**Booking of Non-Emergency Ambulances**

<table>
<thead>
<tr>
<th>Reference Number:</th>
<th>NHSCT/11/404</th>
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<tbody>
<tr>
<td>Target audience:</td>
<td>These guidelines are directed to anyone booking a non-emergency ambulance and in particular clinicians, nurses, medical secretaries, outpatient receptionists and ward clerks.</td>
</tr>
<tr>
<td>Sources of advice in relation to this document:</td>
<td>Heather Simpson, Patient Administration Officer  Megan West, General Manager  Margaret O’Hagan, Assistant Director Acute Hospital Services</td>
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<td>Replaces (if appropriate):</td>
<td>N/A</td>
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<td>Approved by:</td>
<td>Margaret O’Hagan, Assistant Director Acute Hospital Services</td>
</tr>
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**NHSCT Mission Statement**

To provide for all, the quality of service we expect for our families, and ourselves.
ACUTE HOSPITAL SERVICES

BOOKING OF NON-EMERGENCY AMBULANCES POLICY
INTRODUCTION

In response to the Northern Ireland Ambulance Service ‘Operational Policy for Delivering Non-emergency Ambulance Transport (May 2008) this policy has been devised to standardise the booking of non-emergency NIAS ambulances throughout the Trust, ensuring that ambulances are booked only on the basis of medical need and that all other options are explored prior to the requesting of an NIAS ambulance. It is also intended to standardise the booking process by the adoption of the NIAS automated booking system available on line.

PURPOSE

The purpose of this policy is to update good practice guidelines and to set out the criteria for ordering non-emergency ambulance transport for all staff involved in the requesting and booking of ambulances. Staff involved includes clinicians, nurses, medical secretaries, outpatient receptionists and ward clerks.

POLICY STATEMENT

The criteria for booking an ambulance should be ‘Medical Need’. Patients attending outpatient appointments or being discharged from the wards should only have an ambulance to take them home where ‘their condition would be significantly worsened if there was a failure to provide ambulance transport or where the medical condition is of such severity that it renders them unfit to travel by any other means except by ambulance transport’.

All other avenues should be explored before booking an ambulance eg friends/family/taxi. A patients economic condition should not be a consideration when booking an ambulance. Patients on benefits can apply to have their travel costs reimbursed under the Hospital Travel Costs Scheme.

For inpatients who need to go to another hospital for tests etc, consideration should be given, dependent on medical need, to allowing family/friends, private ambulances or taxis to transport the patient to and from these appointments given the limited number of Patient Care Service vehicles available. The Consultant would need to confirm that the patient is medically fit to travel in another form of transport other than a NIAS ambulance.

TARGET AUDIENCE

These guidelines are directed to anyone booking a non-emergency ambulance and in particular Clinicians, Nurses, medical secretaries, outpatient receptionists and ward clerks.
RESPONSIBILITIES

DIRECTOR OF ACUTE SERVICES

The Director of Acute Services is responsible for ensuring that directorate managers adhere to the guidelines.

GENERAL MANAGERS

General Managers are responsible for ensuring compliance of the guidelines within their area of responsibility.

CLINICIANS

The clinician must ensure that ambulances are only booked for patients with clear medical need and not on the basis of economic condition. The clinician must complete the booking form completely and accurately.

NURSE

Nursing staff will complete the automated booking form for non-emergency ambulances using the detail provided by the clinician.

MEDICAL SECRETARY/OUTPATIENT RECEPTIONIST/WARD CLERK

The medical secretary/outpatient receptionist/ward clerk will complete the automated booking form for non-emergency ambulances using the detail provided by the clinician.

EQUALITY, HUMAN RIGHTS AND DDA

This policy has been drawn up and reviewed in the light of Section 75 of the Northern Ireland Act (1998) which requires the Trust to have due regard to the need to promote equality of opportunity. It has been screened to identify any adverse impact on the 9 equality categories and no significant differential impacts were identified, therefore, an Equality Impact Assessment is not required.

