



London Ambulance Service



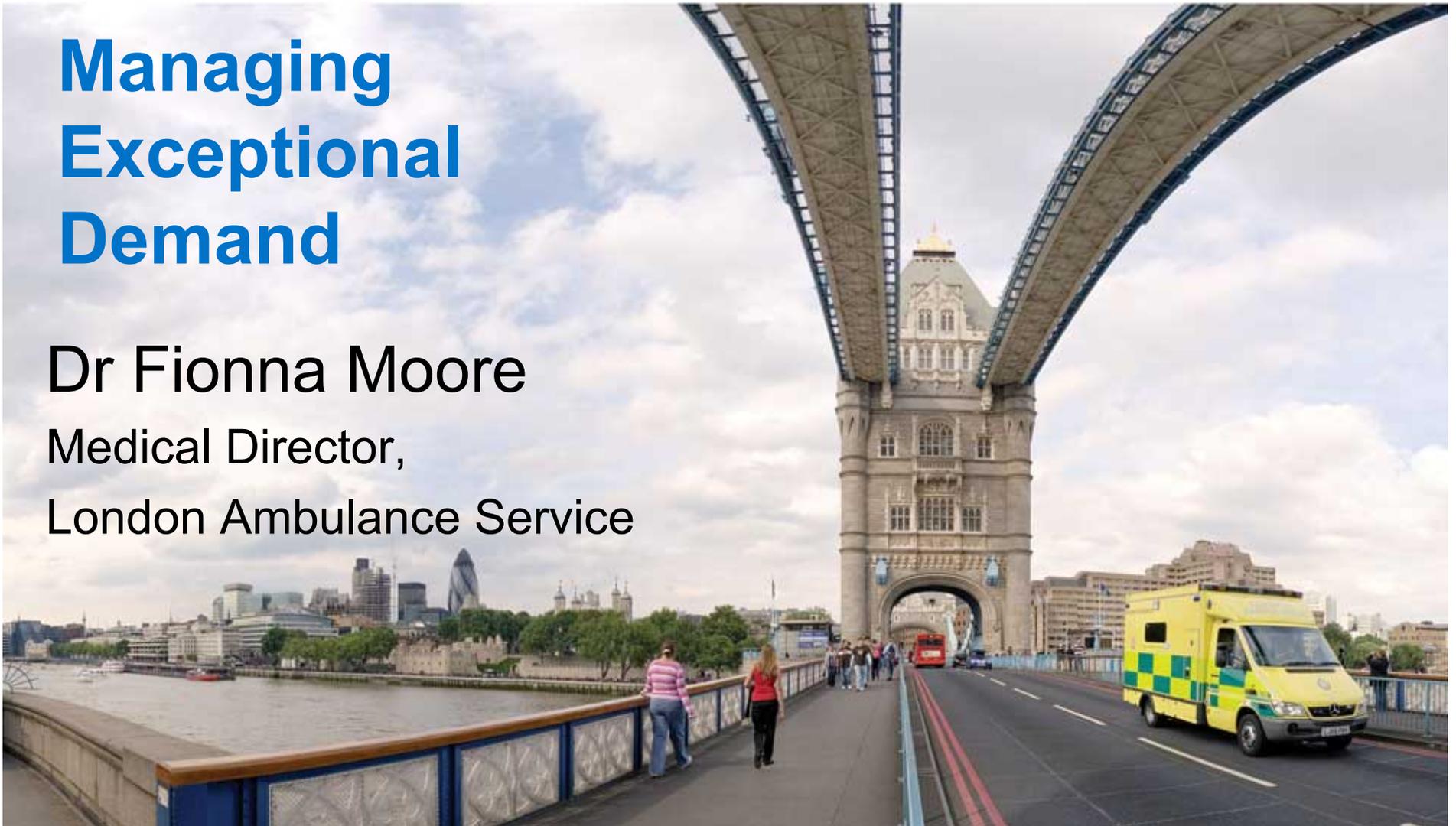
NHS Trust

Managing Exceptional Demand

Dr Fionna Moore

Medical Director,

London Ambulance Service



Demand Management Plan

The purpose of this plan is to provide the London Ambulance Service NHS Trust (LAS) with structured risk mitigating options to respond to demand at times when it exceeds the capacity of the service.



