



**London Ambulance Service**  
NHS Trust



# Outer North East London Joint Health Overview and Scrutiny Committee

**9 January 2024**



**NHS**

**London Ambulance Service**  
NHS Trust



# About London Ambulance Service



# A day in the life of LAS

- We treat **3,000 patients** on scene or over the phone.
- We answer **5,700 calls in 999** and **6,000 calls in 111**.

On the road each day, we have approximately:



## Our clinicians typically go to:

**240**  
fallers

**230**  
patients with  
breathing problems

**200**  
patients reporting  
chest pain

Delivery of **4** babies



**28**  
confirmed  
cardiac arrests

**42**  
suspected  
strokes

**33**  
suspected  
heart attacks



# About us

We are the capital's emergency and urgent care responders. We aim to deliver outstanding emergency and urgent care whenever and wherever needed for everyone in London, 24/7, 365 days a year.

## Workforce

Over  
**10,000**  
people working, studying  
and volunteering with us



 **2,600+**  
operational support  
and corporate staff

 **7,400+**  
operational staff



## Patient-facing staff



**1,300**  
call handlers in 999 and 111

**1,550**  
Emergency medical  
technicians, assistant  
ambulance practitioners and  
Non-Emergency Transport  
Service (NETS) crews

**3,200**  
paramedics, including  
100 advanced paramedic  
practitioners

**380**  
nursing and medical staff

## Support staff



**400**  
make ready staff, restocking  
and refuelling ambulances



**80**  
cleaning staff



**60**  
repair workshop staff



## Teaching and apprentices

**130**  
staff in clinical  
education & standards

**1,130**  
students

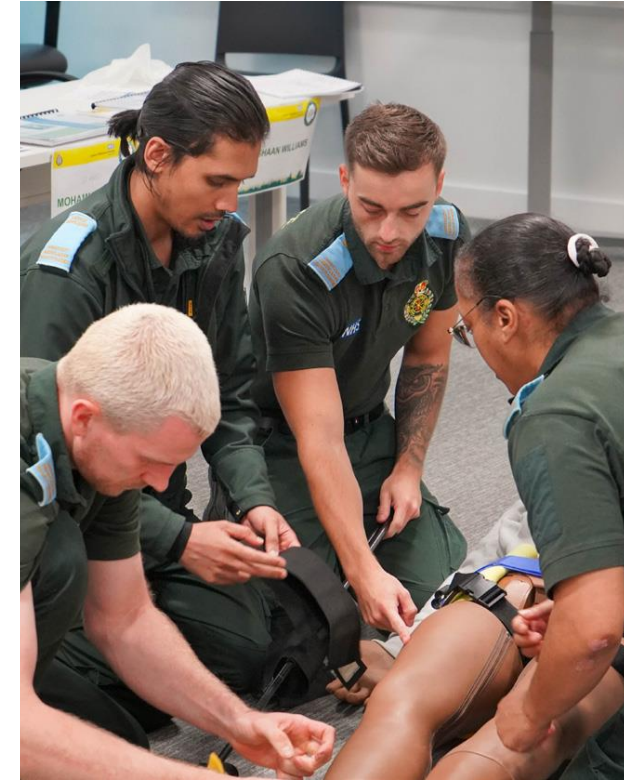
**680**  
apprentices





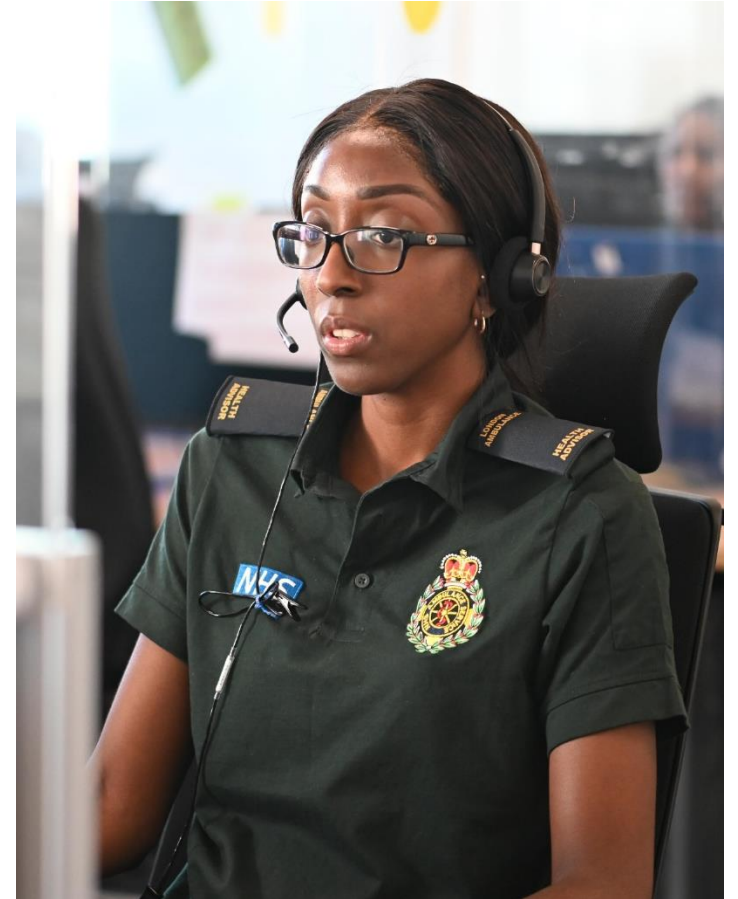
# Our People

- 2022/23 saw our biggest ever recruitment drive with **1,600 new starters**, including over 900 frontline ambulance staff and almost 400 call handling staff.
- **Teams Based Working** is empowering ambulance groups to shape their way of working.
  - Staff satisfaction has risen from 30% to 80%.
  - Surveys show staff are happier, feel more part of a team and have more opportunities.
- In March 2023, LAS became an accredited **London Living Wage employer** after we decided to make our cleaning and Make Ready teams NHS staff. Two of our Make Ready colleagues based in North East London were featured by the Living Wage Foundation in Living Wage Week celebrations in November.
- As of December 2023, the number of staff hours on the road in emergency vehicles and caring for patients has **increased by 10%** compared to this time last year. We are also supporting our clinicians on scene and maximising the number of solo responders we have available.



# Conveyances

- We are helping more patients **over the phone**, treating more people **on scene** and getting more people to the **right local services for them** when appropriate.
- In 2018, we set an ambitious target to reduce hospital conveyance from 60% to 54% by March 2023. We exceeded this, **conveying 50% of patients to hospitals in 2022/23**.
- This has been achieved by **upskilling our workforce**, introducing services such as our **specialist mental health cars** and **using new technology**.



# Winter plans

- We have had to manage a real surge in demand for our service this winter. A typical busy day in the capital would see about 5,500 calls to 999 - but in the past few weeks, we have seen that number rise to nearly 7,000.
- We have implemented a number of actions to mitigate this, including:
  - Additional **ambulances, response vehicles, control room staff and clinicians** who are able to speak to patients who have called 999.
  - **Increased our fleet capacity by 10%** on last year, with 50 new Ford ambulances and 40 new cars.
  - **Use of specialist resources** such as mental health cars and community response cars.
  - **A flu immunisation programme** for staff.
  - Working with our NHS partners to ensure **the handover of patient care at emergency departments within 45-minutes** when safe and appropriate.
- We are also urging Londoners to use our 999 service wisely: only calling us when it is a serious medical emergency so we can prioritise responding to our most seriously ill and injured patients.
- Our London Ambulance Charity has launched a new festive fundraising campaign to help us best support our colleague during periods of high pressure.

