



# Requesting Ambulance Transport (999 or Urgent) A Guide for Healthcare Professionals

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## Introduction

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

As part of the remit, the Trust facilitates requests from healthcare professionals for both emergency and urgent ambulance transport.

This document has been designed to provide guidance for healthcare professionals as to when it is appropriate to request ambulance transport, and what information will need to be captured when making a request.

Please note that when calling an urgent ambulance, it is important that you call the appropriate telephone number that manages ambulance requests for your area/region. A list of the relevant telephone numbers to call by area/region is listed in Appendix 1.



## Glossary of terms

- **Emergency Response**

Response using blue lights & audible sirens, required because the patient has clinical urgency that is time critical i.e. a delay of a few minutes significantly affects the outcome for example MI or Stroke

**NB** – Ambulances travelling as an emergency response pose a potential risk to the community because they are more likely to be involved in a road traffic collision. By requesting an emergency response the health care professional confirms that the patient's condition warrants this risk.

- **Life threatening**

A higher priority than a standard emergency response requires clinical interventions to resuscitate the patient due to a deteriorating clinical condition, with the patient in cardiac arrest or a high probability of cardiac/respiratory arrest (e.g. compromised airway, severe respiratory distress etc.). If a HCP is with the patient, it is expected they remain to provide care until the ambulance arrives.

- **Clinically Safe**

Patient's clinical condition is completely stable and unlikely to deteriorate so does not require clinical observations or interventions on route to hospital.

- **Paramedic Crew**

HCPC registered ambulance clinician able to deliver advanced life support, cannulation and IV drugs.

- **Non-Clinical Crew**

Non-clinician ambulance crew with basic clinical training suitable to convey a clinically safe patient. If required the crew can provide Basic Life Support with an AED or supply Entonox or Oxygen.

- **Separate Patient Transport Services (PTS) – local providers listed on page 11**

Non-clinician ambulance crew with basic clinical training suitable to convey a clinically safe patient.



## Which patients should have SWASFT ambulance transport for a hospital admission?

### Important

Prior to requesting an ambulance you should consider if there is a medical need for ambulance transport. If clinically safe, your patient should travel to hospital by their own means e.g. have friends or relatives drive them or travel by taxi or the local Patient Transport Service.

### What we do

**If your patient requires a life threatening or emergency response (e.g. cardiac/respiratory arrest, unconscious, MI, stroke, airway compromise, anaphylaxis, obstetrics emergency etc.) then you should call 999.**

If your patient requires urgent treatment and assessment within four hours due to their medical condition and are not clinically safe to travel to hospital by their own means, then you should contact the SWASFT HCP Urgent Transport number for your region (see Appendix 1).

It should be noted that as part of the SWASFT Right Care programme of trials, the SWASFT ambulance service may be able to advise of alternative care or admission avoidance pathways.

### What we don't do

SWASFT Ambulance Service does NOT undertake routine journeys, such as routine admissions to nursing, care or residential homes, transport to outpatient appointments or discharges / repatriations / transfer after treatments from Acute Trusts. If you require ambulance transport for these reasons you must contact your local PTS ambulance provider<sup>1</sup>.

<sup>1</sup> SWASFT ambulance transport will only be provided for patients meet the eligibility criteria outlined in this guide. SWASFT transport will not be provided due to PTS capacity issues.



## Which patients should have SWASFT ambulance transport for a hospital transfer?

### Important

Hospital transfer requests are only accepted where there is a medical need for transport that meets the criteria for SWASFT ambulance transport detailed below. Please note that this restriction does not apply to ambulance calls from Urgent Care Centres, Minor Injury Units, or equivalent, where emergency assistance is required, which may include conveyance of a patient to an Emergency Department.

### Upgrade of care

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

- Is the patient being transferred to a higher level of care?  
*NB.* Hospital transfers from the Gloucestershire CCG area are accepted if they meet the following alternative criteria:- Urgent/emergency transport where a Paramedic crew is clinically required and the destination is within the South Western Ambulance Foundation Trust area or Specifically to Hereford County Hospital, John Radcliffe Hospital Oxford, Worcestershire Royal Hospital or Queen Elizabeth Hospital Birmingham?.
- Is the patient being transferred for an intervention/treatment that requires their arrival within the next 4 hours?<sup>1</sup>
- Will the patient require clinical observations or interventions on-route?

<sup>1</sup> For the Royal Bournemouth Hospital only, this criterion also includes patients under the age of 16 who require assessment within 4 hours at a hospital with a paediatric capability.

