

## NEW AMBULANCE SERVICE FOR SOUTH WEST



**Urgent  
Care  
explained**

PAGE 7



**UK  
first**

PAGES 8&amp;9

**I need help**

My name

Joe Bloss

Please call

01392 333333

**Breaking  
down  
barriers**

PAGE 15

South Western Ambulance Service **NHS**  
NHS Trust

# twentyfourseven



## Good news travels

# fast

South Western Ambulance Service is proud to announce its ongoing commitment and determination to improve the patient experience by ensuring it has an up-to-date and modern fleet of vehicles.

A significant investment programme is being implemented with the imminent arrival of yet more new and modern vehicles to boost an already impressive fleet.

The Trust's operational fleet will now have an average age profile of less than five years. This achievement not only ensures a high quality fleet but enables the Trust to make an explicit contribution to the high profile sustainability agenda which is at the forefront of members of the public and policy makers' minds alike.

This continuous investment is also

improving and enhancing the working lives of frontline staff by ensuring a first class clinical environment is available to deliver top quality patient care.

Among the new vehicles are 23 A&E ambulances and 15 Emergency Care Practitioner (ECP)/Paramedic, Rapid Response Vehicle (RRV) cars.

The new vehicles will be specifically distributed and targeted to even out any operational areas where these are not currently available across the service's vast geographical area.

The forward thinking design of the A&E vehicles is relatively unique to ambulance services as they are multi-functioning. They offer the ability to transport patients known as bariatric (obese), average patients, as well as the space to carry life saving equipment such as incubators and aortic balloon pumps (vital equipment to assist with the opening of arteries as required for some patients).

The Trust has a dedicated Vehicle and Equipment Working Group, comprising of a diverse skill mix of staff eg administration, technical, operational and mechanics.

These dynamic individuals are able to raise the profile of and encourage more staff feedback on modifications that could be made to vehicles in order to improve performance.

For example, a working sub group

was formed to consider the design of the new Rapid Response Vehicle (RRV) and this consisted of a mixture of staff and representatives of the Union. Consultations with Emergency Care Practitioners (ECPs) and Paramedics also fed into this work. Special thanks though to Emma and Leigh who are based in Exeter who helped garner support and capture these important contributions.

To accommodate the new additions to the fleet, a comprehensive training programme is being provided to all mechanics who work within the Trust and also to all the operational staff who will be working on the vehicles.

Existing fleet vehicles, regardless of type and without exception, are all extremely well equipped with vast amounts of high-tech, up-to-the-minute equipment, kit and facilities. Turn to page 15 to find out more about future plans for fleet.

Fleet Manager Steve Chamber, is delighted that funding for operational vehicles will continue to be carefully planned out over the forthcoming years. He reported to 'twentyfourseven'.

"This ongoing planning work is building on the previous efforts and significant achievements by former Dorset and Westcountry Ambulance Services."

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### Editor's Comment

The Trust is just nine months old and during this time staff at all levels have been incredibly busy behind the scenes to ensure patients continue to receive the best possible care, in the fastest time possible, across all the communities we serve.

Modernising the ambulance service continues to bring welcome challenges and this has seen the implementation of numerous innovations at the frontline. Although this newsletter cannot showcase all these significant and ground-breaking services, as they are too numerous, you are encouraged to visit our website which is crammed full of what we do (www.swast.nhs.uk).

From March our website has also featured a dynamic new Strategic Plan which has been published in-house after extensive consultation with all staff. Please visit our site and view the far reaching Plan. All stakeholders and partners are encouraged to feedback to the Trust so that we can capture as many diverse views as possible to continue to shape the exciting vision for the future of emergency and urgent care in the South West.

Finally, a heartfelt thanks to all of you who have shared your thoughts and ideas for 'twentyfourseven' and keep sending them please.

*Lynne Paramor*  
PR & Communication Manager

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**Publication**  
Twentyfourseven will be published four times a year for South Western Ambulance Services NHS staff, members of the public, partner organizations both statutory and non statutory, and anyone who wishes to gain an insight into our work. It will be displayed in a variety of settings to gain maximum coverage, such as libraries and NHS outlets. Twentyfourseven is printed on recycled newsprint.

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# Getting it right

South Western Ambulance Trust's top priority is making sure patients receive the best possible care. This is why they are spearheading a new way of managing their Control Centres, to ensure all callers are getting the right treatment in the right place and at the right time.



New team of Clinical Advisors with Mary Smeaton who is the Trust's lead officer for child protection and mental health and Andy Innis, Control training officer

The Trust has two 999 Communication Control Centres and between them they handle an amazing 2,051 calls every twenty four hours (average figure).

There is a Control Centre at Exeter and the other one is at St Leonards in Dorset.

You may not realise it but all emergency 999 calls are initially handled by British Telecom (BT).

When a caller requests this assistance, the operator ascertains if police, fire or ambulance help is required, or perhaps all three for major incidents. The caller is then linked up to the appropriate 999 Call Centre.

For those visitors or people who live on the Isles of Scilly, Cornwall, Devon or Somerset their calls are connected to Exeter Control Centre and for those visitors or people who live in Dorset the calls are connected to Dorset Control Centre.

Each Control Centre has type talk facilities for those callers who are deaf or hard of hearing so that this group of people can access the appropriate 999 service for help.

### Pioneering Control Centres contribute to improving the patient experience

Recent developments in the ambulance service have seen a pioneering new approach to managing the growing volume of calls and ensuring that patients receive the right treatment, at the right time and in the right place.

Implementing better management of non life threatening calls by clinically trained staff has proven a huge success for both staff and patients.

This kind of innovative approach ensures patients receive an exemplar service from the ambulance Trust. This approach has been reinforced by a document named the 'Bradley Report' which was published in June 2005 (www.doh).

It set out a far reaching vision on how to modernise ambulance services and part of this vision was to improve the management of the high number of calls received in busy 999 Control Centres that were actually non



Martin Callow

life threatening.

Nevertheless, these callers are requesting help and often have nowhere else to turn to, or perhaps do not know where to turn to for urgent assistance.

The ambulance service recognises that these calls are just as important as all 999 life threatening calls. Therefore, the new way of working in both the Control Centres is being pursued which is proving to be a real success story for patients and staff. (see pg 6 & 7).

The Trust now has a total of six clinicians in the Control Centre at Exeter and these are called Clinical Supervisors who have specialised clinical skills. This ground-breaking method of working ensures that specialist clinical advice for callers is available round the clock, 'twentyfourseven'.

The Clinical Supervisors deal with calls categorised as green calls, which often means the response does not require an ambulance resource and may be more appropriately dealt with by a GP or by self presenting at a minor injuries unit. It may even require an Emergency Care Practitioner (ECP), employed by the ambulance service, who is a highly skilled clinician able to treat people in their own homes and prevent them from an unnecessary hospital admission.

These professionals are able to offer the sorts of care that members of the public are more familiar from a district nurse. For example they are fully trained and competent in

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A picture of an ECP suturing a small wound to the hand of a patient in their own home to prevent an unnecessary hospital admission

catheterisation or suturing (small stitching of minor cuts).

In one month alone, statistics collated in Exeter Control Centre demonstrate that the skilled team of Clinical Supervisors dealt with a total of 307 calls, many of which would have resulted unnecessarily in ambulances being dispatched prior to the increase in recruited numbers of Clinical Supervisors, who are now directing callers to alternative service providers where appropriate.

### New team boosts response rates

The new team of professionals are featured on this page and are Dave Hartland, Martyn Callow, Claire Pratt, Marilyn Say, Sue Tuckett and Judith Wanstall. Their complementary skill levels comprise of an Emergency Care Practitioner (ECP), a Paramedic and four nurses. They are all clinically

supervised by Andy Perris who is the Control Centre Supervisor.

The nurses are highly skilled in 'telephone triage' and they have previously worked in senior positions for NHS Direct.

### Cutting through the jargon

What is telephone triage? This simply means that callers provide information to a set of questions asked by Control Centre assistants and depending on the presenting needs, the call is directed to the most appropriate source of help. For example, those callers who may have a mental health problem, will be able to talk to the nurses who can seek help from a specialist mental health worker.

The new team boast many years of clinical experience of both patient contact and telephone triage. To date many 'frequent' or 'regular'

callers to the ambulance service have been identified and their details passed to an Emergency Care Practitioner (ECP) who may participate in case conferences (meetings of different professionals who help develop an appropriate care plan for a patient). This is referred to as an alternative care pathway for a patient.

