

factsheet

June 2010

Seeing ambulance services in a different light

More than a patient transport service

Key points

- NHS ambulance services face some of the most demanding performance targets in the world.
- Ambulance services answer approximately 7.5 million calls per year, 6 million of which receive an emergency response.
- 999 calls are increasing by 6.5 per cent every year. This equates to about 300,000 extra calls and an additional cost of £60 million each year.
- Ambulance services are taking a wide range of steps to manage this increasing demand. This is helping to ensure more patients get the right care from the right service at the right time and to bring about efficiency savings throughout the NHS.

NHS ambulance services are seeing more people, faster, and offering better quality care than ever before.

It is understandable that ambulance services are known for how quickly they respond to emergency calls. At present they are required to reach more than 75 per cent of immediately life-threatened patients within eight minutes and they are constantly striving to improve their service further.

However, ambulance services are so much more than a transport service that simply takes patients from A to B. They have moved from a service that transports patients for treatment to one that now brings high-quality care to the patient.

Ambulance services play a vital role in ensuring patients are cared for in the most appropriate setting, preventing accidents, promoting public health and working in partnership to make NHS services more efficient.

This factsheet illustrates six important roles ambulance services play and how they are helping to ensure patients receive better care.

1. Helping patients to access the most appropriate NHS services

Patients find the current system for accessing NHS services confusing and frustrating. Many do not know when to see or how to access their GP, phone NHS Direct, access out-of-hours services, go to a walk-in centre or dial 999.

Many people therefore dial 999 for non-emergencies because they know that they will receive advice or a response. At present, this is leading to some patients not receiving the most appropriate response and is placing huge demands on ambulance services and A&E departments.

Ambulance services want to work with the rest of the NHS to help avoid these problems. The starting point for achieving this change is to put in place a robust directory of services that ambulance services can access and use to refer patients to the most appropriate healthcare professional.

Ambulance services therefore support a new NHS-owned clinical assessment tool called NHS

Pathways that helps call handlers consistently and appropriately assess 999 calls as well as those for GP out-of-hours and other urgent care calls.

The Ambulance Service Network (ASN) has also called for a single urgent care number which will help people access care for non-emergencies and thereby reduce the number of inappropriate 999 calls. This is being piloted in 2010 and ambulance services are taking the lead in ensuring that it is implemented efficiently.

Case study: NHS Pathways

NHS Pathways provides a more in-depth clinical assessment of non-emergency cases and then refers the caller to the right health professional who can best treat them. This frees ambulances for life-threatening cases and ensures that patients get the right care.

North East Ambulance Service NHS Trust has been using NHS Pathways to assess urgent calls since October 2009. The single point of telephone access initiative in County Durham & Darlington builds upon five years of hard work in developing the system from which the 111 number will be piloted in July 2010. This will make it easier for patients to access urgent care services provided by local NHS and independent organisations.

A survey of patients in the North East who dialled 999 but did not need an ambulance found that 93 per cent were happy with the response they received.

2. Taking care to the patient, not always taking the patient to hospital

At present, about 70 per cent of patients treated by the ambulance service are taken to hospital.

Further reducing the number of inappropriate ambulance call-outs and A&E visits can play an important part in improving care, particularly for elderly people who have had a fall and for people with dementia.

Considering it costs approximately £200 to send an ambulance to someone who calls 999, and the total cost to the NHS is far greater

if patients are then taken to A&E, reducing the number of inappropriate conveyances to hospital can also bring about significant cost savings for the NHS.

Ambulance services are therefore working hard to ensure that fewer patients need to be taken to A&E and more patients are treated in their own home.

Of course, there are still many cases when ambulance services need to take patients away from their home for treatment, but even in these cases ambulance services are working to ensure that patients are taken to the most appropriate setting – not necessarily to A&E.

Case study: Treating patients in their own home

When South East Coast Ambulance Service NHS Trust is called to an elderly person who has fallen at home, rather than taking the patient to hospital the crew at the scene often contact a paramedic practitioner, such as Andy Collen.

On Andy's arrival he finishes the work done by his crew, checking the cause of the fall, injecting a local anaesthetic, applying stitches and ensuring that the patient has both some pain killers and advice cards. Andy then visits the patient's GP surgery, providing them with a copy of the patient clinical record, and books a follow-up appointment with the district nurse to remove the stitches.

Not only does this service deliver better care for patients, it also greatly reduces costs for the local NHS.

Local statistics show that paramedic practitioners convey just 58 per cent of patients to hospitals, compared with 70 per cent for other paramedics.