### Trauma care

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

Transfers for trauma patients from a Major Trauma Centre to a Trauma Unit are designated as repatriations and are strictly not within contract and will not be accepted.



## Other patients eligible for SWASFT ambulance transport?

### 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 4 hours. This includes transfers from Emergency Departments.
- Mental Health patients being conveyed urgently to an acute hospital for immediate treatment (within 4 hours) where a double crewed ambulance or patient support vehicle is required.

**SWASFT does not undertake ambulance transport that requires a secure vehicle with a level of physical security for the patient which exceeds that of a standard ambulance.**

### Palliative care

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

- Requires urgent (within 4 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.



## 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 and if you need an ambulance in an emergency then you should call on this number to ensure that your call is answered as a priority.

### Urgent calls

If your patient does not require an emergency ambulance (blue lights and sirens response) you should call the dedicated HCP urgent line (see Appendix 1).

### During the call

Every call from a healthcare professional for ambulance transport (both for an emergency or urgent request) will be processed using a protocol specifically designed for ambulance requests from healthcare professionals. The purpose of the protocol is to capture details regarding the patient's diagnosis, level of priority for the ambulance response and to capture demographics regarding the patient and transport requirements. Further details regarding the questions we will ask and the priority that can be assigned for the ambulance response can be found in Appendix 2 and 3 respectively.

### Important

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.  
We recommend the clinician who assessed the patient makes the call, as this enables us to ask clinical questions to ascertain what our response should be.





## Alternative procedures used during periods of excessive demand on the SWASFT ambulance service

Times will occur where there are periods of sustained high demand for ambulances creating a situation where we have limited resources available

If this situation arises then it may result in a change in how we process healthcare professional ambulance requests. Specifically we will ask an additional set of questions prior to accepting a request. The purposes of these additional questions are:-

- To check if the patient is booked in and expected by the receiving hospital (if they are not we may not be able to proceed with the request).
- To evaluate the exact transport needs of the patient and review if there are alternative options that we can use to transport the patient (e.g. we may be able to refer the request to a medi-cab service or non-clinical private ambulance provider).
- To identify if there are patients who are stable enough to wait longer than the standard maximum four-hour booking.

This procedure keeps our service users informed of the situation and ensures that during these periods of pressure that we maintain a safe level of service for our patients.



## 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 continue to review their condition.

## What to do if the patient's condition worsens while waiting?

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 to be reassessed.

## HELP US TO HELP YOU

1. Consider whether the patient is able to transport themselves or whether a relative, friend or taxi can help them get to hospital if they do not require clinical interventions prior to arrival at hospital and are able to mobilise / get into a car.
2. Consider using your local Patient Transport Service. This is a separate provider and is contracted to provide same day stretcher and seated ambulance transport by non-clinical crews
3. The clinician who knows the patient should make the call to arrange the ambulance as soon as the need has been identified
4. In a life threatening emergency, always dial 999
5. Urgent calls – please use the SWASFT HCP line
6. Once ambulance requested, advise the patient, or their relatives, that, if they get worse while waiting for us, to call 999 to be reassessed
7. Please advise the patient to be ready at the pick-up location at the time making the request.



**Appendix 1 – Useful Professional Contact Numbers (not for use by the general public)**  
*Telephone numbers correct at date of publication on 16 February 2017*

**Local numbers**

**HCP Urgent SWASFT Ambulance Service by Commissioning area**

Bristol, North Somerset, South Gloucestershire, Glos, B&NES, Swindon and Wiltshire..... 0300 369 0097  
Dorset, Somerset, Devon and Cornwall and Isles of Scilly ..... 0300 369 0096

**Local Patient Transport Services by Commissioning area – same day and future transport**

Arriva B&NES, Gloucestershire, Swindon and Wiltshire ..... 0300 369 0482  
EZEC Bristol, North Somerset & South Gloucestershire..... 0300 777 6688  
EZEC Dorset ..... 0300 777 5555  
EZEC Somerset ..... 0300 777 8888  
EZEC Cornwall / Kernow..... 01872 252 211  
Isles of Scilly ..... 0845 6015 915

**Devon (excluding Plymouth and Torbay, Teignbridge and South Devon):**

Devon County Council operates a central booking service called the Patient Transport Advice Service (PTAS). PTAS operates Mon to Fri 07:00 to 18:00 on 0345 155 1009  
PTS transport is undertaken by First Care Ambulance that operates 07:00 to 00:00 and can be contacted between 18:00 and 00:00 on 01392 438 522 should PTAS be unavailable.