### Walker and Lawrence lead the way

The Communications Centre based in Dorset also has two Clinical Advisors, who have been in post for quite some time testing out and fine tuning this new way of working. Special thanks to Paul Walker and Graham Lawrence with their specialist clinical skills, knowledge and expertise. Their fantastic work has built up a solid evidence base which has led to the hugely successful roles in Exeter Control.



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Paramedics deliver bundle of joy

On the evening of 30 December 2006 in awful driving conditions with poor visibility, a Carbis Bay crew were dispatched to an address in Helston as a supplementary resource to a Paramedic already on scene, Mark Belcher.

The crew were advised by Control staff that the patient, Valerie Prior, was in the final stages of labour, that it was a breech birth and that no midwife was currently available.

On arrival at the address, the crew discovered that access to the property and transporting the patient to the awaiting ambulance was going to be challenging. However, when seeing Valerie, whose husband and mother were also present, it soon became obvious that taking her to a waiting ambulance would not be an option as her contractions were every few minutes.

Despite Paramedic David bringing in a stretcher, it was decided that the delivery would have to take place in the house.

Seconds after the decision was made the baby boy's bottom began to appear and first Paramedic on scene Mark Belcher, began to assist the delivery of the baby's torso.

Technician Geoff contacted control in Exeter to request a midwife and David contacted the Delivery Suite at the Royal Cornwall Hospital to seek advice.

With step by step advice, baby Jack was guided into the world. However, this was not without its difficulties as the first suggested method of delivery was unsuccessful, Dave had to liaise with a registrar at the hospital to be guided through the complex process.

After delivery, although a heart beat was detected with a stethoscope, the baby was not actually breathing.

Geoff suctioned out the airway before beginning rescue breaths. The baby's body was also rubbed to try and stimulate breathing. A midwife soon arrived, as did another crew and as part of a real team effort, baby Jack was taken to the Royal Cornwall Hospital, followed slightly later by his mother. Resuscitation techniques continued all the way.

After five days Jack was in a cot, breathing normally and feeding every hour with no ill effects.

Jack's proud mum Valerie has sent heartfelt and warm letters of thanks to the Paramedics. Well done to Dave, mark and Geoff in Cornwall.

# Saving the lives of babes

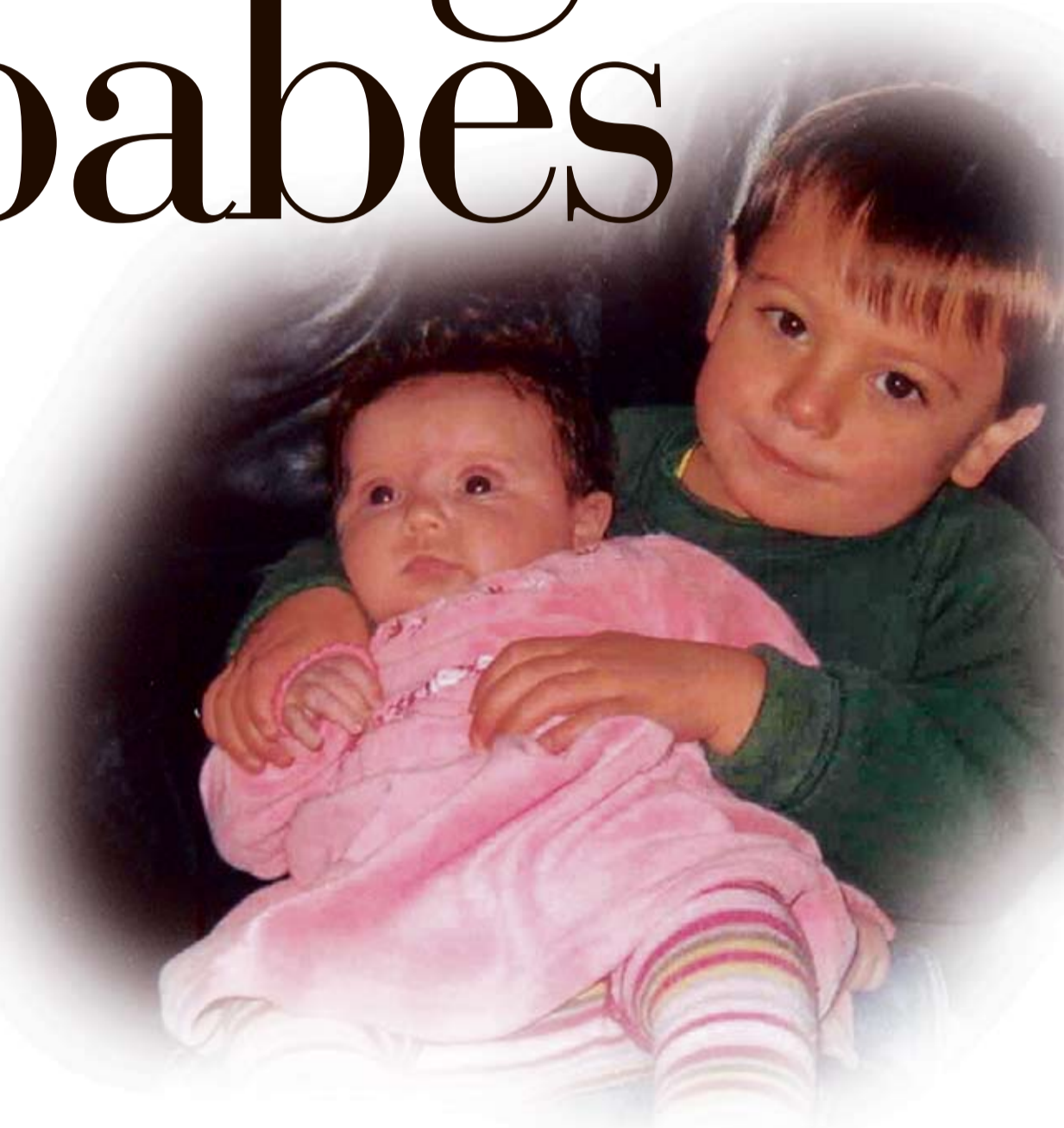
These are the words of one very satisfied family who wished to praise the ambulance staff on the front line and behind the scenes, as well as the air ambulance pilot and the hospital staff. This poignant story demonstrates how healthcare professionals are working together to make a real difference in saving lives across some very difficult territory that they cover.

Isabella-May came into the world on 29 September at Barnstaple Maternity unit, almost three weeks ahead of schedule, weighing in at 6lbs 14oz. Proud parents Paul and Nikki were delighted at the addition to their family – a sister for Antonio. She was allowed to go home less than twenty four hours later. Isabella was making normal progress, until she was 8 days old.

Saturday 7 October started as any other normal day on the farm, busy with the animals and with Isabella and Antonio taking up most of the day.

Nikki's parents Lorna and James came over to visit at about 5pm. Mike and Paul went out for a stroll.

Isabella started being a little sick, which wasn't in itself a concern.



However within a couple of minutes she was bubbling mucus from both her nose and mouth, choking and getting very distressed.

They tried to get hold of an on-call midwife but as Isabella was going from very puce to very pale and very still, they called 999.

As soon as they heard that Isabella was only a few days old they advised that both the Ambulance and Devon Air Ambulance was on its way. The 999 control room member of staff stayed on the line until the Air Ambulance arrived, which was greatly comforting.

The Devon Air Ambulance took approximately 8 minutes to arrive and was closely followed by the first response unit and an ambulance.

The Air Ambulance was spotted by

both Paul and Mike who were 2 fields away (approx 20 acres). When they realized it was landing on the farm Paul sprinted back home in record time, but Mike unfortunately suffered a twisted knee after landing in a ditch – Nikki says "...grandfathers do that sort of thing!"

The Air Ambulance crew took control of the situation and when they were happy Isabella was stable took her and Nikki by air to Barnstaple A&E. By air the journey took no more than ten minutes – Paul and Lorna did the same journey by car, which took an hour!

Isabella was immediately seen by several doctors and nurses and a consultant paediatrician. She was allowed to go home a day later, after numerous examinations, tests and chest x-rays. No exact cause could

be found but they felt Isabella may have a reflux problem and put her on prescription milk formula.

