

## **COULD YOU COPE WITH AN EMERGENCY?**

TALK GIVEN AT MANOR VIEW PRACTICE

14<sup>th</sup> December, 2017

By **Saul Gaunt (Paramedic)**

We were delighted to welcome Saul to address our Patient Participation Group. 30 members braved a very cold winter's night and were expertly advised about the use of our Emergency and Urgent Care Services.

Saul works for the London Ambulance Service where out of every six and half thousand calls, two thousand will actually activate an ambulance visit and of those 30% or 600 will be transported to hospital. The service is working at 95% of capacity!

The Paramedics work a 12-hour day with little time for any breaks (including lunch) and after each call out will be allowed just 14 minutes to restock their vehicle. Despite this amazing frantic intensity of work, it may still take some hours to answer a call, so all calls are categorized according to urgency and threat to life.

We learned that events such as cardiac arrests, chest pains, breathing difficulties and life-threatening accidents (eg: motor accidents) where time to treatment is critical have to take precedence over, maybe, falls and fevers. If an ambulance is inappropriately called out to what turns out to be a minor chronic problem, that could cost a person's life. The Paramedics are highly trained and skilled professionals, who are able to assess critical illness, start life-saving treatment at the scene and then deliver the patient to the appropriate specialist unit, for instance a Heart Attack or Stroke Centre.

Saul explained that there are a number of other services which can be accessed. We can call 111 if we are not sure what to do – and if the 111 service deems an ambulance call-out necessary they are able to 'press a button' and call the ambulance service. On the other hand, 111 may direct us to a pharmacy, a GP or often – as in our area- provide the Out of Hours GP service themselves.

There are Walk-In clinics, Urgent Care clinics and various Hubs which are being developed. We need to protect our emergency Ambulance service because, as explained earlier, inappropriate use may cost another patient his or her life – as in the case of a young patient whose treatment for an extreme allergic reaction was unavoidably delayed.

Saul checked that everyone understood the FAST test indicating probable stroke (Face drooping, Arm weakness, Speech (or smile) difficulties and Time critical to call for help).

He asked how many have completed first aid and CPR training (we offer it through the Practice). We were told that a person's chance of survival is greatly enhanced if someone knows how to carry out CPR whilst waiting for professional help. The audience appreciated – no breathing – no pulse – chest compressions (whilst someone calls 999). It also helps if we know where to locate a defibrillator and we were reassured that on opening the box one just responds to the instructions as given.

In response to questions from the audience we also learned that:

1. Pharmacies are under used. A number of problems can be treated there now by skilled pharmacists.
2. If you do not have a life-threatening problem, it may be quicker to get someone to take you to hospital rather than wait for an ambulance.
3. Over use and abuse of alcohol creates a drain on the system.
4. Where appropriate Call-line buttons are a great help. They are available through a number of agencies, including Age UK and (for us) Carers in Herts. They may be worn as necklaces or bracelets.
5. Like-wise a key safe can prove invaluable. You can be secure in your own home, but if fast access is needed by emergency services they will be able to open your door because they can gain access to your key. The audience was reassured that the key safe is SAFE!
6. It is important to keep a book or folder at home if you have a number of problems, where you can list your medications and who should be called in case of an emergency. In that way the Paramedic will not have to spend a lot of time asking for the information. It will all be in one place.

(The audience was also told that Lions Clubs also supply (free) a small container which they call 'message in a bottle'. All your information is stored in this container which is placed in the door of the fridge. You are given a label with a green cross on it to stick on the inside of your front door. That way anyone from the Emergency Services will know where to find your details.) Some patients said they kept lists in their handbags.

7. During winter months there are lots of calls for chest infections. Older members of the family, neighbours and friends need looking after. When the GP is closed speak with the pharmacist. Make sure adequate medications are kept at home to cover the holiday periods.
8. Keeping people at home is also important to the emergency services. They often get called out to the smaller jobs (although there may be a wait) where the Paramedics treatment will mean that a trip to hospital is avoided.
9. There then followed quite a long, lively discussion about why ambulances may be 'stacked up' outside the hospital, and why patients are not just handed into A&E whilst the ambulance is turned around to collect another patient. As Saul explained – the wait is usually caused by a lack of beds available and just bringing more patients in will make matters worse.

We patients are aware that unfortunately there are various hold ups including hospital discharges, finding care homes and care packages, moving patients into appropriate facilities etc. We also appreciate that such 'bed blocking' is a contributory factor to the lines of ambulances waiting to discharge their patients.

We thanked Saul for coming to us after a long shift, and giving up part of his evening. We were all most grateful for his very reassuring presentation and hope that maybe in the summer months he can visit us again.

Joan Manning.  
Chair  
Manor View PPG