



Patient transport options

Finding the right transport for your patient: A guide for healthcare professionals

Introduction

South Western Ambulance Service NHS Foundation Trust (SWASFT) provides 999 services throughout the South West region; Bath & North East Somerset, North Somerset, Bristol, Cornwall and the Isles of Scilly, Devon, Dorset, Gloucestershire and South Gloucestershire, Somerset, Swindon and Wiltshire.

In addition to providing a response to emergency 999 calls, SWASFT also respond to urgent requests from healthcare professionals. The whole of the NHS is facing the challenge of increasing demand. It is important we ensure the best use of the finite number of ambulance resources, so that the patients with the most urgent needs get the quickest response. SWASFT will be introducing a new process for managing healthcare professional calls within ambulance control rooms.

The new process aims to ensure:

- Easier process for HCPs, with questions designed to better determine the most appropriate response.
- Equity of response for all seriously ill or injured patients, irrespective of whether a member of the public or healthcare professional calls the ambulance service. For the first time, the number and timeliness of response to healthcare professional calls will be reported separately, so that performance can be better monitored.
- Recognition that in certain situations, a healthcare professional may require immediate clinical assistance in order to make a life-saving intervention, in addition to ambulance transportation.
- Obstetric emergencies get the required category priority response.
- Alternative transport options are identified where available and clinically suitable.

The new system is being introduced during late July 2019, and you may notice a difference in the questions that you are asked. The current system relies on healthcare professionals being fully aware of the exact detail of each type of ambulance response, in order to request the response required. The new system instead asks healthcare professionals to detail the clinical presentation and requirements of their patient. Call takers will use an electronic decision support tool developed by clinicians, to determine the most appropriate clinical level of response and time frame. The healthcare professional will be advised of the response determined and will of course still have an opportunity to request a higher response, if in their clinical judgement, one is required.

Please consider these options to get your patient to hospital safely



SELF

DRIVE SELF

Patient makes their own way to hospital



LIFT

LIFT FROM FRIEND

Patient gets a lift from friends or family



TAXI

TAXI (SELF PAID)

Patient pays for a taxi or uses public transport



See appendix 1

NON-EMERGENCY PATIENT TRANSPORT SERVICE

Same day and planned appointments

When your patient can wait over four hours, does not clinically need paramedic level care en-route to hospital and qualifies for NEMPTS after assessment against the national eligibility criteria



03003 690096

SWASFT AMBULANCE

Urgent within 1- 4 hours

When your patient's clinical condition requires an ambulance for an urgent hospital admission



999

SWASFT EMERGENCY AMBULANCE

Life-threatening conditions

e.g. Cardiac arrest, suspected stroke, heart attack, severe bleeding, seizure, not fully conscious or short of breath

Hospital admissions

Appropriate requests

SWASFT provide an ambulance response to healthcare professionals who require their patient to be admitted to hospital within four hours.

If your patient requires urgent treatment and assessment within four hours due to their medical condition and are not clinically safe for them to travel to hospital by their own means, then you should contact the SWASFT HCP Urgent line number 0300 3690096.

Exclusions

SWASFT is not contracted to undertake routine journeys such as routine admissions to nursing, care or residential homes (even when the bed is NHS funded), transport to outpatient appointments or discharges.

Mental health

Ambulance transport will be provided by SWASFT for mental health patient transfers that meet **ANY** of the following criteria:

- Transport to the nearest clinically appropriate mental health facility or agreed place of safety for patients detained under the Mental Health Act (this covers section 135 and 136).
- Transport to the nearest clinically appropriate mental health facility or agreed place of safety for informal patients where a double crewed ambulance or patient support vehicle is required and the patient must arrive within the next four hours. This includes transfers from Emergency Departments.
- Mental Health patients being conveyed urgently to an acute hospital for immediate treatment (within four hours) where a double crewed ambulance or patient support vehicle is required.

Palliative care

Ambulance transport will be provided by SWASFT for palliative care patient transfers that meet **ALL** of the following criteria:

- Requires urgent (within four hours) transfer to or from a hospice.
- Clinical condition necessitates the use of an emergency ambulance with a clinically qualified crew.
- Journey is for NHS funded treatment or care commissioned by an NHS organisation.

Inter-facility transfers

Key considerations

If the patient requires clinical skills which are outside of the scope of practice of a Paramedic, a suitably qualified and experienced clinical escort must accompany the patient. Please ensure that you inform the call taker of any escorts who will be travelling, noting that a maximum of two may be accommodated. In exceptional circumstances, a further one clinician may travel in the front of the vehicle.

The Trust is not obliged to return clinical escorts to the original destination. Escorts are advised to arrange their own transport back. In exceptional cases, such as where significant items of equipment or transfer trolleys are being provided by the transferring hospital team, the SWASFT Duty Manager may agree at the time of the call for the escorts return. The ambulance will however continue to be available to respond to Category 1 calls during the journey, which may significantly extend the time taken to return.