Isabella has been under the paediatrician's care for the past 2 months and although Nikki and Paul anxiously listen for her every breath and signs of choking nothing further has occurred. She has put on weight and is growing just like any other normal baby.

The family cannot bear to think what would have happened without the speed of the treatment given to Isabella on that Saturday and cannot express their thanks enough to the crew (Mark and Mark of the Devon Air Ambulance) and the South Western Ambulance Service staff.

Nikki, Paul and their parents have become the latest supporters of the Devon Air Ambulance Trust.

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# International partnership links to training

Pictured here is David Halliwell, Head of Training, warmly welcoming two high profile Dutch visitors.

“ Is about developing, supporting and sustaining a diverse workforce ”

The Trust is extremely keen to work in partnership with the Dutch professionals to develop and exploit e-learning initiatives.

This new way of learning is planned to be integrated with other ambulance service training programmes and modules so that staff are provided with continuous educational opportunities to enhance their skills and practice.

Rob Henderikx and Hans de Munter from AED Solutions, a successful

company based in Stramproy, the Netherlands, flew into Southampton in February, where they were eagerly met by Bournemouth based Clinical Supervising Officer (CSO) Andy Ashford.



Company Director, Mr Henderikx and Emergency Healthcare Consultant Doctor de Munter, were enthused by David Halliwell, the Trust's Head of Training.

The primary objective of the visit was to discuss e-learning in a pre-hospital setting and develop a working relationship to pursue this modern and exciting method of learning.

The private company AED Solutions has a European License to provide web based pre-hospital education. In addition to having a large input in the decision making process, the Trust is both advising and helping the company, which in turn will give South Western Ambulance Service rights to

use the completed package.

Firstly, the visitors were taken to St Leonards in Dorset where Control Officer Steve Smith gave them a detailed talk on operational issues before they were taken to visit the emerging new Control Centre. They were given a guided tour by Roger Ferre, former deputy Chief Executive of Dorset Ambulance Service (see feature below).

After viewing the impressive building project, the visitors went to Bournemouth Ambulance Station to view the education department, where David Halliwell discussed the training elements and courses currently offered by South Western

Ambulance Service.

Time was also dedicated for Rob and Hans to view an array of front line vehicles and equipment before they were taken back to Southampton for their onward journey back to the Netherlands.

It is extremely likely that the Dutch visitors will return in the coming months. Indeed, they were so impressed by the facilities and cutting-edge technological equipment shown to them in the newly planned Control Centre that they expressed a keen interest in returning when the Centre was fully operational which is expected to be much later this year. Watch this space!

# Fond Farewell Roger Ferre



On February 17, a fond farewell was bid to Roger Ferre at his leaving party.

However, Roger's actual leaving date will be the end of March, so for those of you who know Roger and missed the get together, there is still time to wish him good luck for his imminent retirement.

Roger is a well respected staff member of the Trust who will be missed by all colleagues who had the privilege of working with him. He leaves the Trust with the intention of spending time on his boat travelling throughout the Mediterranean with his wife.

His specially prepared leaving book was crammed full of messages from colleagues all wishing him the best of luck and expressing their own personal farewell thoughts and wishes for his retirement.

An extremely popular member of staff, Roger has worked in the ambulance service in excess of an incredible 40 years.

His interest in the service was

realised following a call made to the service for his father who was a sufferer of multiple sclerosis (MS).

Commencing his career in Hampshire, Roger moved to former Dorset Ambulance Service in 1984 and was one of the first paramedics to work on the principles of intubation and cannulation in the 1970's and early 1980's.

He is to be congratulated for holding top level roles in the service, including those of Deputy Chief Executive and Director of Finance.

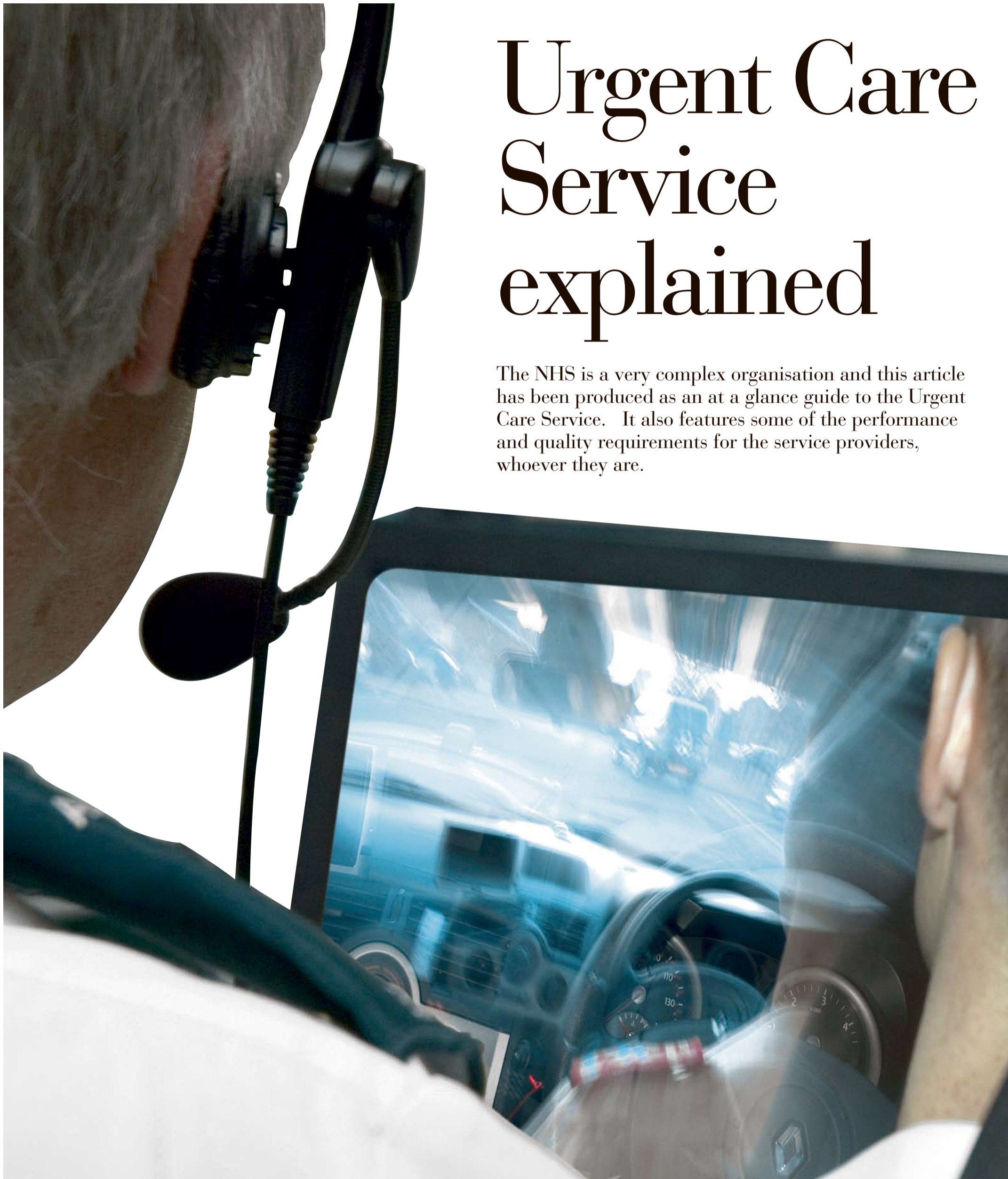
All the staff of South Western Ambulance Service would like to wish good luck to Roger, who has brought a lot to the service with his expert knowledge, cheerful demeanour and keen sense of humour. He will be greatly missed.

As Roger has been invited to be a Trustee for the Dorset and Somerset Air Ambulance, he may well work with ambulance colleagues again in the future, so alls well that ends well.

Roger has worked in the ambulance service in excess of an incredible 40 years.

# Urgent Care Service explained

The NHS is a very complex organisation and this article has been produced as an at a glance guide to the Urgent Care Service. It also features some of the performance and quality requirements for the service providers, whoever they are.



Lots of readers will be familiar with the term 'GP out of hours services'. This is now called Urgent Care Services (UCS). This is the service available to patients outside of usual 'GP surgery opening hours'.

**Why do people contact the Urgent Care Service ?**  
Minor ailments or illness that cannot wait until your normal GP surgery or pharmacist is open.

