NIAS... A changing Ambulance Service

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Health and Social Care Trust

NIAS – Who we are...

- Provides pre hospital care for a population of 1.8 million over an area of 5,450 square miles

- 59 ambulance stations / deployment points

- 2 Ambulance Control Centres (Emergency & Non-Emergency)

- 1 Regional Education & Training Centre

- 313 ambulance vehicles

- Employs in excess of 1200 staff

What We Do Emergency Service

In 2016-17 NIAS responded to **210,027** emergency calls

That's over **570** calls per day and **23** calls per hour

DAY
570

We have 60 A&E Ambulances & 20 Paramedic Rapid Response Vehicles (RRV's) on duty per day

Increasing demand 4.87% on previous year
4.87%

What We Do Non Emergency Service

In 2016-17 NIAS made **210,027** patient transfers

DAY
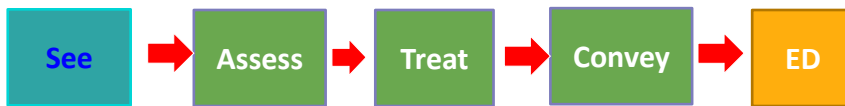*545*

An average of **545** patients transported per day

We have 65 Non Emergency Ambulances

Approx 38,000 transport requests from GPs

Traditional Model

See → Assess → Treat → Convey → ED

See → Assess → Treat → Convey → ED

Why are we changing?

- Demand for Ambulances
- Ageing population, chronic conditions
- Strategic Drivers
- Cultural expectations

Appropriate Referral to Specialist service

Ambulance Service viewed as a first aid and transport service

Appropriate Referral to Primary care

Referrals made following phone consultation

NIAS Chief Complaints

1	HCP ADMISSION	68,543	31.78%
2	FALLS	23,121	10.72%
3	SICK PERSON (Specific Diagnosis)	14,292	6.63%
4	BREATHING PROBLEMS	12,804	5.94%
5	CHEST PAIN (Non-Traumatic)	12,789	5.93%
6	UNCONSCIOUS / FAINTING (Near)	10,193	4.73%
7	CONVULSIONS / FITTING	8,275	3.84%
8	OVERDOSE / POISONING (Ingestion)	6,552	3.04%
9	PSYCH / ABN BEHAVIOUR / SUICIDE AT	6,441	2.99%
10	ABDOMINAL PAIN/PROBLEMS	5,319	2.47%
11	AMPDS Manual Over-ride	5,215	2.42%
12	TRAFFIC / TRANSPORTATION INCIDENTS	5,025	2.33%
13	HAEMORRHAGE / LACERATIONS	4,751	2.20%
14	STROKE (CVA)	4,670	2.16%
15	TRAUMATIC INJURIES (Specific)	4,207	1.95%
16	ASSAULT / SEXUAL ASSAULT	3,944	1.83%
17	UNKNOWN	2,968	1.38%
18	CARDIAC / RESPIRATORY ARREST/DEATH	2,148	1.00%
19	Unknown - User Left Call	1,888	0.88%
20	DIABETIC PROBLEMS	1,837	0.85%

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NIAS Appropriate Care Pathways

- Diabetes*
- Cardiac*
- Minor Injuries
- Community Nursing Referrals*
- Falls*
- Epilepsy
- Mental Health
- COPD

- Palliative Care
- Frail / elderly*

Designated units / A(E)CAH teams

- Frequent Callers
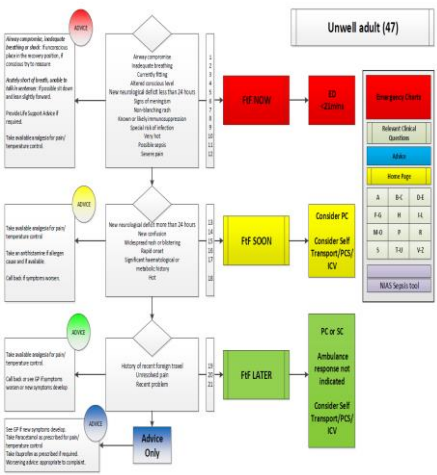- Safeguarding
- Heart failure
- Alcohol
- RRV

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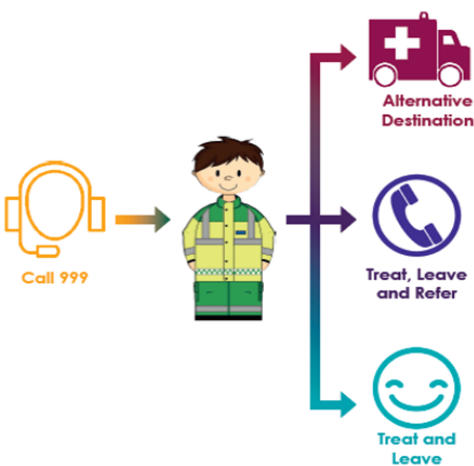
Clinical Support Desk

- 10 CSD paramedics
- Additional training
- Manchester Triage
- Provision of "hear and treat / refer"

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New look NIAS

Call 999

Alternative Destination
Alcohol Recovery Centre
Elderly Specialist Unit
Cardiac Cath Labs
Minor Injury Units

Treat, Leave and Refer
Specialist Diabetes Teams
Specialist Respiratory Teams
Elderly Acute Care at Home Services
Community Nursing Services
Falls teams
Palliative Care Teams

Treat and Leave
Epilepsy Pathway

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Nursing home engagement

- Regional meetings

Infographic / escorts

- Joint training with Consultant Geriatrician
- RQIA standard 22

When to Call 999

You should only call 999 for an ambulance in a medical emergency when it is obvious that you or another person is in a life-threatening condition. Think **AMBULANCE:**

A lways call 999 if:

M edical Emergency e.g diabetic coma, seizures

B lood loss, Broken Bones, Severe Burns

U nconscious

L eft or right sided weakness

A llergy with airway problem

N ot breathing

C ollapse, severe chest pain

E verything else – Consider an alternative e.g GP / OOH GP / Minor Injury Unit / Pharmacist / District Nurse

Falls - If a patient has fallen and is both uninjured and pain free, it is reasonable to assist them back to their feet or onto a chair / bed. If, during movement, the patient complains of pain, then place the patient in a position that is comfortable for them and call 999. It is not the sole responsibility of NIAS to lift uninjured people who have fallen.

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Further opportunities

- Access – let us know the door code when you ring 999
- GP engagement and end of life care plans

- Manchester Triage for Nursing homes
- Wheelchair taxis

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Feedback

Thank you for your time!

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