

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	11J/0259
Service	Urgent Ambulance Service
Commissioner Lead	Dorset Clinical Commissioning Group
Provider Lead	Managing Director
Period	29 th November 2022 – 22 nd April 2022
Date of Review	31 st January 2022

1. Population Needs

1.1 National/local context and evidence base

999 – Emergency Service - The 999-ambulance service is an important health resource for the local population. For many people, the service is the first point of access to health care, responding to a variety of needs, from life-threatening emergencies to long-term health conditions. For many people who dial 999, the ambulance service is the first, and often the most important contact, as it will define the ongoing journey and care of the patient.

Demand on the ambulance services is increasing every year, at a rate that is faster than health needs determine. This means that the service increasingly needs to look at alternative and innovative ways to respond to service users' needs. The use of alternative pathways of care and response models can ensure that the most appropriate response is made to service users.

Non-Emergency Patient Transport (NEPTS) - The Department of Health defines non-emergency Patient Transport Services (PTS) as the non-urgent, planned, transportation of patients with a medical need for transport to and from a premise, providing NHS healthcare and between NHS healthcare providers. This can and should encompass a wide range of vehicle types and levels of care consistent with the patients' medical needs.

Eligible patients are those:

- Where the medical condition of the patient is such that they require the skills or support of PTS staff on/after the journey and/or where it would be detrimental to the patient's condition or recovery if they were to travel by other means.
- Where the patient's medical condition impacts on their mobility to such an extent that they would be unable to access healthcare and/or it would be detrimental to the patient's condition or recovery to travel by other means.
- Recognised as a parent or guardian where children are being conveyed.

PTS is only available for patients with a clear and genuine medical need – this is assessed by the agreed eligibility criteria.

The PTS service is for NHS non-emergency patients and their escorts who meet the eligibility criteria. These are journeys between their place of residence and healthcare facilities, and between hospitals. The place of residence is defined as any address specified at the time of booking, e.g., home, nursing home, hospice, hospital or treatment centre. There is sometimes a requirement for patients to be taken to non-NHS establishments e.g., Private Hospitals; however, this will only be the case when they are going to receive NHS Funded treatment at that establishment.

Context - The commissioned services described above are at capacity, and there is little resource/resilience in the system – Therefore, Dorset CCG has commissioned Enhanced

Care Services to provide vital support to the system over the Winter period, up to and including Easter 2022.

This service will support the activity SWASFT is unable to provide at the moment and will assist in patient conveyance and patient safety removing identified gaps in provision.

This resource will be responsible for –

- Inter facility unplanned emergency transfers
- GP/HCP transfers into Hospital – (booked through Bed Bureau)
- St Marys (Longfleet Rd) to Poole Hospital and return (Mother, Baby or both as required)
- Transfer to tertiary centre, such as Southampton

A dedicated number is in place to link to a clinical dispatcher who triages each patient and mobilises the correct resource to support each request.

By implementing this 'urgent' service the Dorset system will maintain patient flow and also support the commissioned frontline and NEPTS services.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	
Domain 2	Enhancing quality of life for people with long-term conditions	
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	

2.2 Local defined outcomes

1. Securing additional years of life for the people of England with treatable and physical health conditions.
2. Improving the health-related quality of life of the 15m+ people with one or more long term conditions including mental health.
3. Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital.
4. Increasing the proportion of older people living independently at home following discharge from hospital.
5. Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital; in general practice and the community.
6. Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care

3. Scope

3.1 Aims and objectives of service

The urgent ambulance service will deliver the following:

GP Admissions: Urgent and emergency GP admissions to a hospital facility (1, 2, 4 hour agreed response times)

- To include patients who are referred to Same Day Emergency Service (SDEC)

Emergency Inter-hospital transfers:

- Emergency transfers from a Trauma Unit (TU) to a Major Trauma Centre (MTC)
- Emergency transfers for specialist emergency care such as clot retrieval, neurosurgery or orthopaedics
- Emergency transfers for specialist maternity care from a midwife led setting to acute trust
- Transfers of paediatric patients from non-specialist centres to acute Trusts with Paediatric facilities (e.g., Royal Bournemouth Hospital to Poole General Hospital)
- Transfers of neonate and/or mother to another site for specific intervention or investigation. This will include the return journey.
- Intensive care to intensive care transfers to support bed capacity
- Intensive care to intensive care transfers for specialist intervention or support e.g., ECMO

Palliative/End of Life care transfers:

- Inbound to a specialist care facility

Mental health transfers: Transfer of patients from a Dorset community/hospital setting with an AMHP or Police Officer to a Dorset place of safety or specialist Mental Health facility

Bariatric response:

- Provide Bariatric response appropriate for the equipment and crews that are available.

