

#TEXT **Code A**

05.03.02

#CODE

Background of two people seen

Manages non emergency patient transport / ambulance??

Unqualified journey crew (pt ??)

Qualified crew - difference based on pat need. Transfer to other facility - usually qualified but decision rests with referring to consultant.

TLC for patients going to wrong ?? Patients may need reassurance etc, may be nervous.

Pts who need support - may need pts slide??. Culture of 'no lift??. Plenty of equipment for moving and handling pts. Sometimes are able to transfer pts on hoist if nursing home has equipment.

Regular drivers in Gosport so they would know about difficulties bending over patients to ward. Not aware of any difficulties.

Out of hours care for pts, HA manages emergency service so not sure of problems, but standard is 8th response to 999 calls.

Winchester ambulance do screen calls - so may be agreement with consultant that pt transferred within given time - eg 3 hours.

Falls beneath 999 standard but written assessment/agreement of pt need.

Opportunities exist to meet with trust for problem resolution and service planning.

Service operates to agreed pt standard eg 30 min before/after request.

Can be difficult to meet standard when informed of need 'on the day' This can be problem with Gosport because of their medical cover constraints. If notified before noon, not usually problematic.

Code A attends discharge planning meetings.

Staff need ?? re: use of ambulance/pt transport. Sally has presented to wards in hospital to help appropriate use and up pt care.

No particular problems associated with transferring pts to Gosport.

Was surprised to learn of concerns around Gosport hospital. No particular prior reason for expecting difficulties.

Uses incident forms for unexpected / adverse events and then reviews regularly to identify trends. Handles complaints in usual/expected manner.

Asked to refer back to Gosport team of ambulance drivers if they had problems with handing pts over to ward staff.