



The changing face of Ambulance Services in England

APRIL 2008



Introduction

There are twelve Ambulance Services in England all striving to achieve the same thing; to save the lives of patients and to provide the optimum healthcare service.

To respond appropriately to the diverse needs of the increasing number of callers, all twelve Services are providing healthcare diagnostics and treatments to more and more patients which is providing welcome alternatives to attending A&E departments. These developments, to tailor out of hospital healthcare around the needs of patients' urgent care needs, are significantly contributing towards the Department of Health's overarching aim to create a world class patient led NHS. By integrating these new initiatives into the wider health and social care community, ambulance personnel are improving how they deal with urgent requests for help. This is saving valuable resources which are being targeted toward those patients with life threatening emergencies.

This new era is helping to prevent thousands and thousands of unnecessary hospital attendances and admissions throughout England. Ultimately this is providing patient care in the right place, at the right time and by the most appropriate healthcare professional. As the NHS approaches its 60th birthday celebrations in July 2008, this booklet, the first of its kind in the country, has been specially produced to showcase and celebrate the latest pioneering innovations by Ambulance Services across England which is transforming and modernising emergency and urgent care service delivery.

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Ambulance Service NHS Trust 

Although the Isle of Wight is configured differently [pg 18]



East of England Ambulance Service 
NHS Trust

Modern ambulance education

Ambulance education has gathered real momentum since the 2005 Bradley report *'Taking Healthcare to the Patient: Transforming NHS Ambulance Services.'*

The East of England's new and successful educational programmes are due to the integration of the changing work profile needs into educational plans that embrace the new NHS Knowledge and Skills Framework (KSF) and career progression routes.

The recent British Paramedic Association curriculum guidance has developed competencies beyond the traditional paramedic role leading to a higher skilled consultant paramedic. These new competencies have laid a solid foundation to provide a fully competent workforce to deliver first class clinical care by ambulance personnel in the ever changing twenty first century.

The Trust scoped its higher educational needs during the 2006 mergers of all English Ambulance Services to fully understand the requirements of the new Trust and to ensure development of a workforce fit for purpose. This enabled a move away from the traditional approach that focused on pre-registration programmes for new starters.

The Certificate of Higher Education in Emergency Medical Care (with Institute of Healthcare Development paramedic award) is delivering a new kind of practitioner who can, not only deal with life threatening emergencies but who has higher diagnostic and clinical decision making skills. The



East of England Ambulance Service 
NHS Trust

Modern ambulance education

new programme is delivered through distance learning, tutorials and set study days.

This is developing students using both research and knowledge techniques, in parallel with academic study skills. This new approach has ensured operational demand continues to be well managed to ensure optimum patient care continues.

This flexible and progressive programme has enabled the Trust to modernise and change recruitment processes.

The East of England now only recruits student ambulance paramedics, resulting in changes to contractual requirements of new staff; ensuring a higher educational pathway. This means existing ambulance technicians have a more equitable opportunity to develop on the programme, diminishing the exclusive nature of previous higher educational involvement.

All the challenges of developing this successful new approach have been met by working closely with Unison colleagues with staff embracing this modern approach and fully understanding the need to modernise ambulance education to deliver the optimum patient care.

Delivering first class modern educational programmes for ambulance crews is contributing to continuously improving out of hospital healthcare services for patients.





East Midlands Ambulance Service 
NHS Trust

New ways of working together on stroke

East Midlands Ambulance Service have been developing new care pathways to help ensure stroke patients get the lifesaving treatment they need faster than ever before.

Thanks to a new service set up in partnership between East Midlands Ambulance Service (EMAS) and Nottingham's hospitals, stroke patients are receiving the vital lifesaving treatment they need quickly, often enabling a remarkable recovery.

The 'FAST' service means that patients displaying signs of a stroke are admitted directly to the specialist stroke unit at Nottingham City Hospital instead of going to the Emergency Department.

FAST is an acronym for Facial, Arm, Weakness and Speech Test and provides clinicians with a quick and simple way to assess whether a patient is displaying any new neurological changes. If so, a stroke is diagnosed and a patient can quickly be sent for a scan to establish the cause. If the scan confirms a blockage, clot busting (thrombolysis) treatment can be given immediately – this greatly increases a patient's chance of a good recovery.

Nottinghamshire Police officer Bryan Murcott says he owes his dramatic recovery from a stroke to the lifesaving treatment he received. EMAS Community Paramedic Carl Keeble diagnosed a likely stroke using the FAST system and took Mr Murcott straight to the specialist stroke unit at Nottingham City Hospital where he soon had a scan and suitability assessment for the thrombolysis treatment. Thanks to the specialist care from the stroke team, doctors



were able to reduce the impact of the potentially life-changing condition and dramatically improve Bryan Murcott's quality of life within just a few hours.

The Secretary of State for Health Alan Johnson MP (pictured far left) recently visited Nottingham to meet Bryan Murcott and the people behind the new service:

"Bryan's story shows how vital early diagnosis and treatment is for people who have suffered a stroke. For too long there has been a fatalistic approach to strokes, thinking that when they occurred disability or death was inevitable. But all that has changed. Today I have had the chance to see the successful new FAST service in Nottingham first-hand, and hear what a difference it has made to Bryan's recovery."

