NHS
South East Coast Ambulance Service
NHS Foundation Trust

Ambulance Response Programme

Responding to the new standards

Aspiring to be
Better Today and
Even Better Tomorrow
for our people and our patients

Guidance for Operational Staff

November 2017

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Introduction

Background

Following the largest clinical ambulance trials in the world, the Ambulance Response Programme (ARP) is being introduced nationally to ensure that all patients receive the most appropriate response for their presenting condition.

These changes will ensure that all patients receive a suitable response regardless of their location within England. Under the new model and using the Nature of Call, early recognition of life-threatening conditions will increase and ultimately be responded to quicker.

Sheffield University has overseen the research to assure NHS England that the Programme is safe. These changes have been strongly endorsed by expert organisations such as the Royal College of Emergency Medicine, the Stroke Association and the College of Paramedics.

What are the aims of ARP?

- Achieving faster dispatch to the most critical patients though the use of pre-triage and Nature of Call questioning.
- Having more resources available (through less multiple allocations) to respond to life-threatening immediate calls.
- Utilising 'Dispatch on Disposition' to allocate the most clinically appropriate response to patients by taking a little more time to triage the call.
- Increased hear and treat rate.

Professor Keith Willett,

NHS England's Medical Director for Acute Care

Our core priority will always be patient safety, but paramedics are rightly frustrated that under the current 'stop the clock' system they are frequently dispatched to simply hit targets. This has led to the inefficient use of ambulances, with the knock-on effect of 'hidden waits'.

This is not about relaxing standards but updating a decades old system to respond to modern needs. ... These are changes which have been called for by paramedics, and the evidence shows that they will save lives.

The New Standards

What are the standards and what do they mean?

Category	Types of Calls	Response Standard	Likely % of Workload	Response Details
Category 1 (Life-threatening event)	**Previous Red 1 calls and some Red 2s Including** • Cardiac Arrests • Choking • Unconscious • Continuous Fitting • Not alert after a fall or trauma • Allergic Reaction with breathing problems	**7 Minute response** (mean response time) **15 Minutes 9 out of 10 times** (90th Centile)	Approx. 100 Incidents a day **(8%)**	Response time measured with arrival of first emergency responder Will be attended by single responder and ambulance crews
Category 2 (Emergency, potentially serious incident)	**Previous Red 2 calls and some previous G2s Including** • Stroke Patients • Fainting, Not Alert • Chest Pains • RTCs • Major Burns • Sepsis	**18 minute response** (mean response time) **40 minute response** (90th centile)	**(48%)**	Response time measured with **arrival of transporting vehicle** (or first emergency responder if patient **does not** need to be conveyed)
Category 3 (Urgent Problem)	• Falls • Fainting Now Alert • Diabetic Problems • Isolated Limb Fractures • Abdominal Pain	**Maximum of 120 minutes** (120 minutes 90th centile response time)	**(34%)**	Response time measured with arrival **of transporting vehicle**
Category 4 (Less Urgent Problem)	• Diarrhoea • Vomiting • Non traumatic back pain	**Maximum of 180 minutes** (180 minutes 90th centile response time)	**(10%)**	May be managed through hear and treat Response time measured with **arrival of transporting vehicle**

Responding to the new standards

The table below determines when the response standard clock starts and what will stop the clock for each category of call.

Category	Response Standard	Patient Waiting Time Starts	Patient Waiting Time Ends
Category 1 (Life-threatening event)	**7 Minute response** (mean response time) **15 Minutes 9 out of 10 times** (90th Centile)	**The Earliest of:** • The Problem Identified (Pathways Dx Code) • An Ambulance Resource (All Types) dispatched • 30 Seconds from Call Connect	Arrival of SECAmb resource: SRV, DCA, CFR or any manager available for category 1 response.
Category 2 (Emergency, potentially serious incident)	**18 minute response** (mean response time) **40 minute response** (90th centile)	**The Earliest of:** • The Problem Identified (Pathways Dx Code) • An Ambulance Resource (All Types) dispatched • 240 Seconds from Call Connect	The arrival of the transporting resource **Or** The first ambulance service dispatched resource arrives at the scene of the incident when no transportation is required.
Category 3 (Urgent Problem)	**Maximum of 120 minutes** (120 minutes 90th centile response time)	**The Earliest of:** • The Problem Identified (Pathways Dx Code) • An Ambulance Resource (All Types) dispatched • 240 Seconds from Call Connect	The arrival of the transporting resource **Or** The first ambulance service dispatched resource arrives at the scene of the incident when no transportation is required
Category 4 (Less Urgent Problem)	**Maximum of 180 minutes** (180 minutes 90th centile response time)	**The Earliest of:** • The Problem Identified (Pathways Dx Code) • An Ambulance Resource (All Types) dispatched • 240 Seconds from Call Connect	The arrival of the transporting resource **Or** The first ambulance service dispatched resource arrives at the scene of the incident when no transportation is required **Or** The call is resolved via hear and treat.

