



North East Ambulance Service **NHS**
NHS Foundation Trust

New ambulance standards provide strong foundation for future

A new way of working for ambulance services will be implemented across the country to ensure patients get the right response, first time.

This is following the largest clinical ambulance trial in the world and will update a decades old system. The demand for ambulance services is increasing every year but despite this, the way ambulance care is provided has broadly stayed the same. These changes focus on making sure the best, high quality, most appropriate response is provided for each patient first time. They are designed to change the rules on targets so they are met by doing the right thing for the patient.

Under the current standards life-threatening and emergency calls should be responded to in eight minutes. This means that the ambulance service often send more than one vehicle to have the best chance of meeting the eight minute target. This frustrates ambulance staff and is inefficient.

Ending this out of date target will free up more vehicles and staff to respond to emergencies.

For a stroke patient this means that the ambulance service will be able to send an ambulance to convey them to hospital, when a motorbike or rapid response vehicle would 'stop the clock' but not get them the treatment they need.

From now on stroke patients will get to hospital or a specialist stroke unit quicker because the most appropriate vehicle can be sent first time.

Under the new system early recognition of life-threatening conditions, particularly cardiac arrest, would also increase. A new set of pre-triage questions identifies those patients in need of the fastest response.

Historically ambulance services are allowed up to 60 seconds from receiving a call to sending a vehicle. Giving call handlers more time to assess 999 calls that are not immediately life-threatening will enable them to identify patients' needs better

and send the most appropriate response.

For the first time response targets will apply to every single patient, not just those in immediate need.

So, in future there will be four categories of call.

- Category one is for calls about people with life-threatening injuries and illnesses. These will be responded to in an average time of seven minutes.
- Category two is for emergency calls. These will be responded to in an average time of 18 minutes.
- Category three is for urgent calls. In some instances you may be treated by ambulance staff in your own home. These types of calls will be responded to at least 9 out of 10 times within 120 minutes.
- Category four is for less urgent calls. In some instances you may be given advice over the telephone or referred to another service such as a GP or pharmacist. These less urgent calls will be responded to at least 9 out of 10 times within 180 minutes.

This redesigned system for ambulance services in England focusses on ensuring patients get rapid life-saving, life-changing treatment and is strongly endorsed by expert organisations such as the Royal College of Emergency Medicine, the Stroke Association, and the College of Paramedics.

North East Ambulance Service Chief Operating Officer Paul Liversidge said: “We welcome this announcement.

“Like all other ambulance services in the country, we have struggled to achieve our response times against a rising demand and shortage of paramedics. The way we operate needed to change to respond to these modern-days demands. We need to ensure we are still able to get to those patients who need an ambulance quickest while also helping others who don’t necessarily benefit from an eight minute response. Having longer to assess their needs on the telephone will mean we can better match them to the different clinical skills of our staff and the type of vehicles we dispatch.

“This also means we can avoid sending more than one vehicle to a patient, avoid working less efficiently, and better direct patients to alternative healthcare providers where it is safe and appropriate to do so. It will take time to adapt our workforce and fleet to meet these new standards, but our early adoption of giving our call handlers more time to assess each patient has improved our response to immediate life threatening calls and increased the number of people who are

given treatment advice over the phone without the need for an ambulance.”

More information is available at

<https://www.england.nhs.uk/urgent-emergency-care/arp/>

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