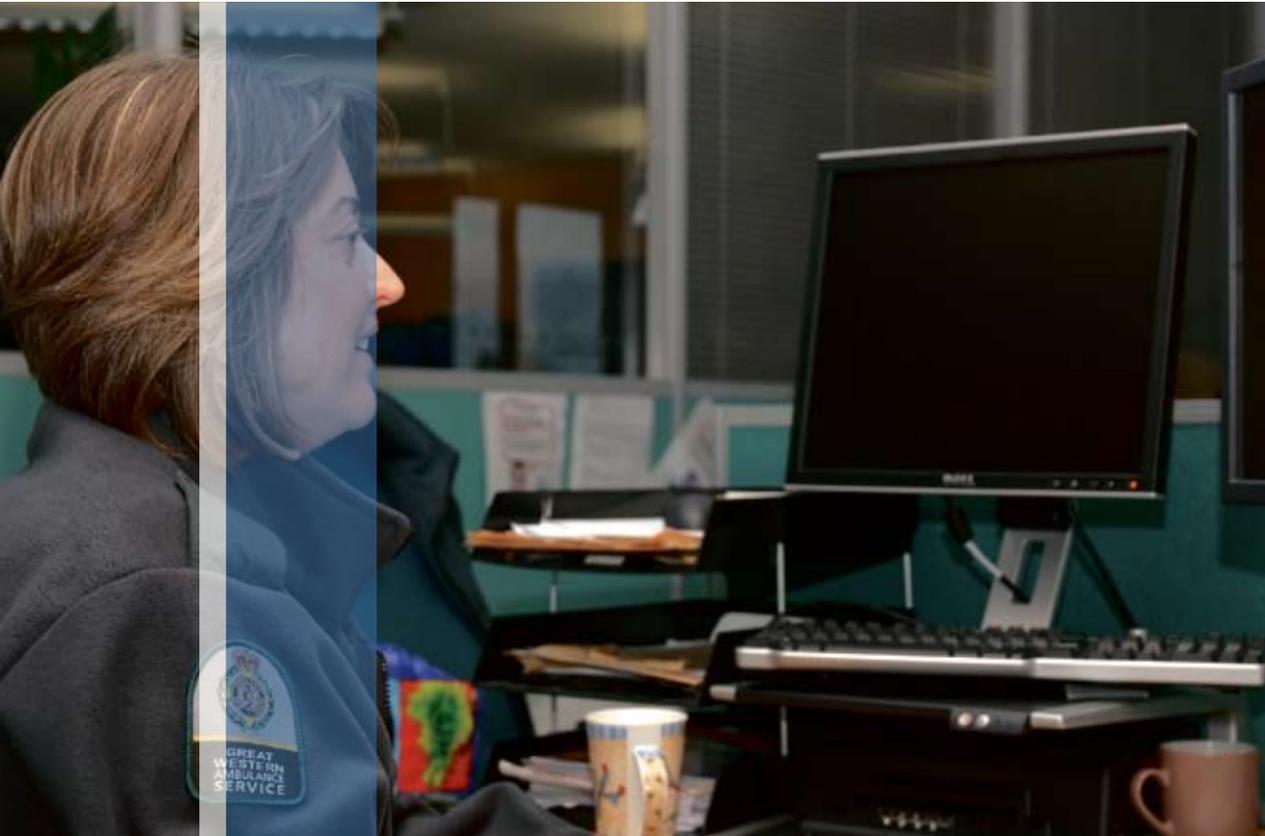
David Eveson, Consultant in stroke medicine at Leicester General Hospital was also keen to improve the stroke services in his area and approached EMAS Divisional Clinical Manager Roger Watson. Shortly afterwards an initiative was launched to provide the FAST service in Leicestershire on a pilot basis and as expected the results were extremely positive.

The EMAS Clinical Team are now planning to roll this successful FAST approach out across the Trust. It is anticipated that by summer 2008 all six counties will be covered by the new approach to ensure patients continue to receive the best possible stroke service from the NHS.

East Midlands Ambulance Service NHS Trust

New ways of working together on stroke





Great Western Ambulance Service **NHS**
NHS Trust

Integrated Hub (control room) for health and social care

The new Hub for health and social care in Gloucestershire started as a pilot to support the Great Western Ambulance Service and Gloucestershire Primary Care Trust's out of hours service. With many new partners, it has now become the model for out of hours community and primary care for the Trust and its partners.

The service offers a single point of access - the 'Hub' - out of hours through a simple telephone referral system. The Hub links to a wide range of health and social care services, including Gloucestershire County Council's Community and Adult Care Directorate and the independent care home sector, with access to emergency domiciliary care and residential homes out of hours, preventing patients from being inappropriately taken to or admitted to hospital.

The evolving relationship between primary care and the ambulance service demonstrates the value of a more joined up approach. The service also benefits from co-locating different professionals, increasing awareness and use of alternative services.

Now the Hub has developed it will be extended to include the co-location of the emergency duty team. Stakeholder involvement has extended to Gloucestershire Police, as they are sited in the building where the Hub is hosted.



Great Western Ambulance Service 
NHS Trust

Integrated Hub (control room) for health and social care



There is a diverse range of professional input, including, GPs, district and community nurses, social workers, domiciliary care providers, and staff from the mental health sector. There is also support from the Trust's new clinical desk in the Gloucestershire Clinical Hub (control room). This service is staffed by emergency care practitioners, nurses and paramedics who triage Category C calls. They provide an additional clinical resource to help find the most appropriate pathway to care for patients.

Support from the independent care home sector has been crucial to the Hub. Since August 2006, over 30 residential care homes have signed up to accepting out of hours emergency admissions (subject to availability) during evenings and weekends. Any placements are then followed up with a full social care assessment the next working day.

Links were made with other services, including the emergency home care service, District Nursing and the Fast Assessment Team, responsible for carrying out full next-day assessments. It was agreed that the Ambulance Service would provide transport for emergency residential admissions. IT systems at the Ambulance Hub were configured to give the Co-ordinators access to NHS, Social Care and GP systems.

The project represents a new direction in the provision of services in Gloucestershire, with social care and ambulance staff working side-by-side to support out of hours primary care services.

(Some of the staff and management at the Hub pictured opposite)



Isle of Wight **NHS**
Primary Care Trust
Isle of Wight Ambulance Service

Part of a unique integrated organisation incorporating acute, ambulance, community and mental health services

Integration within a Primary Care Trust has allowed the Isle of Wight Ambulance Service to develop enhanced patient care with seamless access to all health based services.

Being part of an integrated Trust enables interdepartmental cooperative working without the barriers imposed by traditional organisations. Effective joint working has been key to us achieving our predicted call connect target since its introduction in 2007. Although a small ambulance service, this allows us to react quickly to national directives, with a large partnership organisation for support.