Upgrade of care

Emergency ambulance transport can be provided by SWASFT if the patient meets **ALL** the following criteria:

- Patient is being transferred to a higher level of care.
- Transferred for an intervention/treatment that requires their arrival within the next four hours. For the Royal Bournemouth Hospital only, this criteria also includes patients under the age of 16 who require assessment within four hours at a hospital with a paediatric capability. The need to secure a bed does not satisfy this criterion.
- Requires clinical observations or interventions on-route.

For calls within the Gloucestershire CCG area (e.g. Cheltenham and Gloucester Hospitals) the following alternative criteria apply:

- Emergency or urgent transport of a patient where a Paramedic crew is clinically required and the journey is to either a hospital within the SWASFT organisational area or to Hereford County Hospital, John Radcliffe Hospital Oxford, Worcestershire Royal Hospital or Queen Elizabeth Hospital Birmingham.

Trauma care

Ambulance transport will be provided by SWASFT for trauma patients being transferred from a Trauma Unit to a Major Trauma Centre.

Transfers from a Major Trauma Centre to a Trauma Unit are considered repatriations and are not within contract.

Procedure for calling a SWASFT ambulance

Emergency calls

If your patient's condition is life-threatening and requires an emergency ambulance (blue lights and sirens response) you should call 999. SWASFT prioritises its telephone lines; using this number in an emergency will ensure that your call is answered as a priority.

Urgent calls

If your patient requires urgent treatment and assessment within four hours due to their clinical condition and they are not clinically safe to travel to hospital by their own means, then you should contact the SWASFT HCP Urgent Line 0300 3690096.

Making the call

Every call from a healthcare professional will be processed by a call taker using a specially designed decision support tool. The purpose of the tool is to capture information regarding the patient's details and diagnosis, in order to suggest the most clinically appropriate response, within the most appropriate time frame.

Wherever possible, we recommend that the clinician who assessed the patient makes the call, as this enables us to ask clinical questions to better ascertain the most appropriate type of response. The ambulance could arrive at any time from when the request is made, so it is important that the patient is ready to travel from the agreed pick-up location at the time of the request.

When calling for an ambulance, please ensure that you have the following information to hand:

- Is the patient awake/conscious?
- Is the patient breathing?
- Do you need clinical help right now to deliver an immediate life-saving intervention, or are you declaring an obstetric emergency?
- Is there a need for an immediate intervention that cannot be carried out at the current facility and the patient is at immediate risk of death, or life-changing loss of a limb or sight?
- Pick-up location/address for the patient.
- Main presenting problem/diagnosis (reason for admission).
- Patient observations and a NEWS2 score (see below).
- Does the patient require any clinical observations or assessment by the ambulance crew?

- Destination (i.e. hospital and ward, and that the patient has been accepted).
- Patient details:
 - ▲ Name, date of birth and NHS number.
 - ▲ Contact telephone number.
 - ▲ Weight.
 - ▲ Mobility level.
 - ▲ Are they infectious?
 - ▲ Do they have a DNAR?
- HCP details:
 - ▲ Name of surgery/organisation and authorising HCP.
 - ▲ Contact telephone number.
 - ▲ How the HCP has assessed the patient (e.g. home visit, telephone call or in surgery).

The NEWS2 scoring system

PHYSIOLOGICAL PARAMETERS	SCORE						
	3	2	1	0	1	2	3
Respiration Rate (per minute)	≤8		9-11	12-20		21-24	≥25
SpO ₂ Scale 1 (%) ¹	≤91	92-93	94-95	≥96			
SpO ₂ Scale 2 (%) ²	≤83	84-85	86-87	88-92 ≥93 on air	93-94 on oxygen	95-96 on oxygen	≥97 on oxygen
Air or Oxygen?		Oxygen		Air			
Systolic Blood Pressure (mmHg)	≤90	91-100	101-110	111-219			≥220
Pulse (per minute)	≤40		41-50	51-90	91-110	111-130	≥131
Consciousness				Alert			CVPU
Temperature °C	≤35.0		35.1-36.0	36.1-38.0	38.1-39.0	≥39.1	

Further information on the NEWS2 score can be found at www.swast.nhs.uk/welcome/HCPs

¹ Use scale 1 for all other patients.

² Use scale 2 patients with hypercapnic respiratory failure (usually due to COPD), who have clinically recommended oxygen saturations of 88–92%.

What happens if the ambulance is delayed?

In the event that ambulance transport is delayed, we will contact the patient to let them know what is happening. During the call we will check the patient's condition; if they have deteriorated we may increase the priority of the original request. If the ambulance continues to be delayed, then we will contact the patient at regular intervals to keep them informed and review their condition.

Please ensure that you advise the patient (or their relatives/carers) that should they get worse whilst they are waiting for the ambulance, they should dial 999 immediately in order to be reassessed.

Appendix 1

Useful professional contact numbers*

Telephone numbers correct at date of publication on 02 July 2019.

