



**NHS**

**Yorkshire  
Ambulance Service**  
NHS Trust

**NHS**

# National Frameworks for Health Care Professional Ambulance Responses and Inter-Facility Transfers

September 2019



NHS England and NHS Improvement



# Introduction

The presentation provides

- Background leading to the development of National Frameworks for Health Care Professional (HCP) Responses and Inter-Facility Transfers (IFTs)
- An outline of the Frameworks
- The benefits of the Frameworks
- The results of the pilot
- The changes seen by HCPs and Hospitals

# Why National Frameworks?

- Following the full implementation of the Ambulance Response Programme (ARP) operating model, NHS England and Ambulance Trust leaders initiated work through the ARP Implementation Group to extend these principles to requests for ambulance transport received from Health Care Professionals (HCPs) and for Inter-Facility Transfers (IFTs)
- The pilot was tested in North West Ambulance Service (NWAS) and West Midlands Ambulance Service (WMAS)
- The benefits of the pilot were to achieve:
  - equity of access for seriously ill or injured patients;
  - consistent definitions for high acuity responses (Level 1 and 2) mapped to the equivalent 999 response priorities (Category 1 and 2 respectively);
  - opportunity for local innovation and acknowledgement of different contractual and commissioning arrangements for lower acuity incidents (Level 3 and 4); and
  - reporting of HCP and IFT incidents separately to other 999 activity, and in a way that allows comparison and assures transparency.

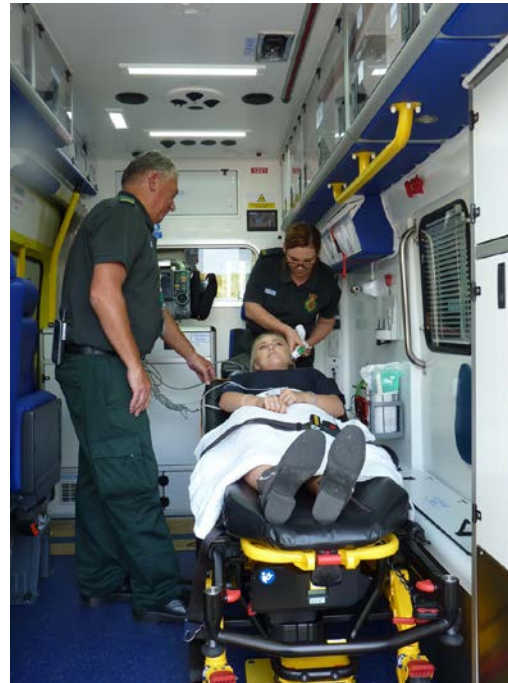
# National Frameworks



## National Framework for Healthcare Professional Ambulance Responses

NHS England and NHS Improvement

---



## National Framework for Inter- Facility Transfers

NHS England and NHS Improvement

---

# HCP and IFT Pilot Results

- Successful pilots implemented in North West Ambulance Service (NWAS) and West Midlands Ambulance Service (WMAS)
- The frameworks were well received
- They support the clinical needs of patients
- There were no serious incidents associated with the pilot
- They support demand management
- Frameworks and an associated dataset enable parity of response by each category between calls originating from 999, HCP and IFT

# National Roll-out of Frameworks

- Approved for national roll-out at the National Ambulance Service Medical Directors Group (NASMED) and the Ambulance Response Programme Implementation Group
- YAS to implement on 9 October 2019; national reporting available via the Ambulance Quality Indicators from October 2019
- All ambulance trusts to engage with local HCPs and hospitals utilising national communication documentation
- Frameworks will be included within ambulance trust contracts

## What changes will HCPs and Hospitals see?

- A dedicated telephone number for HCPs
- Requests for immediately life-threatening situations/responses made by HCPs and hospitals managed through the 999 triage system – **promotes better prioritisation**
- One or more resources sent to life-threatening emergency requests – **better care for patients**
- Call handlers asking specific questions relating to the frameworks (e.g. vital signs or NEWS2) alongside standard questions such as urgency of the request - **better prioritisation**
- New HCP and IFT materials outlining the new frameworks – **easier to read and use**

# National HCP Framework

There are four levels of healthcare professional response:

HCP Level 1	HCP Level 2	HCP Level 3	HCP Level 4
<p>Category 1 response 7 minute mean response time</p>	<p>Category 2 response 18 minute mean response</p>	<p>Locally commissioned response</p> <p>A response timeframe within 2 hours arrival at the patient (90th centile ) should be applied</p>	<p>Locally commissioned response</p> <p>Where this is commissioned a set timeframe of a 4 hour response arrival at the patient (90<sup>th</sup> centile) should be applied</p>



# National IFT Framework

There are four levels of IFT response:

IFT Level 1	IFT Level 2	IFT Level 3	IFT Level 4
Category 1 response 7 minute mean response time	Category 2 response 18 minute mean response	Locally commissioned response  Between 30 minute and 2 hour response (90 <sup>th</sup> centile)	Locally commissioned response  Timeframe outside of ARP standards and will be determined through local commissioning arrangements

## What information will I need to make the call?

- Demographics (name, DOB, NHS number, address, etc)
- Vital signs measurement or NEWS score, wherever possible
- Clinical reason for transfer or admission
- Mobility (e.g. walking, wheelchair, stretcher)
- Infections / risk of infection
- Clinical interventions necessary and escort requirement
- If the patient can travel in an ambulance with other patients
- HCP direct telephone number, name and role or deputy
- Patient's telephone number (admissions)
- Any additional information you feel is relevant
- **NB: life-threatening or emergency requests are not suitable to be requested by a bed bureau or single point of contact arrangement.**

## National HCP Framework – NEWS2

- All patients requiring a HCP Level 2 are wherever possible, to have their vital signs measured
- The National HCP Framework includes questions in relation to NEWS2, to be provided if possible
- Question Two – Requesting an Emergency Response (ARP Cat 2):
  - Patients <16 years and/or pregnant – NEWS2 not required
  - Patients  $\geq 16$  years and not pregnant – NEWS2 is required unless exceptional circumstances
  - A NEWS2 of  $\geq 7$  will trigger an Emergency response
  - If NEWS2  $\geq 5$  and potential sepsis or meningitis, it will trigger an Emergency response
  - If a NEWS2 is <7 or **unknown** the HCP will be asked to detail the clinical reason



**NHS**

**Yorkshire  
Ambulance Service**  
NHS Trust

**NHS**



**Any questions?**