Resourcing for the New Standards

The table below determines the resources required and the response plan to each patient.

Category	Response Standard	Resource Required	Suggested Resource Plan
Category 1 (Life-threatening event)	**7 Minute response** (mean response time) **15 Minutes 9 out of 10 times** (90th Centile)	**For Arrests** • 2 x Nearest Resources • Paramedic • Community First Responder **For Non Arrests** • Nearest Resource Dispatched • If Single Responder Nearest DCA Backup.	**1 x SRV and 1 x DCA** 1 x OTL Consider CCP / HEMS
Category 2 (Emergency, potentially serious incident)	**18 minute response** (mean response time) **40 minute response** (90th centile)	**1 x DCA**	**Call is < 8 minutes old:** • 1x DCA **Call is ≥ 8 minutes old:** • 1x SRV / Zonal SRV / CFR • Backed up by DCA
Category 3 (Urgent Problem)	**Maximum of 120 minutes** (120 minutes 90th centile response time)	**1 x DCA**	**1 x DCA**
Category 4 (Less Urgent Problem)	**Maximum of 180 minutes** (180 minutes 90th centile response time)	**1 x DCA**	**1 x DCA**

Calls from Health Care Professionals

We will continue to triage calls from HCPs in NHS Pathways within the EOC. They will have an agreed timeframe for response which will differ from other ARP categories.

These admissions will be based on a HCP determining whether an ambulance will arrive with the patient in 1, 2, 3 or 4 hours.

Protecting Our Response to Critical Patients

We must make sure that we continue to respond quickly to our most critical patients. From call answer to our arrival at hospital, your involvement in our response to these patients is key to improving outcomes and ultimately saving lives.

The use of pre-triage questions and the usage of Nature of Call (NOC) process in call handling will aid call handlers to identify these critical patients more quickly within our call answering process, which will in turn enable dispatch staff, supported by our auto-dispatch system to send the closest and most appropriate response.

To aid our response, the Incident Command Hub / Critical Care Desk (ICH/CCD), initially based within our East EOC, will have a primary focus to make sure that all the Category 1 calls are reviewed and are resourced upon clinical need.

Dedicated SRVs (Zonal Cars)

Operating Units may have a maximum of one dedicated single response vehicle who will be rostered 24/7 to respond to Category 1 and some Category 2 patients, and will be identified on the manning as a zonal vehicle.

The SRV clinician will be required to self-mobilise to their dispatch point within the first 30 minutes of their shift start if the zonal car is not based at the location where the shift start is.

Once a zonal car is assigned to a Category 1 or 2 patient the dispatchers will then backfill the now uncovered point with another responder.

Surge Management Plan

The trust is about to implement the Surge Management Plan (SMP), The purpose of this plan is to ensure that in times when we are unable to meet operational demand or is likely to experience operational challenges, the Trust prioritises its resources to address those patients with the greatest clinical need.

The Plan is split into three areas call handling, dispatch & clinical escalation. There are four levels of escalation from Business as Usual (Green) affecting the ability to respond to patients that rise in relation to specified triggers from level 1 through to 4 respectively.

Level 0 (Green) **Level 1 (Amber)** **Level 2 (Red)** **Level 3 (Purple)** **Level 4 (Black)**

The surge management plan will replace our current demand management plan (DMP).

Responding to Calls

ARP has introduced new reporting standards as set out on the right.

It is key to emphasise that the time frames for these incidents are for reporting purposes.

All C1, C2, and C3 incidents must be responded to on blue lights regardless of the time of call.

