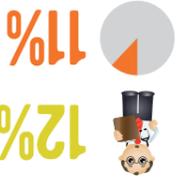


Standard response time for RED calls. **8 MINS**

RED 1 calls are the most time critical calls, where there is an immediate threat to life
RED 2 calls are serious but less immediately time critical as **RED 1s**

of those calls came from healthcare professionals and GP practices **12%**
HCP and GP calls account for 1% of increased demand **11%**



Total number of calls received by the Trust in 2014 **1,273,841**
Demand during 2015-16 has risen **5%** by a further **5%**

Current data states the majority of GP bookings are made between the hours of 1200 and 1500hrs, Monday to Friday. This generates a surge of activity and demand across the region during these times. When a booking is made, consideration should be given to the patients needs, community services available, and services available at the receiving hospital.

WHAT HAPPENS WHEN YOU CALL 999...?

When a 999 call is received from a GP practice or Healthcare Professional, typically a rapid response vehicle will be dispatched on a blue light response, to reach the patient first and provide lifesaving treatment before the ambulance arrives.

However, that may not always be the most appropriate response, dependent upon the patients immediate care needs.

Delivering the right care, at the right time, in the right place



North West Ambulance Service NHS Trust adheres to the Ambulance Service Health Care Professional Admission Protocols, which is an enhanced clinically appropriate service for the admission of patients. It ensures that any critical, urgent clinical conditions are identified early in the question sequence during the 999 call and responded to immediately.

It also enables a response to patients who do not have a life threatening condition but who require admission to hospital within a timescale clinically appropriate and safe, for their immediate care needs. This would need to be determined by their lead healthcare professional or GP i.e. patient to be at their destination within 1-4 hours.

HOW A SMALL CHANGE, COULD MAKE A HUGE DIFFERENCE

WHEN CALLING 999

- When making a **999** call, please state a safe timescale for a response
- There are **4 (FOUR)** types of response available
- Please **DO NOT** request an emergency response where there is no immediate threat to life
- For HCP admissions, use the **HCP LINE** rather than 999
- HCP calls are **PRIORITISED** to be answered quickly and dealt with efficiently

Your area HCP numbers are displayed in the poster overleaf.

When booking an admission, the call handler will ask a series of questions, with the primary question being the reason for admission and **"Does the condition present an immediate threat to life?"**

If answered yes, there is an immediate threat to life, you will be asked: **"Is there a defibrillator available?"** If your response is that there is no immediate threat to life and a 1-4 hour response is required, you will be advised: **"We will respond within the next 4 hours unless another resource is available sooner."** You will be asked to confirm if the timeframe is acceptable.

Typically any HCP Emergency admission\999 call should receive a response in under 20 minutes.

If the patient can wait and isn't an emergency admission, the response could be within 1-4 hours.

A routine admission will be more than 4 hours or anytime during the same day.

Paramedic Emergency Service (PES)
These resources are normally reserved for 999 and emergency HCP activity. Their clinical skills include full clinical assessment & physiological scoring, administration of a wider range of emergency drugs, intravenous access, emergency IV therapy, cardiac monitoring, referring patients into other services and delivery of advanced clinical care.

Paramedic Emergency Service (PES)
EMT2 or Paramedic working with a Mediums-high acuity and all emergency situations

Volunteer Ambulance Service (VAS)
This includes the St John Ambulance and British Red Cross Society Ambulances. They provide a valuable supportive role to the demand. Their skill set is aligned with the UCS and they can deliver effective treatment and transportation of patients. They routinely attend all non-emergency HCP calls, hospital transfers and some lower acuity 999 calls following clinical assessment.

Volunteer Ambulance Service (VAS)
Transport and clinical care for lower-medium acuity conditions

Urgent Care Service (UCS)
This resource consists of staff that undertake an assessment of patients with a range of medical and trauma related conditions. They routinely attend all non-emergency HCP calls, hospital transfers and some lower acuity 999 calls following clinical assessment. Their skills include BLS with AED, oxygen therapy, analgesic gas, clinical observations and physiological scoring.

Urgent Care Service (UCS)
Transport and clinical care for lower-medium acuity conditions

Patient Transport Service (PTS)
This resource provides routine transport for hospital outpatients appointments, inpatient treatments, renal dialysis, planned admissions and end-of-life care transport (DNAR in situ). The crews can render emergency aid if required but journeys are often "transport only" requiring no intervention en-route.

Patient Transport Service (PTS)
Transport only (patients who can travel without the need for clinical intervention en-route)

Non-NWAS transport arrangements
Ambulance requests should only be made where there is a clear medical need for transport. If the patient could be transported by other means (eg. relative, taxi) or make their own way then please consider this option before booking.

