

September 2019

Important Information for General Practitioners and Other Healthcare Professionals Who Request Emergency Ambulances

Changes to requesting urgent or emergency ambulance transport for your patient

Ambulance trusts across England are introducing a national framework for General Practitioners and other Healthcare Professionals (HCPs) who request an ambulance for patients who need urgent or emergency transportation to hospital or between hospital sites.

The aim of this framework is to ensure:

- equity of access for all seriously ill and injured patients;
- recognition that in certain situations, a HCP may require immediate clinical assistance to make a life-saving intervention, in addition to ambulance transportation;
- consistent definitions for high acuity HCP responses are established and mapped to the equivalent emergency 999 response priorities (Categories 1 and 2);
- opportunity for local innovation and acknowledgement of different contractual and commissioning arrangements for lower acuity incidents;
- activity and response to HCP incidents can be measured and reported separately to other 999 activity in order to demonstrate parity of response.

To request an emergency ambulance the following number will be in use from **Wednesday 9 October 2019** and will be available to all HCPs across the region:

Healthcare professional number: 0300 330 0295

Please note:

- It is important that you listen to the initial message before proceeding further with the call.
- The HCP number is **not** for use by members of the public. HCPs and the public can still call 999 in immediately life-threatening emergencies.

What will happen when you call the healthcare professional number

HCPs calling for an emergency ambulance response will be asked clinical questions about the patient's condition to determine the correct level of response. The first question is designed to identify those with life-threatening illness or injury to ensure help can be arranged immediately.



There are some key points within the national frameworks that HCPs need to be aware of:

- In a life-threatening situation or an emergency request, it is preferable for the attending clinician to make the call to ensure accurate information is given about the situation. It is highly desirable that, if possible, the clinician should not delegate this responsibility as experience has shown that a clear transfer of all information is needed. Where delegation is unavoidable, the individual making the request for support should be able to provide reasonable answers to triage questions about the patient's condition which includes the transfer of information regarding the patient's history, overall condition and vital signs, where they are available. HCP level 1 or 2 requests should ordinarily be made by a HCP unless clinical factors require the call to be made by non-clinical staff. In these circumstances the inability to provide precise clinical information will not result in the downgrading of a request where the HCP has clearly indicated that clinical factors override the usual requirements;
- HCPs requesting a Level 1 or 2 response are recommended to remain with the patient until the ambulance arrives, whenever possible;
- HCP Level 1 and 2 requests are not suitable for a bed bureau arrangement;
- HCPs requesting an emergency ambulance for all patients who are aged 16 years or over, and who are not pregnant, will be asked for a National Early Warning Score (NEWS2) where possible. Where this is not available, the HCP will be asked to provide a clinical reason for the emergency response.

What are the response options, and how will they be reported?

There are four levels of HCP response.

HCP Level 1 (HCP 1): Maps to 999 Category 1 (7 minute mean response time)

This level of response should be reserved for those exceptional circumstances when a HCP requires immediate, additional clinical assistance from the ambulance service to treat a patient in need of life-saving intervention such as resuscitation. Examples in this category include cardiac arrest, anaphylaxis, life-threatening asthma, obstetric emergency, airway compromise and cardiovascular collapse (including septic shock). It would be expected that predominantly the HCP would be with the patient, however in exceptional circumstances may not be (for example relatives call a GP's surgery for a patient in cardiac arrest).

HCP Level 2 (HCP 2): Maps to 999 Category 2 (18 minute mean response time)

This level of response is based on the clinical condition of the patient and their need for immediate additional clinical care in hospital in an emergency department or acute receiving unit (i.e. medical or surgical assessment unit, delivery suite).

Patients with a National Early Warning Score (NEWS2) of 7 or greater may trigger a Level 2 response, as may the opinion of a HCP who has assessed the patient.

Examples in this category may be patients with sepsis, myocardial infarction, CVA, acute abdomen, acute ischaemic limb, acute pancreatitis and overdose requiring immediate treatment.

HCP Level 1 and Level 2 incidents are confirmed emergencies which require life-saving intervention and should be responded to as time-critical emergencies and immediately allocated the nearest appropriate ambulance resource.

HCPs requesting a Level 1 or 2 response are recommended to remain with the patient, if possible, until arrival of the emergency ambulance (where they are at the scene) to hand over the patient to the attending ambulance clinician.

Ambulance trusts have in place appropriate clinical support for HCP requests requiring escalation, or where a further conversation with a clinician is requested by the HCP. Clinical discretion should be applied in some cases where the patient's condition does not precisely meet the definition, but additional considerations are involved, such as with end-of-life care.

HCP Level 3 (HCP 3): locally commissioned response

This level may be commissioned for patients who require urgent admission to hospital. Examples in this category may be patients who require urgent investigations to inform ongoing care such as CT, MRI, ultrasound or who need an urgent assessment by a specialist. Mental health emergency admissions may also be suitable for a level 3 response.

Where this is commissioned a response timeframe of within 2 hours arrival at the patient (90th centile) should be applied. This includes the option for both 1 and 2 hour responses (where commissioned).

HCP Level 4 (HCP 4): locally commissioned response

This is for all other patients who do not fit the above definitions and require admission to hospital by ambulance for ongoing care but do not need to be managed as an emergency. Examples in this category may be patients being admitted directly under specialty teams as well as those being transported to emergency departments for further investigation who do not require emergency investigation or treatment immediately upon arrival.

Where this is commissioned a timeframe of within 4 hours arrival at the patient (90th centile) should be applied.

Reporting

The new frameworks are designed to achieve consistency nationally, and provide HCP requested transport in a timeframe that matches other patients accessing the 999 ambulance service. To demonstrate parity of response, the four levels of HCP response will be reported separately for each ambulance trust alongside the 999 response times that are published by NHS England and NHS Improvement every month.

To ensure the process is as efficient as possible a resource pack has been developed. It includes a 'helpful guide to requesting ambulance transport,' a booking checklist and a poster providing the telephone number for quick reference. These materials are attached to download and print as required.

HCPs can aid the efficient deployment of ambulances by being familiar with this framework. This includes considering whether it is appropriate for the patient to make their own way (e.g. private transport) or to book via the non-emergency Patient Transport Service (PTS) if they meet the relevant eligibility criteria.