



C2 Segmentation Training



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What is C2 Segmentation ?



- Category 2 calls have now been ‘segmented’ or divided into 2 distinct code sets:
 - Immediate Dispatch (ID)**
 - Suitable for Clinical Navigation (CN)**
- The idea of Clinical Navigation is for the clinician in post to consider the most appropriate option for the call:
 - Remain on dispatch stack for dispatching without intervention.**
 - Highlight the call for Clinical Validation.**
- Operational hours will be between 08:00 – 02:00 every day. However due to the CAD changes, cases will still be visible as potential C2 segmentation outside of this window.
- The Trust will be able to turn of C2 segmentation at any stage if the need arises.
- In line with the C2 Segmentation principles, only calls that match the SG / SD combination will be clinically validated, however at times of demand and in agreement with the Strategic commander / EOC/111 Clinical Tactical and EOC/111 Tactical other C2 calls may be passed for validation to support with demand management.

Category 2 Segmentation



- National expectation for all ambulance services to implement Category 2 segmentation during 2023/24.
- Emergency Call Prioritisation Advisory Group (ECPAG), with support of National Clinical Coding Groups (and sub-groups) have determined the calls suitable for validation and this is based on the triage route through NHS Pathways.
- Supported by NHS England and other senior national groups.
- A number of Category 2 – Symptom Group /Symptom Discriminator combinations are considered suitable for clinical navigation, with the remaining ones considered for ‘immediate dispatch’.
- Taking a proportion of the C2 calls for clinical validation will provide us with the opportunity to sign post patients to alternative care pathways and support the reduction in demand as well as the improvement in hear and treat.
- Extra clinical resource is required to deliver Cat 2 Segmentation.



Dispatch Principles

- **Calls will remain visible to dispatchers throughout.**
- Dispatchers must ensure they can see the state the C2 call is in by viewing the 'ambulance validation column'.
- **Once a call reaches a C2 disposition, the CAD will recognise the SG / SD combination as suitable for validation or not. If the SG / SD combination meet the criteria for validation the call will remain on the Pending dispatch list and change colour to black, and then be replicated on the CSD.**
- **New columns on the Pending dispatch list and CSD will show the state of the call i.e. Assessment required / Assessment in Progress. Columns will need to be adjusted to be able to visualise this.**
- **If a resource is available to send then they must be sent even if the call is awaiting validation – validation must not delay the dispatch of an ambulance response.**



Clinical Principles

- The Navigator will be responsible for accepting or rejecting a call for validation.
- Once a call has been accepted for validation by the navigator, the call will be replicated on the CSD and can then be validated by the C2 Segmentation clinicians.
- Only clinicians who are specifically tasked with the C2 segmentation for the shifts should be validating the C2 calls.
- C2 calls will sit amongst the light purple calls and amongst the Suicide / Overdose cases that are currently displayed in the CSD.
- New columns on the Pending dispatch list and CSD will show the state of the call i.e. Review Required / Review in Progress / Review Complete.
- The validation of a call can still continue if a crew is en-route as the call will remain visible on the CSD until a crew arrives on scene.

C2 Call Appearance – Pending Dispatch List



When a call has been matched by the CAD as having the right SG / SD combination, the incident will appear as a black call on the Pending Dispatch list. At this point the call is only in the pending dispatch list.

A new column has been added which shows the review is required.

A resource can and should still be sent at any time. C2 segmentation should not delay the allocation of a response.

Prt	ID	C/Sgn	Type	Age/Problem	Ins	Safety	RA	Amb. Val.	Desk	Location	Time	Elapsed
C2	6		TEST	Ill-SOB Swelling lips			RR	C2: Rev Req (<5)	GATW	Secamb Hq / West Eoc, Gatwick Rd, Northgate, Craw	09:56:02	00:01:50

Whilst a call is awaiting a review from the Navigator there are 3 step colour changes within this column:

Under 5 minutes

Amb. Val.
C2: Rev Req (<5)

After 5 minutes

Amb. Val.
C2: Rev Req

After 18 minutes

Amb. Val.
C2: Rev Req

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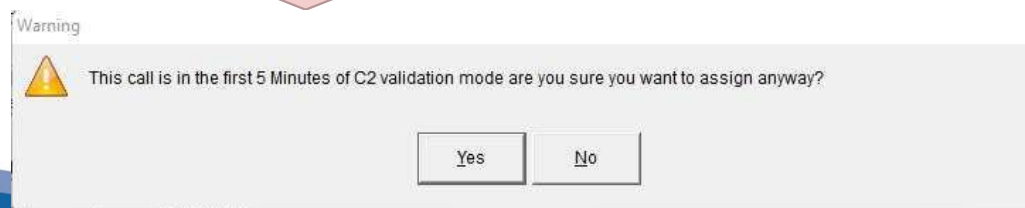


Pending Dispatch List Continued

If the call has not been reviewed by the navigator at 30 minutes – it will return to the normal presentation of a C2.
 (If the navigator rejects the call for validation it will also return to this state).

