

Ambulance chief: savings targets will be missed until urgent care improves

Ambulance trusts will not achieve planned levels of savings unless demand is brought under control and a “coherent” urgent care system developed, the outgoing chief executive of London Ambulance Service has warned.

Peter Bradley - who was also the Department of Health’s national ambulance advisor, effectively making him the country’s top ambulance chief - left LAS earlier this month after 12 years as chief executive to take up a new role in New Zealand.

In an exclusive interview with HSJ, Mr Bradley said he was “concerned” about the potential to realise savings while volumes of the most serious, life threatening category A calls were up to 15 per cent higher than planned and continuing to rise.

Ambulance trusts have been asked to make savings in order to meet the quality, innovation, productivity and prevention savings challenge of 4 per cent a year. However, Mr Bradley predicted it would be “impossible” for the LAS to achieve this and that ambulance services around the country would also “struggle” to hit their targets if category A demand continued to rise.

The LAS’s cost improvement programme, intending to cut costs by 19 per cent from 2011-12 to 2015-16, involves the shedding of 890 posts. However, the trust faces a rise in demand driven in part by an increase in calls from healthcare professionals of between 30 and 40 calls a day. The LAS is working with commissioners to identify the reasons for this.

Mr Bradley said: “All ambulance trusts’ cost improvement programmes are based on more telephone advice, almost flat demand and being able to [send patients to non-acute facilities such as urgent care centres and GPs].

“It’s predicated on us modernising and doing things differently but also having access to those facilities... in a consistent, reliable way so the staff know that when they go there 24/7, seven days a week they get the same response. That’s not always the case.”

Urgent care was a key tenet of the [Healthcare for London plan](#) which saw stroke, trauma and cardiac services centralised across the capital.

Mr Bradley said the inconsistency of urgent care provision had made it difficult for ambulance staff to universally change practice in the way they had for some conditions resulting in accident and emergency departments being bypassed in favour of specialist units.

He described the urgent care system as a “patchy” and “nebulous” mix of urgent care centres, walk-in centres, GP out-of-hours providers and the soon-to-be-fully-rolled-out non-emergency phone number NHS 111. Mr Bradley said he was worried that as budgets become tighter too few community services would be created to replace those lost through hospital rationalisation.

Although he is a supporter of NHS 111 Mr Bradley said he was concerned that the division of the service into smaller units was not “sensible”. He said the service should be provided on at least a regional basis.

“My personal view, and I feel very strongly about this, is that the ambulance service should run 111 for England,” he added.

He said there was a “big unknown” with NHS 111 that it could lead to further increases in demand for ambulance services, as operators ordered ambulances for callers, putting further pressure on cost improvement plans.

Mr Bradley will join St John Ambulance Service in New Zealand as chief executive, returning to a country where he began his career as an 18-year-old paramedic. He told HSJ his decision to leave was driven by the fact much of his family now lived in New Zealand and the fact that this job became available, rather than by the disruption of the NHS reforms.

He returned to the UK as LAS as director of operations in 1996, before becoming chief executive four years later.

When he [took on the role of chief executive](#) in 2000 the service had a poor reputation, seeing just 40 per cent of emergency patients within eight minutes against a government target of 75 per cent.

Mr Bradley described the service back then as “beleaguered” and recounted how an answerphone in the control room picked up unanswered 999 calls.

The LAS now answers the vast majority of the 1.5 million calls it receives every year within two seconds. It consistently achieves national performance targets.

Mr Bradley said his proudest achievement was [improving cardiac arrest survival rates](#) - from 2 to 30 per cent. However, he said he regrets not getting the trust to foundation status before he left.

“It’s been quite exasperating... there was a sense [from the DH] of ‘we would like the LAS to concentrate on getting through the Olympics’,” he said.

He said there had been concern following the [disastrous first attempt at implementation of new call handling software CommandPoint](#) which saw the service relying on pen and paper for 15 hours in June 2011 and poor planning ahead of national strike action on 30 November when the service [was forced to call in the police for reinforcements](#).

He hopes the LAS will continue work to build relationships with clinical commissioning groups and health and wellbeing boards.

“If I had my time again I would be much more externally facing,” he said. “If people understand what you are trying to do it can make things a lot easier.”

Deputy chief executive, Martin Flaherty, took over as acting chief executive of LAS on 5 September.