**When is the Urgent Care Service open?**  
 ■ Monday to Fridays from 6.30pm (1830 hrs) to 8am (0800 hrs)  
 ■ Saturday, Sundays and Bank Holidays 24hrs

This is when your usual GP surgery or pharmacy is generally closed. Although, there are variances to opening times across the four counties. (Details

are held with NHS Direct on 0845 46 47 on opening times of local services).

**Does a doctor always come out to your home?**  
No. There may be times when you are asked to attend your local minor injury unit or health centre, if this is appropriate. On other occasions you will receive a telephone call or a face to face visit by a doctor or an appropriately trained and experienced clinician such as an Emergency Care Practitioner (ECP). Please be assured that whoever provides you with clinical advice, is fully trained and will be able to make an accurate assessment of your condition to ensure you receive the correct advice and reassurance.

**Who is in charge of this service?**  
Across the four counties that the

ambulance service covers there are three different service providers for the urgent care services. In Cornwall and the Isles of Scilly there is a contract held by Serco and the service is known locally as Kernow Urgent Care Services. In Devon the service is managed and called Devon Doctors (D Docs) and in Somerset and Dorset the service is managed by our Trust, and is known locally as the 'Dorset and Somerset Urgent Care Service'.

**Where is the Urgent Care Service based?**  
Locally within your own area eg Dorset and Somerset Urgent Care Service (UCS) is based in St Leonards, Dorset.

**Who will answer the telephone call?**  
A trained call handler who will ask you some set questions

eg name, address, what is the problem etc. This information will then be cascaded to the appropriate GP or healthcare practitioner, dependent upon the nature and urgency of your presenting condition. You will often hear this called 'triage' which simply means your information is passed to the appropriate person to deal with your particular concern.

**What are the numbers to access the service?**

Dorset	0845 600 1013
Somerset	0845 408 8000
Devon	0845 671 0270
Cornwall	Call your local surgery who will connect you to their Urgent Care Service

**Are there national quality standards?**  
Yes. No matter who manages the delivery of Urgent Care Services, there are nationally set standards that must be met to ensure patients receive a good quality service.

**Providers, commissioners – what does it all mean?**  
The organisation that manages and provides the urgent care service is called a 'provider'. These have been awarded a contract to deliver the appropriate services and this is for a specified time of three years when it must then be reviewed.

The organisation that buys the urgent care service for its population is called 'commissioner'. For example, the Primary Care Trust covering a geographical area will

hold the budget for 'buying' an appropriate urgent care service for the population it covers.

**Performance targets**  
In order to provide consistency and ensure a good quality service, there are a number of performance targets that providers of urgent care services must meet. These are available on our website for those of you who wish to find out more visit [www.swast.nhs.uk](http://www.swast.nhs.uk).

**Finding out the facts**  
Like most measures that record performance, there are times when these can conceal wide variations in practice from shift to shift. This is why commissioners will look behind the averages reported and see if there are any recurring patterns. One way of doing this is by receiving comprehensive reports which demonstrate an analysis of the statistics gathered alongside narrative text that focuses on trends. If these show a recurring pattern eg drop in performance on say every Saturday morning, then the provider would need to put in place extra resources on that particular day or particular time of the week, or even both.

**Being open**  
The ambulance service has just launched a new open reporting system to evidence its performance in a transparent way. View these on [www.swast.nhs.uk](http://www.swast.nhs.uk).

Considering the Trust receives an average of 20,000 calls per month with an average of 5 complaints per month, this demonstrates that patients are receiving a top quality Out of Hours service for minor illness or injury.

**What are the target response times for the service?**  
Don't forget this information is for the Urgent Care Service (GP out of hours) for any GP type emergency.

Your call will be prioritised as one of the following types:	Your telephone assessment will be made within:	Your face to face consultation (eg a home visit, or you might be asked to travel to a health centre) to be made within:
Emergency**	Immediately	1 hour
Palliative Care*	20 mins	1 hour
Urgent	20 mins	2 hours
Professional call backs	20 mins	2 hours
Routine	1 hour	6 hours

\*\* Remember the information here is not for emergency 999 calls, as these have separate performance times ([www.swast.nhs.uk](http://www.swast.nhs.uk)). This chart is to show what you can expect when you contact the Urgent Care Service (GP out of hours).  
 \* Please note that palliative describes 'relief of pain and distress but not attempting to cure'. The response times for these patients has been set by the Trust. There is no national standard. Face to face consultation response time depends on the outcome of the telephone assessment call. The needs of a palliative care patient vary greatly.  
 • All other response times above are national standards and have been set by the Department of Health.



# A&E join forces with Emergency Care Practitioners (ECPs)

It is becoming more and more well known that throughout the region, Emergency Care Practitioners' (ECPs) are playing a central role in the development and evolution of emergency care provision and unscheduled care

**T**hey have an enhanced set of skills including injury assessment, diagnostic skills and advanced wound care. In addition to treating minor injuries, these healthcare professionals, who are community based, visit people in their own homes.

The Trust is proud to have approximately 100 Emergency Care Practitioners working in local communities across the four counties it serves. There are also an additional 12 practising Paramedics currently training to be ECPs.

As well as being based in GP surgeries, Minor Injury Units (MIUs) and with Community Matrons and District Nurses, the Trust is diversifying its healthcare into different settings, such as prisons, custody suites and the Ministry of Defence (MOD).

All these initiatives align with the Government directive 'Taking Healthcare to the Patient: June 2005' which can be viewed on www.DOH. This sets out a clear direction for ambulance services on how to modernise and ensure that services are centred on the needs of the patient.

Illustrative of this success is the new and innovative initiative

that is seeing ECPs based at both Bournemouth and St Leonards, being co-located within the Royal Bournemouth Hospital Emergency department, actively working as part of the resuscitation team.

As far as is known, this is the first such scheme in the country, where the ECP will be a nominated member of the A&E resuscitation team working alongside the allocated nurse, Senior House Officer (SHO) or Registrar.

Although hospital based, the ECP's will still be actively available to respond to 999 calls. This unique alliance is giving them the opportunity to enhance their clinical skills and other aspects of minor injury and illness. The scheme has only just gone live and is expected to be mutually beneficial.

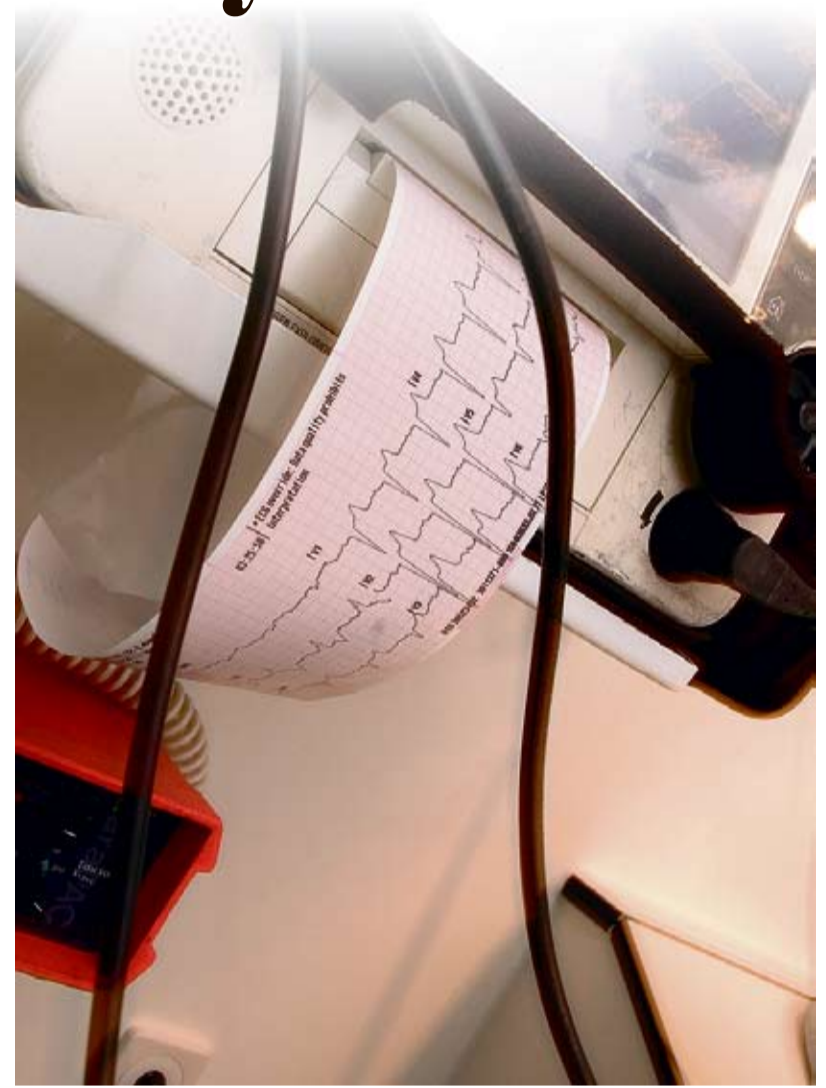
Clinical Support Officer, Matt Harrison who is based in Dorset is delighted with the developments and is extremely grateful to the Royal Bournemouth Hospital for the

opportunity to help enhance the skills and knowledge base of ECPs. He says,

*"As far as I am aware, this scheme is unique within the country. It is a fantastic opportunity to be able to work in a multi-disciplinary setting with allied health care professionals in a hospital environment, which is giving us the opportunity to successfully enhance our skills and knowledge portfolio."*

