



Welcome to the 2nd edition

Conveying patients to Specialist Care Centres (Acute)

The LAS is committed to conveying patients to the right place, first time. This is particularly important regarding critically unwell patients. Pathways are in place across London for **stroke (FAST +)**, ST elevation myocardial infarction (**STEMI**) and major trauma patients. At these centres patients receive immediate access to consultant led care. Stroke patients have rapid access to **CT scanning** and **thrombolysis**, STEMI patients receive immediate **angioplasty** if indicated and major trauma patients have fast access to **CT scanning, blood transfusion and surgery**.

When calling 999 for confirmed STEMI and stroke patients please bear in mind that it may be appropriate to refer them to the nearest **Heart Attack Centre (HAC)** or **Hyper Acute Stroke Unit (HASU)** rather than a local emergency department. In London we now have 8 HASUs, 9 HACs and 4 **Major Trauma Centres (MTCs)** which are all open 24/7. For more details, click here: www.londonambulance.nhs.uk/calling_999/emergency_trauma_care.aspx



For further information on all points covered in this newsletter please visit www.londonambulance.nhs.uk

CQUINS explained...

CQUIN stands for 'Commissioning for Quality and Innovation' - a framework that enables rewards for excellence and achievement against local quality improvement goals.

CQUINs for 2011/12 have focused on:

- A reduction in number of patients conveyed to local Emergency Departments (EDs), with a reciprocal increase in patients referred or conveyed to other Appropriate Care Pathways (ACPs) such as Walk-in Centres, HASUs or District Nursing Teams.
- An increase in the number of patients whose calls are closed via 'hear and treat'.
- Commencement of referrals of non-conveyed elderly fallers to their GP - resulting in a total of just under 1200 referrals being made in the month of Feb 12.
- Engaging with local OOH providers and the development of the 'Coordinate my Care' system to store and provide accessibility to end-of-life care records/plans.

Planned CQUINs for 2012/13 will include:

- Continued increase of use of ACPs and therefore a reduction in ED conveyance rate.
- Focus on improved communication with local GPs/specialist teams around the management of diabetics, e.g. those who have recovered from a hypoglycaemic incident.
- Building on current work in the area of health promotion and management of patients who are under the influence of alcohol.

LAS contact details

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Please send general enquiries to our Patient Experiences Department:
PED@lond-amb.nhs.uk

GP's guide to arranging ambulance transport

Please see the January edition of GP News or email:

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Gearing up for the Games

LAS preparations for the Olympics 2012 are well underway, with just a few months to go. The Service's main role will be to provide ambulances and frontline staff to LOCOG who will be the main first aid and emergency healthcare provider at the Games venues. Ambulance staff will cover cultural events across London, and teams of staff on foot or cycles will operate in busy areas such as Stratford and St Pancras stations.



The Games in Numbers

- £7.6m** - Funding from the Department of Health to provide a response to the Games
- 440** - Approximate number of staff who will be working on the Games, including those from other NHS ambulance services across the country
- 70** - The number of ambulances available for Games venues
- 5.6%** - Expected increase in demand during the Games, rising to about 9% at peak times

For more details, please visit our website: www.londonambulance.nhs.uk/about_us/2012_games.aspx#role



Did you know?

On average the LAS attends **6500** elderly fallers (65+) every month