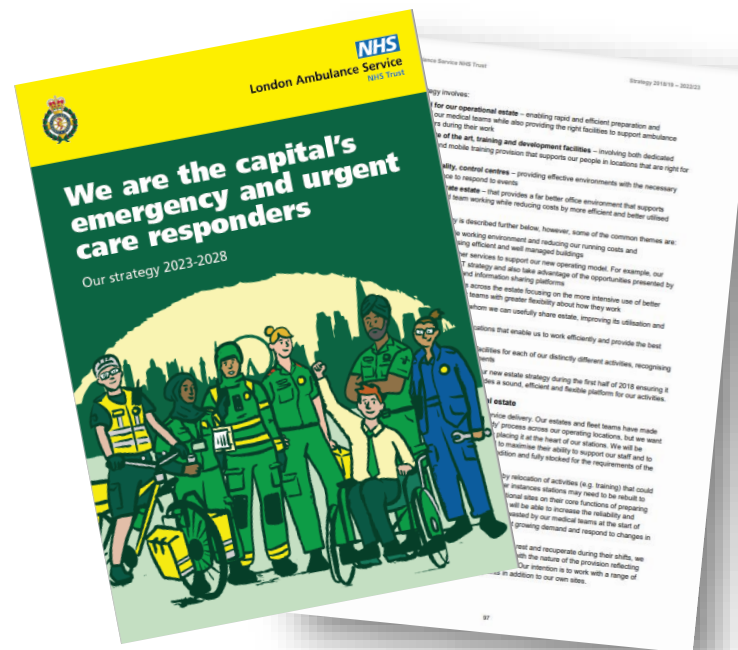




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# Strategy 2023-2028: our commitments to London



Roger Davison, Chief Strategy and Transformation Officer

# Summary

- London Ambulance Service published our five-year strategy in September 2023.
- We are the capital's emergency and urgent care responders. We aim to deliver outstanding emergency and urgent care whenever and wherever needed for everyone in London, 24/7, 365 days a year. Together, we put the values of caring, respect and teamwork at the heart of all we do for Londoners.
- In this strategy we have given ourselves three missions focused on:
  - **Our care** – delivering outstanding emergency and urgent care whenever and wherever needed.
  - **Our organisation** – being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for.
  - **Our London** – using our unique pan-London position to contribute to improving the health of the capital.
- We have steadily moved beyond what might be thought of as the traditional ambulance service that just takes sick people to hospital. We are an increasingly highly skilled workforce able to deliver a huge range of emergency and urgent care assessments and treatments both on scene and on the phone.
- Reducing inequalities, and working together as a system leader and partners across the five London ICSs underpins everything that we will do.
- To achieve our three missions we have set ourselves 50 commitments to deliver over the next five years, organised under 10 priority areas.
- You can read the full strategy at the following link: [www.londonambulance.nhs.uk/about-us/our-plans-for-the-future/](http://www.londonambulance.nhs.uk/about-us/our-plans-for-the-future/)

# Developing our strategy based on insight and reflective of the changing external environment

We analysed population trends and horizon scanned the future for developments in pre-hospital care. Some key considerations included:



We are treating more patients over the phone or on scene and taking fewer to hospital

Our clinical workforce is growing and becoming more highly skilled

As health inequalities grow, we are seeing higher demand in deprived areas

Demand for urgent care through 111 has grown with people calling all day

London's growing and aging population

Our care is inextricably linked to availability of other services



# Developing our strategy - engagement

In developing our strategy, we engaged extensively both inside our organisation, with our partners and with our patients on how they would like to see us develop.

Engagement included:

- ✓ Heard via local Healthwatch organisations from representatives of patients and the public in **26 London boroughs**, together involving more than **2,100 people**.
  - ✓ **This included Healthwatch Tower Hamlets, Hackney, Newham, City of London, Havering, Redbridge, Barking & Dagenham, and Waltham Forest**
- ✓ Engaged externally with **300 leaders in 60 health and care partner organisations**, including ICBs, borough councils and the Greater London Authority. We also reviewed each ICS strategy to ensure our ambitions aligned.
- ✓ Conducted over **500 face-to-face interviews with LAS staff**, reaching all parts of our organisation, in particular those working on the frontline.
- ✓ Debated priorities with **360 LAS leaders** in dedicated leadership sessions across the organisation.
- ✓ Gathered ideas for change from an online crowdsourcing project in which **500 people** from across our organisation took part.

## Further reading

Reports on these important pieces of work are available on our website.

[www.londonambulance.nhs.uk/about-us/our-plans-for-the-future/](http://www.londonambulance.nhs.uk/about-us/our-plans-for-the-future/)

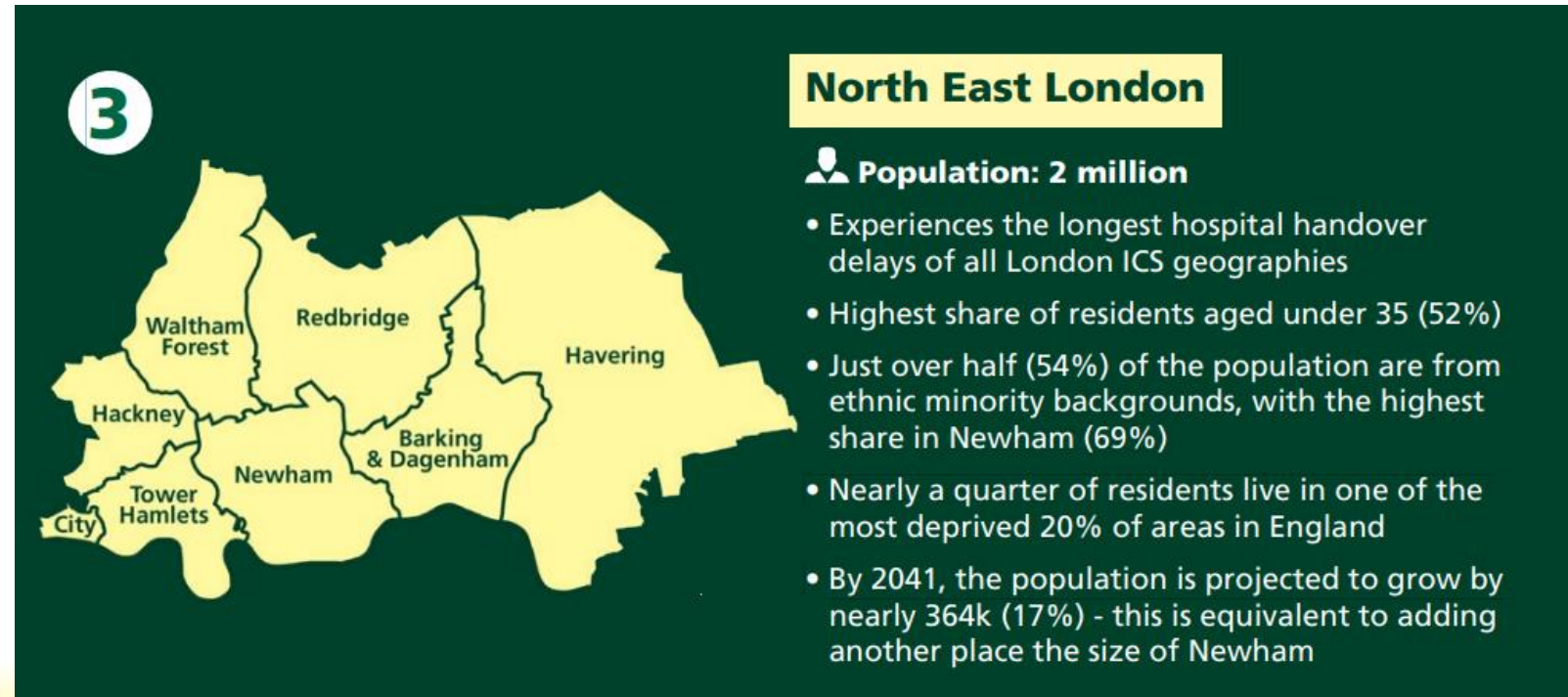
# Working in partnership

LAS covers the whole of the city, the only pan-London NHS trust. We are part of London's five integrated care systems, and know that we need to work as a system leader and partner in order to deliver our ambitions.