Prtv	ID	C/Sign	Type	Age/Problem	Ins	afety	RA	Amb. Val.	Desk	Location	Time	Elapsed
C2	6		TEST	Ill-SOB Swelling lips			RR		GATW	Secamb Hq / West Eoc, Gatwick Rd, Northgate, Craw	09:56:02	00:32:13

If a dispatcher opens the incident prior to the navigator doing their review in the first 5 minutes they will be presented with the following box:



A resource can and should still be sent at any time. C2 segmentation should not delay the allocation of a response.

CSN Review

CSNs must ensure the call is reviewed as early as possible – acceptance of the call for validation must take into consideration the resources available to undertake the validations, the level of activity the Trust are experiencing as well as the potential to validate the call to an alternative disposition. Calls should not return to a C2 without Navigation review.



The Duty Navigator will review the case within the Pending Dispatch list and accept or reject for validation through the C2 validation tab.

Caller	Agency	Keywords	To Agency
Validation	Risk Ast.	STA	999 Validation
999 OD/Suicide	TP Stack	C2 Validation	

Review Required
Review Required
Review Complete - No Assessment Required
Review Complete - Assessment Required



Call Accepted For Validation

- If a case is accepted for validation it will now show in both the dispatch list as well as the CSD list, and will also show that an assessment is required.

There is now a new column within the CSD and Pending dispatch list that shows the current state of the C2 call.

ID	C/Sign	Type	Age/Problem	Ins	Safety	Desk	Location	Status	Time	Elapsed	Remaining	Risk Assessment	Amb. Val.
C2 1		(DX0113) TEST	Ill-test			GATW	Secamb Hq / West Eoc, Gatu		08:44:48	00:03:48	03:56:12	Def	C2: Rev Comp - Assess Req

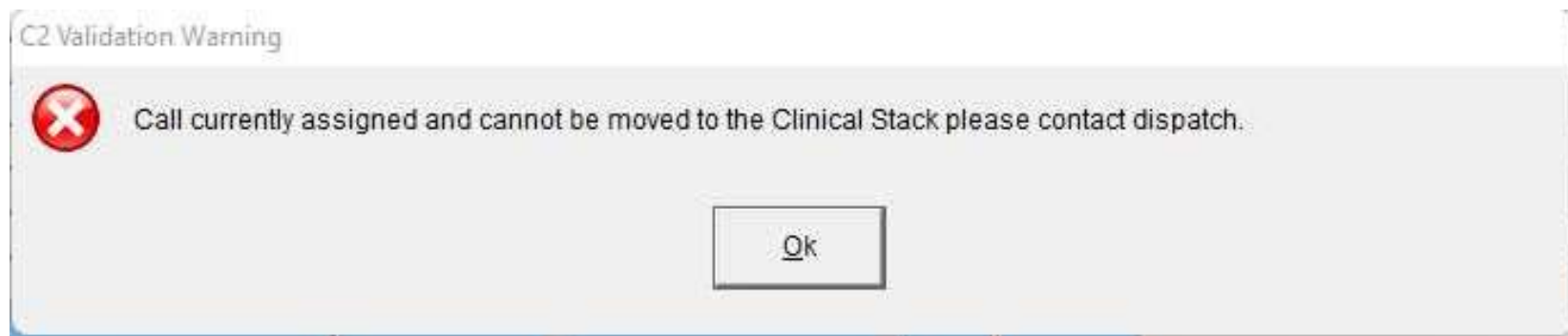
Prt	ID	C/Sign	Type	Age/Problem	Ins	Safety	Ext	RA	Amb. Val.	Validation	Desk	Location	Time	Elapsed
C2	1		TEST	Ill-test				RR	C2: Rev Comp - Assess Req		GATW	Secamb Hq / West Eoc, Gatwick Rd, Northgate, Crawl	08:45:49	00:03:40



If A Resource Is Assigned



- If a resource has already been assigned prior to the CSN accepting a call for validation the following message will appear.
- If the CSN feels there is benefit from the call being validated by a clinician then they will need to discuss with a dispatcher to get the incident stood down and then reassigned on once it has been added to the CSD



Clinical Validation Visibility



CSD

- C2 validation calls will sit below the C3 / C4 validation calls in the CSD. They are visible within the Suicide / Overdose calls and are noted by the C2 category within the 1st column.

