Working better with the London Ambulance Service - what can we do to have the best relationship with the LAS for Londoners?

Zoe Packman,  
Director of Nursing

Briony Sloper  
Deputy Director of Nursing

The London Ambulance Service NHS Trust

Monday 9 February 2015  
Twitter: #transformLDN
Transforming Community and General Practice Nursing in London:

London Ambulance Service Workshop
Session outline

• The role of the London Ambulance Service
• The way in which we work
• Case studies
• Our role as clinical leaders in positively influencing patient outcomes
London

- Busiest Service in the world
- Volume – c.5000 calls a day
- Large Population
- 32 CCGs
An average day

- 4,779 emergency calls (increase 6-7% pa)
- 2,971 patients
- 2,285 patients taken to hospital
- 1,255 Cat A
- 1,715 Cat C
- 334 given telephone advice
999 Timeline

**Call Handling**
- 999 / 112 / 911 call made.
- BT Operator;
  - "Emergency which service?"
  - Ambulance
  - Police
  - Fire
  - Coastguard
- Emergency call connected to LAS Emergency Operations Centre.
- EMD; "Emergency Ambulance tell me exactly what's happened"
- EMD gains the following information;
  - Problem
  - Location
  - Phone number
- Call triaged using MPDS
- EMD gives medical, advice.
- Pre-Arrival Instructions include;
  - Severe Haemorrhage
  - Basic airway control
  - CPR
  - Choking
  - Childbirth
  - Burns
- EMD stays on the line until help arrives, or disconnects if a non life-threatening.
  - 2% of calls required PAIs and EMD to stay on the line

**Dispatch**
- Location automatically gained if call made from a landline or mobile phone coordinates received. Aides a quick dispatch.
- Dispatch of ambulance resources determined by the call type and nature of injury/illness.
- Ambulance resources updated by Dispatch.
  - Review of Allocation decision, sending additional resources if required
- Ambulance staff arrive on scene.
  - Further support is available from EOC Dispatch;
    - Clinical support desk
    - Locations
    - Other emergency services
    - Other agencies
How are calls triaged

**Category A** – Immediately Life Threatened
- R1 (8 minute response) eg: Cardiac/Respiratory Arrest or Unconscious, ineffective breathing
- R2 (8 minute response) eg: Difficulty breathing, not able to complete sentences

**Category C**
- C1 (20 minute response) eg: Sickle Cell Crisis
- C2 (30 minute response) eg: Fallen with deformed limb
- C3 (60 minute response / Hear and Treat) eg: Miscarriage, PV Bleed
- C4 (1-4 hour response / Hear and Treat) eg: Elderly faller, still on the floor with no injury
Performance has significantly deteriorated whilst attendances have largely remained in line with that of previous years.
Challenges

• Performance pressure on the whole emergency system
• Reputation: we deliver, we are available 24/7, 7/7
• Financial climate
• Resources will not grow as they have in the past
• We can’t rely on doing the same as before
• Public education does not reduce demand
• Maintaining Quality and Safety
The case for change

The ambulance service as a mobile health resource

- Increasing focus on urgent care as well as emergency care
- 10% of callers are elderly fallers
- 10% of calls relate to worsening long term conditions
- Shift towards community based care
- Shift towards alternative community based response to patients reducing the need transport to hospital unnecessarily
What are we already doing?

- Dispatch a response or provide advice/signpost to alternative services
- Assess and treat on scene +/- refer into local services
- Decide if we need to transport
- Transport to most appropriate hospital or alternative
- Treat during transfer
- Clinical Hub in the call centre
- Calling patients back who are waiting for an ambulance to re-assess their condition, reassure, advice on alternative pathways, liaise directly with community teams
- Introduction of wider range of HCPs
- Nursing – General, Mental Health, End of Life
- 111 Provider
Four scenarios for discussion

• What would be the best response for the patient?
• What would need to happen to achieve this?
• What are the potential blockers?
• How can we as individuals influence the change needed?
Scenario 1

- Tuesday at 16:50
- 84 year old female
- Metastatic bowel cancer
- At home for palliative care
- Breathing becomes laboured, carers concerned and call 999
- Possible outcomes?
- Which is best for the patient?

Q: what difference would time of day/day of week make?
Scenario 2

- Thursday 14:00
- 72 year old male
- Catheter blocked
- He calls 999
- Possible outcomes?
- Which is best for the patient?
- Q: what difference would time of day/day of week make?
Scenario 3

- Friday 18:00
- 32 year old female
- Feeling depressed
- Concerned she may self harm and calls 999
- Possible outcomes?
- Which is best for the patient?
- Q: what difference would time of day/day of week make?
Scenario 4

- Monday 10:00
- 8 year old boy
- NG tube has become displaced
- Mum calls 999
- Possible outcomes?
- Which is best for the patient?
- Q: what difference would time of day/day of week make?
Transforming community and general practice nursing in London – the art of the possible


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