We analysed each ICS strategy to ensure our ambitions aligned with our system partners and that we developed three missions which reflect the changing needs of our populations.

## Interim North East London Integrated Care Strategy

January 2023



# Our three missions 2023-28



## Our care

# 1 Delivering outstanding emergency and urgent care whenever and wherever needed.

- Rapid and seamless care
- Individualised clinical responses
- Outstanding care and leadership of major incidents and events
- A learning and teaching organisation



# Our three missions 2023-28

## Our organisation

**2** Being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for.

- Inclusive and open culture
- Well-led across the organisation
- Improved infrastructure



# Our three missions 2023-28



## Our London

**3** Using our unique pan-London position to contribute to improving the health of the capital.

- A system leader and partner
- Proactive on making London healthier
- Green and sustainable for the future

# Implementation plans



## LAUNCH EVENT



## ENGAGEMENT



## IMPLEMENTATION

### Launch event

- **Strategy launched 26 Sept** - we saw nearly 300 members of staff and external stakeholders attend our launch event in Westminster.
- **Influential speakers at our launch event** - LAS Executive Team presented, alongside:
  - **1) Deputy Mayor Baroness Fiona Twycross**
  - **2) NHS London Medical Director and CCIO Dr Chris Streather**
  - **3) Chair of NWL ICB Dr Penny Dash.**

### Engagement

- **Published in accessible formats**, including an Easy Read version, a fully accessible PDF version, a short summary video, and offer alternative formats on our webpage.
- We will **build upon the extensive engagement we conducted in the development stage of the strategy.**
- We will **engage extensively with staff** to promote our strategy, and garner feedback and support for implementing the ambitions.

### Implementation

- The key means of accountability will be through the **business plans for each** year of the strategy implementation – they will include clear measurable outcomes to show progress against the strategy.
- We have **created a Transformation Board** who will enable the delivery of the strategy, and ensure that the feedback from patients and the public is integral to the way we approach transformation.



# Implementation – case study

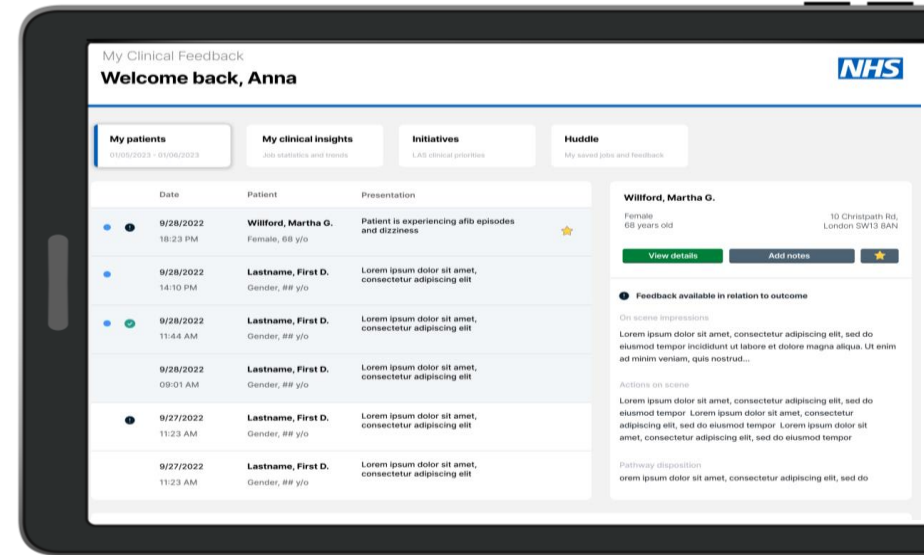
Strategic commitment: Be a leading UK ambulance service in providing our clinical staff with outcome data for all patients they treat, linking ambulance and hospital data for a joined-up integrated care system.



## My Clinical Feedback

### Progress update:

- During our engagement with staff in the development phase of the strategy, we heard that they would benefit from outcome data from the patients they see.
- My Clinical Feedback application enables ambulance clinicians to follow up on patients that they have attended, reflecting on the outcomes of these patients and learning about the implications of their on-scene and pathway choices.
- Paramedics and frontline ambulance clinicians are the only clinicians in the UK who receive no routine feedback on the decisions they take for their patients. My Clinical Feedback intends to change this.
- The pilot has started in North West London, and we are hoping to make this available to all ambulance crews in the London Ambulance Service.
- The application has been designed for – and with - LAS clinicians, working closely with over 30 colleagues during design and development.



*We need to switch to a meaningful, feedback positive culture where we can learn from experience and be happier.*

*-- Clinical Team Manager*

# Implementation – case study

**Strategic commitment:** Train 100,000 Londoners collaboratively in basic life-saving skills (CPR) including a generation of secondary school children, as well as reaching all secondary schools with targeted public education initiatives (eg. knife crime) and educating patients and other public services on when to use 999 and 111 and what to expect if they call, running information campaigns to address this.

## Progress update:

- The LAS London Lifesavers (LLS) project is dedicated to improving out of hospital cardiac arrest survival rates across the capital, to make London a safer place to live, work and enjoy. We know that the biggest factor in improving survival rates is increasing bystander CPR.
- We want to address health inequalities in the incidence of cardiac arrest, bystander CPR and distribution of PADs.
- LLS delivers basic life-saving CPR skills and how to use a defibrillator to:
  - Secondary schools across the Capital (in a waded roll-out plan)
  - Pop-up events (at train stations, shopping centres, sporting venues etc)
  - Businesses and not for profit organisations.
- In October, we launched our schools campaign as part of re-start a heart day at City Hall, with 5 schools attending and multiple media publicity (inc BBC London evening News, BBC news press, Evening Standard, socials, local press).
- We launched a joint CPR video with Transport for London and the Mayor of London.
- We have run a series of training pop ups, including at train stations, park runs, Houses of Parliament and London Fire Brigade Open days. We estimate that approximately over 1,000 members attended pop-ups.
- Building our work with businesses, we have had discussions held with 4 Major Banks to run London LifeSavers training. 1st training session held at Barclays Canary Wharf.