Clinical Triage and Dispatch:

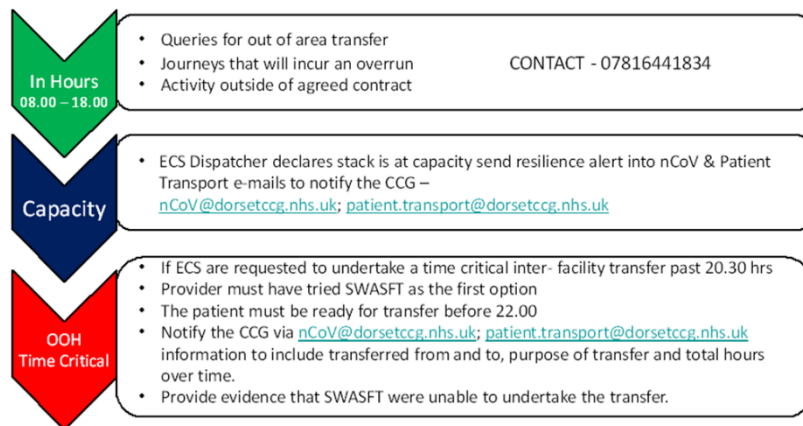
- In order to deliver the service, the provider will provide a command-and-control service to ensure call handling, clinical triage and dispatch of resources.
- Responding to calls from Health Care Professionals (HCP)

The Urgent Service will escalate the following

- When Dispatcher declares stack is full and Bed Bureau must resume using SWASFT services
- If an urgent time critical inter-facility transfer, results in vehicle and crew traveling out of area in or out of agreed hours
- If an urgent time critical inter-facility transfers results in vehicle and crew working over agreed hours

Escalation process will be to e-mail the relevant information to nCoV@Dorsetccg.nhs.uk; patient.transport@dorsetccg.nhs.uk

In and out of hours escalation process



The Urgent Service.

- Does NOT respond to calls from members of the public.
- Will NOT necessarily have the clinical skills required to manage *all* patients being transferred between healthcare establishments to an upgrade of care as an emergency or urgent case. A specialist escort(s) team may be required.

3.2 Service description/care pathway

Activities within the core service are:

- Call handling and triage of transport requests from healthcare professionals and healthcare providers.
- Call handling software must be utilised which has no less than 99% uptime SLA, with capacity for recording, audit of waiting times and queuing
- Prioritisation of calls, utilising an IT system into either Category 1, Category 2, Category 3 or Category 4.
- Dispatching resources by a trained dispatcher, utilising an IT system with integrated Computer Aided Dispatch (CAD), vehicle tracking, radio communications and satellite navigation equipment.
- The provision of emergency ambulance and rapid response vehicles with suitably trained and qualified staff to meet the patients' needs.
- The provision of emergency ambulance and rapid response vehicles with appropriate equipment.
- Any Paramedic crewed vehicle must include multi-modality patient monitoring with ETCO₂, NIBP, SPO₂, 12 lead ECG and 3 lead continuous monitoring, advanced life support medications and controlled drugs to include morphine.
- All vehicles must have emergency warning equipment and be insured to drive under emergency conditions by appropriately trained drivers
- Appropriate governance framework

3.3 Assessment

- The urgent service is to assess and prioritise all calls received from healthcare providers, healthcare professionals, other key stakeholders utilising approved pathways.
- The Dispatcher must assess the call stack and refuse referrals once service is at capacity
- The urgent service must have backup systems in place to continue operations in the event of a failure of the main IT system.

- Whenever possible, calls are to be triaged to determine the correct level of response.
- Triage is supported by clear guidance for specific request types and is in conjunction with the timeframe requested by the requesting party.

3.4 Care Planning

3.4.1 The urgent service will ensure appropriate mechanisms are in place for the management of people whose use of the service can be anticipated, e.g.

