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 winning!
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 NHSDirect?
- Work as part of NHSDirect (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

The UK Ambulance Service: Unscheduled Care Provider

Thank-you – Any questions?

Alex Walter