



Requesting A&E Ambulance Transport A Guide for Healthcare Professionals

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Introduction

South Western Ambulance Service NHS Foundation Trust provides accident and emergency (A&E) services throughout the South West region. The areas we cover include Bath & North East Somerset, North Somerset, Bristol, Cornwall and the Isles of Scilly, Devon, Dorset, Gloucestershire and South Gloucestershire, Somerset, Swindon and Wiltshire.

As part of the A&E remit the Trust facilitates requests from healthcare professionals for both emergency and urgent ambulance transport.

This document has been designed to provide guidance for healthcare professionals as to when it is appropriate to request A&E ambulance transport and what information will need to be captured when making a request.

Please note that when calling an urgent ambulance it is important that you call the appropriate telephone number that manages ambulance requests for your area/region. A list of the relevant telephone numbers to call by area/region is listed in Appendix 1.



What patients should travel with A&E ambulance transport?

What we do

As part of the contract for A&E ambulance services, SWAST is commissioned to provide the following services for healthcare professional ambulance transport requests.

- 999 emergency calls from HCPs, which will be prioritised and classified as per public 999 calls.
- Urgent non-emergency calls (where the patient requires admission within 4 hours). Where admission is required, the ambulance service will agree a clinically appropriate response time with the HCP of either 1, 2 or 4 hours.'

What we don't do

The contract for A&E ambulance services states that '*The 999 Service does NOT undertake routine journeys, such as routine admissions to nursing, care or residential homes, transportation to outpatient appointments or discharges from Acute Trusts.*'

If you require ambulance transport for any of the above reasons then you should contact your local patient transport service (PTS) provider.

Important

Prior to requesting an ambulance please consider if there is a medical need for ambulance transport. If appropriate please consider if the patient can be taken to hospital by a relative, friend, carer, taxi or PTS.

It should be noted that as part of the Right Care2 programme of trials, the ambulance service may be able to advise the HCP of alternative care or admission avoidance pathways.



Procedure for calling an ambulance

Emergency calls

If your patient's condition requires an emergency ambulance (blue lights and sirens response) you should call 999. SWAST prioritises its telephone lines and if you need an ambulance in an emergency then the 999 line is answered before all other telephone lines and you should call on this number to avoid any delay in your call being answered.

Urgent calls

If your patient does not require an emergency ambulance (blue lights and sirens response) you should call on the dedicated HCP urgent line (see Appendix 1). This line should be answered promptly but be aware that in the event that we are experiencing high volumes of 999 calls then you may have to wait before this call is answered.

During the call

Every call from a healthcare professional for A&E ambulance transport (both for an emergency or urgent request) will be processed using a protocol specifically designed for ambulance requests from healthcare professionals. The purpose of the protocol is to capture details regarding the patient's diagnosis, level of priority for the ambulance response and to capture demographics regarding the patient and transport requirements. Further details regarding the questions we will ask and the priority that can be assigned for the ambulance response can be found in Appendix 2 and 3 respectively.

Important

The ambulance could arrive at any time from when the request is made, so it is important that the patient is ready to travel from the agreed pick-up location at the time of the request.



Alternative procedures used during periods of excessive demand

Times will occur where there are periods of sustained high demand for A&E and acute health services. This can create the situation where we have limited resources available and/or result in very limited capacity at acute hospitals. During such periods of high demand it may be necessary for the acute health services to implement business continuity and demand management measures to ensure that the acute healthcare system is able to continue to meet the needs of the most urgent patients and the community.

If this situation arises then it may result in a change in how we process healthcare professional ambulance requests. Specifically we will ask an additional set of questions prior to accepting a request. The purposes of these additional questions are:-

- To check if the patient is booked in and expected by the receiving hospital (if they are not we may not be able to proceed with the request).
- To evaluate the exact transport needs of the patient and review if there are alternative options that we can use to transport the patient (eg we may be able to refer the request to a medi-cab service or non-clinical private ambulance provider).
- To identify if there are patients who are stable enough to wait longer than the standard maximum 4 hour booking.

This procedure keeps our service users informed of the situation and ensures that during these periods of pressure that we maintain a safe level of service for our patients.



What happens if the ambulance is delayed?

In the event that ambulance transport is delayed, we will contact the patient to let them know what is happening. During the call we will check the patient's condition; if they have deteriorated in any way whilst waiting then we will assess their condition and if required we will send an emergency ambulance.

If the ambulance continues to be delayed then we will contact the patient at regular intervals to keep them informed and continue to review their condition.

What to do if the patient's condition worsens while waiting

The condition of a patient can change at any time and it is important that should the patient get worse whilst waiting that they are advised what to do. Whilst we will make every effort to contact a patient to advise them that an ambulance has been booked and provide them with advice as to what to do in the event that they get worse this is not always possible.

Please ensure that you advise the patient (or their relatives/carers) that should they get worse whilst they are waiting for the ambulance they should dial 999 immediately to request an emergency ambulance and to receive additional advice and support.