It is estimated that reducing conveyance to hospitals in the south east by just 1 per cent would save at least £400,000 per annum for the local health economy. It is therefore clear that paramedic practitioners have an important role to play in making NHS services much more efficient.

South East Coast Ambulance Service has developed the paramedic practitioner programme with higher education institutes, and the service has been commissioned by four out of eight primary care trusts in the local area, with others due to support the service moving forwards.

Case study: Improving emergency care for dementia patients

Dementia patients are sometimes taken to hospital when local care homes do not have the capacity to make a proper assessment. This can happen even at times when the patient does not have urgent or emergency needs that are unrelated to their dementia.

Great Western Ambulance Service NHS Trust is taking the lead in looking at how ambulance services can play a role in providing a much more sophisticated response to dementia.

Clinical Development Manager Vicky O'Leary has developed a national strategy for ambulance services based on her own experiences of dealing with dementia patients. This strategy helps raise awareness of symptoms and specific medications and advice for communicating with patients who have the condition. Importantly, it also involves developing alternative ways of providing care that will stop a patient with dementia from automatically being transported to hospital unless they need emergency care.

Case study: Treating heart attack patients in the most appropriate setting

London Ambulance Service NHS Trust was the first in the UK to train its entire staff in the acquisition and interpretation of 12-lead ECGs. This means that they can diagnose a myocardial infarction (MI or heart attack).

Now all patients with serious heart attacks are taken directly to the few specialist centres that are able to provide emergency treatments, such as angioplasty, 24 hours a day.

As a result, only 4 per cent of London Ambulance Service's patients in 2008–09 did not survive their heart attack. This compares with a normally reported death rate of 12 per cent for patients treated with the previous gold-standard intervention of thrombolysis.

3. Promoting public health

Ambulance services have the skills and expertise to educate different groups of people within society about their health.

Public health initiatives delivered by ambulance trusts include the provision of first aid training to local industry and campaigns that raise awareness of the symptoms of serious illnesses.

Case study: Raising awareness of the signs of stroke

In April 2009, South Western Ambulance Service NHS Trust worked with the Stroke Association to pilot the 'Know Your Blood Pressure' campaign.

The campaign aimed to find people who have high blood pressure (the single biggest risk factor for experiencing a stroke) and atrial fibrillation (a disturbance in a person's heart rhythm that increases the risk of stroke).

It also aimed to teach people about the FAST (Face, Arm, Speech, Time to call 999), a simple examination to help anyone recognise the symptoms of a stroke.

A total of 25 events were held in supermarkets throughout the South West, with almost 2,000 members of the public being screened and taught the FAST test during a single Saturday.

Since then, ambulance services throughout the country came together to ensure the national event in April 2010 reaches as many people as possible.

4. Preventing accidents

Ambulance services have shown that prevention strategies can

be very effective in helping people avoid accidents and reducing the number of 999 calls. In particular, joint working across

traditional boundaries has shown dramatic results in reducing the number of falls suffered by older people.

Case study: Reducing hospital admissions for falls

Falls are a leading reason for people to call for an ambulance, accounting for 8–10 per cent of all 999 calls. Older people are most at risk, with 30 per cent of people aged over 65 years likely to fall each year.

In 2006, North East Ambulance Service NHS Trust introduced a screening questionnaire for all ambulance crews to use when an older person calls after having a fall.

Any individual with two or more risk factors for future falls identified by the tool is offered referral for falls assessment and their GP informed by letter of the referral. Patients with a history of loss of consciousness are assessed at a specialist unit, whereas those with less complex falls are taken to the day hospital services provided in Newcastle. Those with recurrent falls are supplied with telecare and a fall alarm.

Since implementation, the number of 999 ambulance calls for falls in Newcastle has fallen from 200 per month to 20 per month. In total, the trust has referred more than 600 patients to falls services in Newcastle since December 2006.

The scheme has required minimal costs to implement and has resulted in fewer patients being admitted to A&E by ambulance after a fall. The effectiveness of this scheme has been enhanced by integrated services and strong local partnership working with the NHS and other organisations.

5. Safeguarding vulnerable children and adults

All vulnerable children and adults have the right to be protected from harm, and NHS organisations have a responsibility to report any incident where there are grounds to suggest that a vulnerable adult or child is at risk of suffering abuse.

This is particularly relevant for ambulance services, who, more than any other NHS service, are on the front line and in people's homes.

