



# Healthcare Professional Admissions (Winter 2023)

This guidance is intended for patients who require an ambulance response in a community setting following a clinical assessment by a Healthcare Professional (HCP).



Your call will be answered by a 999 Emergency Call Handler. You may also speak to a clinician. A clinician responsible for the patient's care must be immediately available to discuss the patient's needs.

### Use this service:

- ✓ Following a clinical assessment to determine the type and speed of response required
- ✓ The patient requires clinical management on the way to hospital

### This service should not be used when:

- ✗ The patient can safely make their own way to the hospital, for example in a taxi or with relatives
- ✗ Management can be facilitated in the community (e.g. by Urgent Community Response or Mental Health Crisis team).
- ✗ The patient does not wish to be transported to hospital and is able to make this decision (mental capacity)

## 7 minute target (Critical assistance) Category 1

For exceptional circumstances when immediate assistance is required to provide a life-saving clinical intervention like resuscitation or adrenaline for anaphylaxis. A solo responder on a car may be sent to provide immediate assistance.

Do you need our clinical help right now to deliver an immediate life-saving intervention or are you declaring an obstetric emergency?

## 18 minute target (Emergency) Category 2

This level of response is based on the clinical condition of the patient and the need for immediate additional clinical care in hospital. Examples include patients with a NEWS2 score of 7 or more, a NEWS2 of 5 or 6 with a potential diagnosis of sepsis or meningitis, an overdose requiring immediate treatment, or a stroke within the treatment window. The response time target is to arrive within 18 minutes on average, and 9 out of 10 times within 40 minutes.

Is there a threat to life, limb or sight requiring immediate emergency admission?

NEWS2 score:

- 7 or more
- 5 or 6 with potential sepsis (or meningitis)

## 120 minute target (Urgent) Category 3

This level of response is for patients who do not require immediate life, limb or sight saving interventions, but require an urgent admission to hospital. Examples include patients who require urgent investigations (such as CT, MRI or ultrasound) to inform their ongoing care.

There is a clinical reason why an urgent response is appropriate

## 240 minute target (Less Urgent) Category 4

This level of response is for patients who require admission to hospital by ambulance for ongoing care but do not need to be managed as an emergency. Assessment and management can wait until arrival at the receiving facility.

Patient does not fit the above definitions



# HCP Admissions FAQ

 0203 162 7525

## Why have I been given a response time that doesn't align with nationally defined response time targets (7, 18, 120, 240 minutes)?

The London Ambulance Service will always aim to respond with nationally defined response time targets. However when it is unlikely we will be able to do this we will give you an expected response time. If an ambulance isn't available to respond a clinician will review the details provided on the call to ensure the call is appropriately prioritised against other emergency calls in the area. In some cases this may require us calling you back to gain more detailed information.

## How do I discuss individual clinical needs or escalate a concern about a live case?

To discuss the individual clinical needs of the patient or discuss clinical risks request to speak to a clinician. If a clinician is not immediately available the Emergency Call Handler will arrange for a clinician to call back. Please provide a direct dial number (not a switchboard number).

## Why do I need to repeat information on the emergency call?

Emergency Call Handlers are specifically trained to ask callers to repeat information to make sure it has been taken correctly. This is especially important for calls from healthcare practitioners as it common for calls to route through switchboards/reception which prevent verifying information by other means. Expect the call to last around 5 minutes. Please answer all questions even if they don't seem relevant as otherwise it can slow the process.

## Can I delegate the call to a colleague?

Wherever possible the responsibility for calling for an ambulance should not be delegated. Experience has shown that a clear transfer of information is needed, including information like the onset time of symptoms if a stroke is suspected and whether the patient is unable to get up from the floor. You may also be asked to discuss the individual clinical needs of the patient with a clinician to determine the appropriate response.

## What is the difference between an emergency ambulance and non-emergency transport?

An emergency ambulance will attend all critical and emergency calls in order to provide immediate management. Non-Emergency Transport may attend urgent and less urgent calls. As these patients do not require immediate life, limb or sight saving interventions, further assessment and treatment can be undertaken on arrival at hospital. Non-emergency transport can provide Entonox, oxygen and assistance getting to the ambulance.

## Who are the recognised HCPs that can use this number and when can it be used?

For the purposes of this framework, HCPs are defined as a registered healthcare professionals working in general practice, advanced practitioners, paramedics, community matrons, community and district nursing teams, community midwifery teams, dentists and approved mental health professionals (mental health admissions only). Part of the reason for this is to ensure alternatives to admission like SDEC and UCR are considered where appropriate.

Scan the QR codes for videos on the ambulance categories and tips for calling an ambulance

