

Christine Cheetham – First Responders and Ambulance Service Information : 12th November 2024

Christine had a number of information leaflets and general information which she hoped people would take away and share with friends and neighbours.

There is an expectation that the Ambulance Service should be able to respond quickly and then a lot of anger when this does not happen.

Christine began by talking about what happens when a patient rings 999 for an ambulance. They might think that living in Colchester, they will get through to the Colchester Ambulance station and it will arrive quickly. The operation centres for East of England Ambulance Service are based in Bedford, Norwich and Chelmsford and most of the time the calls will go to the closest centre, Chelmsford. When it is busy, the calls go to whichever office has the capacity to answer and in this instance a call handler in Norwich or Bedford won't necessarily be as familiar with our area.

One of Mersea's, perhaps, unique problems are the houses that have been built on land that was previously someones back garden. These houses can be difficult to find as their entrances are often tucked away and their door numbers already exist so they have a letter after their number. Be aware also that if your house has a name and doesn't have a house number it can be very difficult to find.

First Responders try to get to you before the ambulance does, but we don't have the same sat nav as ambulances so it can be more difficult for us to find houses. Someone suggested that a relative or friend could stand in the drive, but as they can't always give an arrival time, this might not be appropriate, particularly on a cold or wet night.

There are many volunteers in The East of England Ambulance Service. We have Community First Responders (CFR), Community Engagement Group (CEG), volunteer drivers, volunteer Welfare Wagon drivers and volunteer padres. If you were interested in volunteering for any of the groups just mentioned just go onto EEAST website and apply.

When a patient rings the service they are allocated a computer generated (CAD) number. After midnight the new CAD numbering system starts at 0001 again so each person can be identified by their CAD number and the date.

When you phone an ambulance, you get through to the call handler. The call handler then starts asking you questions. The first thing they'll ask is "is this patient breathing", and you must let them go through these questions as they are following a script and can't deviate from that. So, yes, the patient's breathing. They'll type that in their computer, then they'll ask you a few more questions, and the answers get typed into the computer. This information determines how serious it is. You get everything from a category one through to a category five. So it's really important that when you phone an ambulance, you tell them accurately what is wrong, because they are categorizing your call according to what you're telling them.

The category number determines urgency and how quickly an ambulance should arrive. Category one is for immediately life threatening problems. So if somebody is in cardiac arrest, for instance, that's a category one. If somebody has chopped their leg off and they're bleeding a lot, that's a category one. Most people fall into the category two, which is, "The patient has the signs and symptoms of a stroke", or "we think we're having a heart attack", things like that. For Category three and more, you're talking about a little bit more time because it is not immediately life threatening but you do still need an ambulance.

Unfortunately, these are the ones where we might struggle to arrive 'on time' when very busy because although they are seriously ill or injured (for example a possible broken hip) are not in the immediately life threatening category. However, they're outside. It's raining or snowing or horrible weather and The poor person is lying on the ground so they might deteriorate in which case please do ring back 999 and explain you are waiting for an ambulance and would like to update the service on the condition of the patient.

So when do we get the call? The ambulance service decides if it would help for us to attend the patient until they arrive. Now, sometimes you've got somebody that might be in category three, fallen, possibly hip broken, and you are told the ambulance is going to be several hours. So they won't send a responder to that because they want the responder to be there should a heart attack come in or if a cardiac arrest comes in. So they won't send us to something like that initially, because we can't help you. We can't do pain relief. All we can do is keep you warm and give you oxygen if needed. Unfortunately, if the ambulance is delayed and it doesn't get to you for some time, then the patient gets sicker and sicker because they're out in the cold, especially if they're elderly. What happens then is, you ring the ambulance back and say, I'm really worried about this person, because this is now happening, and in that case, then if there is a first responder available, they will send them. You don't always get a first responder, even if somebody is in a lot of pain, people think you do. The other thing, unfortunately, is that first responders are voluntary, and most of us work full time, so we can only be available if our employer lets us nip off to do a job, which some do, or if it's out of our working time, the weekends and evenings. One of the big

benefits of having a first responder attend a patient is when the patient is sicker than they think they are and once the CFR has run their checks they can ring the Service and request a quicker back up time.

Has Anybody got any questions so far?

Our volume of calls do go up in the summer because of the holiday makers of course and the huge amount of caravan sites which seem to be getting bigger with every passing year.

We know it is really difficult, because they can't call a doctor, because they haven't got a doctor on the island. So they'll call an ambulance or 111. If 111 recognize that the person needs an ambulance, they will transfer that call to the ambulance service. So if you've got what you think is a non-emergency call, a lot of people will phone 111, they might be having a stroke but are not sure and don't like to call an ambulance direct. 111 will triage you, and if they think you need an ambulance, they will send one for you.

A member asked if 111 call the ambulance does that mean they arrive more quickly? The answer to this is no, the ambulance will be categorised according to the information of the patients condition the same as all the other calls.

The hospitals are very busy at the moment, one day last week Colchester Hospital had 14 ambulances waiting to offload patients. When the hospital is struggling the ambulance call handler will ask if you can get to the hospital yourself. They may also decide to have a patient speak to a Paramedic first before deciding if an ambulance is needed, this is because the call handlers are not medically trained.

Just because you are in an ambulance does not mean you get seen quicker once at the hospital.

Unfortunately, with winter coming along, things are not getting better, we also need to remember we live on a tidal island, so this can also create a problem.

A question was asked about the cost of an ambulance. Whilst this is an expensive service, it is not just about financial costs, the service might get abused by some patients but it is a lifeline for some, such as mental health patients, where services have been cut dramatically and there is no other choice than to get to A&E.

Maureen has some costs for service use (see the end of presentation).

If you have called an ambulance, it's really good if you can get your medication or a repeat prescription ready, because that really helps them. Now, they can access your doctor's notes with your permission. But if you've got all the stuff there, it makes a difference, any hospital notes with your discharge information are also great, because it's got all of your recent or your past medical history. This helps to start building up a picture of how to look after you the best way. So all the information you can provide is really good.

We have got oxygen. We've just been given trained to do glucose tests. A stroke mimics a low blood sugar, but you shouldn't give anybody anything to eat or drink if they're having a stroke, because the swallow reflex is affected. But of course, if it is a diabetic low then you want to give them something to eat. So now First responders can check for this.

We can't give any medication. The only thing we can give is the gluco gel. If the person's ability to chew is less then we can give them this tube that they suck. Everything else is non-medical. We've got oxygen, we've got a defib, we've got blood pressure, temperature, and we can check the oxygen in your blood, and that is about it. So minimal stuff but still very useful when you arrive.

I hope that's been helpful. Please do help yourself to the information at the back and then hand it out so people have an idea of what to expect.

There was a question about whether this information could go into the Courier or the Mersea Life Magazine. They are happy to print an article from us for free so that is something we could look at. Maureen will also copy the three graphics and include with the draft minutes. We can also have them made into posters to go on the PPG notice board at the surgery.

A member asked if first responders could be called directly, the answer was no, they are called to attend by the ambulance service.

Maureen thanked Christine for a very informative and interesting talk.

Additional Information

Some questions were asked about costings, these have been sourced from the Kings Fund – Key Facts and Figures about the NHS 2022/23

The average cost of a visit to A&E by Ambulance is £417 (24/5 latest figures)

The average cost of an Ambulance call out which does not result in an A&E visit £287

An A&E visit by patient, depending on care/assessments needed £137 - £445

A patient who visits and urgent care centre or walk in centre themselves at an average cost of £91

Average cost of a GP appointment £56