- End of life care
- Mental health
- People with long term conditions
- Frequent service users

Patients will receive appropriate interventions as follows:

- Telephone call handling
- Triage and signposting
- See and refer to alternative care pathways
- See and convey onwards

3.5 Referral and discharge processes

3.5.1 The urgent service is to follow locally agreed pathways and guidelines. For patients who receive a response the ambulance clinician will:

- Complete a full electronic clinical record in the form of a Patient Care Record (PCR).
- Backup systems must be in place to ensure resilience during IT systems failure

3.5.2 Where the patient is conveyed:

- Complete a clinical handover to the staff at the receiving facility
- Detail all pertinent clinical findings verbally with the handover, in line with safe transfer of care patient safety notice
- Clinically handover the care of the patient to the receiving facility following the agreed handover procedure

3.5.3 The urgent service will, when clinically appropriate, transfer patients to the booked destination, except in the following circumstances:

- Re-referral to a more appropriate care facility
- Patient deterioration where the clinician feels it necessary to divert to a more appropriate facility or Emergency Department
- For specialist cases, such as trauma or heart attacks, the patient may be taken to the most appropriate centre rather than the nearest facility

3.5.4 Where a patient refuses to travel and/or receive treatment, the urgent service staff will:

- Assess the patient's mental capacity to make such a decision and that they understand the consequences of their actions
- Attempt to 'safety net' the patient by creating contingency plans if they feel that the patient has capacity but remains at risk. This may include alternative care for example from a GP or District Nurse.
- Complete a full electronic patient care record stating all actions taken and the alternatives offered to the patient.
- Discharge into alternative care or own care with appropriate advice which is evidenced on the patient care record.

- 3.5.5 In the community, following a thorough clinical assessment, there are many circumstances where it is not appropriate to transport the patient to an intended care facility. The urgent service clinician's decision not to transport must be supported by:
- A thorough clinical assessment and documented examination
 - Deciding in consultation with the patient and ideally the referring healthcare professional that they do not wish to be conveyed to a care facility and agree an alternative solution or give appropriate advice
 - Discharging into alternative care or own care with advice
 - Where a patient is assessed and treated at home, the clinician will inform the appropriate responsible primary/community care clinician of the patient episode, where pathways exist to do so.
- 3.5.6 Transfer to alternative care must be supported by:
- A thorough documented clinical assessment and examination and clinical diagnosis
 - Patient agreeing to alternative care
 - Ambulance staff to contact the alternative care provider, GP, District Nurse etc. using locally agreed contacts as per eDoS.
 - Referral carried out verbally
 - Attendance and time span agreed with the alternative care provider and the patient
 - Documented discussion and agreed plan

3.6 Response times

- 3.6.1 The urgent service will respond to incidents within an agreed timeframe, in accordance with the initial request and category.
- 3.6.2 In order to align all requests, HCP admissions have been integrated into the ARP categorisation.

The Ambulance Response Programme (ARP) is based on the following principles:

Call Call Type	Definition	Response and Resource
Category 1	<p>Time critical life-threatening event needing immediate response and transfer.</p> <p>Examples include:</p> <ul style="list-style-type: none"> - Priority 1 backup request from on-scene clinician - Immediate time critical inter-hospital transfer for life or limb threatening condition. 	<p>Blue light capable transporting ambulance</p> <p>Ambulance clinician who can assess and deliver advanced life support</p> <p>Person trained to use a defibrillator</p>
Category 2	<p>Potentially serious conditions that may require rapid assessment, urgent on-scene intervention and/or urgent transport</p> <p>Examples include:</p> <ul style="list-style-type: none"> - 1- or 2-hour GP admission requests <p>Urgent interhospital transfers where timely transfer will result in improved outcomes</p>	<p>Suitably qualified clinician who can assess and treat and transport if required</p>
	<p>Urgent problems that need treatment to relieve suffering and transport or assessment and</p>	<p>Suitably qualified clinician who can</p>

Category 3	management at scene within a clinically appropriate timeframe. Examples include: - 4-hour GP admissions		assess, treat and transport as required
Category 4	Problems that are not urgent but need assessment and / or transport within a clinically appropriate timeframe Examples include:		Suitably qualified clinician who can assess, treat and transport as required.
Category 5 Clinician Hear and Treat (C5)	EG: Home management advice or referral	Calls which do not require an ambulance response but do require onward referral or attendance of non-ambulance provider in line with locally agreed plans or dispositions or can be closed with advice.	Hear and treat

3.7 Care Pathways

3.7.1. On occasions patients need to be transported to a regional centre - current pathways in existence include:

- STEMI / PPCI
- Stroke
- Trauma
- Vascular
- Paediatrics
- Maternity

3.8 Staffing

3.8.1. The urgent service will supply provision of an appropriate response to calls by suitably qualified staff in a suitably equipped vehicle if required, to meet the needs of the patient and the requirements of any applicable national quality standards.