Our vision was to create a whole system approach and to maximise resource utilisation to provide a front loaded patient care system, in line with the primary objective of 'Taking Healthcare to the Patient'. This has been achieved through partnership working with the Emergency Department, GP Out of Hours, and Unscheduled Care including Social Services and Mental Health.

One of the major benefits to the Island has been the creation of the Health Communication Centre, which allows a 'One Stop' access point for Island residents and visitors for easy access to Emergency and Unscheduled Care. Within this centre, doctors, paramedics and a highly skilled communications team work alongside using some of the latest computer based systems to optimise the care pathway. This facility is located in close proximity to the A&E department, allowing patients to be referred to the most appropriate facility, whilst



Isle of Wight

Primary Care Trust
Isle of Wight Ambulance Service

Part of a unique integrated organisation incorporating acute, ambulance, community and mental health services

maximising the opportunity for cooperative working at peak times. As a result we have seen a steady decline in patient waiting times in both areas.

Following the introduction of call connect by the Department of Health, the geographical position of the Island and the need to be able to 'hold our own' as support from neighbouring Ambulance Services is at least one hour away, meant it was necessary to initiate a major change in working practice. This included a review of skill mix and rotas, which involved implementation of fully flexible working patterns. The unique situation of the Isle of Wight and the increasing demand for specialised treatment of patients at mainland healthcare facilities, necessitated the introduction of the innovative 'Jumbulance' to the Island's fleet of emergency vehicles. This custom built vehicle has multi-patient functionality, offering flexibility to become an off site intensive care, minor injuries or diagnostic imaging unit as well as a mass casualty incident vehicle.

The introduction of a new grade of operational staff entitled Emergency Vehicle Operative (EVO) equipped with Blue Light Driving and paramedic assistance skills. Allows the service to staff all front line vehicles with a minimum of one Paramedic supported by a highly skilled assistant. All Patient Transport Staff were developed to 'First Responder' with 'High Dependency' skills, which in turn strengthened and supported the Accident & Emergency service, by providing an alternative resource for dealing with doctors urgent admissions and as backup at emergency Incidents.



London Ambulance Service 
NHS Trust

Urgent Operations Centre

In the last couple of years, the London Ambulance Service has steadily reduced the number of calls to less seriously ill or injured patients being responded to by the core A&E fleet.

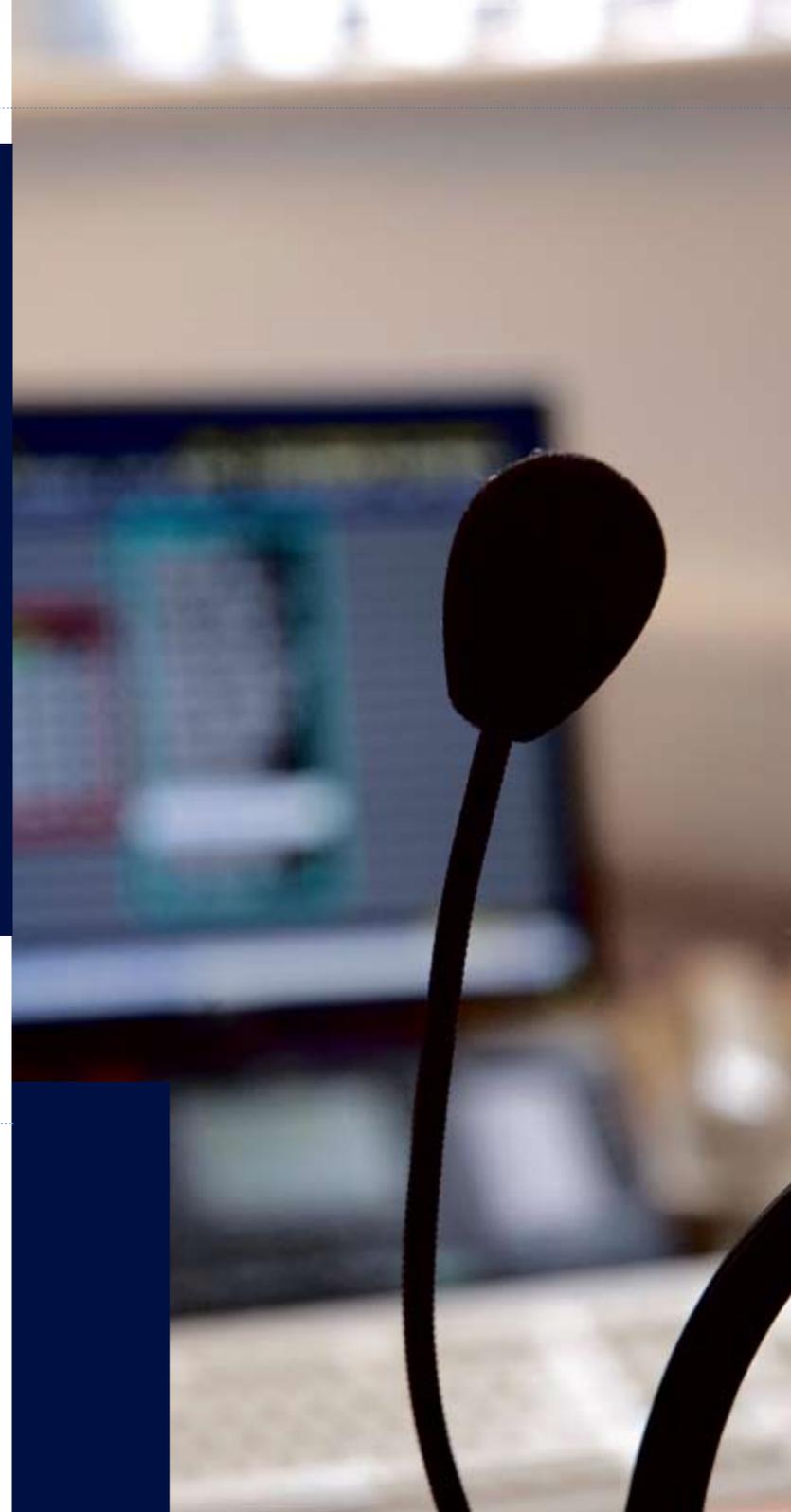
Only one in ten calls received is to somebody who is in a life-threatening condition, so the Trust is working hard to provide patients with the kind of response they really need – care which is more closely tailored to their particular situation rather than the traditional ‘one-size-fits-all’ approach.

