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‘DYING’ FOR AN AMBULANCE IN THE UNITED KINGDOM.

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Abstract

In September 2021 a man died after waiting 40 hours for an ambulance to take him from his home to the hospital. Some people have died in ambulances that were forced to wait outside the Accident & Emergency (A&E) department because it was at ‘full capacity’. Other people have waited several hours in an ambulance waiting to be admitted into A&E. Why is this happening and what can be done to stop it happening in the future? This article discusses the important role of the ‘Manchester Triage system’ in reducing waiting times in ambulances outside A&E departments, in the United Kingdom (UK).

Keywords: Accident & Emergency Care, Ambulance workers, Manchester Triage System, Paramedic, United Kingdom.

What is the problem?

“Gerard Brown, 65, was found by family on the floor of his flat in Dumbreck, Glasgow last Monday with injuries to his back and arms from a fall. Paramedics eventually arrived around 3am on Wednesday, after which time Mr. Brown had passed away.” Mr. Brown’s doctor said, “we’ve come to the point now where if people are mobile, we’re saying to the family, ‘just lift them into a car and get them to casualty - forget about the ambulance, they don’t exist.’ This is third world medicine.” [1]

People in the UK know that if they are experiencing a medical emergency they can call ‘999’ and request medical assistance. A Rapid Response Vehicle (RRV) or an ambulance will be dispatched to their home and a two-person team consisting of a paramedic and/or an Emergency Medical Technician (EMT) will attend to them. Once the patient’s medical needs have been assessed an ambulance may transport them to an ‘Accident and Emergency Department (A&E)’ for further treatment. This system has worked well for many years, however due to several years of budget cuts to the NHS [2] and during the COVID pandemic, people who called ‘999’ had to wait much longer for an emergency vehicle to arrive at their home, and sometimes a vehicle never arrived. [3] Why was there such a delay? One of the reasons was because paramedics who were transporting patients to A&E in ambulances were sitting outside those departments waiting for permission to transfer their patients into the care of A&E staff. “Paramedics across Britain have reported queues of up to 20 ambulances waiting outside hospitals to transfer patients into emergency departments operating at full capacity.” [4]

In some ambulance trusts it is estimated that each ambulance crew can wait in their vehicle with a patient from between four to eleven hours to complete a ‘handover’ to A&E staff. Only then, can they leave the hospital to respond to another emergency call. If this happens on a regular basis, ambulance crews are spending the majority of their shift waiting outside A&E departments to complete ‘handovers’ rather than responding to multiple medical emergencies. This is a waste of valuable resources.

“A patient died last Monday after suffering a suspected heart attack in the back of an ambulance which had been queuing for more than two hours outside James Paget University Hospital at Gorleston-on-Sea in Norfolk...Worcestershire Royal hospital, Royal Shrewsbury hospital, Norfolk and Norwich university hospital

and Darlington memorial hospital have experienced some of the longest handover delays. National guidelines say patients should be transferred from an ambulance to an emergency department within 15 minutes. West Midlands ambulance service (WMAS) said its longest handover delay in August and September [2021] at the Worcestershire Royal was 11 hours and 46 minutes. It said three crews waited more than 11 hours in August to transfer their patients, who stayed in the back of the vehicles.” [5]

The problem is exacerbated by the fact that in some hospitals in the UK a patient in an ambulance is not given ‘priority’ status over a ‘self-referred’ patient who is sitting in the waiting room of the A&E department.[6] Paramedics are highly trained professionals who currently undergo a three-year bachelor’s degree at a British University, to become a Paramedic.[7] Prior to 2021, Paramedics had to complete a two-year Diploma in Higher Education to gain entry to the Health & Care Professions Council (HCPC) register, and to use the protected title of ‘Paramedic.’ [8] So it is disturbing to find out that the clinical judgment and training of paramedics is not being recognized by A&E staff in some hospitals.

What is the solution?

In some ambulance trusts in the North-West of England the ‘Manchester Triage System’ (MTS) is being used.[9] “The MTS is a clinical risk management tool used by clinicians worldwide to enable them to safely manage patient flow when clinical need far exceeds capacity. There are currently five MTS tools and one of them is called ‘emergency triage’. [10] This is a clinical risk assessment and management tool for use in Emergency Departments and Ambulance Service face-to-face contact. The system is explained as follows...to ensure patient safety, it is essential that patients are seen in order of clinical priority and not in order of attendance. The use of the Manchester Triage System ensures that a consistent approach to patient assessment and prioritization is maintained allowing for robust audit and increased patient safety.”

When the MTS (or something similar) is not being used, some paramedics believe that it is better for their patients to wait inside the ambulance, rather than waiting in a hospital corridor of the A&E department. One of the advantages of doing this is patient ‘comfort.’ Paramedics can control the temperature in the vehicle and can monitor the patient’s health. They also have a great deal of life-saving equipment in their vehicle that they can use if the patient’s health deteriorates. These crews also believe that it is preferable for the patients to wait in an ambulance, rather than transferring the patient onto a hospital ‘trolley’ in the hallways of the A&E department. While waiting in these hallways there is no privacy and no ability to control the temperature for the patient as they wait for admission into A&E. Also, the ambulance crews have built up a rapport with the patient while attending to them, and this is most crucial when helping an elderly patient with dementia. It would not be good for the ambulance crew to transfer that patient into a noisy hallway where there are many sights and sounds that might be upsetting and confusing to a patient with dementia. These crews would argue that the inside of the ambulance is a much calmer and safer place for the patients to wait for a ‘handover’ into A&E, than a hospital corridor.[11]

There can also be disadvantages for a patient waiting inside an ambulance outside A&E. First, it can be very upsetting for a patient to have to wait several hours in an ambulance for treatment, when the reason they called for the ambulance in the first place was to receive ‘emergency’ care. Sitting in an ambulance for six to eleven hours outside A&E does not constitute ‘emergency’ treatment. The most significant disadvantage to ambulance crews sitting outside A&E waiting to do a ‘handover’ is that they cannot leave the hospital to respond to other emergency calls. This means that an ambulance crew of two highly trained professionals may only respond to, treat, and transport one patient to A&E in a twelve-hour shift. The number of ‘lost hours’ for these workers is staggering.

“Figures released to the Observer newspaper from the Association of Ambulance Chief Executives (AACE) reveal the hours lost to ambulance services due to hospital handover delays of more than an hour had increased from 4,700 hours in April 2021 to more than 35,000 hours last month [October 2021]. Handover delays can worsen ambulance response times, which in England are now the longest since the data was first collected in April 2018.” [12]

Conclusion

This situation cannot continue. Every A&E department in the UK needs to adopt the Manchester Triage System (MTS) or something similar. The NHS cannot waste taxpayer's money, and waste ambulance crews time and training by having them sit outside A&E units for several hours waiting to complete a patient 'handover.' The role of the paramedic is to respond to an emergency within 7-9 minutes of a 999 'code red' call, to stabilize the patient and transport them to the A&E department to receive emergency treatment as soon as possible. Their role is not to sit in the back of an ambulance with a patient for four to eleven hours of a 12-hour shift, waiting to complete a 'handover' to A& staff.

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