Appendix 1 – Useful contact numbers (not to be shared with the general public)
Telephone numbers correct at date of production on 24 May 2016

HCP Urgent A&E Transport

Bath & NE Somerset, Bristol, Gloucestershire, N. Somerset and Wiltshire	0845 120 6342
Cornwall, Devon and Isles of Scilly	0845 602 0455
Dorset and Somerset.....	0845 757 3302

Patient Transport Services

Bath & NE Somerset, Gloucestershire & Wiltshire	0300 369 0482
Bristol, N. Somerset & S. Gloucestershire	0845 120 5582
Cornwall/Kernow	01872 253 702
Isles of Scilly.....	0845 6015 915
Dorset.....	0300 777 5555

Devon:-

- Exeter and East Devon
- Mid Devon.....
- North Devon and Torridge.....
- Plymouth.....
- Teignbridge.....
- Torbay
- West Devon and South Hams

Somerset.....	01278 727 444
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South Western Ambulance Service NHS Foundation Trust

Abbey Court, Eagle Way, Exeter, Devon EX2 7HY

Head Quarters.....	01392 261 500
Patient Experience (including comments, concerns and complaints).....	01392 261 585





Appendix 2 – Checklist of information required for calling an ambulance

Questions may not be asked in the order listed. Questions may be omitted or additional information requested if required.

- Is the patient awake/conscious?
- Is the patient breathing?
- Pick-up location/address for the patient
- Main presenting problem/diagnosis (reason for admission)
- Any serious bleeding (bright red blood) in last 30 minutes?
- Do you require the ambulance service undertake a triage of the patient?
- Is the patient's condition immediately life threatening?
- Response mode required; emergency within 30 minutes or non-emergency within 1, 2 or 4 hours
- Is the patient suitable for a PTS ambulance or is a paramedic crew required?
- Destination of the patient (ie hospital and ward/dept)
- Patient details:-
 - Name, date of birth and NHS number
 - Contact telephone number
 - Weight
 - Are they infectious?
 - Do they have a DNAR?
- HCP details:-
 - Name of surgery/organisation and authorising HCP
 - Contact telephone number
 - How HCP assessed patient (ie home visit, telephone call or in surgery).
- Patient's level of mobility (ie walking, in own wheel chair, seated/carry chair or stretcher)
- Are there any escorts travelling and if so who are they in relation to the patient?



Appendix 3 – Ambulance call priorities explained

Shown below is an explanation of the different ambulance call priorities, what they mean in terms of response mode and time targets and examples of the types of patients that should be in each priority. The requesting HCP is responsible for ensuring that the call requested at the appropriate priority for the patients clinical need. It is not appropriate to request a higher priority response for any other reason than patient clinical need.

RED (immediately life threatening)

AED/BLS response to arrive in 8 min backed up by a clinically qualified ambulance in 19 min.

Appropriate diagnosis examples:-

- Cardiac/respiratory arrest;
- Unconscious;
- Airway compromise;
- Anaphylaxis;
- Obstetrics emergency;
- Immediate life threat.

AMBER (emergency response)

Clinically qualified ambulance response with blue lights & sirens

Appropriate diagnosis examples:-

- Severe breathing problems;
- Meningitis;
- Acute MI or unstable angina;
- Aneurysm (AAA);
- CVA or cerebral bleed;
- Sepsis;
- Deteriorating condition.

GREEN (non-emergency but urgent)

Ambulance within 1, 2 or 4 hours.

Appropriate diagnosis examples:-

- Stable pneumonia;
- Cellulitis for IV antibiotics;
- X-rays for acute minor injuries;
- Urological cases (non-acute retention);
- Palliative care admissions;
- Stable clinical cases;
- Musculoskeletal problems.



Appendix 4 – Frequently asked questions

Below are some common questions received by the ambulance service that you may find useful for patients. Additional information can also be found on our website at www.swast.nhs.uk.

- **Who can travel with me in the ambulance?**

There is limited space available in our vehicles to enable additional passengers to travel safely. It is for this reason that escorts for patients are kept to a minimum, usually only one person. However, this will depend on the circumstances of the event.

- **What can I take with me in the ambulance?**

The ambulance crew are unable to carry anything that would create an unsafe working environment and this is particularly important if they may be required to drive at speed. We understand that it might be upsetting to travel without a piece of equipment that you rely on. However, if you require a mobility aid these can be provided at the hospital.

- **Can my guide dog travel with me on the ambulance?**

If you have a guide or assistance dog a decision on whether they can travel with you will be made on a case by case scenario. Please be assured that ambulance staff will do all they can to ensure the safety of your assistance dog while they provide you with treatment.

- **How do I find out when my ambulance will arrive?**

We aim to arrive with you within the time frame requested by your doctor. If we are delayed we will call you and let you know, alternatively you can contact us on the telephone number we will provide you when we receive the request. If the patient should get worse in any way while waiting then call immediately on 999 for further assessment and advice.