



Guidance for GPs – Emergency Ambulance Requests

With the outbreak of Coronavirus, the London Ambulance Service are currently seeing unprecedented demand for our services, and we know that, despite the measures in place, the peak of the pandemic may still be to come.

With London facing one of its greatest public health challenges of modern times, at the London Ambulance Service we are working harder than ever to provide lifesaving help to Londoners most in need as soon as possible.

We are actively managing the current demand to ensure we continue to provide a safe service for our patients at this busy time. However, in light of the level of demand we are seeing, this may lead to some delays in ambulance responses. As a result, this may see our response to lower priority calls take longer than normal, and we understand this could be difficult for you in caring for your patients.

In order to help guide you in accessing our Service, we are sharing with you details of the national process in place to prioritise calls, and have included advice on the use of the Healthcare Professional line.

We are also keen to provide guidance on considering other options for your patients who require hospital treatment.

The Ambulance Response Programme triage categories

These are determined nationally and this table provides an overview.

Category	Types of calls	Response standard	Approx % of workload
Category 1 (Life-threatening event)	An immediate response to a life-threatening condition, including: <ul style="list-style-type: none"> • Cardiac arrests • Choking? • Unconscious • Continuous fitting • Not alert after a fall or trauma • Allergic reaction with breathing problems 	7 minutes mean response time 15 minutes 90 th centile response time	8%
Category 2 (Emergency – potentially serious incident)	For a serious condition, including: <ul style="list-style-type: none"> • Stroke patients • Fainting – not alert • Chest pain • RTCs • Major burns • Sepsis 	18 minutes mean response time 40 minutes 90 th centile response time	48%
Category 3 (Urgent problem)	For an urgent condition, including: <ul style="list-style-type: none"> • Falls • Fainting – now alert • Diabetic problems • Isolated limb fractures • Abdominal pain 	Maximum of 120 minutes (120 minutes 90 th centile response time)	34%
Category 4 (Less urgent problem)	For a medical problem that is not urgent, including: <ul style="list-style-type: none"> • Diarrhoea • Vomiting • Non-traumatic back pain • HCP admission 	Maximum of 180 minutes (180 minutes 90 th centile response time)	10%

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The Health Care Professional (HCP) Line

This national framework is intended for patients who require admission to hospital from a community setting following clinical assessment by a health care professional with clinical responsibility for that patient.



Health Care Professional

(HCP) Admissions

Phone number:

020 3162 7525

The HCP line was designed for use only by a clinician who understands the clinical scenario and who can discuss the case and negotiate a safe and appropriate response for the patient. In these exceptional circumstances we understand delegation may be unavoidable, and so the individual making the request should be able to answer triage questions about the patient's condition. If that is not possible, 999 should be called and not the HCP line.

Do not display the HCP number where it is visible to patients.

When you call the HCP line, the questions we ask will collect the clinical information needed to determine the level of response required. Please stay on the line if your call is not answered immediately, any delay will be due to the level of incoming calls at that particular time.

You will be asked to confirm the patient's location and contact details twice, it is very important that we dispatch to the correct location and can call back if the call is terminated for any reason.

Triage categories for your patients

Category 1 – Cardiac arrest or peri-arrest patients. This level of response should be reserved for those exceptional circumstances when a HCP requires immediate, additional clinical assistance from the ambulance service to treat a patient in need of immediate, life-saving intervention such as resuscitation. Multiple resources are likely to be sent and may be diverted from attending other lower priority calls, even if already en route to other patients.

Category 2 – Patients requiring a time critical emergency ambulance due to the severity of their symptoms or condition, and at risk of rapid deterioration and therefore may need treatment en route. Examples - patients with sepsis, MI, CVA, acute abdomen, acute ischaemic limb, acute pancreatitis, major gastrointestinal haemorrhage and overdose requiring immediate treatment. Patients with a National Early Warning Score (NEWS) 5 or greater may trigger a request for this level of response.



Under normal circumstances HCPs requesting an emergency ambulance for patients in Categories 1 & 2 must remain with the patient until arrival of the emergency ambulance. It is helpful to consider that these are the patients you would not leave alone if you saw them face to face. As part of the Covid-19 response we are aware that GPs are currently conducting the majority of consultations remotely via telephone or video, and in these circumstances you may still determine a patient requires a category 1 or 2 emergency ambulance response.