SOURCES OF ADVICE IN RELATION TO THIS DOCUMENT

The policy author, responsible assistant director or director as detailed on the title page should be contacted with regard to any queries on these guidelines.

ALTERNATIVE FORMATS

This document can be made available on request on disc, larger font, Braille, audio-cassette and in other minority languages to meet the needs of those who are not fluent in English.
This policy includes guidelines on the use of ambulances for:

1) Inpatient / Day Case Ambulance Discharges/ transfers
2) Outpatients Ambulance transport
3) Use of Private Ambulances
1) INPATIENT/DAY CASE

DISCHARGE/TRANSFER AMBULANCE REQUESTS

ANTRIM/WHITEABBEY/MID-ULSTER/BRAID VALLEY/MOYLE/CAUSEWAY HOSPITALS

This procedure applies to non-emergency ambulance transport only

PROCEDURE TO BE FOLLOWED FOR BOOKING OF NON-EMERGENCY AMBULACE TRANSPORT

If patients are being transported to other hospitals for appointments tests etc then these should be booked, where possible, between the hours of 9.30am – 11.30am for morning appointments and no later than 2pm in the afternoon to allow for travel back time.

As soon as it is determined that an ambulance is essential then it should be ordered straightaway.

For Antrim Area, Whiteabbey, Braid Valley, Moyle and Mid Ulster sites the ambulance request form is available on-line and all boxes must be completed. The doctor, nurse or ward clerk can complete the form for ward based patients. It is important that all information, regarding the patient, is available to whoever is completing the form. As soon as the operator hits ‘send’ the form is automatically sent to NIAS.

In Antrim and Causeway Hospitals all requests for ambulances should be made via the transport co-ordinator by telephone.

 Escorts for inpatients travelling to other hospitals are only permitted on medical grounds and must have been authorised by a senior nurse or clinician.

The patient should be ready to travel at the agreed time with all medication, discharge letter etc available prior to the crew arriving on the ward. This is necessary to prevent delays for other patients on board the ambulance. Any changes to the patient ready time must be notified to ambulance control immediately.
Patients being discharged should be ready for collection from early morning. Records show that patients ready for discharge after 12noon waited longer than those ready earlier in the morning.

999 ambulance requests should only be made to transfer patients in an emergency

Requests for discharges/transfers which are not emergencies will require an A&E ambulance in the following circumstances: patients required to travel on a spinal board, patients requiring cardiac monitoring, patients requiring a paramedic, patients travelling with IV fluids running.
2) OUTPATIENTS AMBULANCE TRANSPORT

ANTRIM/WHITEABBEY/MID-ULSTER/BRAID VALLEY/CAUSEWAYAND MOYLE HOSPITALS

This document sets out the procedure to be followed by medical staff in determining if a patient requires an ambulance to transport them to and from the hospital for an outpatient or diagnostic appointment. It is the responsibility of the patient's General Practitioner to book the ambulance for the patient's first appointment. Subsequently the decision as to whether or not the patient requires an ambulance rests with the Clinician involved.

To be eligible for ambulance transport the patient’s mobility would need to be such that use of a wheelchair, stretcher or other aids and assistance would be required.

Only when a patient fulfils these criteria should a request be made for an ambulance. Where ambulance transport is provided for the first appointment it should not be assumed that this should be available for the second and subsequent appointments. The Consultant needs to assess at each appointment if ambulance transport is still required.

Economic need should not be a consideration. If patients raise their financial position as a reason for requesting an ambulance they should be referred to the Hospital Travel Costs Scheme (HTCS) whereby patients on benefits can reclaim the cost of their travel to and from the hospital from the appropriate cash office in each hospital. The patient will be required to provide National Insurance Number and details of benefits they receive.

There are a limited number of Patient Care Services ambulances available in each locality – no more than 2 in any one area. These are used for transporting patients not only to their local hospital for appointments but also to hospitals in Londonderry and Belfast. Therefore booking ambulances should be regarded as the exception rather than the norm.
PROCEDURE

For Whiteabbey, Antrim, Mid Ulster, Braid Valley and Moyle Hospitals

- Clinician determines that patient requires an ambulance due to their medical need.