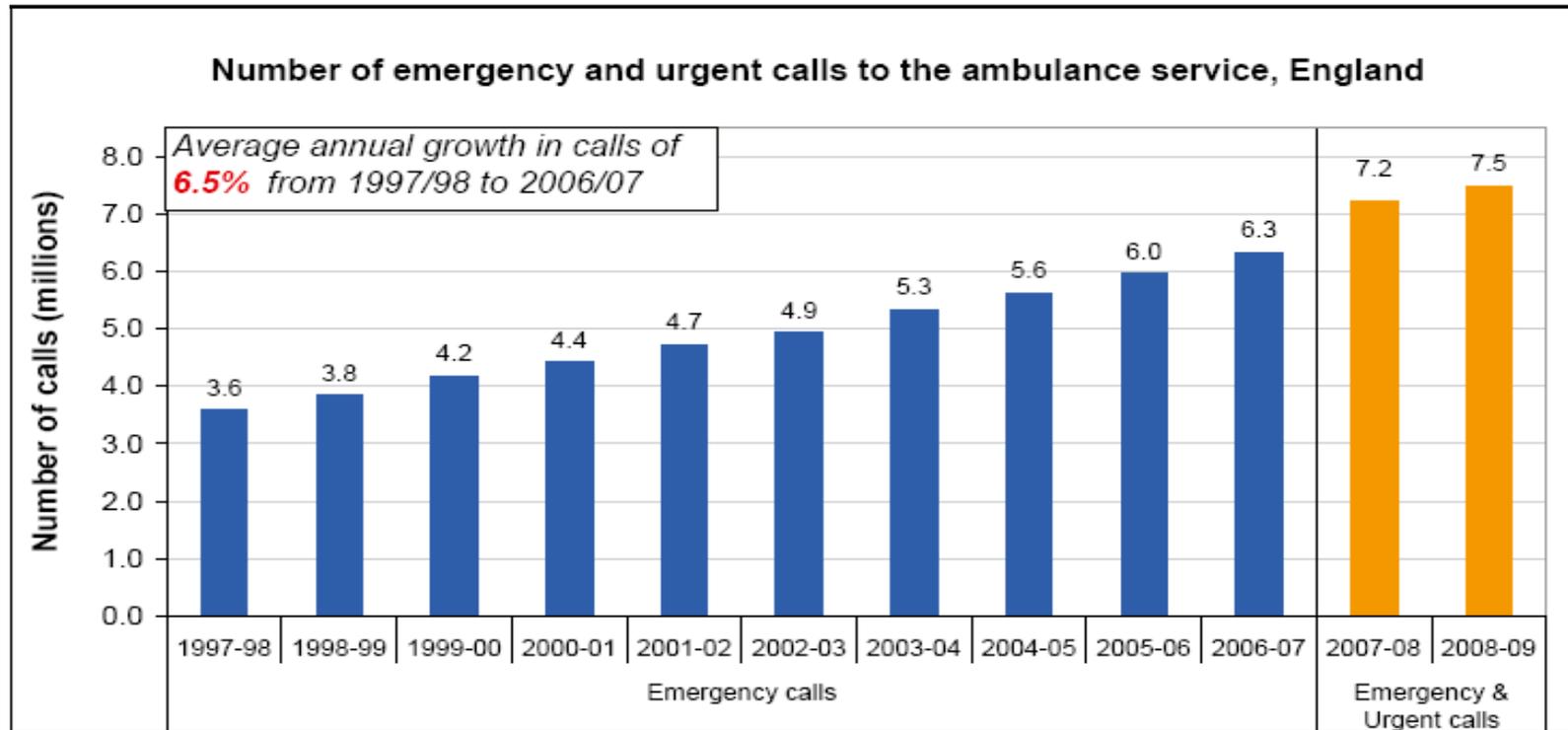
The context

We know about being busy:

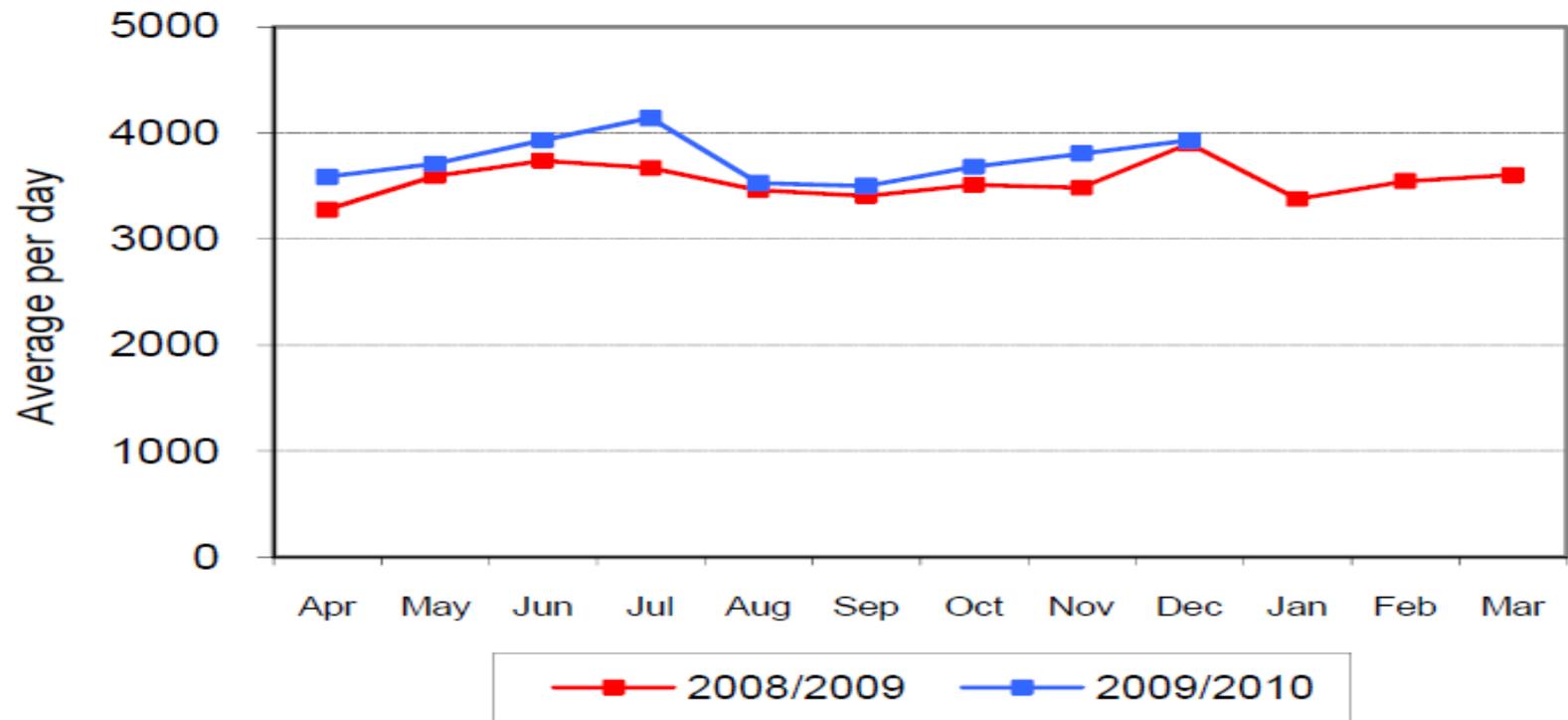
- 4,000 calls a day
- Over 950 immediately life threatened calls
- Over 1 million incidents / year
- Covering an area of 620 sq miles
- Serving a population of 7.8 – 9.5 million



