



*"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."*

May 2015

## Elderly Fallers

The LAS recently published a research paper about elderly fallers entitled: *"A clinical audit evaluating the care provided by the London Ambulance Service to elderly patients who have suffered a ground level fall"*.



### Key findings:

- When an older person falls, there is a 50% chance that their mobility will be seriously impaired and a 10% chance that they will die within a year.
- In 2013/14, elderly fallers made up nearly 8% of LAS ambulance calls. Unfortunately a small number of these calls resulted in serious incidents, whereby the response provided, or lack of patient assessment, had negative consequences for the patient. As a result, a clinical audit was carried out to assess the care provided to elderly fallers.
- The clinical audit found that for the majority of patients the LAS assessed and conveyed patients appropriately.
- However, for patients that were not conveyed to hospital, more referrals are needed.
- There was no difference in response times to patients who were found to have died at 90 day follow-up compared with those who were still alive after this time.

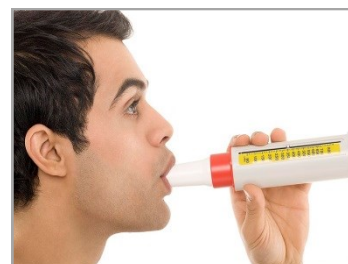
To obtain a full copy of the report, please email: [LAS.GP-Enquiry@lond-amb.nhs.uk](mailto:LAS.GP-Enquiry@lond-amb.nhs.uk)



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## Peak Expiry Flow Rate (PEFR)

In 2014 the LAS responded to over 60,000 patients with difficulty in breathing, including asthma. The Association of Ambulance Chief Executives' National Clinical Guidelines recommend performing peak expiratory flow rate (PEFR) to assess asthma severity and to help determine treatments and need for hospitalisation. However, performing PEFR in the pre-hospital setting is challenging, due to:



**Severity of symptoms** - Patients are often unable to perform a PEFR and the priority is to administer nebulized Salbutamol.

**Poor asthma management** - Many patients do not know their normal PEFR so a comparison cannot be made. It is also rare for an asthmatic to have a PEFR diary detailing whether or not their asthma is properly controlled.

**Educational needs** - Some patients are unable to perform a PEFR as they are unfamiliar with the meter, despite having been prescribed an inhaled beta-agonist.

### Recommendations for GPs:

- Ensure your patient knows: 1) what is their normal peak flow? 2) what is the baseline oxygen saturation?
- Establish a plan for management of exacerbation, i.e. what should the patient do? Who should they call? (111, 999, OOH GP) When do they go to UCC/WIC?
- The above points would form a useful in-house discussion between the doctors and practice nurses at your surgery.
- Take this opportunity to review your nebulizers!
- Are your locums familiar with the nebulizer and do they know where the nebulizer and medicines are kept?

## National Early Warning Score (NEWS)

The presence of various early warning scoring systems in hospitals across the UK is leading to a lack of consistency in detecting if a patient's condition deteriorates. The Royal College of Physicians advocates standardising the use of a single National Early Warning Score (NEWS) across the NHS in order to drive forward the 'step change' needed in the assessment and response to acute illness.

Below is a link to further information including an e-learning tool and downloadable charts :

<http://tinyurl.com/nk75ubz>

NAME	DOB	ADMISSION DATE	NEWS	NEWS DATE
MR JONES	12/03/1950	15/05/2015	5	15/05/2015
MR SMITH	08/07/1965	15/05/2015	3	15/05/2015
MR BROWN	22/11/1978	15/05/2015	4	15/05/2015
MR GREEN	05/09/1985	15/05/2015	2	15/05/2015
MR BLACK	18/02/1992	15/05/2015	6	15/05/2015
MR WHITE	30/06/1998	15/05/2015	1	15/05/2015
MR GRAY	14/01/2005	15/05/2015	7	15/05/2015
MR PINK	27/04/2010	15/05/2015	0	15/05/2015
MR GOLD	10/08/2012	15/05/2015	8	15/05/2015
MR SILVER	23/10/2014	15/05/2015	9	15/05/2015