# Questions







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## **LAS Performance Report North East London**



**Ben Evans, Associate Director of Operations for North East London**

# LAS in North East London

- North East London ICB covers Barking & Dagenham, City of London, Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest.
- Five ambulance groups: Homerton, Newham, Romford, Whipps Cross and Ilford

We are the only pan-London NHS Trust



**Iford Ambulance Station**  
North East Sector HQ



**178,784 face-to-face responses** across the sector in 2023 so far (Jan-Nov)



**853 LAS team members** working in North East London



A range of ambulance crew members from clinicians to support staff

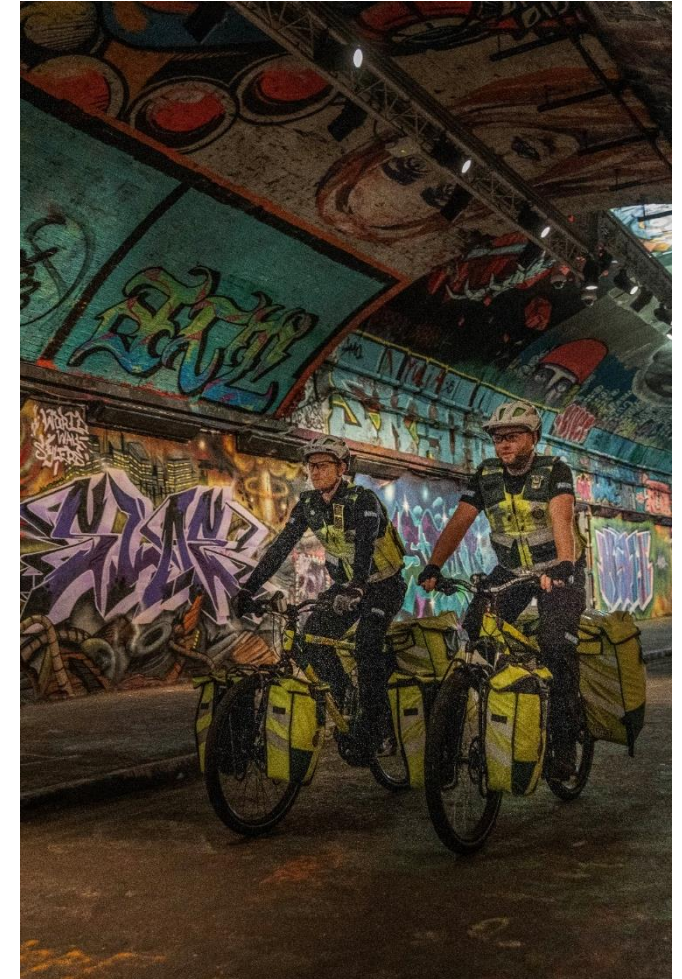


**7 mins 47 secs**  
Average response time to our most seriously unwell patients (Cat 1 calls) across the sector (Jan-Nov 2023)



# North East London – our estate

- North East London is a home to a number of hugely important LAS sites:
  - We have **10 operational ambulance stations** across the sector.
  - Our **Hazardous Area Response Team** has its East Base in Newham.
  - Building1000 Dockside in Newham is home to both our **Dockside Education Centre** and state-of-art **Emergency Operations Centre**, which handles half of the 999 calls that come into the Service.
  - **NHS 111/ Integrated Urgent Care Barking** handles half of the 111 calls across the capital, providing urgent care and GP out-of-hours services.





# North East London – our patients

- North East London experiences the longest hospital handover delays of all London ICS geographies.
- North East London has the **highest proportion of residents aged under 35** of any sector (52%).
- Just over half (54%) of the population are from **ethnic minority backgrounds**, with the highest share in Newham (69%).
- Nearly a quarter of residents live in one of the most deprived areas in England.
- By 2041, the population is **projected to grow by nearly 364,000** (17%), equivalent to the borough of Newham.



# North East London – hospital handovers

- We continue to work with our NHS partners in North East London to reduce delays and safely release ambulance crews from hospitals and this is making a big difference for our medics and patients, freeing up our clinicians to attend to those who need the most urgent care.



# Our performance across London in November

Category of call	LAS mean response time	NEL mean response time	National mean	National target
<b>CAT 1</b>	00:07:35	00:07:40	00:08:32	7 minutes
<b>CAT 2</b>	00:41:19	00:43:07	00:38:30	18 minutes
<b>CAT 3</b>	01:24:26	01:25:54	02:16:47	2 hours
<b>CAT 4</b>	02:24:58	02:31:34	02:36:40	3 hours

Source: NHS England data on performance – November 2023





# Support our work: London Lifesavers

- London Ambulance Service is aiming to make London a city of lifesavers, by organising **life-saving CPR and defibrillator training** for communities, organisations and schools.
- The **London Lifesavers schools programme** – launched in September 2023 – will see our paramedics teach life-saving skills to Year 8 children in every borough over the course of the campaign.
- Support the campaign:
  - Encourage local community groups, businesses and not-for-profit organisations to **sign up for training with our experts**.
  - Promote London Lifesavers to your local **secondary schools**, encouraging them to express an interest on our website.



# London Lifesavers in North East London

- We are using cardiac arrest and demographic indicators to prioritise London boroughs for CPR and defibrillator training over five waves.
- Boroughs with higher cardiac arrest incidence, lower rates of bystander CPR, lower survival rates, fewer defibrillators, greater deprivation and larger shares of ethnic minority residents are being prioritised.
- All secondary schools in wave one and two have been offered training to their Year 8 pupils.
- 23 schools in North East London have expressed an interest in receiving training for pupils and 15 have training dates arranged.

NE London borough	Wave number	Training dates	Number of schools who have expressed an interest in training	Total number of schools*
Barking & Dagenham	Wave 1	Nov 23' – Jan 24'	4	20
Newham	Wave 1		6	30
Redbridge	Wave 1		6	32
Waltham Forest	Wave 2	Feb 24' – Apr 24'	3	26
Tower Hamlets	Wave 2		1	32
Havering	Wave 2		3	26
Hackney	Wave 2		0	48
City of London	Wave 5		0	3

\* Includes state, independent and special educational needs schools.



# Questions





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## Integrated Urgent Care (IUC)