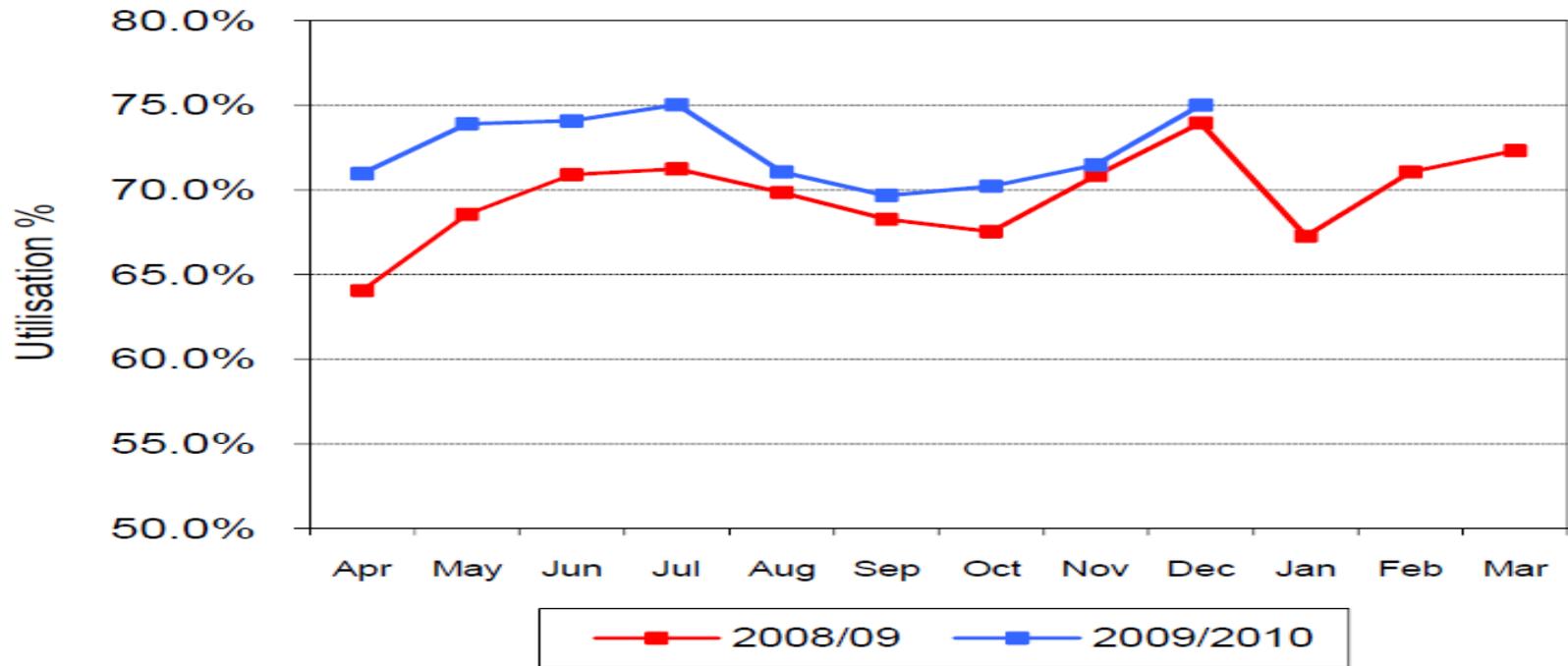
Demand Increase



Calls per day



Utilisation



So, what happens when

We Get Even BUSIER ?