The Trust has opened a dedicated Urgent Operations Centre to deal specifically with patients who dial 999 but who do not need an A&E ambulance or the need to go to hospital.

Continual growth means the Urgent Operations Centre now deals with more than 9,500 calls per month (December 07). The share of the workload will rise significantly in coming years as the Trust continues to adapt to the changing pattern of 999 use and do everything possible to match the clinical skills of staff with the needs of patients.

The Clinical Telephone Advice team is located within the Centre and is made up of experienced emergency medical technicians and paramedics. They are well-equipped with the skills necessary to assess and advise those patients where the initial triage (assessment) has determined that they are suffering from ‘minor’ illnesses or injuries.

The team now consists of around 50 members of staff, enabling the Clinical Telephone Advice to deal





with 1,600 calls a week – that’s around 230 a day. Of these, around 50-60% can be dealt with without the need to dispatch an ambulance. The advisors work by calling back patients and carrying out a full assessment of their condition over the telephone and then advising the best course of treatment. This can involve being cared for at home, being referred to their GP or local pharmacy, or having an ambulance sent to them.

On those occasions when Clinical Telephone Advice staff decide an ambulance does need to be sent, many of the vehicles will be staffed by Urgent Care Service crews, to enable A&E staff to be kept free to deal with other emergency calls.

The Patient Transport Service is also based in the Centre, and these crews can be used to respond to some calls that would previously have been attended by A&E ambulances.

Within the Urgent Care Service is the Emergency Bed Service, a bed-finding system for the NHS for admissions or transfer arrangements for acutely ill patients. It has responsibility for the National Intensive Care Bed Register for adult and paediatric critical care beds in three-quarters of England and offers a service to help with antenatal transfers. Last year it introduced the National Cot Locator Service, commissioned by the Department of Health, in partnership with First Response at West Midlands Ambulance Service which helps to locate cots for pre-term babies.

All of these innovative services are helping transform and modernise urgent care services for patients.

London Ambulance Service 
NHS Trust

Urgent Operations Centre





North East Ambulance Service 
NHS Trust

Single Point of Access Model

The North East Ambulance Service is aware that not all 999 calls received require an operational response; and not all patients need to be taken to hospital.

Many of the 999 calls received have an urgent, primary or social care need. This is a picture replicated across the whole country and as a result, Ambulance Services are evolving and playing an increasingly wide role in becoming a mobile healthcare resource for the NHS.

In the past the Trust dispatched an ambulance to non-emergencies on a relatively high proportion of occasions.

To respond appropriately to each individual patient's needs, a new patient assessment system is being tested out in the North East Ambulance Service Control room and is continuing to prove very successful in improving patient care. The system, known as NHS Pathways, has been spearheaded by the NHS for use in the UK to ensure patients receive the most appropriate treatment for their symptoms.

This dynamic new system allows a more in-depth clinical assessment of non-emergency cases and refers patients to the right professional that can treat them best.

Today, less and less patients are being taken to hospital by ambulance, despite the huge year on year increase in the number of 999 calls, with 30,000 fewer patients being taken to hospital compared with the previous year.



A patient with a minor wound may need a clinician to examine it, stitch it and dress it and this type of service is available far more quickly at a local walk-in centre than a busy A&E Department.

Patients who don't need an ambulance, are now referred directly to local urgent care provider services through a dynamic Capacity Management System linked to the NHS Pathways triage (assessment) system in the ambulance contact centres.

Chief Executive, Simon Featherstone *"For me this is an historic moment in urgent care. Our commitment, along with the embracement of technological advances, has helped us to realise a genuine scalable Single Point of Access Model for urgent care. This is the beginning of something really quite transformational in the urgent care system. NHS Pathways and the Capacity Management System directory of services for patients is a clinically effective, evidence-based telephone triage system which can ensure services are continually realigned to the needs of patients."*

North East Ambulance Service NHS Trust

Single Point of Access Model



The system has been developed with the help of patient representatives in the North East, who first recognised the need for change in patient assessment systems five years ago and continue to be involved. Early feedback with patients who have not required an emergency response has shown a satisfaction rate of 91% with the outcome of their call and an even higher 93% reported being happy with the treatment they received in primary care.



North West Ambulance Service 
NHS Trust

Taking healthcare to the patient



In Cumbria and North Lancashire there are currently 26,000 people living with diabetes and its associated healthcare problems.

This rising number of sufferers is mirrored across the country which is why North West Ambulance Trust was keen to participate in an innovative new model of community healthcare screening.

The Trust wanted to contribute to a more convenient and closer to home service for the early detection and subsequent treatment of those people likely to be potential or early sufferers.

The implementation of a Retinal Screening programme, a five year agreement commissioned by Cumbria Primary Care Trust, signalled a change of service delivery for the Trust and was designed to detect early stage retinopathy in adults and children over the age of twelve years.

Diabetes is the leading cause of blindness in people of working age in the UK, which is due to a condition called retinopathy.

Retinopathy causes the capillaries in the retina to become blocked resulting in inhibited sight. However, research shows that if retinopathy is identified early, through retinal screening, and treated appropriately, blindness can be prevented in 90% of cases.



North West Ambulance Service 
NHS Trust

Taking healthcare to the patient

The tremendously successful and popular service screens in excess of 250 patients by each team every single week.

The screening takes place in over 30 venues across Cumbria and North Lancashire. The venues exploit the use of existing community resources such as the North West's community hospitals and health centres.

The programme was originally carried out by the Opticians Service but was transferred to a more dedicated service in 2005.

