **6. Recommendations 40 to 46 - Improve Efficiency and Effectiveness**

UNISON is not opposed to the reconfiguration proposals but would stress that the serious implications for every member of the workforce necessitates involvement of the nationally recognised unions at the earliest possible stage. To this end we would wish to see a formal joint national body set up immediately to deal with all the workforce issues raised by the Review proposals but in particular those that will be necessary to achieve the transition from the current to the new structure including:

- Appointments processes,
- Displacement procedures and agreements.

It is essential that the systems necessary to effect the transition are subject to proper consultation before implementation and are applied fairly and consistently throughout the service at all levels.

UNISON recognises that there are existing inconsistencies across Ambulance trusts in how services are currently provided and that economies and efficiencies can be achieved by taking a national approach in such areas as procurement and fleet management.

UNISON would like to stress that we remain totally opposed to the privatisation ethos and will strenuously resist any attempt to use the review as an excuse for job cuts and outsourcing of any front line or support services.

UNISON’s position is based on the certainty that properly structured and managed in-house provision of core services should always be more beneficial than out-sourcing due to:

- Focus on patient care delivery rather than profit motivation;
- Advantages of inbuilt integration and communication,
- Expanded opportunities for staff development,
- Retention of internal control and ability to influence development of key resources,
- Cheaper option as profit margin removed from the equation.

In any event before any decisions are made as to future service provision UNISON would wish to be party to a detailed analysis of each trust’s current method of provision of clinical and support services including staff structures, workforce mapping and comprehensive details of costings and performance assessment.

## **7. Recommendations 47 to 56 – Support Performance Improvement**

UNISON welcomes the proposed move towards clear, national standards including making actual patient care outcomes the fundamental criteria for measurement of performance.

To ensure consistency of application and monitoring a national perspective needs to be taken including involvement of the recognised staff unions especially when considering how any poor performance is to be addressed. It should also be noted that any changes to response times, as recommended by the review, will have resource implications that will need to be considered.

## **8. Recommendations 57 to 70 – Develop the Workforce**

UNISON welcomes the acknowledgement that the aims and objectives of the review can only be achieved through fundamental development of the workforce.

UNISON has argued for some time that training and development for Ambulance staff falls some way short of that provided for other health professions in the NHS, primarily because the basic IHCD technician and paramedic qualifications are not compatible with a degree focused curriculum and do not provide the opportunity for movement within the wider NHS.

UNISON has already been instrumental at a local and national level in propagating a university based foundation degree in paramedic sciences, including advocating that all clinical and related education and training undergone by ambulance staff at any level should be relevant. A major change is needed to ensure that this develops into a national model accessible to all areas of the NHS.

UNISON would however be cautious about seeking separate registration and regulation of Emergency Care Practitioners. This would in our view be potentially over bureaucratic and could conceivably leave staff facing two sets of fees and regulations and as they make the transition from paramedic to ECP.

UNISON would rather see a revision of the current registration arrangements that would enable incorporation of the ECP role within the current Health Professions Council remit for Ambulance paramedics and technicians.

UNISON has also been concerned that control room and other non-clinical staff are currently somewhat neglected in the provision of educational and career opportunities. UNISON is already working in partnership with the Open University among others to address not only the shortfall in the area of recognised professional qualifications but in ensuring career focused educational pathways are available for all Ambulance staff in line with the principles of the Knowledge and Skills Framework.

The development of staff must be supported by nationally agreed job descriptions for generic roles that are developed with due recognition to the Agenda for Change conditions of service and Job Evaluation scheme as the only relevant process for assessing appropriate pay and related rewards.

In order not to repeat past mistakes this can only be properly administered by a national centre working in partnership with the staff unions to ensure consistency in local delivery and avoid the local job drift that has resulted in the current situation of technicians and paramedics working at many different levels.

Whilst UNISON agrees with the stated desire to take increased steps to recruit from the black and ethnic minority communities we would add that gender proportionality is also an issue.

However in UNISON's experience the types of jobs that provide the most accessible means of entry into the NHS for members of under represented communities, especially those with English as a second language are those which do not require higher level qualifications. It is these very job groups (such as those in Patient Transport Services) which are currently most vulnerable to privatisation. It must be recognised that out sourcing support services is incompatible with this objective.

## **9. Next Steps**

Having identified its aims and objectives, the review touches on how these might be achieved. UNISON would like to see the setting up of a national partnership based working group which includes equal membership of management and recognised trade union representatives. Its remit would be to provide a forum for consultation and partnership working on the workforce issues raised by the reviews recommendations.

In any event, to facilitate the work of whatever body oversees such issues it will be necessary to bring together comprehensive mapping of the existing Ambulance workforce including detailed staff structures, age, gender and ethnicity statistics, current pay and service conditions arrangements, current educational and training provision amongst others.

## **10. Conclusion**

UNISON believes the review's recommendations, together with the national framework already provided by agenda for change should be seen as a tremendous opportunity to fully integrate the Ambulance Service and its workforce into the wider NHS. Ambulance staffs are already highly respected by the public and colleagues for their commitment and dedication as deliverers of short term solutions to clinical emergencies. The review will help develop their role into an essential component of long term patient care solutions which will have undoubted benefits for patients and staff alike.

However for the aims of the review to be realised it is vital that all ambulance staff remain part of the NHS. Attempts to privatise and hive off parts of the ambulance service will demoralise the workforce, hinder initiatives to develop the workforce, and prevent the effective planning of such services so that they properly complement emergency services..

To address the issues of workforce development it is essential that a management commitment to work in partnership is given as soon as possible and the forums to facilitate this are set up without delay, bearing in mind the relatively tight timetable proposed for implementation.

UNISON National Ambulance Sector Committee October 2005.