*"On behalf of the Trust I would like to extend my sincere thanks to the Royal Bournemouth Hospital NHS Trust. It is a pleasure to work with all the staff there and we look forward to building on existing positive relationships and developing an excellent framework which will benefit staff and patients alike."*

*Special thanks should go to Cathy Lakin, Senior Nurse for Emergency Care at the hospital, who has been instrumental to the implementation of the initiative."*



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## Medical expert Bryce says

# “don't think twice”

Medical Director, Gillian Bryce is the leading expert on heart disease for the ambulance service and reports some sobering facts for 'twentyfourseven'.

"Someone suffers a heart attack every two minutes in the UK, and about one in three dies before reaching hospital.

Many more suffer life-long debilitation because their heart muscle has been permanently damaged.

Sadly many of these deaths and heart muscle damage could have been avoided if people had sought help immediately.

Successful treatments for heart attacks are available in the form of clot-busting drugs (thrombolysis) and procedures to open blocked arteries (angioplasty).

What readers may not realise is that our staff are trained to administer this life saving drug, so please, don't think twice, just call 999 and ask for an ambulance if you are suffering chest pains."

### What are the signs of a heart attack?

Central chest pain is the most common warning sign of a heart attack, but it does not have to be excruciating to be a serious problem.

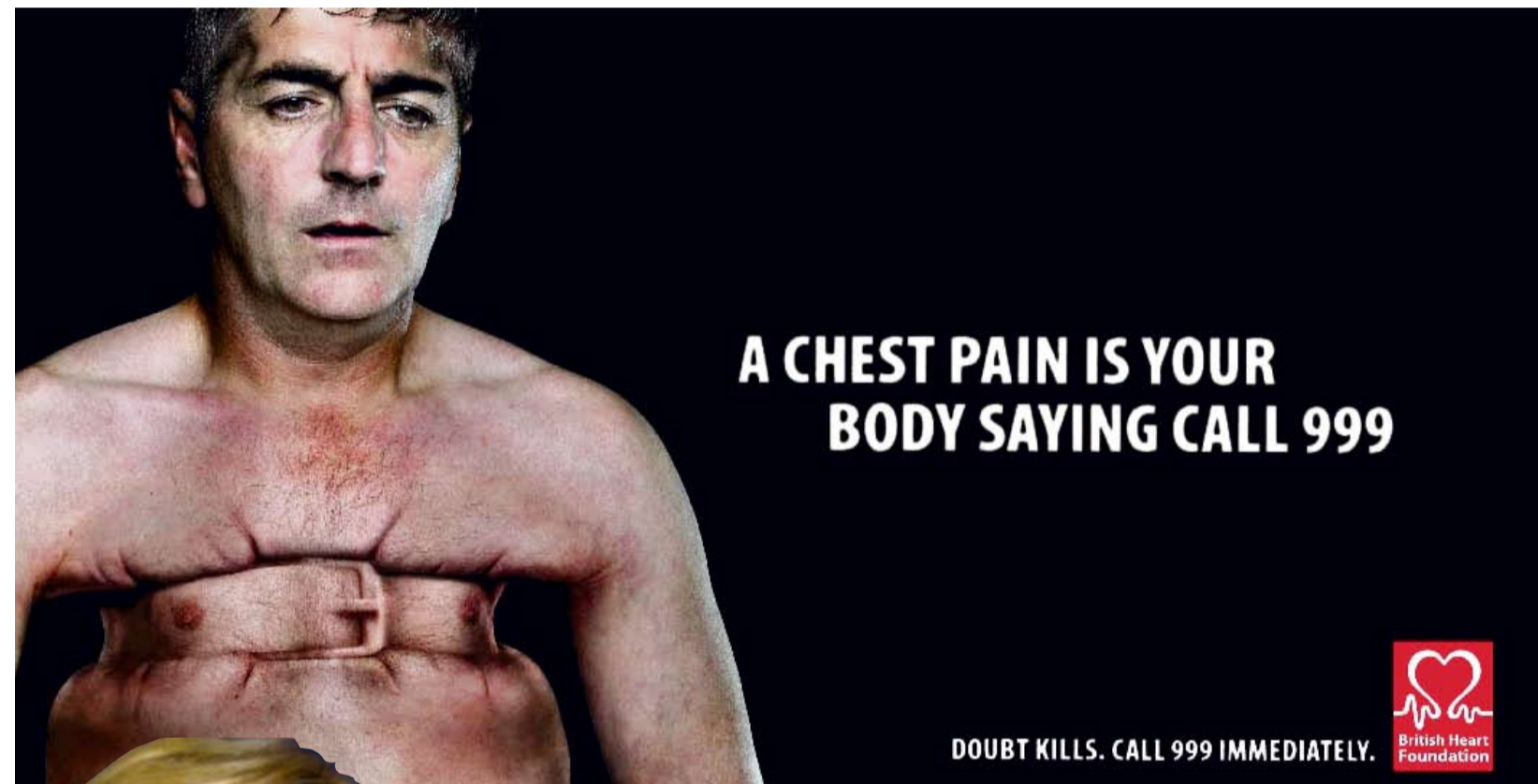
The most common mistake people make is to assume it is indigestion, so anyone experiencing bad indigestion-like symptoms should call for help, particularly if they are not prone to indigestion normally.

There are also other symptoms to be aware of such as a dull chest pain that radiates to the left arm or jaw, breathlessness and sweating – a combination of which can indicate urgent danger.

### Doubt kills

The British Heart Foundation has undertaken extensive research on how people react to these symptoms.

The charity reports that nearly four in ten people prefer to 'wait and see' if chest pain gets better than dial 999



“If you're suffering chest pain, call 999 immediately, because doubt kills.”

### Ambulance service supporting national campaign

The national campaign is being backed locally by South Western Ambulance Service public relations and operational crews. The staff are working together and are actively engaged in promoting the key message 'doubt kills; so seek help if suffering chest pain.

The findings, from a YouGov poll, were revealed when the BHF launched its 'Doubt Kills' campaign, urging people not to delay in calling 999 if they are experiencing chest pain.

raise awareness (Above).

Claire Goodman, BHF Regional Director, reported to 'twentyfourseven',

"These statistics portray a very worrying, and perhaps very British, reluctance to call 999 even in the most serious of emergencies. Maybe it is our natural reserve and stoicism, but it is costing lives.

Every second counts when you are having a heart attack, and the quicker you call 999 the greater your chances of survival. Unfortunately too many people waste vital minutes questioning their symptoms – our message is, if you're suffering chest pain, call 999 immediately, because doubt kills."

Evidence shows that people experiencing heart attack symptoms delay an average of 90 minutes before an ambulance is called. By the time treatment to restore blood flow to the heart is given, an average of 2 hours and 40 minutes have passed.

The YouGov poll showed that most people in the South West would first call their partner, friend, relative, GP or NHS Direct when experiencing chest pain - with 81% citing doubt about the seriousness of the situation to be what stops them dialling 999, and 37% preferring to 'wait and see' if

their chest pain gets better.

### Coronary heart disease is UK's single biggest killer

The 'Doubt Kills' campaign aims to help reduce death and disability from coronary heart disease, which remains the UK's single biggest killer with almost 106,000 deaths in the UK in 2004.

As part of the campaign, the BHF is sending more than 750,000 leaflets to all GP surgeries and Pharmacies and the campaign poster has gone up on around 100 billboards across the South West.

