



**NATIONAL
AMBULANCE
SECTOR**

UNISON Briefing on Call Connect, 1 April 2008

Today sees the start of a new system of recording Ambulance response times in England known as call connect that will increase the pressure on already overstretched Ambulance trusts.

Call connect will begin timing the ambulance response as soon as the call is connected to the control room as opposed to the system that required location, telephone number and chief complaint to be established first.

In an effort to comply with the new regime and in order to meet patient demand that has doubled in the last ten years, English Ambulance trusts are reorganising their existing resources that are insufficient to maintain a system of sending a traditional double crewed vehicle to the majority of calls in the first instance.

English Ambulance trusts are moving to what is called a "front loaded model" that will see a single crewed vehicle deliver the initial Ambulance response to most incidents. Most English trusts are also introducing an Emergency Care Assistant role that will support the Ambulance Paramedics and Technicians.

UNISON has a number of concerns over these developments as follows:

Under the new system Ambulance trusts will have to initially assume all calls are category A and despatch a response accordingly. In fact at most only 10% of calls received are category A. It is conceivable that when resources are stretched a category A incident will be compromised by the nearest appropriate response having already been sent in the opposite direction to deal with what turns out to be a category C situation (non-life threatening nor serious) as these account for up to half of current demand.

The automated system registers the Ambulance as on scene when it is within 200 metres of the specified location. This could potentially be misleading and in UNISON's view there is scope for an additional automated measure of attendance on scene such as when the vehicle engine has been turned off.

The new call connect system reinforces the time based target and the presumption that this is the best measure of patient care standards in the ambulance setting. UNISON would argue that while time is a factor, as much if not more importance should be placed on the standards of treatment available to the patient once the ambulance response is on scene. These standards include the extra dimension offered by a double as opposed to single crewed response, including the ability to immediately treat more than one patient at a time.

There is also concern that the existing Emergency Care Assistant (ECA) education and training package will not enable ECA's to provide the required assistance and support to maximise patient care standards and fulfil their potential. UNISON is already working with Ambulance employers on this issue.

UNISON's also has major concerns on the impact for Ambulance staff. Currently we understand that only one of the eleven trusts in England was meeting the new target up to 1st April 2008. There is a real danger that in making every effort to comply as the system is now "for real", corners will be cut and staff health and safety compromised.

It is recognised that lone workers are much more vulnerable than those who always have a colleague to watch their back. Ambulance employees already work in potentially hostile environments and suffer unacceptable levels of abuse and violence. With many more ambulance employees working alone extra vigilance will need to be applied especially when dealing with situations where there is a suspicion or knowledge that drugs or alcohol might be involved. A safety first approach should always be taken whether or not this compromises any time target.

Trusts should also ensure that no pressure is put on staff to drive unsafely at the risk to themselves and members of the public. They should also ensure that excessive amounts of overtime are not employed to cover staff shortages.

Conclusion

- UNISON has a number of major concerns and reservations at the approach being adopted to meet the huge increase in demand on Ambulance services and to make response time measures clearer and more consistent.
- UNISON recognises and accepts that change to working practice is inevitable but the bottom line is that significant additional resources must be allocated to ensure quality of patient care and staff safety is not compromised in achieving this.
- UNISON does not believe that the sufficient additional resources required have been made available. This is evidenced by all but one Ambulance trusts' apparent inability to comply with the new call connect system.
- UNISON would like to see the new system trialled for a further six months including a patient care and staffing impact assessment to be carried out in partnership with staff unions through the National Ambulance Partnership Forum.
- UNISON would also like a Government commitment to provide Ambulance trusts with whatever additional resources are necessary to meet the new challenges without detriment to patients or staff.