Ambulance response to COVID-19 pandemic
What went well and how do we sustain the benefits?

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

What went well?

Safely Reducing Avoidable Conveyance to EDs

Conveyance to ED rate for England in April '20 was 43.60% - down by 15.13% compared to April '19

Actual numbers of patients conveyed to ED in April '20 was down by 28.63% compared to April '19

Enablers & Achievements:

a. Changes in behaviour and risk appetite – among crews, patients and systems
b. Cancellation of elective surgery and routine care, and more people using 111 rather than GP – released clinical resources to provide remote support to frontline decision-making
c. Ability to access primary care records (previously resisted in some areas)
d. Rapid uptake and availability of video consultations – for patients and for staff on scene, with relevant clinical specialists
e. Expansion of range of remote clinical advice to frontline crews – Geriatricians, Mental Health, Paediatricians, GPs, AHPs etc via phone or video
f. Increase in Advanced Paramedics in EOC clinical hub and virtual, providing decision-making support
g. Increased proportion of patients determined to not require face-to-face response as result of revised clinical code sets
h. Rapid development of frailty pathways/virtual wards
i. Guidance via JRCALC app for managing symptoms in the community (inc introduction of morphine to manage breathlessness, guidance related to PPE such as choking, nebulisation and use of peak flow meters)
j. GPs proactively liaised with Care Homes to ensure anticipatory care plans were in place
k. Support provided to Care Homes in how to manage residents who have fallen – posters and video consults
l. DoS changes to reflect diverts in place
m. 24/7 Helplines set up – e.g. for Mental Health, End of Life
n. Accelerated processes for setting up new referral pathways to appropriate care
o. Providers just got on and set up what was needed without being hindered by red tape or lengthy funding decisions

Key message

Joint research is needed to understand the rationales for changes in behaviour during the height of the pandemic, whether in relation to crews, system or patients – identify positive behaviour changes that need to be sustained and how to sustain them

Key message

Safely avoiding conveyance of patients to hospital EDs is not something for ambulance services to resolve in isolation – it relies on integrated systems providing better alternative pathways and responses to patient needs and wishes

Requirements for Sustainability:

1. Integrated UEC model joining 999 / 111 / OOH / CAS
2. Review of triage systems and clinical code sets to preserve improvements in appropriate triage and allocation of ambulance resources
3. Maintain new referral pathways set up during COVID that avoid ED and establish more of them; simplify pathways for IUC; more direct entry access via ambulance to ambulatory care and same day emergency care units
4. Single points of access needed for ambulance referrals to community services for falls and frailty and EoL and MH patients
5. Maintain 24/7 helplines and include 3rd sector support providers on Directory of Services
6. Expansion of range of remote clinical advice supporting clinical decision making– Geriatricians, Mental Health, Paediatrics, GPs, AHPs etc - via telephone or video – in EOC clinical hubs and/or CAS
7. Improve ambulance clinician access to GPs when on scene with their patient
8. Video consultation available for all frontline clinicians to liaise with specialists in CAS
9. More widespread, proactive setting up of Anticipatory Care Plans (e.g. ReSPECT) by competent HCPs with all vulnerable patients
10. All Care Homes to have facilities for video consultations plus essential moving & handling equipment & training
11. Develop and implement a system-based National Falls Framework
12. More autonomy to make rapid decisions

NHS Long Term Plan Objectives

Chapter 1: A New Service Model for the 21st century (p.11)

- Boost 'out of hospital' care and dissolve the historic divide between primary and community health services (p13)
- The NHS will reduce pressure on emergency hospital services (p18)
- People will get more control over their own health and more personalised care when they need it (p24)

Chapter 3: Further progress on care quality and outcomes (p.44)

- A strong start in life for children and young people (p45) – Redesigning health services - the quality of care for children with long term conditions such as asthma, epilepsy and diabetes will be improved – many ED attendances could be managed effectively out of hospital
- Better care for major health conditions (p56) - 24/7 community-based MH crisis response services ; Sanctuaries and safe havens and crisis cafes will provide a more suitable alternative to ED

Chapter 5: Digitally-enabled care will go mainstream across the NHS (p.91)

- Empowering people – Supporting health and care professionals