When you request an ambulance please be ready to provide us with details of any specific clinical or other concerns you have for your patient. General Covid-19 symptoms such as 'shortness of breath' do not allow us to safely triage the large numbers of such patients waiting for an emergency ambulance, which is necessary in order to ensure the sickest patients are prioritised.

For patients who are stable at the time of your assessment, and if it is safe for them to do so, our advice is always to please consider if they can make their own way, or if anyone else can take them to hospital or the appropriate healthcare facility.

Please ensure worsening advice is given to patients, advising them to call 999 in the event of deterioration either while waiting for an ambulance or when en route to hospital. They should also call 999 if they no longer require an ambulance or are making their own transport arrangements. We respectfully ask patients not to ring 999 to check when the ambulance will arrive as such calls could delay another emergency patient getting through to our 999 call handlers, and would be grateful if you could relay that information. Also, unfortunately it is very difficult to provide an accurate timeframe, as ambulances are despatched as a priority to the sickest and most seriously injured patients.

The **National Early Warning Score (NEWS)** is a useful tool in assessing your patients, although we recognise that calculation may be difficult with remote consultations. But in those you are able to assess in this way the score will aid in assessing the severity of your patients acute illness.

National Early Warning Score (NEWS)*

PHYSIOLOGICAL PARAMETERS	3	2	1	0	1	2	3
Respiration Rate	≤8		9 - 11	12 - 20		21 - 24	≥25
Oxygen Saturations	≤91	92 - 93	94 - 95	≥96			
Any Supplemental Oxygen		Yes		No			
Temperature	≤35.0		35.1 - 36.0	36.1 - 38.0	38.1 - 39.0	≥39.1	
Systolic BP	≤90	91 - 100	101 - 110	111 - 219			≥220
Heart Rate	≤40		41 - 50	51 - 90	91 - 110	111 - 130	≥131
Level of Consciousness				A			V, P, or U

*The NEWS initiative flowed from the Royal College of Physicians' NEWS Development and Implementation Group (NEWSDIG) report, and was jointly developed and funded in collaboration with the Royal College of Physicians, Royal College of Nursing, National Outreach Forum and NHS Training for Innovation.

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Category 3 are patients with urgent problems, who are clinically stable but require further management in a hospital setting.

Category 4 is the nationally agreed category for HCP calls, where the clinical information given has not determined a category 1 or 2 response is required. However this does not mean that all such calls are managed in this timeframe. If you feel this timeframe is unsafe, you may speak to a clinician to discuss your patient's needs. Often an HCP call is for a patient requiring hospital transport but not requiring active treatment en route.

Patients in categories 3 & 4 are likely to be suitable for transport to hospital by other means, therefore please consider if other options are suitable and clinically safe for stable patients before calling the HCP line.

Key points:

- Always consider whether the patient can make their own way or if other arrangements can be made to take them to hospital or other healthcare facility. If that is possible, ensure they have advice on calling 999 if they deteriorate en route.
- Ensure all GPs have the details of the HCP line number. Do not display the number where it is visible to patients.
- When calling the HCP line, you will be asked to confirm location and contact details twice, it is very important that we dispatch to the correct location and can call back if the call is terminated for any reason.
- When calling the HCP line if delegation is unavoidable, please ensure the individual making the call is able to answer triage questions about the patient's condition. Please use the booking checklist to ensure they have all the information we require.
- If you are unsure of the response required for your patient this can be discussed with a clinician in our Clinical Hub.
- During the Covid-19 pandemic, the only patient escort permitted is the essential carer of a vulnerable adult, or parent/guardian of a child

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Requesting an Emergency Ambulance via the HCP Line - Booking Checklist

Summary of patient's condition	
Name of authorising HCP	
Contact details of authorising HCP or deputy	
Location the patient needs collecting from	
Destination (if appropriate)	
Patient's full name	
Patient's NHS number	
Patient's mobility (walking/wheelchair/stretchers)	
Provide details of any patient infections – including possible Covid-19	
Patient escort – during the Covid-19 pandemic, only essential carer of a vulnerable adult, or parent/guardian of a child is permitted	
If the patient requires medication en route, is it ready to transport?	
Probability of clinical deterioration	
Special requirements/instructions	
Anything else you think we need to know	



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