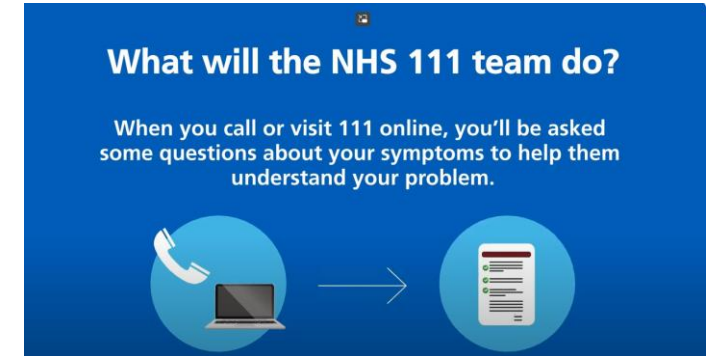


Jacqui Niner, Director of Integrated Urgent & Emergency Care

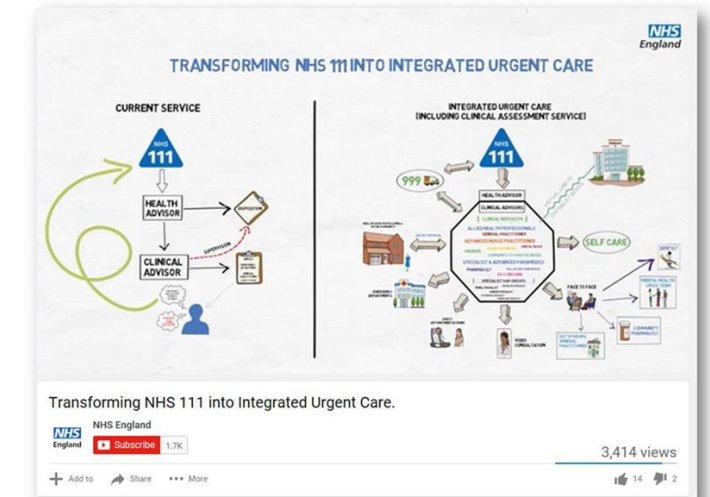


# What is Integrated Urgent Care (IUC)?

- **2011** – Transition from NHS Direct (Signposting) to 111 (facilitates referral)
- **2017** – **IUC Launched across UK** – Transition of telephone triage in GP Out Of Hours (GP OOH) to 111 (Clinical Assessment Service)
- **Provision of integrated 24/7 urgent care access, clinical advice and treatment**
  - Incorporates **NHS-111 call-handling**
  - **Clinical Assessment Service (UCAS)** (formerly GP OOH triage)
  - **Face to face** assessment (downstream provider)
- **IUC has since developed**, particularly the CAS to provide:
  - **111 Cat 3&4 ambulance outcome validation**
  - **111 ED outcome validation**
  - **Access to clinical support** for ambulance crews (\*5) , care homes (\*6) and community HCPs (\*7)



[\(55\) Think NHS 111 first - YouTube](#)



<https://www.youtube.com/watch?v=FIZZu4R6yEU&t=3s>


# London IUC Landscape

## Five London Integrated Care Boards

### 23/24 forecast

- c2.6m 111 calls
- c541k CAS calls

### North West London



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**Lead Contractor**  
(111 Call Answering 40%)



Practice Plus Group

(111 Call Answering 40%)  
(CAS 38%)



London Central & West  
Unscheduled Care Collaborative

(111 Call Answering 20%)  
(CAS 38%)

### North Central London



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(111 Call Answering - overnight)

**Lead Contractor**  
London Central & West  
Unscheduled Care Collaborative


(111 Call Answering)  
(CAS / OOH F2F & HV)



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LAS 111 Call Answering is delivered from Croydon & Barking sites via a combined call answering model


### North East London



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(111 & CAS)

### Pan London




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(111 \*5 Answering and clinical assessment)

Cat 3&4 validation

### South West London



Practice Plus Group

(111 Call Answering 80%)  
(CAS)



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(111 Call Answering 20%)

### South East London



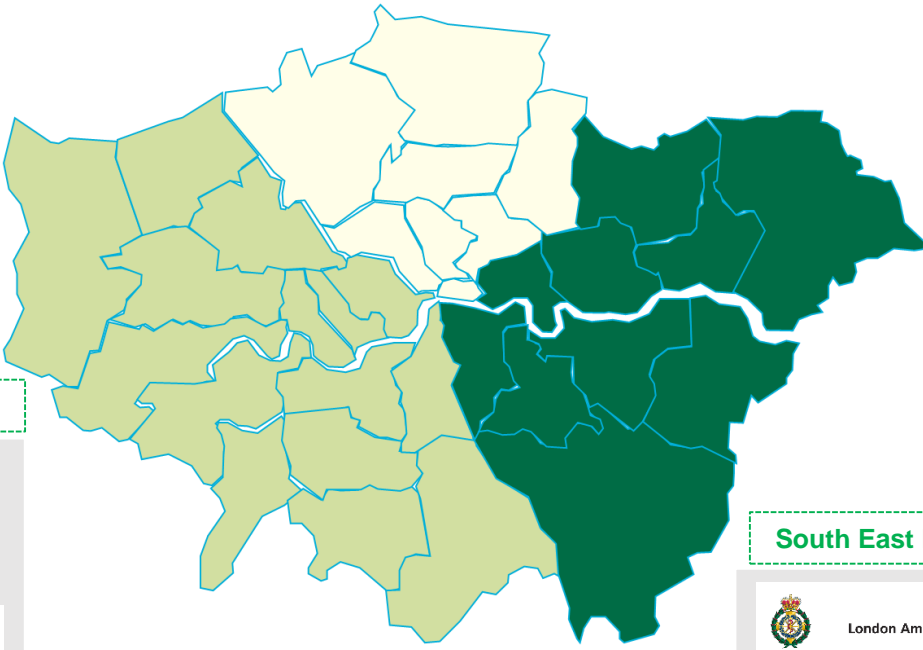
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(111 & CAS)

### Network Partners





# Clinical Assessment Service (CAS)

- Responsible for protecting the system.
- Ensuring ONLY where there is clinical need are patients referred for a face-to-face (F2F) consultation.
- Ensure any referral is made to the appropriate service, utilising all alternative and agreed care pathways.
- Confirm on Directory of Services (DoS) type of referral (F2F or Telephone).
- Wider system options i.e. Same day emergency care (SDEC).

## Face to Face - Attendance/ Centre

Pharmacy/ General Practice/ Extended Access  
Hubs  
Walk-in Centre/ Urgent Treatment Centre/  
Emergency Department

## Face to Face – Visiting

Community Nursing/ GP Visiting/ Rapid Response/  
Ambulance

# IUC operational team roles

- **Service Advisors** – Call answering
- **Health Advisors** – Call answering
- **Clinical Advisors** – Clinical assessment
- **Advanced Nurse Practitioners / GPs / Pharmacists** – Clinical assessment
- **Clinical Navigators** – Clinical queue management



[https://youtu.be/8puU\\_cKp3xM?si=DFsH10b4XHjismOEj](https://youtu.be/8puU_cKp3xM?si=DFsH10b4XHjismOEj)



# IUC operational team roles

## Service Advisor – Non-Clinician

- Trained on Pathways Lite
- Mainly manage asymptomatic patients
- Provide Service Location information
- Administer the star line Health Care Professional – HCP (\*5, 6, 7, 8)
- Repeat Prescription Administration – referral to Community Pharmacist Consultation Service (CPCS)
- Shortened Dental Pathway – referral to smile dental (pan London commissioned dental nurse triage service); they also administer transfer of calls from 999-111

## Health Advisor – Non-Clinician

- Manage symptomatic patients using NHS Pathways
- Highly trained and very good at telephone triage and picking up cues

## Clinical Advisor – Clinician (Nurse/Paramedic)

- Use NHS Pathways to further assess patients and validate health advisor assessment
- Will deal with a specific criteria of patients

## Advanced Practitioners

- Autonomous Clinician using own clinical skills or cleric to support decision making.
- Range of specialities (nurse, paramedic, pharmacist)

## General Practitioner

- Autonomous Clinician, using knowledge and experience to support whole team in the safe management of patient care.