It snows



New Years Eve



Flu epidemic

SWINE FLU INFORMATION
0800 1 513 513
www.nhs.uk
www.direct.gov.uk/swineflu

IMPORTANT INFORMATION ABOUT SWINE FLU

This leaflet contains important information to help you and your family - **KEEP IT SAFE**

Tamiflu®
Osetamivir phosphate capsules
Gélules de phosphate d'oseltamivir
75 mg
10 capsules / gélules

NATIONAL PANDEMIC FLU SERVICE

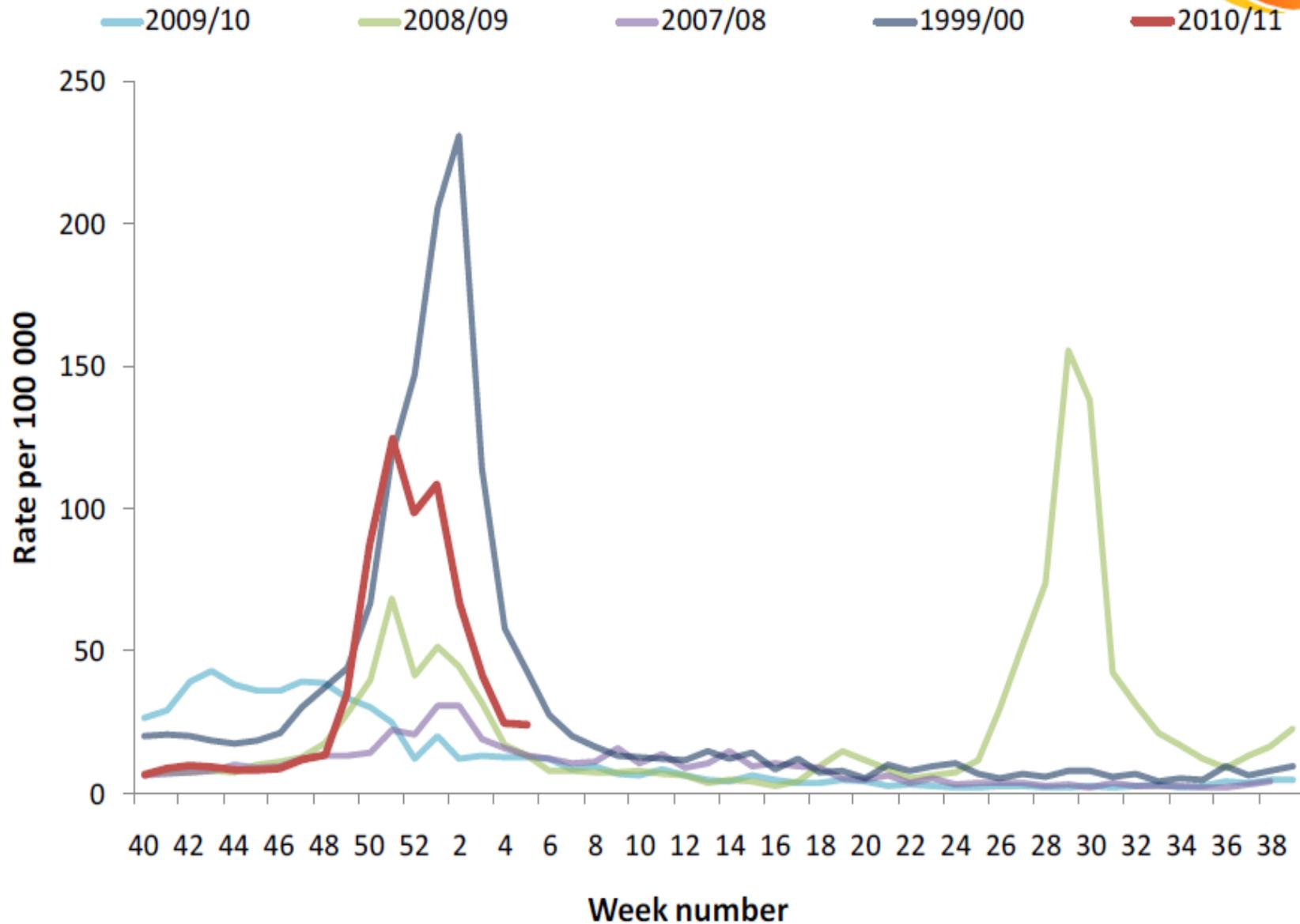
INFORMATION 0800 1 513 513
TREATMENT 0800 1 513 100