**Plymouth and Torbay, Teignbridge and South Devon:**

Plymouth 01752 431954  
Torbay, Teignbridge and South Devon: 01803 656 777

**South Western Ambulance Service NHS Foundation Trust**

Head Quarters Switchboard ..... 01392 261 500  
Patient Experience team (including comments, concerns and complaints) ..... 01392 261 585





## Appendix 2 – Checklist of information required for calling an ambulance

*Questions may not be asked in the order listed. Questions may be omitted or additional information requested if required.*

### Call Script

- Is the patient awake/conscious?
- Is the patient breathing?
- Pick-up location/address for the patient
- Have you assessed the patient or do you require the ambulance service to undertake a triage of the patient?
- Main presenting problem/diagnosis (reason for admission)
- Any serious bleeding (bright red blood) in last 30 minutes?
- Is the patient's condition immediately life threatening?
- Response mode required; emergency with lights and sirens or urgent without lights and sirens normal road speed response within 1, 2 or 4 hours
- Does the patient require any clinical observations or assessment by the ambulance crew – is a paramedic crew required?
- Destination of the patient (i.e. hospital and ward or dept. and that this has been confirmed)
- Patient details:-
  - Name, date of birth and NHS number
  - Contact telephone number
  - Weight
  - Are they infectious? i.e. will our crew need to take special infection control measures
  - Do they have a DNAR?
- HCP details:-
  - Name of surgery/organisation and authorising HCP
  - Contact telephone number
  - How HCP assessed patient (ie home visit, telephone call or in surgery).
- Patient's level of mobility (ie walking, in own wheel chair, seated/carry chair or stretcher)
- Are there any escorts travelling and if so who are they in relation to the patient?



## Appendix 3 – Ambulance response priorities explained

### HCP Requests

The levels of ambulance response are detailed below. The requesting HCP is responsible for ensuring that the call requested at the appropriate priority for the patients clinical need. It is not appropriate to request a higher priority response for any reason other than patient clinical need.

### CATEGORY 1 (Immediately life threatening event)

AED/BLS response to arrive as fast as possible with a mean time of 7 minutes\*, backed up by a clinically qualified ambulance response within 15 minutes on at least 90 percent of occasions\*.

This call category is intended for patients in cardiac arrest or peri-arrest situations where there is a need for immediate intervention and/or resuscitation.

### CATEGORY 2 (Serious potentially life threatening conditions)

Clinically qualified ambulance response with blue lights and sirens within 40 minutes on at least 90 percent of occasions, within an average response time of 18 minutes\*.

Appropriate diagnosis examples include:-

- Unconscious (effective breathing);
- Airway compromise / Severe breathing problems;
- Obstetrics emergency;
- Meningitis / Septicaemia;
- Acute MI / Unstable Angina;
- Aortic aneurysm (AAA);
- CVA or cerebral bleed.



### CATEGORY 3

(Urgent condition needs treatment to relieve suffering)

Clinically qualified ambulance response with blue lights and sirens if needed within 120 minutes on at least 90 percent of occasions\*.

Appropriate diagnosis examples:-

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

### CATEGORY 4

(Non-emergency but medical need for urgent ambulance)

Ambulance response under normal road speeds within 180 minutes on at least 90 percent of occasions\*.

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.

### Response

**\* Please note that response times shown are based on average time only and cannot be guaranteed.**

The ambulance service will continuously clinically prioritise calls and divert from lower category calls to higher category calls as required to ensure that the fastest possible response is sent to patients that have the most urgent clinical needs. Should this result in delays in attendance of an ambulance beyond the published response time, then the procedures outlined on page 9 of this guide will take effect.



## Appendix 4 – Frequently asked questions

Below are some common questions received by the ambulance service that you may find useful for patients. Additional information can also be found on our website at [www.swast.nhs.uk/HCPs](http://www.swast.nhs.uk/HCPs).

- **Who can travel with me in the ambulance?**  
Normally one person can travel with the patient.
- **What can I take with me in the ambulance?**  
The ambulance crew are unable to carry anything that would create an unsafe working environment, such as wheel chairs or mobility aids. These will be provided at the hospital.
- **Can my guide dog travel with me on the ambulance?**  
If you have a guide or assistance dog a decision on whether they can travel with you will be made on a case by case scenario. Please be assured that ambulance staff will do all they can to ensure the safety of your assistance dog while they provide you with treatment.
- **How do I find out when my ambulance will arrive?**  
We aim to arrive with you within the time frame requested by your health care professional from the time they make the request. If we are delayed we will call you and let you know.