



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

Emergency Bed Service (EBS)

Our EBS staff help to arrange **emergency admissions**, collect and disseminate **hospital capacity information**, and facilitate inter-hospital transfers. EBS also supports LAS crews in referring non-conveyed patients to appropriate services.

EBS currently refers 1200-1400 **elderly fallers** a month, more or less immediately, to either their **GP** or in some boroughs a specialist falls service, and provides a similar service for non-conveyed hypoglycaemic patients. Each referral contains comprehensive demographic and clinical information about the patient, designed to allow a clinician to best assess what follow-up if any is most appropriate.

In addition, we deal with upwards of 2,500 referrals a month in cases where social services need to be informed of child protection concerns or **safeguarding issues** relating to adults at risk. Through 2013/14 and beyond, EBS will continue to contribute to the trust's aim to provide better, more appropriate and cost-effective treatment to our less urgent patients.

Read more about EBS at: www.londonambulance.nhs.uk/health_professionals.aspx



Visit our website
Read more about the subjects covered:
www.londonambulance.nhs.uk

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Mental Health ACPs



New **Alternative Care Pathways (ACP)** went live on 15th March at nine Mental Health (MH) Trusts across London. It is anticipated that these ACPs will allow for continuity of care and will reduce the occurrence of MH patients being unnecessarily conveyed to the ED.

Although the ACPs are different for each trust, they are all based on the same principles:

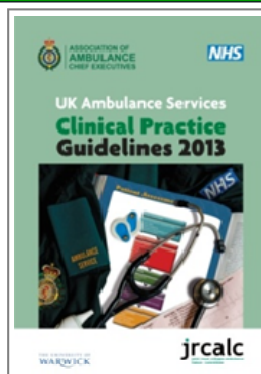
1. Patients who present with mental health issues and show signs of intoxication (drugs/ alcohol), injuries or medical illnesses will be conveyed to the local ED.
2. Patients who present with mental health issues and no complications:
 - With unknown diagnosis/not under a **local MH team** – will be conveyed to the local ED
 - With a known diagnosis/local care plan – crew should liaise with the local MH teams and decide on a management plan. This may include being conveyed to a specific named location, or left at home for later contact/visit by a MH professional.
3. Patient suffering with MH issues calls 999, an ambulance is dispatched and patient receives a face-to-face LAS assessment.

If the patient meets the ACP criteria, the crew will contact the appropriate clinician within the designated trust to discuss the presentation and develop a **treatment plan**.

JRCALC guidelines

The Joint Royal Colleges Ambulance Liaison Committee (JRCALC) publishes **clinical guidelines** for NHS Ambulance personnel in conjunction with the Association of Ambulance Chief Executives (AACE). These systematically-developed, evidence-based and peer-reviewed guidelines are used by all ambulance services, and are updated on a five-yearly cycle.

The 2013 edition has recently been released and will be issued to LAS crews over the coming weeks. Changes include the introduction of **new medicines**: dexamethasone, ondansetron, intravenous paracetamol and intravenous tranexamic acid. Clinicians from LAS were involved in development and review of many of the topics and in the final editing. Read more at: www.jrcalc.org.uk/guidelines.html



LAS calls for more defibrillators



In 2011, 56 people died in London from a fire compared with 10,000 who suffered an out of hospital cardiac arrest - yet fire extinguishers are statutory in every building and defibrillators are not.

On 25 March, MPs paid tribute to the work of the Service during a Westminster Hall debate on how the government should make CPR training and defibrillators more readily available to communities in order to save more lives.

To read more, see our News page at:
www.londonambulance.nhs.uk