CATCH IT

KILL IT

BIN IT

RCGP: Influenza-like illness current and recent seasons



Or all three - December 2010



And as if that
wasn't
enough



The week that just got worse

Mon	13/12/10	96.20 %	1235	45.75 %	1204	65.70 %	97.01 %	47.96 %	1333	69.69 %
Tue	14/12/10	91.86 %	1104	39.86 %	1077	64.90 %	97.49 %	43.07 %	1275	61.57 %
Wed	15/12/10	92.85 %	1195	39.25 %	1168	60.27 %	96.92 %	42.12 %	1203	60.27 %
Thu	16/12/10	93.63 %	1231	36.31 %	1198	58.85 %	96.49 %	41.91 %	1152	61.28 %
Fri	17/12/10	72.32 %	1384	29.55 %	1345	51.30 %	94.65 %	31.32 %	1476	55.89 %
Sat	18/12/10	74.51 %	1376	31.25 %	1339	43.76 %	88.65 %	34.25 %	1380	54.06 %
Sun	19/12/10	83.18 %	1237	38.48 %	1202	51.25 %	96.34 %	41.25 %	1416	64.69 %
		85.52 %	8762	36.93 %	8533	56.15 %	95.21 %	39.97 %	9235	60.99 %



Call Categorisation

- RED 1:** **Actual death imminent** (e.g. unconscious not breathing)
- RED 2:** **Possible death imminent** (e.g. unconsciousness/not alert with other signs like mechanism of injury)
- RED 3:** **Risk of imminent death** (breathing and conscious but at high risk)
- AMBER 1:** **Definitely serious** (not immediately life threatening but require urgent on-scene assessment, treatment and conveyance)
- AMBER 2:** **Possibly serious** (not immediately life threatening and no specific gain from immediate treatment on scene or in A&E)
- GREEN 1:** **Requiring assessment and/or transport** (not life threatening or serious, but needs assistance)
- GREEN 2:** **Suitable for telephone triage and/or advice** (probably no need for transport – telephone consultation can be used to determine need)



Demand Management Plan: Clinical triggers

Reds being held

Any Red 1 calls held > 10 minutes

5 Red 2 calls held > 10 minutes

10 Red 3 calls held > 10 minutes

Ambers being held (i.e. no Red calls being held)

50 calls held with > 50% of these being amber calls which have been held > 30 minutes

30 calls being held with > 40% of these being amber calls which have been held > 30 minutes

30 calls being held with > 25% of these being amber calls which have been held > 45 minutes



Demand Management Plan

Non clinical triggers

Area		Measure
DEMAND	Call Answering	95% within 5 seconds of call connect Call volume
	Category A	75% within 8 minutes of call connect Call volume
	Category B	95% within 19 minutes of call connect Call volume
	Category C	90% within 60 minutes of call connect Call volume
	Calls Holding	Number of Category A, B, C and AS/3 calls holding awaiting activation
CAPACITY	Resourcing	Operational and Control Services staffing levels (according to ORH plan)
	Fleet	Vehicle availability and % VoR
	Hospital Turnaround	Average hospital turnaround time and hospitals subject to closure or redirection
	Incident Impact	Any Major Incident or Significant Incidents Numbers of protracted incidents



