



"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."

January 2015

Dedicated HCP phonenumber

The London Ambulance Service would like to encourage GPs to use its dedicated healthcare professionals (HCP) telephone line for admissions. This allows for more appropriate responses and improved quality of care for our mutual patients.

The line is staffed by Emergency Medical Dispatchers and GPs can call the number 24/7.

HCP calls are triaged to identify the best transport option:

- Can your patient arrange their own transport?
- Can you help your patient organise a taxi?
- Is your patient suitable for taxi/car or PTS non-emergency transport arranged by LAS?
- Is an ambulance the only option? LAS will organise an Emergency Ambulance – a clinical discussion will take place to agree a time-frame. If no referring clinician is available then a 4 hour window will be given for LAS to arrive with the patient .



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

Please only dial 999 if there is an immediate life-threatening emergency

A number of incomplete requests are coming from GP receptionists and we encourage the attending clinician to use the HCP line.

HCP phone number: (not displayed on public website) - if you do not have the number, please contact us at LAS.GP-Enquiry@lond-amb.nhs.uk

SBAR - handover framework

S	<p>Situation: I am Dr (name) in (XX) practice I am calling about (patient X) I am calling because I am concerned that / I am unsure about / the patient needs</p>
B	<p>Background: Patient (X) has been having / was seen on (XX date) with They have previously had (X operation/procedure/ investigation) Their other history includes Their normal condition is (e.g. alert/drowsy/ confused/self-caring)</p>
A	<p>Assessment: On examination I have found (e.g. wound inflamed, BP raised, breathingXX) I think the problem is / may be OR I don't know what's wrong but I am concerned</p>
R	<p>Recommendation: I need you to ... See the patient (when?) / Advise me what to do (when? what next?)</p>

Ask receiver to repeat key information to ensure understanding

How does SBAR help?

SBAR is an easy to remember tool which GPs and ambulance crews can use to frame conversations, especially critical ones, requiring a clinician's attention and action. It enables you to clarify what information should be communicated when handing over. It can also help you to develop teamwork and foster a culture of **patient safety**.

The tool consists of standardised prompt questions within four sections (Situation, Background, Assessment, Recommendations) to ensure that staff are sharing concise, relevant and focused information. It allows the clinician to communicate assertively and effectively, reducing the need for repetition.

Using SBAR prompts staff to formulate information with the right level of detail. The tool helps staff anticipate the information needed by colleagues and encourages assessment skills.

When does SBAR work best?

The tool can be used to shape communication at any stage of the patient's journey, from a GP speaking with the ambulance, or making an acute hospital referral, through to communicating discharge back to a GP. We are encouraging ambulance crews to use this when handing over in primary and secondary care. They will make a recommendation which ensures that the reason for the communication is clear. This is particularly important in situations where a clinician may be uncomfortable about making a recommendation i.e. those who are inexperienced or who need to communicate up the hierarchy. The use of SBAR prevents the hit and miss process of 'hinting and hoping'.

Clock start trial

NHS England has announced that the LAS, along with South Western Ambulance Service, will be involved in a pilot scheme to increase the time that call takers have to assess some 999 calls. The proposal will see a trial allowing an extra 120 seconds to make a further assessment of Red 2 calls to determine the best response to the patient.

It is hoped that this will reduce the number of double dispatches, freeing up more ambulances to respond to more patients, and will also allow the 999 response to be more accurately targeted to patient need, improving the service as a whole.

For the most serious Red 1 calls, ambulances will continue to be dispatched immediately.

