September 2016

"The London Ambulance Service (LAS) believes it is important to keep in touch with GPs. We hope you enjoy our latest newsletter and we welcome your feedback."

Supporting Frequent Callers

London Ambulance Service was joined by a Darzi fellow, who worked with us to look at how the Service can support and mange frequent callers.

The Frequent Caller Ambulance National Network defines a frequent caller as any patient who calls 5 or more times in a month or 12 or more times in 3 months from a residential address. Frequent callers may exceed this considerably, with some calling the Service numerous times a day.

Figures suggest that in 2015 there were 1,622 frequent callers to the Service, generating 49,534 incidents. Patients are taken to an emergency department in 80% of incidents, leading to an estimated 7000 admissions each year.

Frequent callers are estimated to cost the Service over £4 million a year, with the cost to the wider health economy estimated at £18.8 million annually.

London Ambulance Service recognises that these patients have a range of complex needs and we have been taking a number of innovative approaches to support frequent callers and find solutions that work for them and reduce calls to us and other emergency services or parts of the health service.

Dave and his team developed strategies to improve how we work together across organisations to

support these patients as many have complex, social, physical and/or mental health needs which can only be addressed if we all work together.

How can you help?

You may be contacted by your local LAS team regarding patients on your practice list who have been identified as frequent callers. Sometimes this is just to inform you of the situation in case there are any practice-level interventions you can implement. However occasionally we may contact you to arrange a multidisciplinary meeting or help us to develop a care plan, patient specific protocol (PSP) or special patient note (SPN) in order to support clinicians on-scene to manage these patients in the most appropriate way depending on their individual needs. We would be grateful for your support and cooperation with these requests.

We would also appreciate your feedback regarding ways we can work together to support you and your practice.

Inspection of NHS 111- South East London

We have been informed that the CQC is due to carry out an inspection of our NHS 111 service at the end of September.

GPs and out-of-hours providers in the South East may be approached by the CQC in advance of the inspection to share their views of the service.

Clinical update

Respiratory Rate - Why is it important?

Alveolar ventilation (a product of respiratory rate and tidal volume) is carefully controlled by central and peripheral chemoreceptors and lung receptors. Ventilation is driven by both the arterial partial pressure of oxygen (PaO2) and the arterial partial pressure of carbon dioxide (PaCO2), with PaCO2 being the most important driver. In illness, when hypoxaemic and hypercarbic, the body responds by increasing both tidal volume and respiratory rate.

An adult with a respiratory rate of over 20 breaths/minute is probably unwell, and an adult with a respiratory rate of over 24 breaths/minute may be critically ill.

Is pulse oximetry a valid alternative?

Pulse oximetry measurement has not been demonstrated to be a specific indicator of serious illness and does not reflect adequate alveolar ventilation – a blood gas is needed to detect hypercarbia. It is also influenced by poor peripheral perfusion at measurement site, such as in hypothermia or shock. Pulse oximetry compliments the respiratory rate but is not a replacement. Do not be falsely reassured by a normal oximetry reading as this may represent compensatory mechanisms.

Tips

- Do expose the chest (you can be very easily fooled by well clad children)
- Don’t tell the patient you are counting their breathing rate, as their instinct is to breathe faster
- You may have some “tricks” to divert the patient’s attention, for example tell the patient “I am checking your pulse” may quieten them. Rest the patients hand on their abdomen and you can time the rises and falls of their hand.
- Avoid the term “hyperventilation” which has a connotation of anxiety. A patient having a stroke or a pulmonary embolus may be very anxious and breathless (tachypnoea and if there is any effort of breathing ‘breathlessness’ or dyspnoea is the preferred terminology)
- Don’t miss out, estimate or make up the respiratory rate
- Don`t use an app to check the respiratory rate (as not validated).

Mental Health Support

We recently increased the support guidance available to staff when dealing with mental health patients. The guidance specifically reflects changes to Section 136 in line with changes to Mental Health Crisis Care Concordat (2014). We have also amended the memorandum of understanding we have with Metropolitan Police Service to reflect these changes.

In addition to the updated guidance for staff we have been working with a range of partners to increase staff awareness. This includes: introducing a mental health risk awareness tool to help frontline staff assess mental health patients; working with University College London and the Alzheimer's Society to run dementia awareness sessions; and including cognitive assessment and dementia as part of our skills training sessions for staff to increase their understanding of how to identify cognitive impairment in patients who may have signs of dementia.

In 2015 we introduced mental health nurses to our control room. This fantastic resource enables us to provide mental health patients with th emost appropriate support, recognising that most mental health patients do not require or want a frontline ambulance but need the right support.

Update on Coordinate My Care

Coordinate My Care (CMC) is a clinical NHS service that supports patients in urgent care situations. Together with their clinicians, patients may record their preferences and wishes within an electronic personalised urgent care plan that also includes clinical information and relevant medical history. This care plan can be viewed by all the healthcare professional teams involved in the patient's care twenty four hours a day, seven days a week and ensures that the patient is at the heart of their own healthcare.

CMC in urgent care situations

The service is increasingly seeing the application of CMC beyond palliative care beginnings from which it started and it is becoming more and more apparent that CMC could play an important role for other patient cohorts, such as those with long-term medical conditions where an urgent care situation could arise more frequently and in specific areas such as dementia or chronic respiratory disease. For this reason , in July 2016, CMC expanded its remit to include urgent care patients.

How can CMC help GPs

NHS England recently issued guidance for primary care clinicians on how to avoid unplanned admissions (AUA) among specific patient groups. As part of this AUA national scheme GPs are required to provide more personalised support to patients most at risk of unplanned admission, readmission and A&E attendances, currently estimated at 2% of the population, to help them better manage their health. The CMC service can help support GPs in developing personalised care plans for this patient group.

To see how CMC might benefit your patients or for further information please contact the CMC team on coordinatemycare@nhs.net