3.8.2. The urgent service will aim to ensure that each rapid response vehicle has a minimum of 1 registered clinician and there is no less than 1 emergency ambulance with a minimum of 1 registered clinician at any point in time.

3.9 Training/ Education/ Research activities

3.9.1. The urgent service is to ensure that all staff receive mandatory training in accordance with regulations in force at the time and ensure all clinically qualified staff receive regular training on service changes and pathways that affect patient care.

3.9.2. The urgent service will continue to develop its workforce and ensure regular continued professional development opportunities exist for its clinicians.

3.10 Location of Service Delivery

The urgent service will deliver an equitable service across Dorset.

3.11 Commissioners

Accountability for the commissioning of the urgent service lies with the Dorset CCG on behalf of the Dorset system.

3.12 Days/ hours of operation

3.12.1 The services will be available from 08.00 – 22.00 Monday – Friday last booking at 20.30

3.12.2 The service is expected to operate 'in extremis' including periods of adverse weather, and civil emergency, in line with business continuity and major incident plans, and the NHS England EPRR framework.

3.13 Referral Criteria / Referral Route

This service will be phased in and initially will respond to points **3.13.1**, following a midway review there is a potential to expand to additional services as listed in **3.13.2**

3.13.1 The service is provided for people with life threatening illness or injury requiring transfer, and urgent healthcare needs and this is accessed through the following routes

- A request by a Healthcare Professional for an urgent transfer of a patient to a healthcare setting on the grounds of clinical need
- A request by a Healthcare Professional for an urgent inter-hospital transfer for emergency intervention, treatment or care

3.13.2 Additional services that may be added following a midway review are accessed as listed below -

- A request by an Approved Mental Health Practitioner (AMHP) or Police Officer for the transfer of a patient under section from the community to a mental health facility (not requiring secure vehicle transport)
- A request by a Healthcare Professional for an urgent transfer for a patient in the last days of life, under the category of rapid discharge home to die

3.14 Treat on Scene

3.14.1 Where patients are assessed as being able to be treated on scene, and/or can be advised to self-treat, service users will be given written information (ideally in their first language) on:

- The treatment or advice given
- A contact number for further help and advice
- Information about how to access urgent care if needed in the future
- Advice on how to give feedback about the service

3.15 Population covered

3.15.1 The urgent service is to provide a responsive service to all potential patient's resident in, visiting or travelling through the geographical area of Dorset.

3.15.2. For patients requiring admission or interhospital transfer, the service will, from time to time, following approval through an escalation process travel to areas outside of Dorset.

3.15.3 When undertaking transfers outside of the Dorset area, mileage charges will commence at the Dorset Border for both outgoing and return journey's

3.15.4 Inter-facility transfers to a specialist centre, such as Southampton are included in the contract and will not incur extra charges.

3.16 Any acceptance and exclusion criteria and thresholds

3.16.1. The urgent service will be responsible for undertaking the following types of transfers under the criteria agreed:

- Trauma - patients being transferred from a Trauma Unit to Major Trauma Centre
- Palliative Care – patients meeting the following criteria -
 - Requires urgent (within 4 hours) transfer to or from a hospice
 - Clinical condition necessitates the use of an emergency ambulance with a clinically
 - qualified crew
 - Journey is for NHS funded treatment or care commissioned by an NHS organisation

3.16.2. Mental Health

- Transport to the nearest clinically appropriate mental health facility or agreed place of safety for patients detained under the Mental Health Act (this includes section 135 and 136) Low to Medium Risk Patients
- Transport to the nearest clinically appropriate mental health facility or agreed place of safety for informal patients where a double crewed ambulance or patient support vehicle is required, and the patient must arrive within the next 4 hours. This includes transfers from Emergency Departments.
- Mental health patients being conveyed urgently to an acute hospital for immediate treatment (within 4 hours) where a double crewed ambulance is required.
- Transport for mental health patients is usually agreed within 4 hours, however, to allow the principles of the mental health crisis concordat to be applied it should be noted that the timeframe can be less than 4 hours if appropriate and requested i.e., in response to section 136 requests within 30 minutes.

