

STANDARD OPERATING PROCEDURE DOCUMENT (SOP)

Title	Ambulance Calls and Exceptions to ACPP		Doc. No.	OP019
Scope	Operational Directorate			
Purpose	To give referral coordinators clear procedures with regards to calling ambulances for patients accessing Primary Care 24 via NHS 111.			
Guidelines	<p>To ensure patients who present to Primary Care 24 who are suffering with Immediate Life Threatening Conditions (ILTCs) are dealt with in accordance to Primary Care 24's policies and procedures in relation to the following:</p> <ul style="list-style-type: none"> • Patients accepting ambulances • Patients refusing ambulances • Patients wishing to call ambulances for themselves • Patient deteriorating with ILTC symptoms • Patients with Special Patient Notes / Anticipatory Care Plans • Patient's dying wishes (see SOP OP027) <p>To be read in conjunction with 'Comfort Calls' SOP OP216.</p>			
PROCEDURE			RESPONSIBILITY	
1	Cases will be passed by the NHS 111 Service into the '111 Cases Awaiting Confirmation' section of Adastra.		NHS 111	
2	<p>If a call is received from NHS 111 stating the patient's symptoms have changed and they fall into the ILTC criteria then the NHS 111 health advisor should be asked if they have re-assessed the patient based on the new symptoms.</p> <p>If the re-assessment has taken place and the call has not needed an ambulance then the new symptoms should be documented on the case and the team leader / shift manager should be informed of the changes. The shift manager / team leader will alert a triaging clinician of the changes in the patient's condition immediately</p>		Primary Care 24 Operational Team / Shift Manager / Team Leader / Clinician	
	If when calling a patient back to confirm their demographics they disclose that they have a new symptom which may be ILTC in nature, complete ACPP function to determine if an ambulance is required.			

<p>3</p>	<p>If an ambulance is required and the patient accepts that they need to be seen in A&E but are ADAMANT that they will call the ambulance for themselves, the referral coordinator must continue with the call documenting the patients decision in the comments box on ACP and select 'No' or 'Refused' to the suggested ambulance. The call will be then passed through to the 'DCA' pool prioritised as an 'Emergency'. The clinician will complete the call in accordance with the recommendations outlined in the RCGP toolkit in relation to safety-netting.</p> <p>If the ambulance is refused the referral coordinator must alert the shift manager who will amend the call, requesting a clinician to safety-net the call in DCA. The call should not be removed from DCA. If the call does not fall into the ILTC criteria but the condition has deteriorated, then the referral coordinator should document the deteriorating symptoms and alert the shift manager or the team leader immediately. The shift manager or team leader will alert a triaging clinician of the changes in the patient's condition immediately.</p>	<p>Primary Care 24 Referral Coordinator / Clinician</p>
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Title		Ambulance Calls and Exceptions to ACPP		Doc. No.	OP019
Version			V10		
Supersedes			All previous copies		
Approving Managers/Committee			Head of Service		
Date Ratified			August 2010 (original)		
Department of Originator			Out-of-Hours		
Responsible Executive Director			Director of Service Delivery		
Responsible Manager/Support			Out-of-Hours Service Manager		
Date Issued			August 2010 (original)		
Next Review Date			June 2021		
Target Audience			IUC SDU		
Version	Date	Control Reason		Accountable Person for this Version	
V1 – V8	August 2010 – December 2015	Reviewed and updated as required		Various	
V9	June 2017	Reviewed and updated as required		Head of Service	
V10	August 2019	Reviewed and updated as required		Head of Service	
Reference documents		Electronic Locations		Locations for Hard Copies	
OP027 OP216		Urgent Care 24 Intranet		Standard Operating Procedures File in the Call Centre	
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