

Pathways Ambulance Trusts. Currently these calls are being passed to a clinician to assess and the new release negates the need for this freeing up valuable clinical time.

19. Normal triage procedures should continue for patients contacting the ambulance service for reasons other than COVID symptoms, although services will be required to ensure demand management procedures are in place when demand exceeds resource for non-Covid-19 issues.
20. NHS Pathways continues to review and refine this pathway to ensure the right patients get the right level of care whilst balancing the operational demand in 111 and 999. Calls into this pathway will reach self-care if there are no life threatening or high-risk symptoms.
21. In line with Protocol 36 for MPDS, NHS Pathways will review the ambulance dispositions and where escalation levels are reached the dispositions will change, for example when in level 3 escalation if a Category 3 disposition is reached this will be changed to an alternative end point such as speak to a clinician for further assessment.

In order to demonstrate the comparable triage outcomes from the 2 system the clinical scenarios below describe the change in management for a patient with low acuity symptoms and a patient requiring an emergency response.

A 30 year old who has chest pain and Coronavirus symptoms (cough, fever) will be assessed based on these symptoms and will be managed in a similar way. As the triage levels escalate patients who are assigned a category 5 response priority at triage level 1 will be signposted to home management by call handlers at triage level 3 - this disposition is the same in NHS Pathways and AMPDS pandemic protocols

A patient who has severe breathing difficulty (Classified as fighting for breath/ineffective breathing within the 2 systems) will be allocated a category 2 response across each of the escalating triage levels.

Implementation and escalation

22. There is broad consensus within the expert reference group that the decision to implement MPDS Card 36 and the aligned NHS Pathways processes must be taken nationally and applied consistently and concurrently by all ambulance trusts in England. To do otherwise would introduce unwarranted variation and potential clinical risk – particularly in the context of mutual support and the now routine practice of ambulance trusts taking high numbers of calls on behalf of one another.
23. Similarly, there is broad consensus that decisions to escalate and de-escalate through the levels set out later in this document, should be taken nationally and applied consistently and concurrently by all ambulance trusts. This even in

MPDS/NHS Pathways Pandemic Protocol – v7.