3.16.2 Emergency Transfers - Emergency and urgent transport of patients where all of the following criteria are met:

- Patient is being transferred to a facility for intervention or specialist care. This may include transfers due to internal hospital operational capacity issues at high dependency and critical care levels such as CCU or ICU
- Patient is being transferred for an intervention/treatment that requires their arrival within the next 4 hours*.
- Clinical observations or interventions are required enroute

*For the Royal Bournemouth Hospital only, this criterion also includes patients under the age of 16 who require assessment within 4 hours at a hospital with a paediatric capability.

3.17 Exclusion Criteria

3.17.1. The service is not provided for the following:

- Social transport needs e.g., attendance at routine hospital appointments

- Routine admissions to nursing / care / residential homes
- Routine discharges
- Calls requesting attendance to confirm the death of a resident within a care, residential or nursing home
- This urgent care service is not contracted to undertake mental health journeys which require a secure vehicle i.e., a vehicle with a level of physical security for the patient which exceeds that of a standard ambulance. (High Risk Mental Health Patients)
- Prisoners – Transport is provided by the prison service.
- Non-NHS-funded patients.
- Patients assessed to be not eligible for NHS funded transport.
- Conveyance of supplies, mail or any other goods unless previously agreed between the Provider and the Commissioner or Commissioning Agent.
- Patients who require transport outside England, Scotland and Wales. NB: These journeys, if and when they occurred, would be agreed on an individual pricing basis.

3.17.2 Interdependence with other services/providers

3.17.3 The urgent service provider will work with the Commissioners and other relevant stakeholders to develop clinical pathways to improve the Patient experience and provide care closer to home in accordance with the NHS England led Urgent and Emergency Care Review.

3.17.4 Communications – The urgent service provider is to utilise approved IT and communications systems and equipment to enable effective communications with all stakeholders either by radio, electronic data transfer, pager and/or telephony.

3.17.5 Subcontractors - there are no mandatory subcontractors. Dorset CCG must be informed of any sub-contracting arrangements, if/when applicable.

3.17.6 The urgent service providers senior management, operational management and/or clinical management representatives are paramount to helping achieve system wide change. Trust engagement with Dorset STP will be required.

3.17.7 Hospital handover delays – Commissioners support the planning guidance principle of 100% of ambulance handovers being completed in 30 minutes and no patients to be held on ambulances awaiting handover.

3.17.8 The urgent service provider will support the Dorset system, as required in the event of a major incident situation.

3.18 Sustainability and Transformation Plans

Because of the uncertainty in the STP plans the intention is therefore that the contract acts as a safeguard to the urgent service provider which recognises the unknown change and provides both the provider and Commissioners with a mechanism to vary the contract in-year where necessary and agreed. Any contract variation will be agreed between the Commissioner and the provider.

The urgent service provider will work collaboratively with Dorset CCG commissioners to support developments/project areas including but not exclusive to; One Acute Network, Urgent & Emergency Care, Ambulance Transformation.

4 Applicable Service Standards

4.1 Applicable national standards (e.g., NICE)

Ambulance providers will adhere to NICE guidelines, and where appropriate, Joint Royal Colleges Ambulance Committee (JRCALC) guidance.

Refer to Schedule 4 Section B
4.2 Applicable standards set out in Guidance and/or issued by a competent body
4.3 Applicable local standards
Refer to Schedule 4 Section C
5 Applicable quality requirements and CQUIN goals
5.1 Applicable Quality Requirements (See Schedule 4A-C)

6 Location of Provider Premises
Location of Office Base and Vehicles
6.1 The Provider is required to have an office base in Dorset or within a 25 mile radius of the Dorset boundary from which it will manage the service. The Commissioner will not be providing the office base.
6.2 The Provider will provide garaging, maintenance, cleaning and consumables for all vehicles.
6.3 The Provider will provide as many office bases, garages, shower, rest and changing areas and facilities for their staff as are required to service the contract.
6.4 These are expected to be Disability Discrimination Act compliant and to be of a good standard in line with being a good employer.
6.5 Vehicles will be deployed to ensure equity of provision across the Dorset system.
7 Individual Service User Placement
Not Applicable