



London Ambulance Service



NHS Trust

Thames Two Step!

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Trust



London Ambulance Service

- Receives 1.3 million calls / yr
- >3500 calls / day
- Operates 2 Control Rooms (EOC & UOC)
- Dispatches 1 million responses
- Increase in demand of 3% on 2007

Can we manage our lower acuity patients better?



The Alternative Response policy

•“No absolute requirement to respond to every 999 call and where the presenting conditions clearly do not warrant the attendance of an ambulance or paramedic unit, they should not be sent.” David Lammy, Health Minister, AMBEX 2002

•“Ambulance services do not have to respond to a 999 call if they have developed clear local protocols and policies for dealing with and recording such calls.”

Dept of Health July 2002



Clinical Telephone Advice

An opportunity to review and retriage lower acuity calls to determine if a response other than a front line vehicle is appropriate



Call Types

AS1 - 999 Emergency calls (911 or 112)

RED (cat A) **AMBER (cat B)** **GREEN (cat C)**

AS2 – Health Care Professional request for admission
(1-4 Hours Pick up of Patient)

AS3 – Non Urgent (4 hours plus)



Medical Priority Dispatch System

- A series of questions that categorises calls into priority levels (V 11.3)
- Offers the caller pre-arrival instructions and advice



Cat C (Green Calls)

Green 1 Not life threatening or serious but requires assistance e.g. falls, minor injuries. **‘could benefit from further assessment and/or transport as well as CTA’.**

Green 2 – **‘Suitable for telephone triage and/or advice’** for their immediate needs and to determine physical, social, or emotional needs

Approx 3800 responses to green calls a week



Urgent Operations Centre (UOC)

Receives Cat C calls electronically

Staff are specifically trained to manage these call types by planning and holding for the appropriate skills required



Urgent Operation Centre: Aims

Provide appropriate care based on patient needs

Improve care to high priority patients allowing a quicker response

Remove workload from A&E vehicles and EDs

Reduce staff frustrations of misuse of emergency vehicle

Provide a career progression pathway





GREEN calls
Electronically Diverted
To UOC

**CLINICAL REVIEWER
TO ASSESS
EACH CALL**

Call Suitable for CTA

Calls Not Suitable for CTA

CTA

UCS SECTOR CONTROLLER

Alternative care pathway
Self Care Advice
Alternative form of
Ambulance Transport

Needs further
'On scene'
Assessment

**PASSED TO
AVAILABLE
UCS
VEHICLE**

**UPGRADED
FOR A&E
VEHICLE
ATTENDANCE**

FRU,ECP,EMT1,PTS
EMT2+ A&E SUPPORT,
VAS



Alternative Resources available to CTA

- Single Responders (FRU)
- Emergency Care Practitioners (ECP's)
- A&E crews (paramedic + EMT)
- A&E crews (Emergency Care Assistant)
- Patient Transport Service (PTS)
- Voluntary Ambulance Services (VAS)



Clinical Telephone Advice

- 70 WTE Advisors

(Paramedics / Technicians and Nurses)

- 19 CTA Reviewers

- 8 Work Based Trainers (WBT)

- 3 Quality Assurance Advisors



Selection of Calls

Appropriate Green 1 & 2 calls (identified through selected MPDS determinants and CTA Reviewer function)

Factors that influence the suitability of the call:

- Location/environment (e.g. public place)
- Physical assistance required



Dealing with the calls

Introduction & explanation for the ring back

Clinical Decision Support Software “Psiam” & clinical knowledge used to assess the patient’s condition including the past medical history

