

999 Ambulance calls: what's the procedure?

Some residents have asked how the Ambulance Service deals with emergency calls. Here's some information from discussion with ambulance officials.

Who responds to a call?

Ambulance crews, and First Responders when available. The latter are community-based, so can generally reach an emergency quickly, to provide reassurance and make assessments before the ambulance arrives, sometimes saving a life in the process. Two types of First Responder serve our area.

1. Fire Service Co-Responders. Retained fire fighters trained by the Ambulance Service to attend emergency calls as part of their role with the fire and rescue service. *They are called out only for emergencies judged to be immediately life-threatening.* Fire Service Co-Responders are paid an honorarium for being 'on call' and for attending at an emergency.

2. Community First Responders. Trained volunteer members of the public called out to any category of emergency. They receive no financial reward. Their availability depends on work and family commitments. Community First Responders are not called to drug or alcohol incidents, to any incident where there are safety concerns, or to road traffic collisions.

Sometimes a known Fire Service Co-Responder may be nearby to an incident and will offer or be asked for help. In these cases the Responder is acting independently as a (very knowledgeable) citizen outside the official call-handling system.

The Lyme fire crew includes several Co-Responders. Currently the nearest volunteer Community First Responders are in Chideock and Bridport. Axminster and Seaton have Fire Service Co-Responders; Honiton has a Community First Responder team. The South West Ambulance Service will be recruiting for Community First Responders towards the end of this year or early next year, with Lyme Regis a targeted area. In the meantime, anybody interested in becoming a Community First Responder can contact david.toman@swast.nhs.uk. David can explain the role and let you know when recruiting opens.

What happens to a 999 call?

Ambulance crews and First Responders are allocated to incidents by the 999 Control Room, or 'Clinical Hub'.

The call handler asks essential questions to quickly assess the clinical need and categorise the incident, then activates the response by calling on the nearest Responders and ambulance crew. Priority goes to the most time-critical patients, so the sickest patient will receive help before someone less sick who may have been waiting longer. County boundaries are irrelevant when the system identifies the nearest units.

Ambulance resources may be diverted from one incident to a higher priority emergency. This means that when answering a 999 call, the call handler cannot know for certain how long the response will take.

The call handlers are also trained to provide medical advice over the telephone where necessary, and are supported by Clinical Supervisors with oversight of all incidents.

The categories of 999 incidents

Category 1: immediately life-threatening, eg heart failure / not breathing (about 8% of calls). The target response time is 15 minutes or less on at least 90% of occasions, with an average response time of seven minutes.

Category 2: potentially life-threatening, eg heart attack, stroke, major burns (about 50% of calls). Target time is 40 minutes or less on at least 90% of occasions with an average of 18 minutes.

Category 3: urgent but not life-threatening, needing clinical attention, eg burns, fractures, abdominal pain. Target time is 120 minutes or less on at least 90% of occasions with an average of 60 minutes.

The ambulance service responds to all category 1, 2 and 3 incidents using blue lights and sirens to arrive as soon as possible.

Category 4: non-urgent but needing clinical attention, eg a fall. Target time is 180 minutes or less on at least 90% of occasions.

Category 5: requires clinical assessment but not ambulance attendance. Advice from one of the Clinical Supervisors, or referral to alternative suitable assistance, is given.

The Lyme Regis 'patch', relatively distant from main centres of population, would generally expect ambulance response times to be somewhat below the average for the whole south-west. So the role of First Responders is particularly important for us. Since 92% of incidents fall into categories not covered by Fire Service Co-Responders, it is worrying that we have no Community First Responders based locally. Who will put up their hands and contact David Toman?

Using the service responsibly

Like so much in health and care, the ambulance service has limited resources. We're all liable to an emergency; if it happens we'd prefer not to suffer because an unnecessary call has taken trained help to distant parts. One of my ambulance service contacts says: "If people used 999 only for the right reasons, we might have enough resources to go round. Too often people don't take the correct measures for self-care or self-presentation to hospital. It's a myth that arriving by ambulance bumps you to the front of the queue: that's not necessarily the case."

999 is for emergencies and urgent need – essentially, Categories 1, 2 & 3. Minor injuries, by definition non-urgent, can be treated by the Minor Injuries Unit at Lyme Regis Medical Centre. More complex minor injuries (eg requiring an X-ray) can be dealt with at Bridport MIU. Other non-urgent symptoms such as aches and pains, stomach upsets, headaches etc can be handled by a pharmacist, or the GP surgery, or the 111 phone line for out-of-hours GP assistance. And many common ailments (coughs, sore throats, grazes – "and hangovers", notes my contact) are a matter of self-care.

Being responsible also means not hesitating to dial 999 when that's the best option. If you think someone is having a stroke or heart attack, for example, 999 is what you call – not the GP surgery or 111.