

The Changing Role of the Ambulance Service in the UK

Alex Walter

OR

**The UK Ambulance Service:-
Pre-hospital Provider or
Unscheduled Care Provider**

? ? ?

Alex Walter

- Started learning First Aid at 5 years old!
- Been working for an NHS Ambulance Trust for over ten years
- Ambulance Technician, Paramedic, Clinical Team Leader, Emergency Care Practitioner
- CBRN Bronze Commander
- First Aid and Ambulance Aid Trainer / Assessor

The Past

- Ambulance = Transport Service
- 999
- Minimal assessment, basic life saving treatments only
- Off to A&E / ED
- Scoop and run!

The more recent past

- Ambulance = Basic / Advanced First Aid treatment and Transport Service
- Development of Paramedics
- Scoop and Run versus Stay and Play
- Stay and play wining!

The present (ish...)

- Ambulance = Advanced pre-hospital care and Transport Service
- Increasing use community pathways rather than just A&E / ED
- Scoop and run winning

Training and Education

- 75% of training for 5% of the work
- Vocational in house training
- Academic University based education
- Career structure and development opportunities

The present and near future

- No longer automatically get an Ambulance; Practitioner or Clinical Advice Desk
- Practitioners getting new referral rights to previously unavailable pathways
- Ability to refer direct to Acute Specialities
- Stay and play now winning again!

The future ? ? ?

- Non-emergency national telephone number for all health needs
- All calls handled with 999 calls
- Telephone triage
- Suitable response

The Contact Centre

- 999 and xxx calls handled by same staff
- Basic triage and then 3 responses:-
 - 1) Ambulance + Practitioner on blues
 - 2) Practitioner within timeframe
 - 3) Telephone Advice only

The Response - Blues

- Immediate response
- Ambulance and Practitioner
- Transfer to A&E / ED on blues or refer as needed

The Response - Practitioner

- Within 2, 4 or 6 hours
- Undertake full assessment
- Treat / refer as appropriate

The Response - telephone

- Transfer to NHS Direct?
- Work as part of NHS Direct (in-house)
- Develop own system?
- Staffed by experienced clinicians with an element of autonomy

The Outcome

- Less blue light runs
- Reduced A&E / ED admissions
- More direct acute referrals
- More direct community referrals
- More self-care advice
- Increased patient satisfaction

Statistics...!

- Taken to A&E
 - Paramedic- 79%
 - Practitioner- 37%**
- Not taken
 - Paramedic- 21%
 - Practitioner- 63%**
- Random call allocation

Statistics...!

- Taken to A&E -Practitioner- 26%
(37%)
- Not taken -Practitioner- 74%
(63%)
- Practitioner 'cherry picking calls'

Critical Care

- Critical Care Paramedics for serious trauma and inter facility transfers
- A more natural extension of the traditional role
- More on scene stabilisation for longer journey times

References

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The UK Ambulance Service: Unscheduled Care Provider

Thank-you – Any questions?

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