

# LONDON AMBULANCE SERVICE NHS TRUST: CYCLING RESPONSE UNIT

## Summary

Innovation, with as defined as by taking new ideas and putting them into practice, is always difficult to deliver in complex and large organisations, and using frontline staff innovations and ideas to generate significant new service lines or improvements is in particular a difficult challenge, especially in the public sector and the NHS with its increased levels of hierarchal oversight and scrutiny.

However, this case study is an example of where an organisation, the London Ambulance Service (LAS), was able to overcome these particular barriers to implement something that has fundamentally changed the way its services are delivered.

Following a suggestion from a emergency medical technician, as part of his personal development programme, LAS set up a 'Cycling Response Unit' (CRU), whereby cyclists answer 999 calls and are able to quickly access areas that are more difficult for ambulances to reach. This went through a phase of pilot testing before full roll out and is now a core part of LAS' service.

The lessons that can be learnt for other organisations from this are threefold.

- Set up a formalised process within organisations that actively encourages staff to bring their ideas forward, in particular staff who are close to service delivery and can have practical suggestions for improvements based on their experience.
- Give staff the space and the time to develop and take forward their ideas. For example, allow trial periods for the suggested improvements to be carried out with appropriate assessment periods, without imposing overly stringent success measures too early.
- Have senior staff that are willing to drive ideas forward. In any case when ideas are put forward they will need sponsorship and support from senior managers in organisations to make sure they have backing when they encounter difficulties.

As a result London Ambulance Service NHS Trust (LAS) has created a long term strategic change to how it operates following the establishment of its cycling response unit (CRU). It has been running for over 15 years and continues to deliver benefits.

This unit allows paramedics to respond to incidents using bicycles, which has had a positive effect on patient outcomes and also costs at LAS. This project demonstrates the benefits of allowing a bottom up approach to innovation – supporting staff to come up with innovative ideas, and then providing the organisational backing to put these into practice.

## Key facts

- The CRU teams work in areas of high 999 demand, and where difficult vehicular access to standard ambulances, for example in the West End and City, are more likely to be required.
- In total there are 45 posts in the CRU, with CRU teams in West End, City, St Pancras, Stratford, London Bridge, Victoria, Richmond and Heathrow, but with resourcing and finances now centrally managed by the LAS.
- Half of the 45 posts are filled on a secondment basis from the regular pool of ambulance crews, on the proviso that they pass fitness tests and the 'public safety cycling' course.

The CRU has grown in sophistication since its inception. For example it now has in place a partnership agreement, worth £250,000 per year, with BAA at Heathrow Airport. The partnership means there is a greater level of flexibility in how LAS deploy its cycle-medics.

For example, there is greater planning and capacity to adjust to peak travel days travel days, such as bank holidays, we will be able to react to higher passenger numbers, and the potentially higher number of 999 calls, by putting more bicycle ambulances on duty."

## Staff driving improvement

The CRU was set up as a project by emergency medical technician (EMT) Tom Lynch, from initial proposals in 1998, as part of LAS' personal career development programme for its staff. Its was proposed as an alternative way of improving the eight minute response time target that ambulance trusts are required to meet.

The planning phase looked at calculating alternative routes and scenarios for hard-to-reach target areas and the predicted potential improvements in patient outcomes. It was rolled out as a full trial in 2000. This trial proved the success of the unit, and it was formally established the following year.

To help in this process, there was oversight, mentorship and support from the previous CEO of LAS provided. During the implementation of the new service the CRU has also benefited from the stable management within the section of the organisation where the new service was deployed.

### Staff development at London ambulance service

The continuation of this type 'staff driven' work can still be seen in the current strategic planning of LAS and its staff development programmes. In their current strategic planning cycle for the next 5 years, the organisation has specified it will continually look to improve career and talent management structures to retain its very best staff. This will include designing and implementing talent management arrangements to spot, utilise and retain talent and working with Local Education and Training Boards LETBs so that funded development packages are in place to support the retention of our staff

To help facilitate this, LAS created a two-year development programme which the designated participants complete in addition to their regular work. They learn more about the different roles and functions of the service, they undertake strategic projects and they receive one-to-one mentoring support from a director level staff

Staff satisfaction levels have increased significantly at LAS in the period since these programmes were introduced. Protected learning time is in place, which sees an increase in the number of core and extended training packages being undertaken by staff. Talent management processes are in place that are identifying and nurturing future talent with regular formal and informal recognition activities are taking place to celebrate the very best of LAS.

This means that staff have greater engagement in their role and can also take an active part in contributing ideas that can help shape the future of the wider organisation.

## Benefits of the service improvement

On a given day, the LAS CRU can have up to 18 responders deployed. On average each CRU team member can regularly attend 8 patients a day - approximately half of these patients would have normally have been taken to hospital but since the default option of putting a patient in an ambulance is removed, the CRU paramedic can choose a more appropriate care pathway.

This has meant that there have been considerable benefits to the acute providers that the LAS serves across London. Thousands of avoidable trips to hospital A&E departments have been avoided, with the team attending approximately 16,000 calls a year - it is not unusual for each CRU to only require the use of one double crewed ambulance per day in response to their work, with an average non-conveyance rate of over 50 per cent in central London.

This has also led to over £1m of savings each year - it saves 6000 hours of double crewed ambulance time to be given back to the trust, and the cost base for the service is very low, with the asset cost under £5k for a fully equipped unit complete with defibrillator.

In terms of clinical benefits, CRUs are attached to a specific geographical region meaning that arrival time performance can more or less be guaranteed if dispatched without delay. This has meant the following:

- for category A performance, where the situation is immediately life threatening, the CRU responds to these in under 8 minutes consistently over 80 per cent of the time, against a national target of 75 per cent;
- the CRU out of service time is less than 2 per cent as CRU is self-sufficient in all operations;
- on average 14 people per year survive to discharge follow cardiac arrest as a result of CRU teams' quicker response times as defibrillators are deployed more quickly. This has played a significant part in improving the Trust's cardiac arrest survival rate from 12% to 28% over the past five years

The CRU has changed the way the LAS deals with patients in its most congested areas, given staff more varied and flexible career opportunities and provided a successful model for addressing the unique challenges of delivering inner-city ambulance services.

## Conclusion

The combination of allowing staff innovation innovative alongside the senior management and support allowed LAS to implement a new service, the cycling response unit, which has resulted in quantifiable benefits for the rust Creating room for staff within organisations to identify new areas of work and giving them the responsibility for driving through changes can result in significant benefits for the organisation as well as increased staff engagement and satisfaction

## Contact

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