## Clinical Navigator

- Will maintain oversight of clinical queue and responsibility for safe management of the clinical workload. Will move calls between skillsets if required and provide a floor-walking function and immediate access to clinical advice 24/7

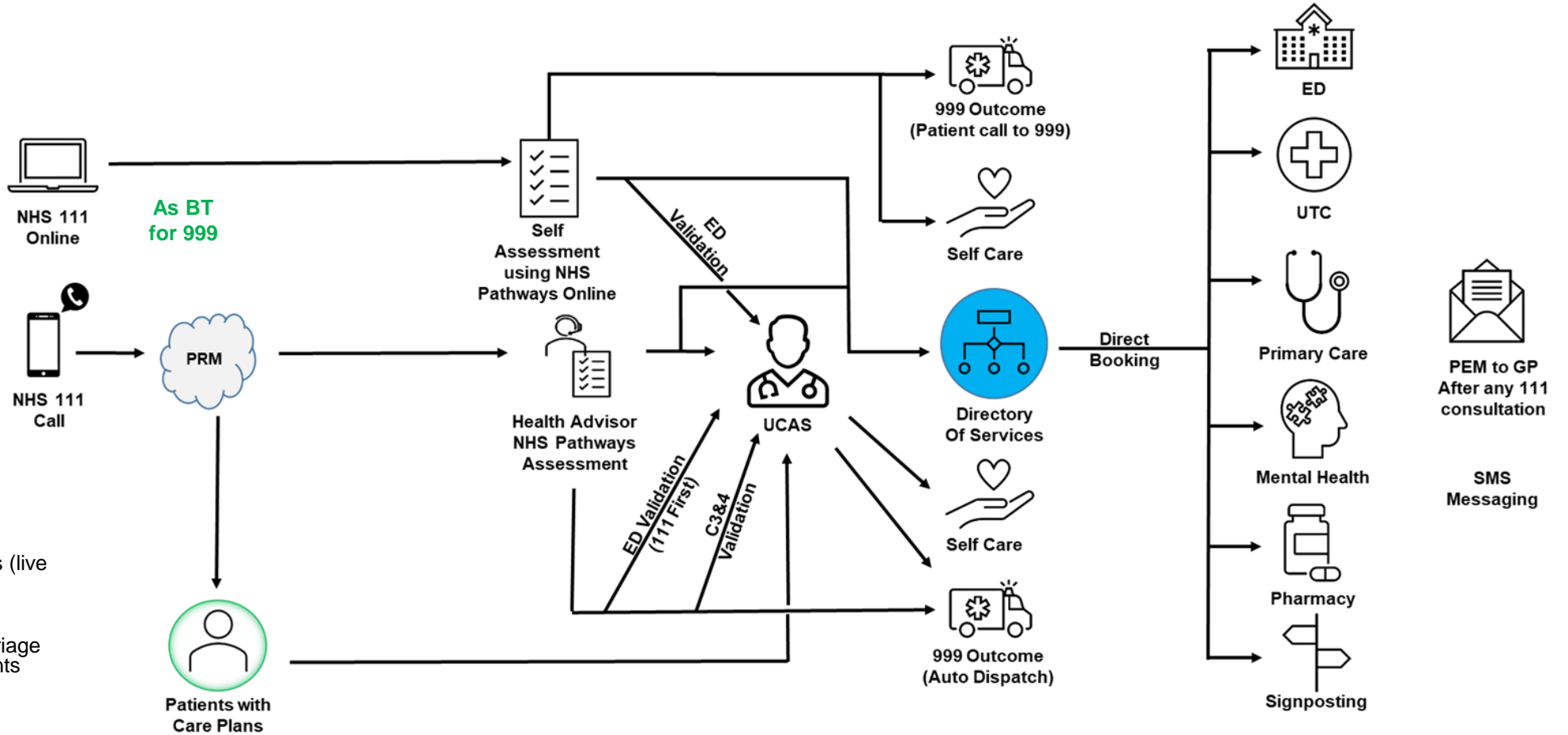
## Duty Supervisor

- Responsible manager for overall service delivery and workforce.

## Deputy General Managers (DGMs)

- Senior on site management team.

# Patient journey through IUC

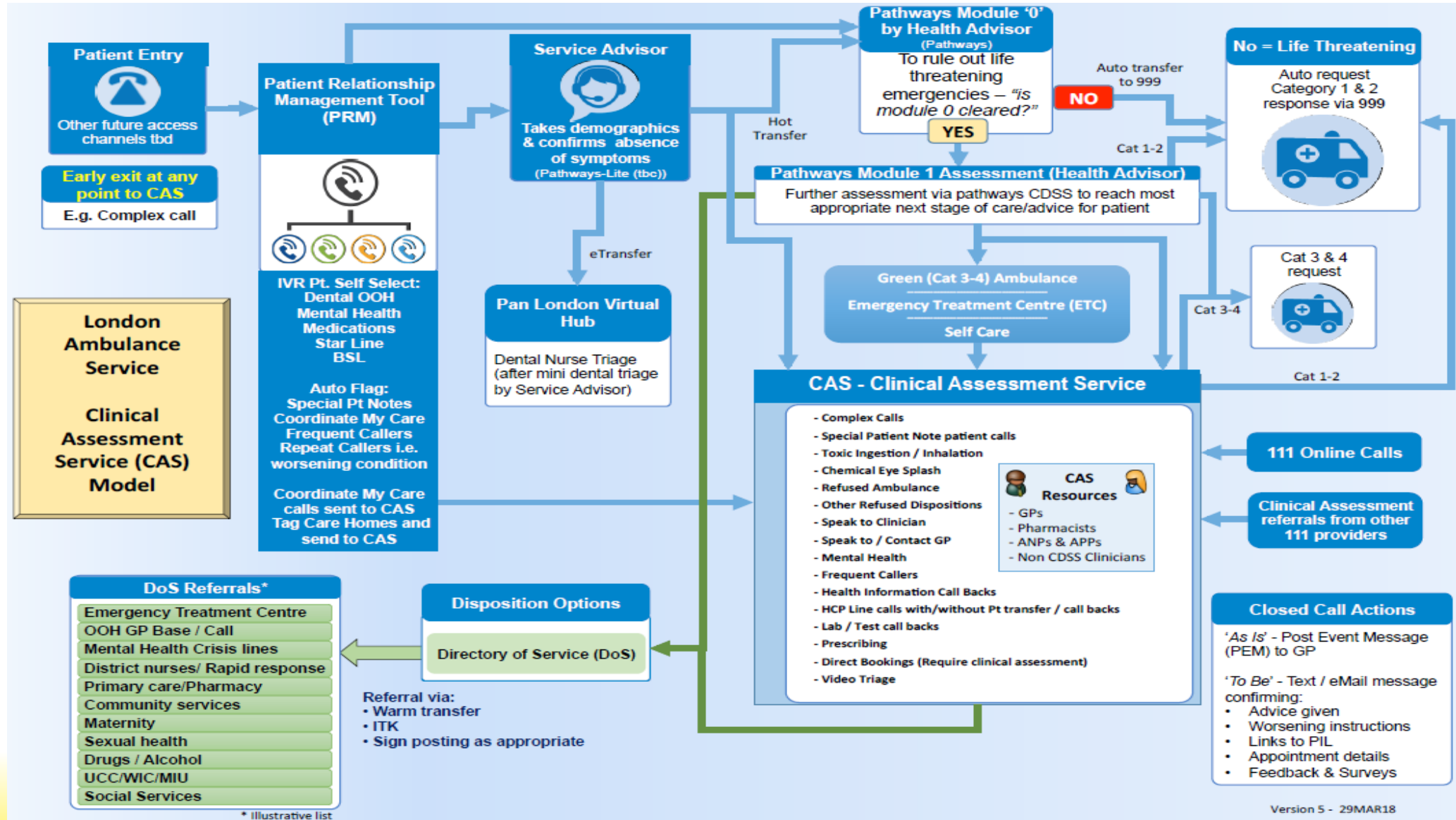


- **PRM** – Patient Relationship Manager (London 111 call routing)
- **DoS** – Directory of Services (live database of all NHS commissioned services)
- **NHS Pathways** – Clinical triage tool used in 111 assessments (AMPDS for 111)

Further information on IUC / 111:

<https://www.england.nhs.uk/urgent-emergency-care/nhs-111/>

# IUC patient flow



# National Directory of Services (DoS)

- Each has different referral methods, which are detailed within the information that is returned.
- Once triage is complete, the DoS populates appropriate referral pathways based on:
  - Patient's location
  - Presenting Complaint (symptom group)
  - Disposition
  - Clinical need/capabilities of service
  - Inclusion/Exclusion Criteria





# Dispositions

- *Internal*
- Speak to a clinician from our Service Immediately (P1)
- Speak to a clinician from our Service within 30 minutes (P2)
- Speak to a clinician from our service within 1 hour (P3)
- Speak to a clinician from our service for Health Information/Medication Enquiry (P4)
- ETC validation 4 hours (P5)
- Speak to a clinician from our service for home management advice (P6)

Priority & KPI
P1 - 20 minutes
P2 - 40 Minutes
P3 - 60 minutes
P4 - 90 minutes
P5 - 180 minutes
P6 - 240 minutes

# IUC Key Performance Indicators (KPIs)

KPI Title	Standard	RAG Thresholds		
		Red	Amber	Green
1 Proportion of calls abandoned	≤ 3%	x > 5	3 < x ≤ 5	x ≤ 3
2 Average speed to answer calls	≤ 20 seconds	x > 30	20 < x ≤ 30	x ≤ 20
3 95th centile call answer time	≤ 120 seconds	x > 180	120 < x ≤ 180	x ≤ 120
4 Proportion of calls assessed by a clinician or Clinical Advisor	≥ 50%	x < 45	45 ≤ x < 50	x ≥ 50
5a Proportion of call backs assessed by a clinician in agreed timeframe	≥ 90%	x < 80	80 ≤ x < 90	x ≥ 90
6 Proportion of callers recommended self-care at the end of clinical input	≥ 15%	x < 10	10 ≤ x < 15	x ≥ 15
7 Proportion of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention	≥ 75%	x < 70	70 ≤ x < 75	x ≥ 75
8 Proportion of calls initially given an ETC disposition that receive remote clinical intervention	≥ 50%	x < 45	45 ≤ x < 50	x ≥ 50
9 Proportion of callers allocated the first service type offered by Directory of Services	≥ 80%	x < 75	75 ≤ x < 80	x ≥ 80
10 Proportion of calls where the caller was booked into a GP practice or GP access hub	≥ 75%	x < 70	70 ≤ x < 75	x ≥ 75
11 Proportion of calls where the caller was booked into an IUC Treatment Service or home residence	≥ 70%	x < 65	65 ≤ x < 70	x ≥ 70
12 Proportion of calls where the caller was booked into a UTC	≥ 70%	x < 65	65 ≤ x < 70	x ≥ 70
13 Proportion of calls where caller given a booked time slot with a Type 1 or 2 Emergency Department	≥ 70%	x < 65	65 ≤ x < 70	x ≥ 70
14 Proportion of calls where the caller was booked into a Same Day Emergency Care (SDEC) service	N/A	N/A	N/A	N/A

## Performance challenges:

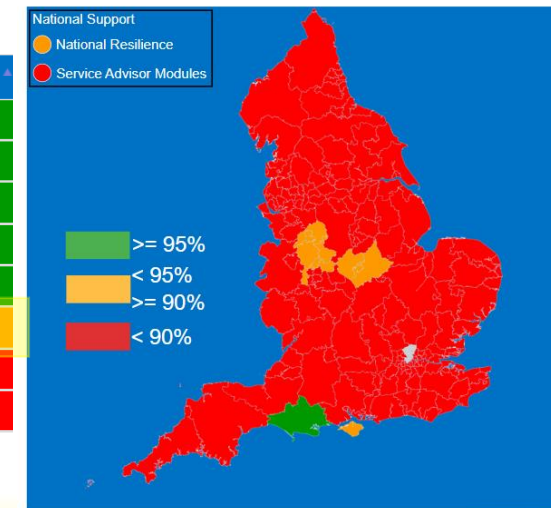
- Increased volume against contract
- Demand profile of calls, i.e. am rush when GPs are busiest
- Staff sickness
- Staff downtime

## Current (Jul-23) LAS Performance

- Abandoned - 8%
- ASA – c40 seconds

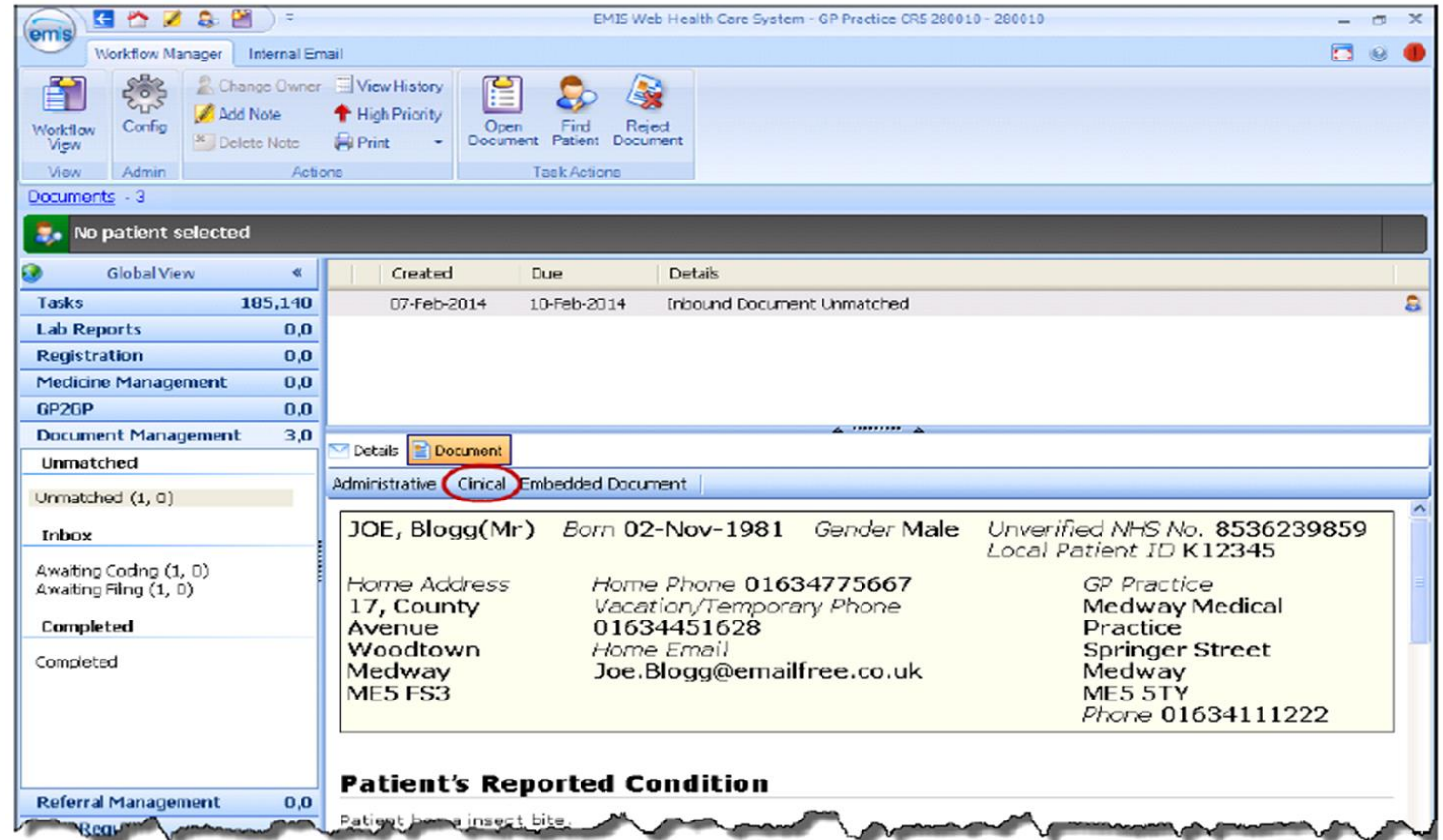
Show 10 entries

Region Name	Off	Ans	Abn (%)
<a href="#">National Support</a>	799	721	0.63
<a href="#">North East and Yorkshire</a>	1229	947	1.06
<a href="#">Midlands</a>	2954	2875	1.86
<a href="#">South West</a>	1447	1334	2
<a href="#">East of England</a>	1946	1689	2.16
<a href="#">London</a>	1708	1505	6.97
<a href="#">North West</a>	1989	1299	15.23
<a href="#">South East</a>	2617	2028	15.67



