

A&E hospitals braced for heavy workload in summer of big events

The Olympics, Euro 2012 and the diamond jubilee are expected to produce a big caseload, many of them drunk, for hospitals

-
- guardian.co.uk, Friday 25 May 2012 14.00 BST
- [Comments \(41\)](#)



A booze bus treats drunks in London to take pressure off the emergency services coping with a busy summer of events. Photograph: Lynn Hilton For The Observer

Drunken revellers will be treated in "booze buses" and field hospitals and have injuries stitched up at the roadside under NHS plans to cope with a surge of alcohol-related problems during a summer of major events.

One central London hospital is being put on "semi internal major incident" alert from Monday ready for the [Queen's diamond jubilee](#) celebrations next weekend, adopting a protocol usually only seen on New Year's Eve.

Doctors, ambulance services and the police are finalising measures to keep those who have been binge drinking during the jubilee celebrations, [Euro 2012](#) and the Olympics out of A&E to ensure hospitals do not become overwhelmed.

Extra staff will be deployed, in emergency departments and in mobile units near events and gatherings. There is particular concern about the extra pressure on services caused by the four-day jubilee bank holiday weekend and England's three football matches at Euro 2012 which start a few days later.

London will bear the brunt of increased demand because of the high number of celebrations taking place there. St Thomas's hospital opposite the Houses of Parliament, whose proximity to the West End means it deals with the largest number of intoxicated patients in the capital, will next week go into "semi internal major incident mode" in preparation for the jubilee weekend. It will take steps that are usually only necessary on New Year's Eve, when it treats large numbers of drunks who have attended celebrations beside the Thames.

"We increase our staffing levels in A&E, have more nurses working on the wards, and clear our emergency admission beds in preparation," said Dr Beth Christian, an A&E consultant at St Thomas's. "Sometimes we open up outpatients and put mattresses down on the floor." In addition, beds in admission wards will be cleared the day before major events to be available for drunk patients, she added.

University College Hospital, also in central London, will also increase the number of doctors and nurses and levels of drugs and other supplies.

In Portsmouth, paramedics will hand out flip-flops to intoxicated young women who can no longer walk safely on their high heels, in line with their regular weekend practice. The city will also use the treatment unit run on Friday and Saturday nights by the Project Safe Space multi-agency hub. Its staff, police and ambulance crews deal with minor injuries and the suturing of wounds, and provide five mattresses for people to lie down and sober up safely.

Tim Churchill, demand manager at South Central Ambulance Service which covers the city, said the centre helps reduce the demand on A&E and ambulance services. "Over the summer, because of the events, and particularly if the weather is good, we will be increasing service provision," he said.

Dr Mike Clancy, president of the College of Emergency Medicine, which represents A&E doctors, said big events would put "added pressure" on NHS [emergency services](#) which are already facing rising demand.

"The resilience of the system is being tested on a daily basis," he said. "The events this summer are added pressure because there will be more people in the country and there will be increased numbers of alcohol cases for departments to deal with. Initiatives that safely care for patients suffering from uncomplicated mild intoxication in settings other than the emergency department are helpful."

In June, the Sunderland Teaching Primary Care Trust, together with the police and ambulance service, is setting up its first mobile unit with medical and other support services on board to help people injured or harmed through alcohol.

In the East Midlands, the ambulance service will provide medical support for the extra events being put on to celebrate the Olympics. First-response vehicles with paramedics on board – who can stitch people's injuries at the roadside – will operate in Derby and Leicester for the jubilee weekend and for weekends during the Olympics.

Some hospitals, including the Royal Liverpool Hospital, are increasing the numbers of frontline staff on duty next weekend and during Euro 2012.

Brian Hayes, a senior paramedic with the London Ambulance Service, said he was particularly worried about Euro 2012, especially as the late afternoon and evening kick-off times for England's games in Ukraine and Poland would make it easier for fans to drink while watching them.

The London service will deploy its "booze bus", a customised ambulance that collects up to five drunks at a time and takes them to a recovery centre in Soho where they can sleep on camp beds while being monitored by paramedics. It has operated over the last two Christmases; in February, it began opening on Friday and Saturday nights. It treated 259 people over eight weekends between February and April.

The service is "cost effective" because it keeps people away from busy A&E departments and ambulances, said Hayes. London's ambulances dealt with 66,254 alcohol-related incidents in 2011-12; each callout cost £225.