Non-NWAS transport arrangements
Patients who have access to private or alternative transport arrangements

As highlighted overleaf, North West Ambulance Service NHS Trust can provide a range of responses to your call, in relation to timescales but also skill remit. The Trust Patient Transport Service is available for the care and safe transportation of non-emergency patients.

The Urgent Care Service (UCS) delivers effective and safe transportation of patients between their other hospital sites.

Local volunteer ambulance services (VAS) are utilised by the Trust and includes St John Ambulance and the British Red Cross, delivering safe transportation of patients between their home, treatment centres and other hospital sites.

GUIDANCE FOR AMBULANCE REQUESTS BY HEALTH CARE PROFESSIONALS

By requesting the correct response can reduce demand on emergency responses...

A **10%** decrease in HCP and GP calls would reduce calls by over **15,000** each year.

That's just over **41 less calls** each day, leaving **41 better chances** to help someone who really needs a true emergency response.

The centrefold of this leaflet shows the range of responses available from the Trust; please retain and display within your practice reception/front desk area for ease of reference. NWAS have produced a document which details the Healthcare Professionals Admission Protocol. For more information or to request a PDF copy please email urgentcare.development@nwas.nhs.uk

IDENTIFYING THE CORRECT SKILL REMIT FOR THE PATIENTS IMMEDIATE CARE

The Trust's clinicians have clear skill remits:

EMERGENCY MEDICAL TECHNICIAN LEVEL I
- can assist in the delivery of high quality and effective pre-hospital clinical care and patient transportation. They work as a crew and have a range of clinical skills, similar to UCS and VAS colleagues.

EMERGENCY MEDICAL TECHNICIAN LEVEL II
- can respond to the full range of emergency, urgent and routine calls. They may work on RRV (rapid response vehicles) as well as on an ambulance. EMT2's have additional clinical skills, in addition to UCS/VAS which include the use of airway adjuncts, emergency drug administration, 12-lead ECG, ability to recognise patients who need streaming to an appropriate pathway including PPCI, hyper acute stroke care, major trauma, fracture management, emergency child birth management and the skills to assist a Paramedic or Doctor with intravenous cannulation and airway management.

PARAMEDIC
- can provide clinical assessment and treatment at point of first contact. They provide treatment in accordance with the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidance and agreed Trust policies. Paramedics will evaluate information from a clinical examination and can refer patients into appropriate care settings, provide self care advice and treat patients at home. They also provide additional skills, to those of an EMT2 which include:

- Advanced Life Support provision (adult and paediatric)
- Intravenous cannulation and delivery of defined IV medications
- Emergency needle cricothyroidotomy and needle thoracocentesis
- Triage and stream patients using the Manchester Triage system informed Pathfinder tool
- Drug administration - all EMT2 administered drugs plus advanced cardiac life support drugs, morphine, diazepam, and a range of other medications as per agreed Trust policies

Paramedics can also stream patients into suitable pathways including PPCI, hyper acute stroke care and major trauma centres.

HEALTH CARE PROFESSIONAL (HCP) ADMISSIONS



North West Ambulance Service **NHS**
NHS Trust

Delivering the right care, at the right time, in the right place

DOES THE CONDITION PRESENT AN IMMEDIATE THREAT TO LIFE? If the patients presentation is **not an immediate threat to life**, then please consider the range of alternative response timeframes available as this supports the provision of a blue light emergency response to a true immediate threat to life.

Conditions that require a blue light emergency response include cardiac arrest, stroke, myocardial infarction (MI), sudden shortage of breath, aneurysm, meningitis, unconsciousness, airway compromise, obstetric emergency or other acute coronary syndrome.

Does the condition present an immediate threat to life?

Yes- requires an <8 minute response **No**

If not an immediate threat to life, is the condition serious?

Yes- requires an <20 minute response **No**

If not a serious condition, is an urgent response/admission required?

Yes- requires a response within 1-4 hrs **No**

Is a routine response/admission required?

Yes- a response >4hrs/anytime same day is appropriate

For EMERGENCY ADMISSIONS (<20 minute response) immediate threat to life

Cheshire & Merseyside
Call **0151 261 4301** or **999**

Cumbria & Lancashire
Call **01772 867701** or **999**

Greater Manchester
Call **0161 866 0611** or **999**

For URGENT ADMISSIONS (within 1-4 hours) or routine admissions (>4 hours/anytime same day)

Cheshire & Merseyside
Call **0151 261 4322**

Cumbria & Lancashire
Call **01772 867721**

Greater Manchester
Call **0161 866 0622**