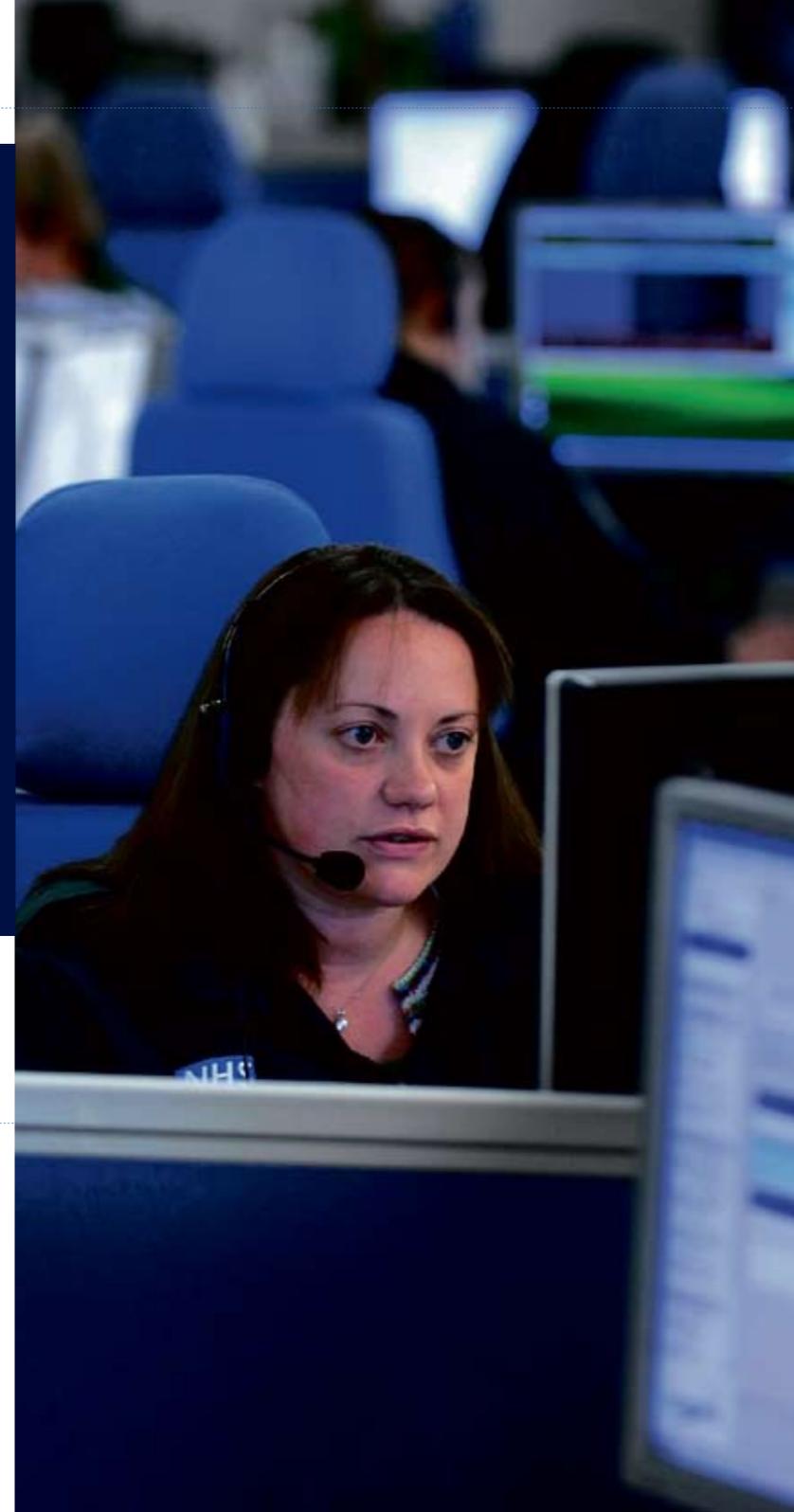
Screening takes place on an annual basis for each patient. Two teams of five ambulance personnel provide the innovative service to residents in North and South Cumbria and North Lancashire.

The service provides critical sight saving image capturing and full disease grading data for patients across all community locations in both areas.

The dynamic and modern service is fully operational and mobile, with an impressive top of the range camera worth a staggering £30,000.

All the essential diagnostic equipment is transported in ambulance vehicles specially modified for this highly respected community based screening service.





South Central Ambulance Service **NHS**
NHS Trust

Introduction of a clinical support desk

Achieving required operational performance, commissioner targets for non conveyed rates and the vision for urgent care relies on the ability of the organisation to support staff to keep patients in the community.

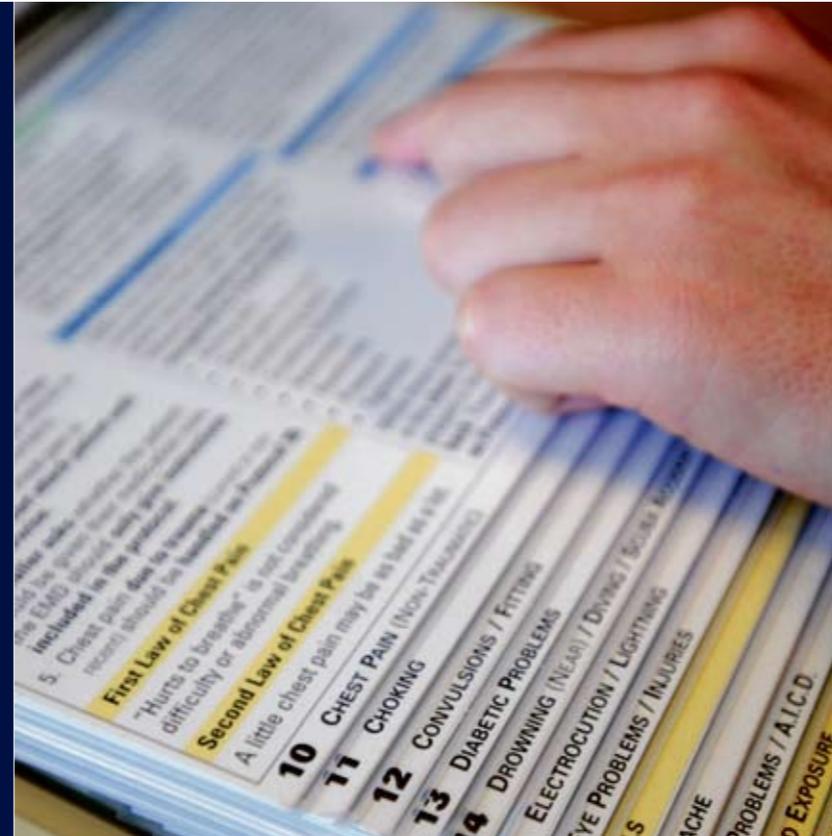
For the Trust to manage increasing demand within its financial allocation, it was recognised that calls not requiring an emergency response should be dealt with in an alternative way.

