

Report from the JWG for GWAS, to the JHSC June 2011 meeting.

The JWG met on March 8th and had a very interesting presentation by Brian Jarvis, Service Delivery Manager at the Emergency Operations Centre (EOC), on Hear and Treat and See and Treat.

Hear and Treat. Triage process with patients who are not presenting with life threatening symptoms, with built in procedures for escalation of response, if the patient appears to be worsening. The cases are managed by senior clinicians.

Three main case types are falls, abdominal pains and back pains. Interestingly the three localities manage these calls differently? The patient will receive a call from the senior clinician within 10 minutes.

See and Treat Again non life threatening symptoms. Not every patient can be dealt with over the phone. An ECP will be sent to examine the patient, treat at scene or refer onwards as deemed appropriate. GWAS is conducting trials in Wiltshire and Gloucestershire on developing this response.

Details of their cases and outcomes has been requested and is expected soon. The JWG learned that there is a shortage of these essential healthcare professionals in both the Gloucestershire and Avon localities. A dedicated falls team would serve the best interests of patients.

During the course of the meeting the group were introduced to the new ambulance clinical quality indicators. The group also learned that two of its members were part of the monitoring of PTS for oncology and renal patients in the BNSSG area.

The group met on May 10th and received another very interesting talk on community first responders from Kevin Dickens Community Response Manager (Gloucestershire).

The JWG resolved that CFRs should form the basis of a 2011 workplan. The group also had a provisional look at version 4 of the trust's quality account. The JWG had previously made some input into the account. It will meet in June to formulate a full response to the final account.

Albert Weager JWG Chair May 2011