Alcohol misuse costs the NHS millions of pounds each year. A recent audit by St Thomas's estimated that for the 12 months from late 2010 it dealt with 5,500 alcohol related A&E attendances that cost the NHS between £3m and £4.3m.

Dr Christian said this figure "is the tip of the iceberg" because there is massive under reporting. She said the emergency admission ward was "not set up to be a drunk tank", but 10 of their emergency beds are often occupied by people who are drunk.

"This is a very costly way to manage patients," she said. "An additional 30-40 patients for an A&E night shift can mean a department that is coping becomes a department that is overwhelmed. They are often very disruptive patients. The NHS can't afford a £1,000 for every big night," she said.

The four-hour waiting target in A&E, she added, means "we don't have the luxury of observing patients, so some patients risk being over investigated".

Paramedic probed after sick online rant about suicidal girl – The Sun

EXCLUSIVE

By ANTHONY FRANCE

Published: 27th May 2012

A PARAMEDIC is being probed over a sick Facebook rant claiming he would “gladly” have killed a suicidal girl he was sent to help.

Colleagues are also accused of joining in with foul-mouthed jibes about “chair freaks” and “weirdos”.

Robbie Muir’s outburst came in his status update after he responded to an emergency call.

The London Ambulance worker wrote: “Been sent to a girl who wrote on Facebook she wants to commit suicide so 999 was called. However after 10 mins of talking to her I’d have gladly done the job for her ;)”

Workmate Lee Quinlan then described a previous patient as a “nob” for updating his Facebook status while being wheeled to the ambulance.

Another colleague Mel Canham wrote after one shift: “It should definitely have been a full moon this weekend!!! Nothing but proper f***nugget weirdos about. People get on my f***ing nerves!!!”

She later used the C-word as she joked with a colleague about a patient they dubbed “psycho-hypo”. She also told of being “clawed” by an 86-year-old woman, adding: “Luckily she didn’t have s****y nails and my tetanus is up to date.”

Shockingly a cop from Essex then told Canham: “Next time kick her in the ****!!!”

Canham also asked a moaning colleague: “Have all those chair freaks got you down??” London Ambulance Service is investigating after being tipped off by a member of the public. Muir of Basildon, Essex claims he doesn’t recall writing the posts.

Tougher penalties on horizon for slow ambulance handovers

Health Service Journal

31 May 2012 | By [Sarah Calkin](#)

Hospital trusts are likely to face tougher penalties for keeping ambulances waiting outside accident and emergency departments, HSJ has learned.

HSJ understands [Monitor](#) and the [Care Quality Commission](#) were due to meet this week to discuss how to use their respective foundation trust compliance framework and quality regulation to address the problem.

They were asked to look at the issue by NHS deputy chief executive [David Flory](#).

It comes after NHS chief executive Sir [David Nicholson](#) last week told the Ambulance Leadership Forum event he would like to see long ambulance handovers treated as seriously as [patient safety](#) “never events”, and was considering how it might be achieved.

Peter Bradley, national director of ambulance services and London Ambulance Service Trust chief executive, told HSJ there was a “rump” of 20-30 hospitals that had consistent problems with completing a handover in the required time.

Mr Bradley said: “There has been immense frustration about the lack of attention given to this by acute trusts so we were encouraged to hear what David Nicholson had to say.”

Details of any scheme have yet to be confirmed but are likely to include closer performance management, and possibly financial penalties. Never events often incur a penalty for providers under their contract terms.

Hospital trusts are meant to allow for ambulance services to hand over a patient, clean the ambulance and get back out on the road within 15 minutes.

However, information collected by the Department of Health suggests that in January, only a third of trusts achieved a turnaround time of 15 minutes for at least 95 per cent of arrivals at A&E.

A further third took 15-30 minutes before handover while about 15 per cent regularly took more than an hour.

The College of Emergency medicine has stated it is unsafe to leave patients waiting in ambulances for longer than 15 minutes.

NHS Confederation Ambulance Service Network director Jo Webber welcomed the moves to address the issue. She told *HSJ* that any performance measure should ensure every organisation took responsibility for their part in the system.

She said: “It’s not good for the clinical care of patients for them to be waiting in the back of ambulances – but the other side of it is there are people waiting for an ambulance who have to wait longer because ambulances are held up at A&E.”