Clinical Support Desk List

Call Stacks: NURSE=5 ECAL=0

	ID	C/Sign	Type	Age/Problem	Ins	Safety	Desk	Location	Status	Time	Elapsed	Remaining	Risk Assessment	Amb. Val.
C3	5		(DX012) TEST	Injury-test			GATW	Secamb Hq / West Eoc, Gatwick Rd,		16:08:02	00:06:55	00:52:38	PARA1	999: Rev Req
C3	2		(DX012) TEST				GATW	Secamb Hq / West Eoc, Gatwick Rd,		16:03:13	00:12:36	17:46:56	PARA1	999: Val Req
C3	6		(DX0124) M-HEALTH	Ill-test			GATW	Secamb Hq / West Eoc, Gatwick Rd,		16:10:49	00:05:00	00:35:00	Def	OD/Sui: Rev Req
C2	1		(DX0113) TEST	Ill-455			GATW	Secamb Hq / West Eoc, Gatwick Rd,		16:01:33	00:14:06	03:45:54	Def	C2: Rev Req
C2	7		(DX0113) TEST	Ill-test			GATW	Secamb Hq / West Eoc, Gatwick Rd,		16:12:26	00:03:06	03:56:54	Def	C2: Rev Req (<5)

Pending Dispatch List

- Within the pending dispatch list the calls will retain their time position within the stack and will be visible by the black colour.

Dispatch List (1)

Stacks: EMR=6 URG/PTS=0

Prty	ID	C/Sign	Type	Age/Problem	Ins	Safety	Ext	Amb. Val.	Validation	Desk	Location	Time	Elapsed
C2	4		TEST	Ill-test						GATW	Secamb Hq / West Eoc, Gatwick Rd, Northgate, Craw	09:27:00	3d 06h 50m
C2	1		TEST	Ill-455				C2: Rev Req		GATW	Secamb Hq / West Eoc, Gatwick Rd, Northgate, Craw	16:02:24	00:15:06
C2	4		TEST	Unconscious						GATW	Secamb Hq / West Eoc, Gatwick Rd, Northgate, Craw	16:07:21	00:10:09
C2	7		TEST	Ill-test				C2: Rev Req (<5)		GATW	Secamb Hq / West Eoc, Gatwick Rd, Northgate, Craw	16:13:25	00:04:05
C3	3		TEST							GATW	Secamb Hq / West Eoc, Gatwick Rd, Northgate, Craw	16:08:36	00:08:54
C3	6		M-HEALTH	Ill-test				OD/Sui: Rev Req		GATW	Secamb Hq / West Eoc, Gatwick Rd, Northgate, Craw	16:11:24	00:06:06

Downgrading Calls To A C3 Disposition Post Validation



- If a C2 call is downgraded to a C3 call, it will present for validation within the CSD as per the C3 / C4 validation process – the CSN must ensure they fully review all cases and reject them from further validation if this occurs

	ID	C/Sign	Type	Age/Problem	Ins	Safety	Desk	Location	Status	Time	Elapsed	Remaining	Risk Assessment	Amb. Val.
C3	2	*Phil Woolgar*	(DX0122) TEST	Injury-test			GATW	Secamb Hq / West Eoc, Gatwick Rd, Northgate, Crawley, RI		09:02:23	00:00:29	00:59:09	PARA1	999: Rev Req

- C2 calls downgraded to a C5 disposition will appear within the CSD and need to be closed with the appropriate call closure reason.



Clinical Validation Steps

- All clinicians will utilise NHS Pathways or PaCCS to support their assessment of the patients. As soon as you connect with a patient you should be launching PaCCS / Pathways to show that the call is being assessed.
- Once the clinician launches NHSP / PaCCS, the CAD will automatically show the call as an assessment in progress:

Prty	ID	C/Sign	Type	Age/Problem	Ins	Safety	RA	Amb. Val.	Desk	Location	Time	Elapsed
C2	3	*Phil Woolgar*	TEST	Injury-test			RR	C2: Assess In Prog	GATW	Secamb Hq / West Eoc, G	09:18:22	00:01:13

- Once the triage is completed and the pathways has been closed, the CAD will automatically show the call as assessment complete and the case will then display in the relevant list i.e. remaining a C2 on the pending dispatch list or as a C5 in the CSD.

Prty	ID	C/Sign	Type	Age/Problem	Ins	Safety	RA	Amb. Val.	Desk	Location	Time	Elapsed
C2	7	*Phil Woolgar*	TEST	Unconscious			RR		EVENT	Secamb Hq / West Eoc, Gatwick Rd, Northgate, Craw	10:03:27	00:01:38

- There is no need for the clinician to select a validation outcome reason as the CAD will do this for them.

Reporting



A series of reports will be completed each week and released to the National teams to demonstrate our progress in this new activity. Reportable figures include:

- Calls eligible for validation
- Calls dispatched on prior to Navigation
- Calls sent for validation
- Calls validated
- Outcomes of calls validated



Summary

- C2 calls will now be coloured red and black within the pending dispatch list – Black calls will now be clinically validated with the intention of sign posting patients to the most appropriate care pathways.
- Clinicians will be specifically tasked to undertake the C2 validations.
- The duty CSN will be responsible for accepting / rejecting C2 calls for validation.
- Dispatchers will continue to dispatch as per the Dispatch SOP, if a resource is available they must still be allocated to C2 Segmented calls.
- C2 Segmented calls will now replicate within the CSD as well as the Pending dispatch list and will be visible within the Suicide / Overdose cases.
- Clinicians must open NHS Pathways / PaCCS as soon as they connect with the patient to show the call is currently being validated and reach their final disposition in a timely manner.