Demand Management Plan

Stage A Operations as normal

Stage B Supports call handling

Stage C to F Risk Mitigation



DMP Stage	No Send at Call Handling	→ CTA	Authority	Review	Abandoned Calls
A	Operating as Normal				
B	None	As Normal	CS AOM = 0-2 hrs then 2-4 hrs post review GX Medic = +4 hrs	No less than every 2 hrs	CSOP/9 applies
C	Green Ω age 5 to 69	Green Ω <5/>69 Green Alpha	GX Medic	No less than every 2 hrs. May be conducted by conference call.	CSOP/9 applies
D	Green age 5 to 69	Green <5/>69 Amber2	GX Medic	No less than every 2 hrs. Gold Team will attend HQ.	CSOP/9 applies
E	Green	Amber	GX Medic	No less than every 2 hrs. Gold Team will attend HQ.	CSOP/9 applies
F	Green Amber2	Amber1 Red3	GX Medic	No less than every 2 hrs. Gold Team will attend HQ.	No ring backs. No Send on abandoned calls.



What does it require?

- NHS Direct
- Clinical presence with Control Room
 - Clinical Support Desk
 - Clinical Telephone advice
 - Supported by operational staff
- Senior clinical support







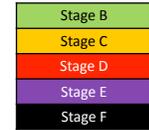
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DMP use – December 2010

Date	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
01/12/2010																								
02/12/2010										Stage B	Stage C													
03/12/2010										Stage B	Stage C													
04/12/2010	Stage D	Stage B	Stage B						Stage B															
05/12/2010		Stage C																						
06/12/2010										Stage B	Stage C													
07/12/2010																		Stage B						
08/12/2010																Stage B								
09/12/2010	Stage B																							
10/12/2010	Stage C	Stage C	Stage B	Stage B	Stage B																			
11/12/2010	Stage C																Stage B	Stage B	Stage B	Stage B				
12/12/2010	Stage C																							
13/12/2010															Stage B									
14/12/2010																								
15/12/2010											Stage B													
16/12/2010	Stage D	Stage D	Stage C	Stage C	Stage B	Stage B					Stage B													
17/12/2010	Stage D	Stage B	Stage B						Stage D															
18/12/2010	Stage D	Stage B	Stage B					Stage B																
19/12/2010	Stage D	Stage B	Stage B																					
20/12/2010	Stage C					Stage C																		
21/12/2010	Stage B																							
22/12/2010	Stage B																Stage D	Stage D	Stage D	Stage D				
23/12/2010	Stage D	Stage D	Stage C	Stage C	Stage B	Stage B																Stage D	Stage D	Stage D
24/12/2010	Stage D	Stage B	Stage B																					
25/12/2010	Stage B																							
26/12/2010	Stage B					Stage B																		
27/12/2010	Stage C																							
28/12/2010	Stage B																							
29/12/2010	Stage B	Stage B	Stage D	Stage D	Stage D	Stage D	Stage B	Stage B																
30/12/2010	Stage C																	Stage B	Stage B					
31/12/2010	Stage C																		Stage C					