Local numbers

SWASFT HCP urgent lines

All areas 0300 3690096

Local patient transport services by commissioning area – same day and planned appointments

B&NES, Gloucestershire, Swindon and Wiltshire (EZEC) 0300 7775577

Bristol, North Somerset & South Gloucestershire (EZEC) 0300 7776688

Cornwall / Kernow (Centralised Booking Service) 01872 252211

Devon excluding South Devon and Torbay

Mon - Fri (excluding Bank Holidays) 0700-1800hrs Patient Transport Advice Service 03451 551009

Out-of-Hours 01392 438522

Dorset (EZEC) 0300 7776666

Isles of Scilly 0845 6015915

Plymouth (patient registered with a Cornwall GP) 01872 252211

Plymouth (patient registered with a Plymouth or West Devon GP) 0345 1551009

Somerset (EZEC) 01278 727444

Torbay, Teignbridge and South Devon 01803 656789

* Telephone numbers are for professional use only and must not be given to the public.

Appendix 2

Ambulance response priorities

The levels of ambulance response are detailed below. The call taker will advise you what category of response your patient appears to need. The requesting HCP can then ensure that they agree that the response requested is most appropriate for the patient's clinical need.

Calls are continuously clinically prioritised, with ambulances diverted from lower category to higher category calls, as required to ensure that the fastest possible response is sent to patients that have the most urgent clinical needs.

Please note that response times shown are based on average and 90th percentile times, and cannot be guaranteed.

CATEGORY 1 - Immediately life threatening event

Clinically qualified ambulance response with blue lights and sirens with a mean response time of seven minutes, with a 90th percentile response of 15 minutes.

This call category is intended for patients in cardiac arrest, peri-arrest or an obstetric emergency where there is a need for immediate intervention and/or resuscitation. For inter-facility transfers, this level of response is reserved for those exceptional circumstance when a facility is unable to provide an immediate life-saving clinical intervention.

CATEGORY 2 - Serious potentially life-threatening conditions

Clinically qualified ambulance response with blue lights and sirens with a mean response of 18 minutes, with a 90th percentile response of 40 minutes.

Appropriate diagnosis examples include:

- Unconscious (effective breathing).
- Breathing problems.
- Meningitis / Septicaemia.
- Acute MI / Unstable Angina.
- Aneurysm.
- Stroke or cerebral bleed.

For inter-facility transfers, this level of response is based on the need for further intervention and management rather than the patient's diagnosis. Immediately life, limb or sight threatening situations which require immediate management in another facility, should receive this level of response. Appropriate examples include:

- Direct to theatre for immediate neurosurgery.
- Immediate primary percutaneous coronary intervention.
- Stroke thrombolysis or thrombectomy.
- Immediate limb or sight saving surgery.
- Mental health patients being actively restrained.

CATEGORY 3 - Urgent condition

Clinically qualified ambulance response (with blue lights and sirens if needed) with a mean response time of 60 minutes and a 90th percentile of 120 minutes.

Appropriate diagnosis examples:

- Unstable limb fractures.
- Burns (not major).
- Severe abdominal pains.

For inter-facility transfers this level of response is for patients who do not require immediate life or limb saving interventions, but do require an increase in their level of clinical care as an emergency.

CATEGORY 4 - Non-emergency but medical clinical need for ambulance

Ambulance response at normal road speed within one, two or four hours, often by a non-registered crew.

Appropriate diagnosis examples:

- Stable pneumonia.
- Cellulitis for IV antibiotics.
- X-rays for acute minor injuries.
- Urological cases (non-acute retention).
- Palliative care admissions.
- Stable clinical cases.
- Musculoskeletal problems.

Appendix 3 - Glossary of terms

Emergency response

An emergency response using blue lights and sirens, used when a delay of even a few minutes may significantly affect the patient's outcome (e.g. choking, cardiac arrest, stroke).

Life-threatening (Category 1)

The highest priority of response, required where immediate clinical interventions are needed to stabilise or to resuscitate the patient, due to a deteriorating clinical condition. Patient is in cardiac arrest or there is a high probability of cardiac/respiratory arrest. If a HCP is with the patient, it is expected that they remain to provide care within their scope of practice, until the ambulance arrives.

Clinically safe

Patient's clinical condition is completely stable and unlikely to deteriorate. Does not require clinical observations or interventions en-route to hospital.

Paramedic crew

HCPC registered Paramedic able to deliver advanced life support, cannulation, IV drugs, and advanced assessment and management of a wide range of emergency conditions. During 2019 SWASFT will start to employ Ambulance Nurses to fulfil the same role.

Non-clinical crew

Ambulance crew with four weeks of basic clinical training, to enable them to safely convey clinically safe and stable patients. If required, the crew can provide Basic Life Support with an AED and administer Entonox or Oxygen. These ambulances are known as Patient Support Vehicles (PSVs).

Non-Emergency Patient Transport Services (PTS)

Ambulance crew with first aid training to support the transportation of clinically safe and stable patients, where the request is not urgent.

For the latest version of this guidance please refer to www.swast.nhs.uk/HCPs