Not only to ensure patients receives the most appropriate care, but also to support the health economy to ensure capacity in the acute and primary care setting are utilised in an effective way.

Evidence suggests that in a healthcare setting splitting or 'carve out' of patient flows reduce the efficiency of the service.

Although the ambulance demand is increasing each year within South Central, commissioners are not seeing an increase in emergency admissions.

Acknowledging that the 999 system offers the most widely utilised single point of access in the NHS, a clinical support desk was established to enable the Trust to take calls from the 999 system and divert into the most appropriate primary or social care pathway.



Calls continue to be taken by call handlers, the desk is staffed 24 hours a day, 7 days a week by experienced nurses, who have the ability to 'listen into' calls or are alerted to a call by the call taker.

Once identified the nurse undertakes a comprehensive clinical assessment of need and makes the onward referral to one of many alternative care pathways, e.g. out of hours, rapid response team and Emergency Care Practitioner.

Front line crews also have the ability to contact the desk for advice, secondary triage or referral information.

Currently a local directory of services is been developed which will underpin the capacity management system, enabling the nurses to have real time access to available capacity and services.

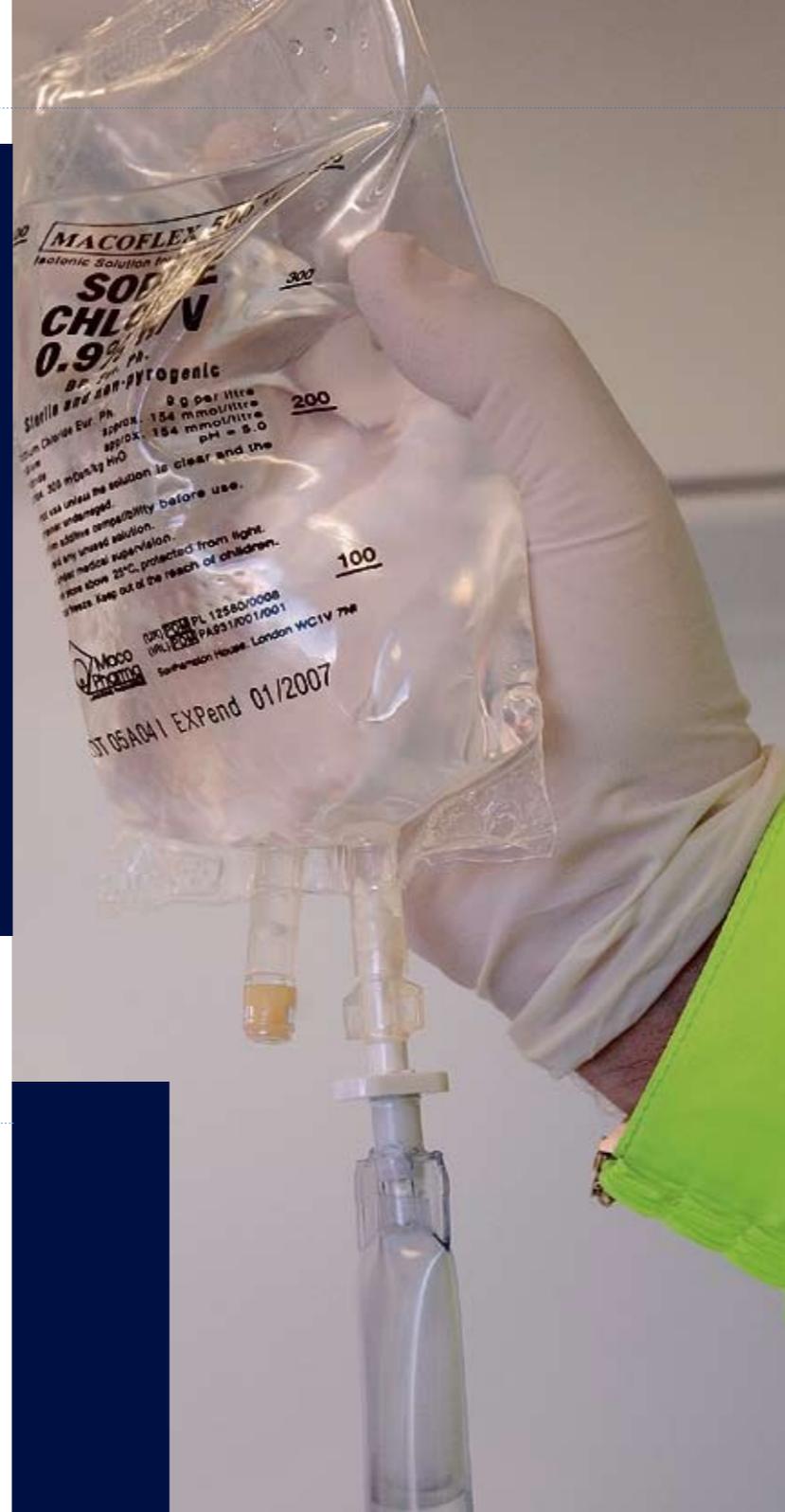
Adapting the way we manage 999 callers to the Trust is helping to direct ambulance resources where the skills of crews are optimised to deliver first class healthcare treatment out of the hospital setting. It is also delivering more individual and personal patient services in line with the aspirations of the recent Darzi reports.