Ambulance services throughout England have therefore developed processes to ensure that the right agencies receive the right referral and that all information is treated confidentially and sensitively.

Case study: Protecting vulnerable children and adults

West Midlands Ambulance Service NHS Trust introduced a single point of contact for safeguarding referrals in July 2009, which is staffed by trained personnel in the expertise of safeguarding and protecting the public.

All West Midlands Ambulance Service staff carry a keyring with the 24 hour number. They can therefore easily ring the dedicated line with any safeguarding concern that they have and are taken through an audited and approved set of questions aimed at receiving all relevant information that partner agencies such as social services departments will need.

The initial results are very positive, with a consistent increase in the number of referrals month on month.

In one recent example, an ambulance crew called the dedicated number after they were called to confirm the death of an elderly woman and a referral was made to social services. During the investigation it came to light that staff at the home did not meet the minimum standard required for first aid training and it also highlighted that the home did not have an end of life policy. Social services and the PCT are now working with the home to improve standards and prevent this happening to other residents.

6. Working with the local community

In rural and remote areas it is often a challenge for ambulance services to respond quickly to patients who are experiencing a life-threatening emergency.

Ambulance services therefore get into the heart of rural communities and engage local people to provide their own community first responders.

Community first responders are trained to attend a wide range of emergency calls in their local neighbourhoods and can provide essential life saving treatment like CPR and defibrillation whilst an ambulance is en route.

Ambulance services also work with a wide range of organisations, including the other emergency services, to deliver public health initiatives. These help local people to avoid emergency incidents as well as ensure good relationships with other local organisations.

Case study: working in partnership to benefit communities

North West Ambulance Service NHS Trust (NWAS) runs a number of public health activities throughout the year jointly with its partners, particularly emergency service colleagues the fire service and the police.

In Greater Manchester, NWAS works with the police, fire, local authority and other public sector partners to deliver Crucial Crew, an initiative targeted at primary school children to teach them about accident prevention and equip them with basic first aid skills.

The police and NWAS also work together in Lancashire to deliver Be Sharp, visiting local primary and secondary schools and giving presentations to educate children on the dangers of carrying and using knives.

In Cheshire, emergency services and NHS partners have developed Drive Survive, a public health initiative that educates young people (16–24 year-olds) on the dangers of driving at excessive speed or under the influence of drink.

Your Choice has been launched in Merseyside, where NWAS works in partnership with MerseyTravel, public sector and emergency colleagues to educate young people about the effects of anti-social behaviour.

In Cumbria, NWAS works in partnership with voluntary and health partners on a campaign called Point Taken, an initiative which provides rural communities with a means to check and be reassured that their property can be located on the computer and mapping systems within the emergency control centre.

These are just a selection of campaigns that have been run by NWAS to reduce emergency incidents in the region and ensure that ambulance services have a good working relationship with other local organisations.

Case study: Community first responders

South Central Ambulance Service NHS Trust works with a wide range of community first responders; there are over 250 volunteers in Oxfordshire alone.

In one recent example, quick-thinking community first responder Ali Smith was first on the scene to a 65 year-old male in Stadhampton, Oxfordshire who was in respiratory and cardiac arrest.

During the short time it took an ambulance to arrive at the scene, Ali provided emergency treatment to the patient by establishing an airway, using defibrillator pads to deploy a shock to the patient and administering CPR.

Ali's intervention ensured that the patient was still alive when the ambulance reached him and improved his chances of survival. The patient has since made an excellent recovery.

Conclusion: More than a transport service

These are just a few examples of how ambulance trusts ensure that patients are cared for in the most appropriate setting, prevent accidents, promote public health and contribute to an efficient NHS.

Across the country there are many other local examples of new ways to deliver urgent and emergency care with ambulance trusts at their heart.

We hope that these help to show ambulance services in a different light, as more than a patient transport service.

Contact us

For more information about ambulance services and the work of the network, visit the [ASN web pages](#), email ASN@nhsconfed.org, or phone David Buckle on 020 7074 3219

The Ambulance Service Network (ASN)

The Ambulance Service Network (ASN) was established as part of the NHS Confederation to enable the ambulance service to work more closely with other parts of the health service, while retaining a strong, independent voice for NHS and public ambulance services in the UK.

The ASN has 17 members. These include the 11 ambulance trusts in England; those from Northern Ireland and Wales; and the ambulance services of Guernsey, Jersey, Isle of Man, and the Isle of Wight.

The NHS Confederation is the only independent membership body for the full range of organisations that make up today's NHS.

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Registered Charity no: 1090329

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