Category	Time Frame	Blue Light Response?
Category 1	7 minutes	Yes
Category 2	18 minutes	Yes
Category 3	120 minutes	Yes
Category 4	180 minutes	No

Changes to Existing Practice

How will ARP affect the Meal Break Policy?

We will continue to work to the existing policy.

Will single responders be assigned to lower acuity patients (Category 2 to 4)?

In time the number of ambulances available in any given shift will increase and the number of single responders will decrease. Until we realise our new front line operating model it may be necessary to utilise single responders for patients waiting for an ambulance.

Community First Responders

Our community first responders will continue to respond to our most time critical patients. CFRs will book on for category 1 and 2 calls and will be dispatched to the same types of incidents they currently respond to.

What will happen to the single responder back up grading?

With The Implementation Of ARP we aspire to see a reduction of Grade 3 backup requests as Single Response Vehicles will be targeted to our most critical patients, or patients we believe can be resolved by see & treat or routine conveyance.

Category	Response
Grade 1	**Critical assistance:** Patient in cardiac arrest/peri-arrest/confirmed STEMI etc
Grade 2	**Conveyance by ambulance under emergency conditions**
Grade 3	**Conveyance via Routine Response, SRV to remain on scene**
Grade 4	**Routine conveyance by ambulance, SRV to depart scene**

Patient Contact

Where we have been unable to meet a patient waiting time, as determined by ARP, Emergency Operations Centre Managers in EOC are responsible for making sure that a patient is rung back to check upon their welfare where there has been no patient contact. Patient contact includes re-contact via the 999 system, for an ETA and clinical hub assessments.

In the event that there has been no patient contact a welfare ring back will be initiated by EOC at the following times which is passed on the 90th percentile:

Category	Patient welfare ring back frequency
Category 2	**30 minutes and every 30 minutes thereafter**
Category 3	**90 minutes and every 90 minutes thereafter**
Category 4	**135 minutes and every 135 minutes thereafter**

There is no welfare ring back time for Category 1 patients as call handlers are likely to have remained on the line with the original caller.

In addition the on duty EOCM will be robustly managing our response to any Category 1 patient where the patient waiting time is not met against the new standards and will undertake actions as deemed necessary, this may include conducting a welfare ring back.

Dispatch

Dispatch process

EOC Dispatchers must make sure that the nearest resource is assigned to a Category 1 patient.

This will mean that resources will be diverted from lower acuity patients (Category 2 to Category 4) to Category 1 patients as should be normal practice now for Red 1 patients.

Where a call triggers the pre-triage or NOC but concludes in call handling as a lower priority (Category 2 or below), EOC staff will stand down resources that are no longer required. Auto Dispatch will support the diverting of resources to Category 1 patients and the standing down when necessary.

Auto Dispatch Overview

Emergency and non-emergency calls are currently dispatched manually by resource dispatchers within the emergency operations centres. Technology now allows for elements of dispatch to be handled automatically. Other trusts have begun trialling this and have seen success in terms of improvements to response times.

The trust is to introduce automated dispatch for C1 calls only. This should improve response times for our most life threatened patients but also reduces risk as invariably the nearest resource that can be sent is the most suitable. With the introduction of the ambulance response programme (ARP) nearing, it presents an ideal time to begin introducing this with a high degree of effectiveness required for C1 calls.

Rules of Auto Dispatch

Any resource will be sent where it is determined to be the nearest and within 6 miles of the incident except:

- Fire responders as we cannot guarantee these will be available
- Specialist response vehicles (such as those within HART)
- Where the resource is unavailable

Community First Responders and Specialist Resources

At times of very high demand some patients may be waiting an extended period of time for an ambulance with no DCA currently dispatched. During these periods the trust may deploy community first responders or a specialist resource to category 3 and 4 patients.

This will not count towards any target, but will ensure that the most vulnerable patients are able to be assessed in a timely manner and potentially discharged on scene.

Operational Team Leader / RCM Meal Breaks

From ARP Go live on the 22nd November, OTL & RCMs will be required to speak to EOC to get allocated their meal break when they are taking it. This is to ensure that the auto dispatch functionality will be utilising you correctly and ensure you have had the opportunity to take your meal break when on shift.