This kind of Ambulance Service delivery modernisation is seen as a really proactive and positive approach to helping overcome complex professional barriers which are known to exist between service providers to enable better integration of ambulance services into the wider health and social care community.

South Central Ambulance Service NHS Trust

Introduction of a clinical support desk





South East Coast Ambulance Service NHS Trust has modernised its workforce to respond to the changing needs of patients and introduced a new type of clinician called the paramedic practitioner.

These are paramedics who have undertaken additional education and training to help them deal more effectively with patients with minor injuries or ailments. They can treat infections, manage long-term conditions such as diabetes, stitch up minor wounds or treat a variety of other minor illnesses and ailments.

In the South East Coast they are co-located with GP surgeries and carry out home visits to patients as they are skilled in advanced diagnostic and assessment competencies. They provide a range of treatments in a patient's own home or are able to refer patients to other health or social care professionals.

The new skills of these practitioners to deliver healthcare in the community is resulting in a more patient centred service and preventing unnecessary A&E visits. Many of the patients treated are older people who have fallen in their homes or patients with long-term conditions such as diabetes.

South East Coast's innovative paramedic practitioner scheme was first trialled with GPs at Townhill Surgery in Caterham, Surrey. As an accredited training general practice, the paramedics have received ongoing support with their experiential

South East Coast Ambulance Service 
NHS Trust

The paramedic practitioner – bringing care to the community



South East Coast Ambulance Service **NHS**
NHS Trust

The paramedic practitioner – bringing care to the community

learning and development to continuously improve patient services.

Local GP John Howard believes *“There is a very positive future for paramedic practitioners. Together we will improve the quality of urgent care that our patients receive by being much more accurate in terms of which patients actually need to go to hospital and which patients can be treated safely in the community.”*

One patient who has benefited from the healthcare intervention of a paramedic practitioner is Jane Ingham. She says, *“We have an electric garage door, I thought I would be able to get underneath before it closed but didn’t and it hit me on the head. As I had my glasses on my head at the time, they cut into my scalp causing blood to gush out. It was quite frightening. I managed to get a towel on the wound and apply some pressure before I called my doctor’s surgery to ask for advice. They said if I came down to the surgery they would see me straightaway.”*

“I was seen by a paramedic practitioner who cleaned the wound and stitched me up. He even washed my hair before treating the wound. He was absolutely wonderful. I was seen, treated and back home within 45 minutes rather than potentially three to four hours if I had gone to an A&E department. It makes perfect sense to me to have such services closer to home.”





South Western Ambulance Service NHS Trust

A model for urgent care innovation

South Western Ambulance Service NHS Trust has taken over the helm of managing the Portland Minor Treatment Unit and the Weymouth Minor Injuries Unit in Dorset. These services were formerly managed and staffed by the local primary care trust.

Integrating primary care and ambulance NHS staff within the community healthcare setting made real sense to the local health economy managers who were keen to work together in a partnership approach to meet the healthcare needs of local residents.

Since both of these important locally based community healthcare services are now staffed with a more diverse team of NHS clinicians, patients are reaping the benefits of a more personal and responsive service.

The differing skill mix at these two Units now comprises of fully qualified Nurse Practitioners, Triage Nurses and Emergency Care Practitioners who are paramedics with greater diagnostic and treatment skills. The multi skilled team is supported by administrative and reception personnel.

This modern integrated way of working has enabled a continuous improvement in the healthcare provision for both Units. The staff are now able to share and develop their skills and work competencies together on a daily basis.



South Western Ambulance Service's multi million pound new Urgent Care Service based in St Leonard's, Dorset, manages Somerset and Dorset out of hours GP services. It also operates a Treatment Centre alongside the Weymouth Minor injuries unit during out of hours. This Centre includes the services of a GP which has greatly enhanced collaborative working between local healthcare professionals.

The Trust is part of the newly emerging Community Hospital Development Group. This Group is about to embark on a pioneering project to consider a joint health and social care needs assessment for the community hospital. A central plank of this development will be an Urgent Care Centre which proposes to be a collaborative venture exploiting the skills and expertise of a multi-disciplinary health and social care team.

This dynamic team will provide a mix of health and social care services and the Group's aspiration is to include GPs, Nurse Practitioners, Emergency Care Practitioners, District Nurses, Physiotherapists, Occupational Therapists, Community Psychiatric Nurses and Social Workers.

The Urgent Care Team will be based at the Weymouth Community Hospital in a purpose built Urgent Care Centre. There will be new X-Ray and Phlebotomy diagnostic facilities alongside 'short stay' beds where patients will be able to be assessed and observed before discharge. The team carry out home visits if necessary and appropriate to ensure patients receive a more personal service.