Reassurance provided

Options discussed with the patient/caller

Informed decision reached, based on the patient’s clinical needs



Possible Outcomes

Upgrade to A&E ambulance ASAP

Urgent Care Service Resource

Own transport to ED / Minor Injuries Unit

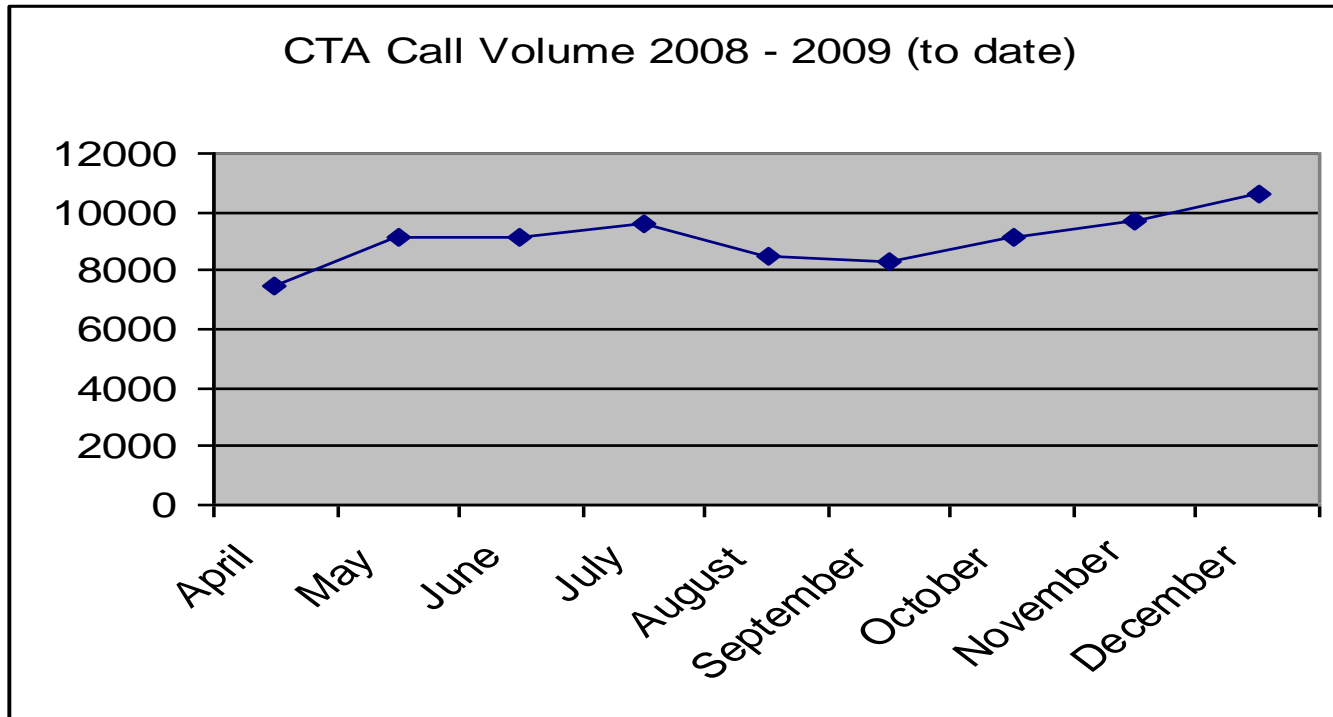
Alternative Healthcare Pathways including

- GP referral
- District Nursing service

Self care



CTA Call Volume



CTA Call Volume

Handle 9,000 calls / month

40 -45% calls do not receive an ambulance



Can we refuse to send?

Yes, we can!

- But we don't often
- 20 occasions (Jan 06 – Aug 08)
- Non recent injuries (6)
- Toothache / earache



Benefits to the Patient

- Effective & appropriate healthcare options
- Informs the patient of the most appropriate care & advice
- Avoids unnecessary ED attendances
- Upgrade to emergency if necessary



Benefits to the Ambulance Service

- Helping to meet performance targets
- 200,000 fewer hospital attendances “*Taking Healthcare to the Patient 2005*”
- Can aid in providing resilience
- Assist other healthcare providers – impact on ED







In summary:

CTA provides a second level of patient triage

Identifies specific patients needs

Provides appropriate referral pathways

Saves unnecessary ambulance journeys

Staff development



Thank you



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24