- If the clinical advice is that an ambulance is not appropriate patients should be advised that there are several community based travel schemes which can transport them to and from hospital, some of which are provided free of charge.

- Booking form available at each nurses station must be completed giving as much information on the patients mobility as possible

- Booking form should be either given to the nurse at the clinic (to forward to the receptionist) or to the patient to hand to the receptionist on the way out.

- Receptionist will make review appointment which is required within 6 weeks on PAS and record that ambulance is required. In Causeway Hospital the receptionist notifies the transport coordinator who books the out patient appointment and the ambulance.

- The receptionist will bear in mind that ambulance patients should only be booked between 9.30am – 11.00am for morning appointments and no later than 2pm for afternoon appointments to allow for travel back time.

- The receptionist will use the booking form which is available on-line to book the ambulance and forward to the transport coordinator.

- Patients who require a review appointment outside the 6 week period will be added to an outpatient waiting list by the receptionist. The Transport code field will be completed when adding patients to the outpatient waiting list. The ambulance booking form should be forwarded to the appropriate appointments office.

- When the appointments staff are agreeing the date and time of appointment with the patient they will confirm with the patient that an ambulance is still required. If this is so, appointments staff will proceed to complete the booking form on-line and forward it to ambulance control. The ambulance booking form will be available for the appointments staff to refer to. This is necessary to ensure that the patient receives the service the doctor has determined that they need as opposed to what the patient asks for.
If the patient subsequently rings to cancel their appointment outpatient reception or partial booking will telephone NIAS to cancel the ambulance.

Patients must be informed that there are several community based travel schemes which can transport them to and from hospital.

Examples of these are:

- Causeway Area Rural Transport  028 7035 6090
- Out and About Community Transport  028 7930 0123
  (Magherafelt area) charge 30p per mile

**For Causeway Hospital**

- Patient requests ambulance transport from the GP surgery.
- GP receptionist seeks signed approval from patient’s GP for an ambulance.
- GP either approves/declines ambulance request on the basis of the patient having a genuine clinical need for ambulance transport.
- Within Causeway these requests are for outpatients, X-ray, DPU, MIU, Physio, OT and Speech Therapy
- If approved, contact is made with Ambulance Transport Co-ordinator (ATC) based at Causeway Hospital.
- The ATC books ambulance with RNEMDC (Ambulance Control) via email or phone depending on period of notice
- Patient is registered as ‘ambulance patient’ on PAS by ATC.
- The outpatient clinic list will include an ambulance comment for each ambulance patient for each clinic.
- An ‘ambulance approval form’ is attached to these individual patient’s casenotes.
- Notification of an ambulance booking sent to patient in addition to relevant information pertaining to cancelling ambulance transport.
- Patient attends outpatient clinic.
- At the clinic the hospital doctor will approve/decline ambulance transport for the subsequent hospital visit by using the ‘ambulance approval form’ by ticking the ‘yes’ or ‘no’ box.
- If declined the outpatient receptionist issues an appointment and the ATC suggests a variety of possible alternatives to ambulance transport.
- If approved the ‘ambulance approval form’ is forwarded to the ATC.
- The ATC issues an appointment for a date and time suitable for the patient and ambulance transport.
• Appointment times for patient’s attending Causeway hospitals and facilities are between 10am and 10.45am for morning appointments/investigations and 2pm and 2.45pm for afternoon.
• Appointments are ‘zoned’ to reduce risk of cancellation by (NIAS).
• These are posted out to patient in addition to a PCS Information leaflet.
• This process will pertain to all subsequent hospital visits.
• Patient attends outpatient’s clinic and an ‘ambulance approval form’ is attached to her/his casenotes for the subsequent hospital visit.
• All cancellations must be informed to the ATC to contact RNEMDC and rebook if necessary.
Policy on the Use of Private Ambulances

*Please note Private Ambulances should only be used when NIAS Patient Care Service is unavailable*

Definition

Private ambulances are ambulance services, other than those provided by the Northern Ireland Ambulance Service (NIAS) that are to be commissioned from an approved list of NHSCT contracted providers.