South Western Ambulance Service NHS Trust

A model for urgent care innovation





West Midlands Ambulance Service **NHS**
NHS Trust

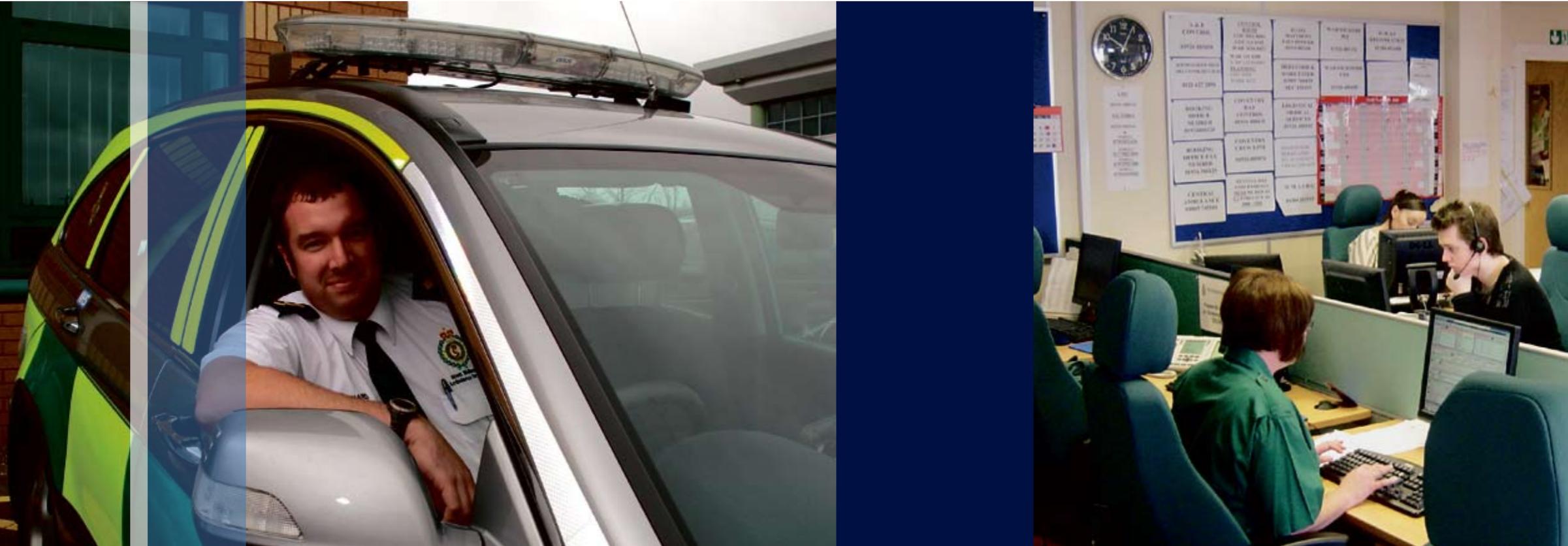
Pioneering urgent care service call centre

The Coventry and Warwickshire Locality of the West Midlands Ambulance Service provides a pivotal role within the Emergency Care Network specifically in relation to the NHS Communications Hub that it operates from its Leamington Spa facility.

This takes the form of a Call Centre that receives requests from healthcare professionals and members of the public for urgent care services. The service operates 24 hours a day, 7 days per week for the benefit of health care professionals, and as the first point of contact for members of the public accessing primary care services between the hours of 18:30-08:00 weekdays and all weekend.

Calls come into the call centre and are answered by a Communications Assistant who asks the caller a small number of questions to establish basic patient demographic information. This information is then passed to the Centre's Nurse Adviser for clinical assessment and triage or the patient's local Primary Care provider, such as a Walk in Centre or Minor Injury Unit for medical advice or treatment.

Having assessed the problem nature and urgency, the appropriate care pathway will be implemented which best addresses the patients needs. This may take the form of clinical advice, a visit to the Primary Care Centre, a healthcare professional visiting the patient at home, such as an Emergency Care Practitioner, or transportation to hospital.



West Midlands Ambulance Service **NHS**
NHS Trust

Pioneering urgent care service call centre

The Urgent Care Service Call Centre has been an exceptionally successful part of our portfolio of services over the last year. The commitment and motivation of the team is commendable and allows us to plan additional developments during 2008/09.

These include:

- provision of a directory of services for the whole health and social care economy
- signposting to appropriate clinical services for community teams and crews
- increasing the clinical triage facility and number of Nurse Advisers
- implementation of the Escalation Management System
- provision of pre-hospital Urgent Care Doctors
- expanding the Call Centre facilities

This service will undertake further development specifically around the provision of a web-based directory of services for the health and social care economy. The directory of services will be accessible from any computer with Internet access or by phoning the call centre directly.

Care coordination is also a key priority for this service. The provision of Nurse Advisers will enable health and social care professionals based in the community to access definitive care through a single telephone call. This, along with the provision of an urgent care doctor at peak times will play a significant part in providing ambulance crews with higher levels of clinical advice and alternative pathways for non-acute patients in response to a 999 call.





The Yorkshire Ambulance Service Emergency Care Practitioner (ECP) schemes originated from work evolving nationally around the real desire to deliver patient care differently.

Evidence shows us that when a member of the general public rings 999 they feel they are doing so appropriately yet we also know many can be managed via alternative clinical pathways rather than the traditional Emergency Department.

The key is ensuring that all patients who appropriately need Emergency Department care receive it, but those who do not are signposted, at point of initial health service contact, to the most appropriate care provider which may be the ECP themselves.

Currently there are 37 ECPs with a mixture of paramedic and nursing backgrounds. They are currently working in 3 healthcare communities across the Trust providing a mobile and reactive response, being tasked by an ECP located in the control room to any job which is clinically appropriate for their skill set.

As well as managing direct 999 calls they also take referrals back from ambulance crews. Other referral sources include direct from care homes and some specific calls for primary care both in, and out of, hours as well as community nursing teams and other local healthcare professionals.

Yorkshire Ambulance Service 
NHS Trust

Changing patient outcomes

Photo courtesy of Sheffield Newspapers Ltd



This is supported through robust ongoing referral pathways including intermediate care and rapid response nursing teams, community physiotherapy, direct hospital admission, primary care, and multiple others.

The ECPs can provide minor injury, and minor or moderate illness, management through their background training and dispense medication.

All of the ECP documentation is either on a dedicated practitioner patient report form or the electronic care solution.

Data for each job is entered into a bespoke data capture system designed specifically for the service by the IT department.

This allows monthly reports to be generated and supports close working with local commissioners.

The Emergency Care Practitioner Service delivers improved patient outcomes and helps to redefine the scope of practice the ambulance service can provide by meeting existing demand rather than creating new demand to justify itself.

It is looked at as part of the key strategy for collaborative urgent care provision in Yorkshire and Humberside and is truly *'Taking Healthcare to the Patient.'*

Yorkshire Ambulance Service NHS Trust

Changing patient outcomes





The changing face of Ambulance Services in England

On behalf of all Ambulance Trusts in England
Produced by South Western Ambulance Service NHS Trust
Editor: Lynne Paramor

Thank you to the staff of all 12 English Ambulance Services for their welcome contributions and enthusiasm towards achieving the publication of this special booklet to celebrate the 60th birthday of the NHS in July 2008 and help explain to the wider health and social care community, especially our commissioners, the changing face of Ambulance Services in the twenty first century.