



"The LAS believes it is important to keep in touch with GPs. We hope you enjoy this month's newsletter and we welcome your thoughts on the subjects featured."

Olympics 2012 - how can GPs help?

The **London 2012 Olympic & Paralympic Games** are finally here and London is welcoming thousands of visitors per day. They are coming to enjoy the Games and related events, but some will inevitably be taken ill or suffer injuries. The Service is predicting a **4-5% rise in call volume**, and road closures and congestion will increase the time taken to respond to incidents. Please try to help the LAS by considering the following:

- Does your patient really need an ambulance to get to hospital or could they travel by car or ambulance?
- Can your patient be better managed in the community?
- Do your patients know how to access OOHs GPs or where their local UCC or MIU is?



We would like to thank you for your support. For details surrounding LAS preparations for the Games please visit: www.londonambulance.nhs.uk/about_us/2012_games.aspx

Comparing UK Ambulance Trusts

GPs work closely with the LAS, but how do you know whether our Service is comparable with others? From April 2011, all ambulance services in England began measuring and reporting against **11 clinical quality indicators (CQIs)**, allowing our data to be compared with that of other Ambulance Trusts. These include 'cardiac arrest - survival to discharge', 'time to answer calls' and 'service experience'.

The Service publishes the latest data on performance against the CQIs in the form of a dashboard which shows how we are doing in each area. We closely monitor our figures and use the information to continue to improve the quality of care and treatment we provide to our patients.



The LAS is pleased to report that in 2011/12 we came 1st in the following categories: **Cat A19 Performance (reaching urgent calls within 19 mins)** | **Call Abandonment Rate** | **Cardiac Arrest - survival to discharge (Utstein)** | **Time to answer calls (Median)** | **Time to treatment (Cat A) - 95%**

For a full list of the CQIs and access to the dashboard, please click here: www.londonambulance.nhs.uk/about_us/how_we_are_doing/clinical_quality_indicators.aspx

CQUINS - diabetes referrals

CQUINS = 'Commissioning for Quality & Innovation'

Diabetes is an area of clinical care with a high level of focus this year. There are 2 initiatives that are currently being implemented and they will be evaluated in early 2013:

1. Where an insulin dependant diabetic patient has had a hypoglycaemic episode, has recovered post-treatment and declined conveyance to the Emergency Department — these patients will be offered a telephone ring-back 2 hours post discharge to check on their condition as well as **referring them back to their GP** who in turn may choose to make an onward referral to a specialist team or recommend a medication review.
2. As standard practice, the LAS takes a BM on any patient attended who is over 40 years old. Where this is raised (>8mmol) and the patient is well, the patient will be referred to their GP and it is hoped that the information will be used to screen the patient for either **un-diagnosed diabetes** or **impaired glucose tolerance / prediabetes**.



For further information on all subjects covered in this newsletter please visit:

www.londonambulance.nhs.uk

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Please send all general enquiries to the Patient Experiences Department:

PED@lond-amb.nhs.uk

£5 million

The LAS saved the health economy this amount of money in 2011/12 by reducing the number of patients conveyed to Emergency Departments.

GPs requesting ambulance transfers

If a patient requires an ambulance, there are 4 levels of urgency for transportation:

- 8 min 'blue-light'
- 30 min 'blue-light'
- 60 min non 'blue-light'
- Over 60 minutes

Please choose wisely and refer to the LAS website for full details.