Background

Prior to 2007 the use of private ambulances was rare but since then there has been an increased use of private ambulances for the transfer and discharge of patients within the Northern Trust area. This has been due mainly to systems that have been put in place to improve patient waiting times for admission, ensure prompt transfer of patients from acute hospitals to more appropriate care settings and to achieve timely patient discharge.

Achievement of improved unscheduled care standards for patients has led to a need for faster ambulance response times. The Patient Care Service, provided by the Northern Ireland Ambulance Service (NIAS) has been unable to fully meet essential NHSCT transfer and discharge response times, Private Ambulances have been used as an alternative. Private ambulances have not been used efficiently and financial tracking has not been robust. To assist the Trust to develop a robust booking policy for private ambulances, avoid inefficiency in their use and to enhance financial governance, the NHSCT has developed this policy.

Aim of the Policy

The aim of this policy is to set out clear guidelines for staff on the use of private ambulances.

Objectives

- To provide criteria to ensure safe and effective ambulance transport provision for the transfer/discharge of appropriate patients.
- To ensure private ambulances are used efficiently.
- To provide guidance on approval and authorisation for the use of private ambulances.
Criteria for Use of Private Ambulances

The patient must meet the criterion below before a private ambulance is authorised. If the criterion is not met then other forms of transport should be considered e.g. family/carer transport, public transport, appropriate voluntary transport or private taxis.

The following criteria should be used to assess whether a patient requires a private ambulance.

- Patient Care Service is unavailable AND
  - The patient’s condition would be significantly worsened if there is a failure to provide transport, OR
  - The patient’s condition is of such severity that it renders them unfit to travel by other means, OR
  - The patient requires admission to a bed in a hospital other than the one he/she has presented to, OR
  - The patient is fit for transfer/discharge to a more appropriate setting and a delay could result in the NHSCT failing to meet unscheduled care standards.

Approval & Authorisation Process

When private ambulance is required the following steps should be taken

1. The Senior Ward Nurse will contact the Transport Co-ordinator* with the patient details.

2. The Transport Co-ordinator should seek approval from the appropriate Lead Nurse or Night Services Co-ordinator.

3. When approved, the Transport Co-ordinator will organise a private ambulance from a list of providers that have been agreed by the Trust.

4. The Transport Co-ordinator should identify a group of patients who meet the above criteria. A transport schedule should be devised having considered the individual needs, infection control requirements and geographical destinations of identified patients.
5. The Transport Co-ordinator will forward the schedule of patient details including special requirements and geographical journeys to the private ambulance provider.

6. The Transport Co-ordinator will inform each ward’s Senior Nurse of individual patient transport arrangements.

7. The Transport Co-ordinator will record usage of private ambulance and provide monthly monitoring information, including costs to the appropriate General Manager.

8. The General Manager for Patient Flow will forward invoices to the Assistant Director of Medicine and Unscheduled Care.

*Where the Transport Co-ordinator is not available the Patient Flow Co-ordinator/ Lead Nurse/Senior Nurse Covering the Hospital or Night Services Co-ordinator as appropriate to the hour of duty should be contacted.*
Appendix 1

(The list below is subject to appropriate tendering/contracting processes)

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>CONTACT NUMBER</th>
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<tbody>
<tr>
<td>PRO PARAMEDICS</td>
<td>07074776727</td>
</tr>
<tr>
<td>ST JOHNS AMBULANCE</td>
<td>028 9079 9393</td>
</tr>
<tr>
<td>AESCU</td>
<td>07980016584</td>
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<tr>
<td>BRITISH RED CROSS</td>
<td>028 9024 6400</td>
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<tr>
<td>EMERGENCY MEDICAL CARE (MID ULSTER AREA)</td>
<td>028 7963 3758 9 am – 5 pm&lt;br&gt;07711593482 after 5 pm</td>
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