



ASSOCIATION OF  
**AMBULANCE**  
CHIEF EXECUTIVES

NASMeD  
National Ambulance Service Medical Directors

# RESPECT

‘An ambulance and community perspective’

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# Association of Ambulance Chief Executives (AACE)

- ▶ AACE is the central body & voice for NHS ambulance services
- ▶ Supports development & implementation of nationally agreed policy and clinical priorities
- ▶ Primary focus on developing services & improving patient care
- ▶ Membership = all 10 English NHS Trusts, Trusts in Devolved Administrations, Islands and Crown Dependencies

# National picture

- ▶ 10 English NHS Ambulance Services
- ▶ In 2016-17
- ▶ 11.2 million 999 calls  
of which 1.46 million from NHS 111
- ▶ 30,700 a day.....
- ▶ an increase of 21% since 2013/14
- ▶ 52% conveyed / 38% treated at home / 10% telephone advice





## Evolving role of 999 care

### 10% Life threatening

- ▶ Advances in cardiac care, stroke, major trauma, cardiac arrest
- ▶ Acute service reconfigurations- maternity, paediatrics, surgery
- ▶ Major trauma centres
- ▶ Improving response times
- ▶ Sharing data to review clinical effectiveness of care and clinical outcomes

### 90% Urgent care

- ▶ Advanced and specialist paramedic roles-expanded clinical decision making, advanced clinical assessment, diagnostic skills, prescribing
- ▶ Paramedics working alongside community, primary care, social care, mental health
- ▶ Increase care closer to home

# Revised Ambulance Response Model

- ▶ Enhanced call triage
- ▶ Hear and treat
- ▶ See and treat
- ▶ See and refer
- ▶ See and discharge
- ▶ Self care



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Is this  
what the  
person  
wants?











# Tips-introducing ReSPECT

- ▶ Must engage with your local ambulance service- emergency/non emergency transport and private services
- ▶ Make sure ambulance colleagues are linked with your end of life and other relevant networks
- ▶ Plan an engagement day and invite ambulance colleagues
- ▶ Before live date, communicate and **communicate**, continuous trickle of information- consider a countdown
- ▶ Ensure care home and GP involvement and engagement

# Ambulance and community settings

## -to discuss and document

- ▶ Does the person want to stay at home?
- ▶ In what circumstances do they want to go to hospital?
- ▶ Consider what might happen if 999 has to be called?
- ▶ Will the ReSPECT form be available to ambulance clinicians in an emergency?
- ▶ Can ambulance clinicians get in touch with key contacts/care providers, community teams and access pathways,
- ▶ Are 'just in case' medicines in place?



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Thank you

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