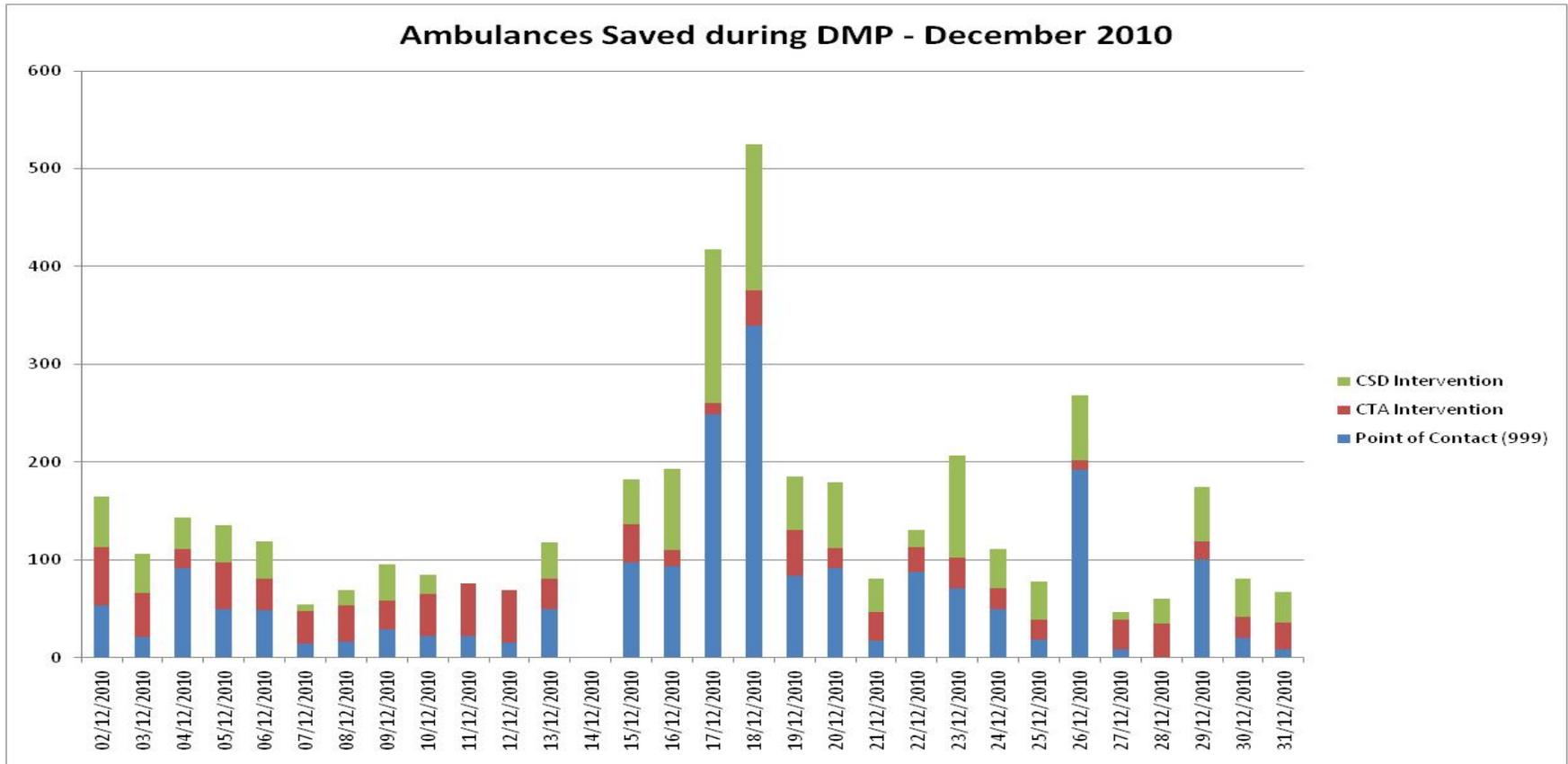
DMP use – January 2011

Date	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
01/01/2011	Stage D	Stage D	Stage D	Stage D										Stage C										
02/01/2011	Stage B	Stage B	Stage B																Stage B	Stage B	Stage B			
03/01/2011																								
04/01/2011																								
05/01/2011	Stage B																Stage C	Stage C	Stage C	Stage C				
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- Stage B
- Stage C
- Stage D
- Stage E
- Stage F



Ambulances saved



Balancing the risks

- Not sending to lower priority calls allows quicker response to higher priority calls
- Only as good as your call prioritisation software
- Managing public expectation (easier with snow than flu)



The challenges

- Providing additional clinical support at stages C/D and above
- Resilience of small number of senior clinicians
- Providing support to call handlers implementing difficult decisions



The challenges

The rest of the NHS also under pressure:

- EDs at capacity
- More interhospital transfers
- Primary Care and NHS Direct at capacity
- Yet to be tested legally or through Coroners' Court



It will get better