The ambulance service are urging people to visit the BHF website, [www.bhf.org.uk/doubtkills](http://www.bhf.org.uk/doubtkills), for more information about how to recognise the symptoms of a heart attack and what to do in such traumatic circumstances. A range of leaflets can also be ordered by calling 0870 600 6566.

A local carer commented to 'twentyfourseven' on how useful the leaflets and advice are,

"Because nobody in the family has ever had heart disease before, we didn't know all these things that are highlighted in the leaflet. These free information booklets are great – very, very informative. You can understand what it's all about." *Carer, Bournemouth*

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# Nine year old Lewis commended by the Trust

Nine year old Lewis was able to use knowledge that he gained from an emergency life support course taught at his primary school to give advice to a teenager who was bleeding badly.

John and Pat Moody, both Heartstart instructors, were invited to the school in the Crediton area in Devon to teach some of the children basic life support skills.

The British Heart Foundation supports the funding of the training and work in conjunction with South Western Ambulance Service personnel in order to provide it to as many people in the region as possible.

Lewis was in a park last November not long after he had the training when a dog began attacking a group of teenagers who were playing nearby.

One of the boys suffered a bite wound, which was bleeding badly.



Lewis calmly advised him to hold his hand higher than his heart and apply pressure to it to ease the bleeding. He then told the ambulance and police the exact location of the park where the group of teenagers remained after the dog attack.

The Trust was so impressed by

Lewis's bravery and quick thinking that they invited him to a specially arranged VIP visit to the Trust Headquarters in Exeter.

During the visit at the start of February, he had the opportunity to sit in an ambulance and find out what all the equipment was for, visit the

**L-R, John Moody (Heartstart instructor who taught Lewis), Lewis, Mike Killoran (Communication Centre Manager) and Phil (Lewis's father)**

999 Control Centre and was given a goodie bag and certificate. He was accompanied by his father and first aid instructor John Moody.

Lewis thoroughly enjoyed his time at Trust Headquarters, especially sitting in the ambulance and visiting the Control Centre. His father Phil is delighted that Lewis was specially commended for his actions and reports to 'twentyfourseven',

"I am extremely proud of Lewis and pleased that he was able to help someone in such a practical sense, by remembering what he had been taught on his course. As many children and adults alike should learn the basics of emergency life support skills as you never know when you will need to use them."

South Western Ambulance Service Commercial Training Tutor, John Richardson added,

"It was a pleasure to welcome Lewis to Trust Headquarters and I would like to congratulate him for his common sense and quick thinking, which may have prevented the teenager from losing consciousness through the loss of blood.

I am glad that the training sessions like the one that Lewis received work so well and made a real difference."

# Community benefits from defibrillators

Pursuing local engagement work with the numerous communities across the Trust's large geographical area is a top priority for the Public Relations and Communications team of the ambulance service. The team recently showcased its pioneering multi purpose exhibition vehicle at Bournemouth.

Working in partnership with the British Heart Foundation, enthusiastic members of the Public Relations team attended a football match at the Fitness First ground at Dean Court, where Bournemouth played at home to Yeovil Town.

Local lad and enthusiastic ambulance community Engagement Officer, Robbie Milham, along with three representatives from the British heart Foundation, were delighted to present a defibrillator to the Director of the Bournemouth Football Club and one of the players, as a result of a successful working community partnership.



**Staff from South Western Ambulance Service and Bournemouth Football club Director**

As part of a national campaign, the British Heart Foundation donated an amazing total of 90 defibrillators which have been given to local businesses and organisations on a

complementary basis, with Robbie Milham providing the crucial life saving training on behalf of the Trust.

Whilst at the event, members of the PR and Communications team

had the opportunity to raise awareness of emergency and urgent care services and give visitors the opportunity to ask questions and make comments about the ambulance service via a host of means such as questionnaires, leaflets called 'tell us about it' or good old fashioned face to face communication.

Promotional material and public health literature that reinforces the government's Public Health strategy called 'Choosing Health: Making Healthier Choices; 2005' was also distributed to members of the public. The successful event was attended by approximately 3000 people.

If you have an event which you would like the ambulance service to attend with its promotional vehicle and information on all its services please contact melodie.juste@swast.nhs.uk or ring 01392 261500 who will be delighted to make the arrangements, as far as practicable.

## feature

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# It's not all black & white

Have your say on how the ambulance service develops its services to meet the needs of a diverse population

South Western Ambulance Services is totally and explicitly committed to equality and diversity and have just launched an Equality and Diversity Strategy which incorporates the duties of the Race Equality, Disability Equality and Gender Equality Duties.

The publication of one Strategy will not diminish the high importance of carrying out individual statutory duties for each of these important areas.

We live in a changing world and people's expectations are changing too. Our communities are increasingly multi ethnic and multi faith.

People with greater physical or learning disabilities are living much longer, into their 80s and 90s. Same sex couples have the same legal partnership rights as married couples. The majority of lower paid people are women. These are not mutually exclusive.

The Trust appreciates that exclusion and discrimination can compound inequity of opportunity and our objective as an organization is to be all-encompassing.

Through the Equality and Diversity strategy the Trust wishes to demonstrate its honest and open commitment to ensuring equality and fair treatment for all staff and service users.

The proposed arrangements set out in the Strategy are about being inclusive; it is about developing, supporting and sustaining a diverse

workforce and creating a working environment where staff are able to do their job to the best of their ability without having to face discrimination, bullying or harassment on the grounds of their age, belief, disability, ethnicity, gender, race, religion or sexual orientation.

Equality is about providing a healthcare service that recognizes, respects and responds to the diversity of the local communities we serve.

The dynamic Strategy is currently published on the Trust's website to provide assurance to members of the public and to reinforce the importance and commitment the Trust attaches to taking this work forward.

Readers of 'twentyfourseven' are strongly encouraged to read the Strategy and provide valuable comments and input into the continuing evolution and implementation of this important work.

Overview and Scrutiny committee members are particularly welcomed to comment and share their expertise with the ambulance service.

All comments, suggestions and views can be forwarded to the public relations team by a variety of methods.

Why not share your thoughts with us at:

- publicrelations@swast.nhs.uk
- Telephone 01392 261500
- Fax 01392 261560
- Write to Trust Headquarters, Abbey Court, Eagle Way, Exeter, Devon, EX2 7HQ

## Minority ethnic groups

Within each of the counties covered by the South Western Ambulance Service minority ethnic groups do not exceed more than a couple of per cent of the resident population.

This creates particular challenges if the Trust is to meet the

requirements of these groups and involve them pro-actively and meaningfully in the evaluation and development of services.

However, within the Trust's Patient and Public Involvement Action Plan and the Equality Action Plan there are many actions

and work streams designed to engage and actively encourage multi agency working to ensure all groups are reached and engaged with.

Find out more by contacting the Trust on 01392 261509 or visit [www.swast.nhs.uk](http://www.swast.nhs.uk).

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## Welcoming our legal duties

A brief overview of the legal framework and the Trust's general duties for race, disability and gender is featured here.

The duties of the Race Relations (Amendment) Act 2000 (RRAA) requires the Trust to undertake certain actions.

The Trust welcomes its statutory duties which are to:

- eliminate unlawful racial discrimination;
- promote equality of opportunity;
- promote good relations between people from different racial groups;

To satisfy the requirements of the three parts of the general duty the Trust must:

1. Identify the Trust's functions and decide which of them are relevant to race equality.
2. Prioritise these functions.
3. Assess all relevant functions and policies for their effects on race equality.
4. Consider and make changes to policies, if necessary, to meet the general duty.
5. Monitor and publish details in

respect of employment of staff in relation to race equality.

The duties of the Disability Discrimination Act 2005 requires the Trust to also undertake certain actions.

The Trust further welcomes its statutory duties which are to:

- Promote equality of opportunity between disabled persons and other persons;
- Eliminate discrimination that is unlawful under the Act;
- Eliminate harassment of disabled persons that is related to their disabilities;
- Promote positive attitudes towards disabled persons;
- Encourage participation by disabled persons in public life;

Take steps to take account of disabled persons' disabilities, even where that involves treating disabled persons more favourably than other persons.

The Equality Act 2006 amends the Sex Discrimination Act 1975 (SDA) to place a statutory duty on all public authorities, when carrying out their functions, to have due regard to the need to:

- Eliminate unlawful discrimination and harassment;
- Promote equality or opportunity between men and women.