# NHS 111 Post Event Message (PEM)

- Real time report of patient's interaction with 111 sent into Own GP clinical system
- Provides information about the whole case.
- This is your communication with Own GP & is what goes on the patients medical record.



The screenshot displays the EMIS Web Health Core System interface for GP Practice CR5 260010 - 260010. The interface includes a top navigation bar with 'Workflow Manager' and 'Internal Email' tabs. Below this is a toolbar with various icons for actions like 'Change Owner', 'View History', 'Add Note', 'High Priority', 'Print', 'Open Document', 'Find Patient', and 'Rejed Document'. A 'Documents' section shows a table with columns for 'Created', 'Due', and 'Details'. The table contains one entry: '07-Feb-2014', '10-Feb-2014', and 'Inbound Document: Unmatched'. Below the table is a 'Details' section with a 'Document' tab selected. The 'Document' tab shows 'Administrative' and 'Clinical' options, with 'Clinical' circled in red. The patient's details are displayed below, including name, date of birth, gender, NHS number, and contact information. The patient's reported condition is also visible at the bottom.

Created	Due	Details
07-Feb-2014	10-Feb-2014	Inbound Document: Unmatched

Administrative **Clinical** Embedded Document

JOE, Blogg(Mr) Born 02-Nov-1981 Gender Male Unverified NHS No. 8536239859  
Local Patient ID K12345

Home Address 17, County Avenue Woodtown Medway ME5 FS3  
Home Phone 01634775667  
Vacation/Temporary Phone 01634451628  
Home Email Joe.Blogg@emailfree.co.uk

GP Practice Medway Medical Practice  
Springer Street  
Medway  
ME5 5TY  
Phone 01634111222

**Patient's Reported Condition**  
Patient has a insect bite.

Workflow Manager screen with the Clinical option circled in red

# Ambulance Response Programme

LAS provide an integrated approach to managing Urgent and Emergency care.

**Working to ensure all patients get the most appropriate response irrelevant of what number they call.**

Providing a Pan London validation service across all 111 contracts and supporting crews on scene to support hospital avoidance.


Category	Types of calls	Response standard	Likely % of workload	Response details
<b>Category 1</b> (Life-threatening event)	Previous Red 1 calls and some Red 2s, including: <ul style="list-style-type: none"> <li>• Cardiac arrests</li> <li>• Choking?</li> <li>• Unconscious</li> <li>• Continuous fitting</li> <li>• Not alert after a fall or trauma</li> <li>• Allergic reaction with breathing problems</li> </ul>	7 minutes mean response time  15 minutes 90 <sup>th</sup> centile response time	Approx. 250 incidents a day (8% of total workload)	<ul style="list-style-type: none"> <li>• Response time measured with arrival of first emergency responder</li> <li>• Will be attended by single responders and ambulance crews</li> <li>• The only category that rest breaks will be interrupted to attend</li> </ul>
<b>Category 2</b> (Emergency – potentially serious incident)	Previous Red 2 calls and some previous C1s, including: <ul style="list-style-type: none"> <li>• Stroke patients</li> <li>• Fainting – not alert</li> <li>• Chest pain</li> <li>• RTCs</li> <li>• Major burns</li> <li>• Sepsis</li> </ul>	18 minutes mean response time  40 minutes 90 <sup>th</sup> centile response time	48%	<ul style="list-style-type: none"> <li>• Response time measured with arrival of transporting vehicle (or first emergency responder if patient does not need to be conveyed)</li> <li>• Some Category 2 calls will be attended by single responder if an ambulance is not available for dispatch within eight minutes of call being received</li> </ul>
<b>Category 3</b> (Urgent problem)	<ul style="list-style-type: none"> <li>• Falls</li> <li>• Fainting – now alert</li> <li>• Diabetic problems</li> <li>• Isolated limb fractures</li> <li>• Abdominal pain</li> </ul>	Maximum of 120 minutes  (120 minutes 90 <sup>th</sup> centile response time)	34%	<ul style="list-style-type: none"> <li>• Response time measured with arrival of transporting vehicle</li> </ul>
<b>Category 4</b> (Less urgent problem)	<ul style="list-style-type: none"> <li>• Diarrhoea</li> <li>• Vomiting</li> <li>• Non-traumatic back pain</li> <li>• HCP admission</li> </ul>	Maximum of 180 minutes  (180 minutes 90 <sup>th</sup> centile response time)	10%	<ul style="list-style-type: none"> <li>• Maybe managed through hear and treat</li> <li>• Response time measured with arrival of transporting vehicle</li> </ul>




# Partnership Working

 System Wide Engagement - breaking barriers to allow improved patient journey

 Local provider partnerships – improved resilience and shared workforce

 General Practice Support Service – integrating Urgent & Primary care to deliver Fuller

 Future Procurement – working with commissioners to innovate future service model

# Questions



# Resources and useful contacts



- **Monthly newsletters to stakeholders** – Get the latest news from LAS each month. Contact [londamb.StakeholderEngagement@nhs.net](mailto:londamb.StakeholderEngagement@nhs.net) to receive these updates.
- **London Lifesavers campaign** – Sign up for training with our experts and promote the campaign to your community and secondary schools. Contact [londamb.londonlifesaver@nhs.net](mailto:londamb.londonlifesaver@nhs.net) or visit our website for more information.
- Read our new **LAS Strategy 2023-28** on our [website](#) and share with communities.
- Hear more from our teams in your local stations and sector. Contact [londamb.StakeholderEngagement@nhs.net](mailto:londamb.StakeholderEngagement@nhs.net).
- Work, volunteer or study with us. Contact [londamb.999recruitment@nhs.net](mailto:londamb.999recruitment@nhs.net) or [londamb.graduaterecruitment@nhs.net](mailto:londamb.graduaterecruitment@nhs.net) to contact our recruitment department.



# London Ambulance Charity



- The London Ambulance Charity is the official NHS charity of LAS.
- We advance the services provided by London Ambulance Service through the following:
  - Enhancing staff and volunteers' physical and mental wellbeing
  - Increasing community resilience through CPR training and community access defibrillators
  - Promote innovation, transformation and efficient new ways of working
- Donations to the London Ambulance Charity have been used to fund things like Wellbeing Support Vehicles, outdoor gardens and rest areas at ambulance stations, and a staff hardship fund
- Your compassionate support funds these important initiatives. You can give online (<https://www.justgiving.com/londonambulance-service>) or text **GIVEFIVE** to **70460** to donate £5.