**From: Garrett Emmerson** (Garrett.Emmerson@lond-amb.nhs.uk)

Dear Malcolm,

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| **INTOXICATED PATIENTS** |  |

Mon, 4 Feb 2019 16:43

I promised to come back to you, following our discussion on 24 January, in respect of our support for heavily intoxicated patients.  As you know, we attend alcohol related incidents all year round, not just over the Christmas and New Year period, in fact December is an average month in terms of volume of incidents.  We attended almost 64,000 alcohol related incidents in 2018, accounting for just under 6% of total face to face incidents (during December 2018, we attended just over 6,000 alcohol related incidents, accounting for 6% of the total face to face incidents that month).

As with any call we receive, patients are triaged and resources dispatched accordingly to ensure patient safety. Every alcohol-related call we attend unnecessarily, means a crew is not available for another patient who might be seriously ill or injured.  As you say, some the people we go to who’ve had too much to drink, don’t need an ambulance on blue lights; they need to get home and sober up safely.  Although we have provided mobile treatment centres in the past, we haven’t found them to be the most efficient use of our services and we have therefore focussed on supporting other partner organisations.  As a couple of examples:

·          Westminster City Council piloted a  ‘night hub’ on Saturday nights between 1-22 December, to provide a safe space for people who have drunk too much or need other forms of help. Council staff and volunteers ran the service, with St John Ambulance providing first aid.  From the end of February, the hub will operate  on Friday and Saturday nights. WCC have funding in place to run the centre for two years. We have supported WCC’s associated publicity campaign for the pilot on social media.

·          In addition, as part of our winter planning this year, the Trust’s  Cycle Response Unit (CRU) has increased its collaborative working with selected partner organisations.  A joint City of London Police and London Ambulance Service CRU has been operational in the winter evenings to provide assistance to the large numbers of people who celebrate in the City.  Such celebrations can result in significant numbers of alcohol related calls and the initial trial of this project two years ago resulted in a large number of patients being managed appropriately without the need for ambulance attendance or hospital conveyance.  The presence of the police as part of this unit assists in ensuring the safety of the cycle responder.  The CRU will also be operating from key transport hubs at peak commuter periods to aid the early response to anyone becoming unwell on trains.  Such incidents not only cause significant disruption to the transport network but also increase the numbers of ambulance related calls due to other people becoming unwell on stationary trains.

Going forward, LAS will work in collaboration with local authorities to identify areas where the use of alcohol recovery centres would help to reduce ambulance requests for people suffering from the effects of alcohol.

I hope this is helpful.

Regards,

Garrett Emmerson

Chief Executive Officer

**London Ambulance Service**