

Presentation to Joint Health and Overview Scrutiny Committee

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Intelligence Conveyance

- Aim to proactively balance surges in ambulance arrivals into Emergency Departments and also provide a cap on the number in any rolling hour.
- This is not a policy but a process that was brought about to assist with preventing queuing of ambulances.
- Subject to external review which has looked at a number of factors.
- Its having the desired effect of minimising the surge impact of LAS ambulance arrivals at EDs across London.



Intelligence Conveyance

- **Current design** of IC is likely to be most effective at EDs that are not on the boundaries of London and where there are a greater number of alternative EDs nearby that are less busy.
- The **current design** is likely to be less effective at EDs that are more isolated, are surrounded by other busy EDs and/or are receiving ambulances from other areas.

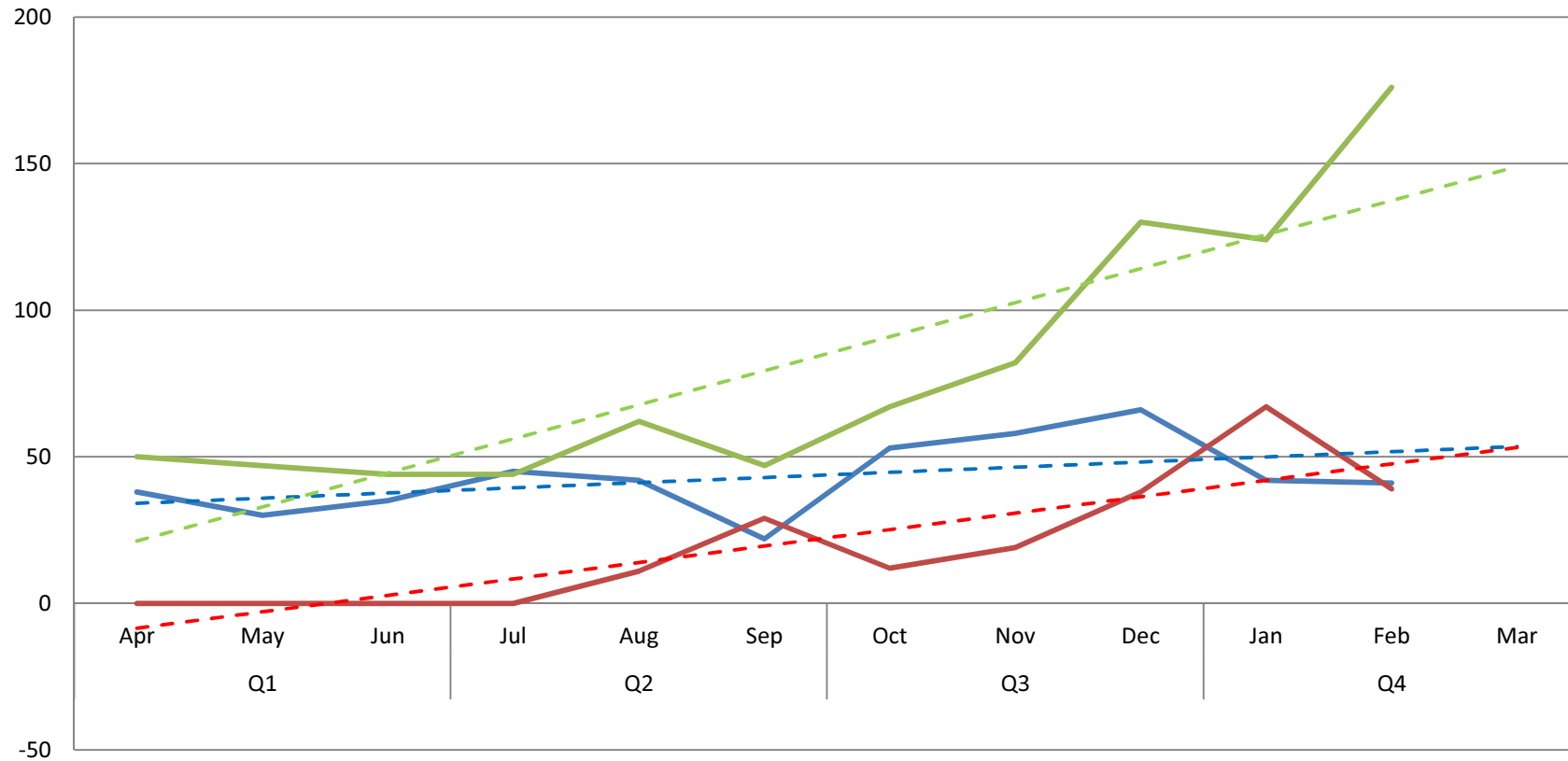


Improvements

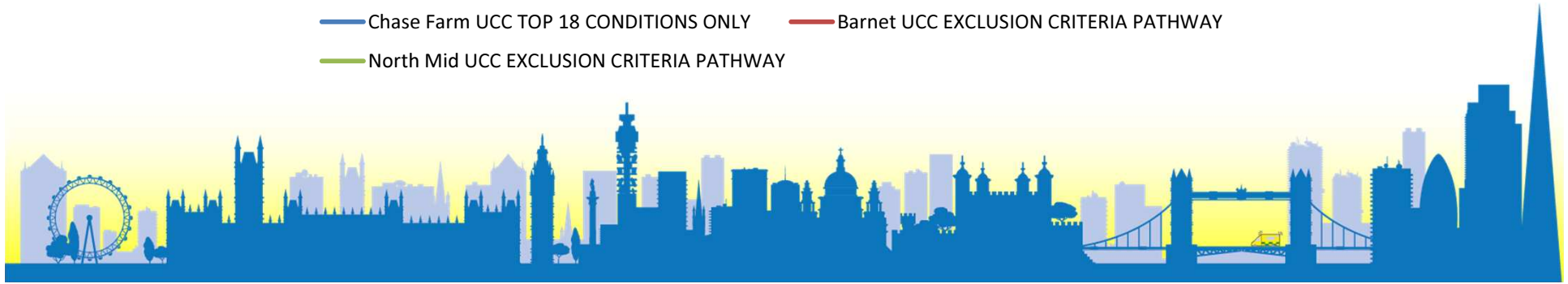
- Increased communications and training of staff regarding alternative EDs and ACP use.
- Feed in destination and arrival data for out of region ambulances.
- Consider more tailored thresholds to account for local issues.
- Produce list of 360 degree options.



LAS use of UCC in BEH



— Chase Farm UCC TOP 18 CONDITIONS ONLY — Barnet UCC EXCLUSION CRITERIA PATHWAY
— North Mid UCC EXCLUSION CRITERIA PATHWAY



What else are we doing?

- ACP usage is increasing (126 patients in January, 176 in February at NMUH)
- Put in local senior clinician to support crews at Barnet, work ongoing to introduce same at NMUH in April.
- Working together to improve.
- Ensuring LAS staff have the criteria for UCC use and change culture.
- Already London wide managing patients differently.
- Working with both sites to support change in processes.