If you wish to find out more or get involved in developing this work why not contact the Trust at the contact points previously listed.

## Helping those at risk

The Trust will on an ongoing basis carry out a systematic review of all of its current and/or proposed functions and policies to determine which of these could result in unlawful discrimination, unequal opportunities or poor people relations.

This is simply not acceptable to South Western Ambulance Services who will take action to address any emerging issues.

This watchful eye will be led by each Director for their respective area with the aim of ascertaining whether different groups of people are or could be, disadvantaged by a Trust function or policy.

The review will identify all people who may be at risk of discrimination, unfavourable treatment or social exclusion for whatever reason.

This could include:-

- women and men;
- people of different racial groups;
- people who are part of the settled and travelling community;
- people who use different languages;
- people of different religions or beliefs;
- people who have a disability;
- people of different sexual orientation;
- people of different ages.

### Equality Impact

Far reaching equality impact assessment forms are available and will be used to predict and assess what the implications of a strategy, policy or initiative will be or is having on a wide range of people with different and varied needs.

These forms focus on assessing, consulting on, recording and acting on the likely equality impact of a Trust strategy, policy or initiative and have

begun to be completed with support and advice from others within the Trust.

The forms involve anticipating the consequences of strategies, policies and initiatives on different sections of the community, and making sure that, as far as possible, any negative consequences are eliminated or minimised and opportunities for promoting equality are maximised.

The following forms have been designed and developed to be used:

### ■ Equality Impact Assessment Screening Form:

This will be used to screen all strategies, policies or initiatives to see if they are relevant to (or could have implications for) equality, equal opportunities or people relations). If these affect people they are likely to be relevant and require a full impact assessment.

### ■ Equality Impact Full Assessment Form:

This will be used to examine strategies, policies and initiatives which the initial screening indicated might have a negative impact on certain sections of the community.

### So What?

If the results of the Equality Impact Assessment Screening Form indicate that there is no adverse effect on equality, equal opportunities or on people relations, and the strategy, policy or initiative cannot be adapted to have a positive effect, no further action is required.

### The Good

Where Trust arrangements can be adapted to have a positive effect, changes are made and the Equality

Impact Assessment Screening Form amended.

### The Bad

Where the results of an initial assessment indicate an adverse effect on equality, equal opportunities or on people relations, an Equality Impact Full Assessment Form is completed and appropriate actions taken.

All equality impact assessments will be sent to the HR & Equality lead for the Trust for collation and recording.

Summarised results from the equality impact assessments will be placed on the Trust's website along with the results of consultation on Trust arrangements.

In deciding priorities for action the most urgent attention should be given to Trust functions or policies:

- which are relevant to all or most of the equality considerations as described above;
- where substantial evidence exists that some groups could be differently affected or;
- there is significant public concern.

### What are the Trust's core services?

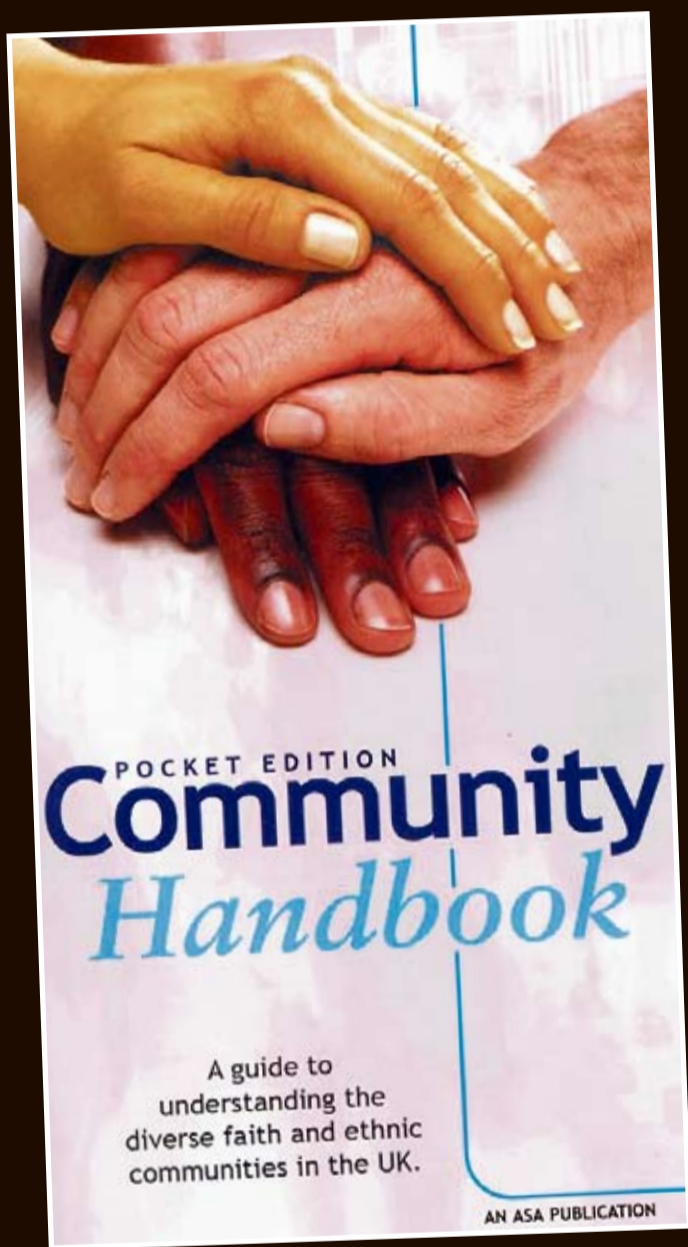
- Emergency ambulance service – emergency response to 999 category A, B or C injuries or illnesses which are likely to require treatment and immediate transport to a hospital or other facility
- Urgent care service – a range of non-emergency responses provided to people who require – or perceive the need for – urgent (but not emergency) advice, care, treatment or diagnosis. This includes the Out of Hours service
- Patient Transport Service – ambulance non-emergency medical patient transport services such as to and from out-patient appointments



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# It's not all black & white

## Equality and diversity unravelled



Mention the words diversity and equality and sometimes people's faces go blank.

Certainly not because people have little interest or commitment to promoting better relations between everyone, or celebrating differences in faith, culture or beliefs, but quite simply because of the amount of literature that has been published which is sometimes potentially confusing and difficult to absorb.

South Western Ambulance Service want to demonstrate clear and strong leadership in their intended work streams to promote the equality agenda and embrace the issues raised in their Equality and Diversity Strategy.

Part of this commitment and ongoing equality leadership has resulted in the recent investment in a practical tool for staff in the form of an important cultural awareness handbook.

Operational staff should have received a copy of this booklet which complements a previous issue of a multi cultural language booklet.

The new cultural awareness booklets will help overcome barriers to understanding different groups and are proving to be a real invaluable guide.

The booklet is helping to raise awareness of the vibrant and diverse faith and ethnic communities in the UK who we all come into contact with whilst doing our job or are friends with in our private lives.

The booklet contains a wealth of rich information on different faith and ethnic communities. This includes such things as:

- Prayers
- Places of worship
- Informative statistical data
- Religious festivals
- Variety of courteous greetings
- Diet preferences

- Symbols to assist with language barriers
- Diverse customs around death
- Tips on upholding respectfulness to families when entering personal dwellings of those with differing faiths and beliefs
- Advice when delivering healthcare in the home setting for different groups

To provide further clarity the definitions within the Trust's new Strategy state, which are based on commonly used explanations, comprise of:

Diversity – is the mosaic of people who bring a variety of backgrounds, styles, perspectives, values, and beliefs as assets to a group and organizations with which they interact.

Equal opportunities – the same in importance and (of people)

deserving the same treatment, equal rights

Equality – is a revised term for 'Equal Opportunities'. It is a straightforward measure of difference and does not necessarily reflect an injustice or a situation capable of change – although it may well do. It is based on the legal obligation to comply with anti-discrimination legislation. Equality protects people from minority groups from being discriminated against on the grounds of group membership, eg sex, race, disability, sexual orientation, religion or belief or age.

Equity – is a term that implies a potential lack of fairness, and it is often the case that the imbalance could be redressed by using resources in a different way. Resources delivered equitably are resources delivered on the basis of demonstrable need.

