



**NHS**

**Yorkshire  
Ambulance Service**  
NHS Trust



## **Yorkshire Ambulance Service**

### **Supporting Information for Care Homes**

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**Contributions for the YAS Care Home working group.**

# Who are we?



*Yorkshire Ambulance Service covers almost 6,000 square miles of varied terrain, from isolated moors and dales to urban areas, coastline and inner cities. We employ over 5,800 staff and provide 24-hour emergency and healthcare services to a population of more than five million. Over 1,100 volunteers also make a vital contribution to the service.*

- Yorkshire Ambulance Service NHS Trust (YAS) is the region's provider of emergency (999), urgent care (111) and non-emergency patient transport services (PTS).



# Why have we created this presentation?



- In 19/20 we dealt with the following calls from care homes;
  - Average of 419 calls per day
    - 111 - 96,140
    - 999 - 56,906
  - 10,000 of the 999 calls were for people who had fallen
  - 1/3 of the calls we received which needed an ambulance the patient did not need to travel to hospital.
- This information will help Care, Residential & Nursing Home staff when accessing our services, including telephoning NHS 111, 999 or PTS about the people you care for.
- Having information about the process when you need our help will make it quicker for staff and safer for residents.

**This presentation can be used to train & support your staff. If you have any queries about this presentation please email;**

**[yas.urgentcare@nhs.net](mailto:yas.urgentcare@nhs.net)**

# 111 or 999?



**Before accessing 111 or 999, think about if you could contact the patients own GP, or your clinical advice service (eg Goldline) if you have one.**

## 111

- For advice and guidance if unsure.
- For clinical advisor support.
- To contact a GP.
- For a medication query.
- For general health information.
- An expected death when no one can verify the person has died.

## 999

- If someone has stopped breathing (unless this is an expected death).
- If someone has lost consciousness (unless this is an expected death).
- If you think someone is having a heart attack or stroke.
- If someone is choking.
- If someone has suffered a major injury / trauma.

# What is NHS 111?



- NHS 111 was introduced to make it easier for patients to get medical help and advice fast when they have an urgent need which is not an emergency.



- The service is available 24 hours a day, 365 days a year and is free to call from landlines and mobile phones.

***Use 999 for life-threatening emergencies***



# What is NHS 111?



- Uses an NHS-owned computer decision-making software package called NHS Pathways to assess callers' needs.
- NHS Pathways questions need to be asked in the way they are presented on the system. They are all relevant.
- Each assessment will reach an end point (disposition) dependent on the patients needs as presented to the system.
- Dispositions can range from 999 ambulance, through to referral to another agency for telephone or face to face consultation, through to home management advice.
- Referrals are supported by a Directory of Services (DoS), the DOS can include onward referral into GP Out of Hours (GPOOH) or other services such as district nurses or mental health crisis teams.

# NHS Pathways - what to expect



- The initial call is taken by an NHS 111 Health Advisor (not clinically trained) who will take the patient's demographic details e.g. name, date of birth.
- The initial questions they ask are to rule out life- threatening emergencies and to check if a 999 response is required.
- You need to listen carefully, answer questions fully, and follow any instructions given.
- For less urgent conditions, assessment continues which will provide an end-point (disposition) with a timeframe.
- If you are unhappy with the 111 outcome please explain why to the health advisor, they can then speak to a clinician.
- Health Advisors can not change an outcome without clinical advice.

# Are you a Carer or a Health Care Professional (HCP)?



- The Health Advisor will ask if you are a carer or HCP.
- A HCP must be a **Registered Professional** who is accountable to a professional body eg Nurse, Paramedic, Occupational Therapist.
- As a HCP you can ask for a conversation with an Out of Hours GP within 1 hour if you think this is appropriate.
- If this is the case the Health Advisor will follow the request of the HCP and their professional opinion.
- If you are a carer then the Health Advisor **must** ask the NHS Pathways questions and complete a full assessment to determine the right outcome.



# What is 999?



- 999 is an emergency number for access to the fire, police and ambulance emergency services.
- 999 should be used in a life threatening emergency situation. This means there has been an accident or medical emergency and someone is seriously ill or injured and their life is at risk.
- 999 Emergency Medical Dispatchers (EMDs) use a computer programme to assess the severity of the illness or injury and if necessary arrange an ambulance.
- Ringing 999 does not mean you will get an ambulance if this is not clinically indicated.
- You may be called back by a nurse or paramedic, or your call may be passed to 111.



# 999 - what to expect



- The initial call is taken by an EMD (not clinically trained) who will take the patient's demographic details e.g. name, date of birth.
- The questions they ask start with the most immediately life threatening. Eg. Is the patient breathing?
- You need to listen carefully, answer questions fully, and follow any instructions given.
- For immediately life threatening conditions you may be asked to get a defibrillator or to give CPR. The EMD will stay on the line with you if this happens.
- 999 can be extremely busy at times, you may be asked to consider alternative transport if the patients condition is not immediately life threatening for example family or a taxi.

# Are you a Health Care Professional (HCP)?



- If you are a HCP (eg Dr or Nurse) who has assessed a patient and want to book emergency transport for same day admission to hospital or another setting please ring the HCP line.
- Ensure you know the patients details and the destination you have booked the admission for (including the ward or department).
- You will be asked for the patients NEWS2 score this helps prioritise ambulance resources.



