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CommandPoint gets second go live at London Ambulance Service

Trust says lessons have been learned from last year's failed attempt to bring ambulance dispatch software system in

The London Ambulance Service has quietly phased in its CommandPoint 999 dispatch system, *reports* *The Register.*

The service began using the package, built by US defence giant Northrop Grumman, at 3am on 27 March. The introduction follows three live tests in the past few weeks and decommissioning of the previous in-house ambulance dispatch software.

The London Ambulance Service said that so far there have been no reported issues, although the new technology is regularly monitored for problems.

The trust said it believes lessons have been learned from the first abortive attempt to deploy CommandPoint in June 2011 and that problems have been corrected.

"During the implementation process we will be closely monitoring 999 calls to ensure our most seriously ill and injured patients continue to receive a fast response," it told The Register.

"As with the introduction of any large, complex technical system, we anticipate there may be some teething problems and we recognise that it will take time for our staff to get used to the new system. However, we are confident that lessons have been learnt from our first attempt to bring the system in, and the problems we encountered last time have been corrected."

The service is eager to avoid a repeat of last year's problems when CommandPoint apparently operated for a few hours before slowing down and ultimately failing. Operators resorted to pen and paper to record calls before returning to the original in-house Call Taking (CTAK) system CommandPoint was supposed to replace.

CommandPoint is a .NET-based piece of kit running on Windows Server and Unix-powered machines and is used by law enforcement and fire departments in the US.

Large variation in ambulance responses to elderly falls

Adrian O'Dowd *Tuesday, 27 March 2012*

The response and treatment that older people receive from the emergency service across the UK varies widely, finds a study published online today in *Emergency Medicine Journal*.

Researchers carried out a survey of all 13 ambulance trusts asking them about their response to all categories of emergency calls received for people suspected of having had a fall, with responses received from 11 trusts.

Such falls are the main cause of injury among people aged over 65, with around one in three in this age group sustaining a fall every year. In London alone, one in 12 emergency calls for ambulance services are made for older people who have fallen.

The responses showed that ambulance services dedicated considerable resource to handling these types of calls, but that the provision of care varied widely across the trusts, and it was unclear what worked best and represented best value for money.

All of the trusts had systems to transfer emergency calls involving elderly falls patients to phone based clinical advisors. One service also used a triage system to categorise the urgency of the call, with those considered to be less urgent referred to a dedicated "falls team" to be dealt with later.

While seven of the services had local response mechanisms for calls placed from personal alarm services, all the services used specially trained healthcare workers, such as emergency care practitioners, to respond to calls for elderly falls patients.

The researchers found that seven services dispatched vehicles that were not crewed by emergency technicians or paramedics, while all 11 services said they sent vehicles crewed by just one member of staff to older patients who had fallen.

One service was testing out the deployment of non-clinical staff while another had a specialist falls response ambulance, crewed by a paramedic and a social worker.

The proportion of patients left at home ranged from just 7% to 65% for nine of the ambulance services, with only two services achieving a proportion below 42%.

It became clear that referrals to other services were made by various different categories of staff amongst the ambulance services, while the method of making the referrals also varied.

Some of the trusts said there were restrictions on the type of referral they could make and to whom/where and not all staff had been given additional training in this area.

The authors concluded that UK ambulance services had gone to some lengths to ensure elderly falls patients did not have to endure delays in response.

"However, although service innovation for falls is widespread, clinically effective and cost effective service models are yet to be developed," they said.

On the issue of variations in provision of care, they added: "These findings highlight the urgent need for research to inform policy, service and practice development for the large and frail population of older people who have fallen and for whom a 999 call has been made."