## Maintaining our momentum for change



The Trust is committed to taking equality considerations into account in its day-to-day work. Such work covers service delivery, policy making and employment matters.

The Trust has recently invested and employed a senior manager to manage the implementation and integration of equality throughout the organisation. This member of staff will champion the implementation of the Equality Schemes in line with the Trust's core purpose and underpinning aims.

The Trust's Executive Management Team are role models for the organisation and will demonstrate, through leadership and practices, their commitment to equitable and fair treatment.

A new Equality and Diversity Committee will ensure understanding will ensure understanding of diversity will be integral to all learning and

training developments within the Trust.

The Team will be accountable to the Board for the development, maintenance and review of the Schemes in accordance with legislation, including any good practice guidance that may be issued by the Commission for Racial Equality, the Equal Opportunities Commission and the Department of Health.

Specialist advice, support and guidance in implementing the Equality Schemes will be provided through the Human Resources and Equality lead.

Objectives and targets relating to the Trust's statutory duties will be integrated into the South Western Ambulance Service's strategic and operational plans, and systems for individual performance review. They are also included in the Equality Schemes action plan.

## Giovanna heads up

Introducing Giovanna Edwards who has been employed as the Trust's Equality expert.

Giovanna will lead the work of equality and diversity and will manage the work associated with the Trust's Equality Strategy.

An Equality and Diversity Committee has just been launched with membership from operational and non operational staff. It will also include the nominees of the Trust's Patient and Public Involvement Forum members.

### Who to Turn to

The initial point of contact within South Western Ambulance Service for those affected by the Equality Schemes, the statutory duties in relation to the Act, or those who wish to comment on the Trust's compliance with them or



any other matter associated with the Trust's implementation of the Schemes is:

Giovanna Edwards; HR & Equality Lead; South Western Ambulance Services NHS Trust, Trust Headquarters, Abbey Court, Eagle Way, Exeter EX2 7HY  
Tel: 01392 261500

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The ambulance service is keen to work in partnership with other organizations, whether that is the private, public or voluntary sector. Working with all three is a bonus, especially when developing new services that will break down barriers for those people known as 'seldom heard' or 'hard to reach'.

These terms refer to certain groups of people who may find it more difficult to communicate their needs or access services than others. For example, people with sight, hearing or mental health difficulties or those with a learning disability.

Therefore, when the opportunity came up to get involved in a groundbreaking new piece of work which will help those people with a learning disability, staff from the ambulance service were delighted to be offered expert and user help to improve their services for this particular group.

Wendy Harvey (Devon & Cornwall Police) and Nicky Church (Pluss Torbay) recently met up with the Public Relations and Communications team who are based at Trust headquarters in Exeter. The ensuing enthusiasm led to a great deal of future work being planned which will see the ambulance service benefit from the expertise and work of a project branded 'People in Partnership' (PIP).

This pioneering work has been championed by numerous agencies such as the Police, district council, Social Services, a charitable organisation named Pluss and other specialist service providers such as Home Farm Trust.

Experts such as occupational therapists, day service managers, speech and language therapists, to name but a few, are regularly meeting up under the auspices of the community safety partnership of South Hams District Council in Totnes. This group is led by Peter Dale who is driving forward the council's work on community safety.

### What is Pluss?

This dynamic organisation is helping those with a learning disability to find suitable work and to support them with

# Breaking down barriers

the skills they need to successfully take part in the community where they live.

Pluss are leading experts in the design and provision of resources for agencies such as the ambulance service. They work alongside agencies with service users to tailor information that enables good communication for those people with a learning disability.

### Who supports Pluss?

Local Government via funding from the County Councils of Torbay, Plymouth and Devon. They also seek funding from sources such as the European Commission, which helped with the development of their modern new website.

### Total Communication

Everybody knows that successful communication is two way.

The next step on for those with a learning disability is something called 'Total Communication'. This is the name given to materials and methods of communicating with people who have a learning disability. It is about using lots of different ways of communicating to find the best method for every individual. These include gesture, signing, speech, writing, photographs, symbols and objects.

Pluss produce resource packs which are designed to help professionals communicate more effectively with people with a learning disability. They produce a range of tools, including photographs, flashcards, symbols and worksheets.

### How can they help the ambulance service?

The ambulance communication team is eager to develop Trust literature that adopts this new approach called 'Total Communication' and will be working with Pluss and service users to develop more targeted information. These will not only comply with the law, but offer information in an accessible format for those people with a learning disability who may experience barriers to understanding current publications.

The first leaflet that is being

## A safe place



Thank you on behalf of the Community Safety Partnership for agreeing to place a 'Safe Place' Sticker in your window.

People with Learning Disabilities are being bullied and it is nice to know that we can ask you for your help and support.

If someone should enter your premises in distress please:

- Contact their parent / carer / support worker - they should be carrying a card with the appropriate telephone number



- And / or call the Police on their behalf:

Local Police 08452 777 444  
Emergency 999

developed tells a story about Joe and Mary. It will explain how to access the ambulance service in times of emergency.

The story has been written by service users and once the draft leaflet is available a group of service users will meet up to further comment on how easy it is to understand. Changes will be made from this feedback before the leaflet is published and distributed.

Here is the draft text for the leaflet which the ambulance Communication team and service users have written:

Mary visits Joe for lunch, when she gets there Joe doesn't answer the door. Mary lets herself in and finds Joe sleeping at the bottom of the stairs. Mary can't wake Joe and notices blood coming from his head. Mary phones '999' and asks for an ambulance for her friend who won't wake up.

The ambulance controller asks these questions –

- Where do you want the ambulance to come to?
- What is your telephone number that you are ringing from?
- What is the problem?
- Do you know what has happened?
- What is happening to Joe?

The ambulance controller also tells Mary what to do. Mary stays calm and listens to what she is told. When the paramedics arrive they take over and take Joe in the ambulance to hospital.

Mary sees the 'Safe Place to be in' logo on the outside of the ambulance and feels happy for Joe.

Mary phones home.

### A 'Safe Place to be' logo

The South Hams project group regularly meet up to plan their work

under the title of 'People in Partnership (PIP) Pack meetings'. They have developed a logo which those with a learning disability are being taught to recognise as a 'Safe Place to be'.

This ground-breaking work is seeing shops display the logo in their windows. Shops are given the sticker when their staff have received a briefing on what it means people with a learning disability will expect from them eg contacting their relative or carer.

### Why?

Sadly, some people with learning disabilities are being bullied and it is nice for them to know that they can seek help and support out in the community when they might be on their own.

There is also a new contact card being trialled. It has been produced for them to keep with them at all times so they can pass to a shopkeeper to find out the contact details for the carer, parent or support worker.

It might be that the person with learning disabilities requires the help of the emergency services and this is where the ambulance service can also play their part in helping alleviate distress for this group of people.

### Ambulance logo

The ambulance service Vehicle and Working Group meets up regularly to discuss ongoing developments, issues to do with the fleet.

This group will discuss at their next meeting the request from the partnership team to enable the 'Safe Place to be' logo displayed on the outside of ambulances.

This great idea will mean that those with a learning disability will feel reassured and comforted when being taken into an ambulance or receiving treatment from ambulance personnel.

Previous work by the Public Relation and Communication team with learning disabled groups in Dorset has identified that the uniforms worn by the fire, police and ambulance personnel do provide instant reassurance, confidence and trust.

However, making an effort to drive this project forward will complement this initial reaction and demonstrate that going into an ambulance is also a 'Safe Place to be'.

### What do users think of 'total communication'?

- "Helps me to understand what happens"
- "Nice big colour photos"
- "Looks great"
- "Useful symbols and pictures I like"
- "Tells you what you need to know"
- "People know what I am trying to say"
- "Now I have a voice"

Watch this space for further reports on this fantastic project.



# A change for the better

The Airwave service is being rolled out across all Ambulance Trusts and is about to come to yours.

The use of Airwave will bring significant improvements including far greater coverage, enhanced voice quality and increased reliability, providing better communications overall.

There will be better interoperability between Trusts and with other emergency response organisations – particularly important in handling major incidents.

Improved personal safety for ambulance staff will result because communication with the control room will be more reliable. Front line staff will also have access to the emergency button on their handheld terminal.



For further information please contact:  
PR & Communication team on **01392 261500**

Special thanks to Bonnie for agreeing to model for this literature. She is employed at the South Western Ambulance Service and looks great. Well done Bonnie.