# 999 – what to expect if an ambulance is dispatched



- We are unable to give you an estimated time of arrival, but we can confirm what category the call is. Knowing what category the call is should help inform the action you need to take;

Category	90% calls receive a response in	Care home action
1	15 minutes	Switch on external lights if dark, ensure staff are present at the front door to escort the crew straight to the patient. Work with the crew to make sure the patient can be brought out of the home if required eg lifts are free. Keep calm and use structured handover such as SBAR to tell the crew what happened.
2	40 minutes	Switch on external lights if dark, ensure staff are present at the front door to escort the crew straight to the patient. Work with the crew to make sure the patient can be brought out of the home if required eg lifts are free. Keep calm and use structured handover such as SBAR to tell the crew what happened.
3	2 hours	Monitor the patient closely, ring back if there are any changes. Work with the crew to make sure the patient can be brought out of the home if required eg lifts are free. Keep calm and use structured handover such as SBAR to tell the crew what happened.
4	3 hours	Monitor the patient closely, ring back if there are any changes. Work with the crew to make sure the patient can be brought out of the home if required eg lifts are free. Keep calm and use structured handover such as SBAR to tell the crew what happened.
5	You will receive a call back	You will get a call back from a Paramedic or a Nurse in the control room, make sure the line is free and use a hands free phone when they call so that you can be with the patient.

- Make sure someone has all the patients medications and paperwork, including respect or DNACPR form if relevant, the crew will need these.
- Wherever possible arrange for an escort to travel with the patient (we know this can sometimes be difficult due to staffing levels), if you can't send an escort arrange for a family member to meet the patient at the hospital.
- Ring us back immediately if the patient's condition changes, otherwise keep the line free we may need to call you back.

# Do all your residents have...



- Clear paperwork, including;
  - Medications and allergy information.
  - Past medical history and normal observation information.
  - Preferences and wishes of the resident.
  - Clear documentation of advanced care plans and conversations.
  - Plans in the event of deterioration, what does the resident want to happen?
  - Respect plans or DNACPR if in place.
  - Next of kin details.
- Make sure you have the paperwork to hand when contacting any part of the ambulance service.



# Falls



- Most people who fall in a care home, **do not need** an emergency ambulance response. A small number will have a serious injury.
- When someone has fallen and has non serious injuries you may need to call the GP, out of hours, falls service, local care or NHS 111.
- Carry out simple checks for injury in line with your own policy and guidance.
- Unless you believe the person has a serious head, spine or neck injury you may assist the patient from the floor.
- If you feel the patient needs to stay on the floor, ensure you make them comfortable and ensure you protect their pressure areas where possible.
- A long lie on the floor can lead to problems such as pneumonia, kidney failure, hypothermia and pressure ulcers.
- Ensure you monitor the patient closely for 24 hours post fall. The option to contact the ambulance service always remains open to you if you are worried.

[British Geriatric Society - falls poster for care homes](#)



# Death



- If you think a person you care for is deteriorating, speak to the GP and the person about it early.
- If a person deteriorates quickly and unexpectedly then ring 999.
- If your residents have End-of-Life Care Plans, RESPECT forms or Do Not Attempt Resuscitation (DNACPR) orders, ensure they are accessible.
- If a death is expected make sure you know what to do when the patient dies.

<https://vimeo.com/421448975>



# What are Patient Transport Services (PTS)



- PTS provide NHS funded transport for eligible people who are unable to travel to healthcare appointments by other means due to their medical condition.
- We make almost 1 million non-emergency journeys per year.
- We have a fleet of more than 370 vehicles, 600 staff and over 200 volunteers.
- We use some sub-contractors including taxi companies. These companies must maintain our high standards.
- Most people who are residents in care homes are eligible for PTS.



# What to expect – PTS booking



- Make sure you have patient demographics to hand, including the person's NHS number, the full address on phone number for the home, GP practice details and the appointment date and time.
- Make sure you tell us when you book transport about any additional needs the patient may have eg disabilities, infections (including covid status), equipment which needs to travel, DNACPR.
- You will be asked questions about the persons mobility and access/egress issues eg steps.
- If you think an escort is required you will be asked questions about why this is necessary. Please note an escort is only permitted if the patient will need care enroute which we can not provide. If someone wants to attend the appointment but care is not required during the journey they should meet the person at the hospital.

# What to expect – PTS journey



- The PTS team will contact you up to two hours before the journey to check the details with you.
- Make sure the resident is ready in good time for their planned journey and that they have any paperwork/medications/food/drink they may require whilst away from the home.
- We are unable to transport anyone with a hoist sling in situ unless this has been risk assessed in advance by one of our team leaders. If you have a resident who this will effect please get in touch with us to discuss.
- Make sure the way is clear for us to get an ambulance as close to the door as possible.



# What to think about next –



- Checklist to help when making calls to the ambulance service.
- Consider local processes eg;
  - Do residents have sufficient medication available for Out of Hours periods- How do you check this?
  - Have regular “ward rounds” with GP’s.
  - Train and practice with staff on what to do in the event of a person deteriorating.
- Review (or write if you don’t have one) your policy and procedure for when someone falls.
- Ensure staff know when to access NHS 111/ 999, use this presentation.
- NHS Choices web site has useful information <https://www.nhs.uk>
- Utilise your local care home support team if you have one.

# Feedback about our services;



<https://www.yas.nhs.uk/contact-us/please-tell-us-what-you-think/>



999 Service User Experience survey <https://surveys.yas.nhs.uk/AE-Service-User>

111 Service User Experience survey <https://feedback.yas.nhs.uk/NHS111/>

PTS Service User Experience survey North & East Yorks <https://surveys.yas.nhs.uk/PTS-North-and-East>

PTS Service User Experience survey South and West Yorks <https://surveys.yas.nhs.uk/PTS-South-and-West>



**Monday to Friday 08: 30 to 4:30**  
**(answering machine outside these hours)**

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