

An overview of the Emergency Medical System in the UK

By Conchita Balagtey Pooten (Conchita.pooten@gmail.com)

Biography of the speaker

Conchita Damaguen Balagtey Pooten

Born in Itogon, Benguet in 1952 to Clayton Balagtey (d) and Pureza Damaguen. One of seven siblings, she was industrious from a very young age often working before and after school in her parents store, in Baguio City.

She attended Easter School and began pre-nursing in the University of Baguio. In the early 1970's, she was afforded the opportunity to migrate to England, UK, wherein which she completed her nursing studies and training. Upon graduating, she was awarded top honours and specialised in mental health. Conchita pursued an extensive, thriving career as a staff nurse at various local hospitals in the National Health Service (NHS). When she officially retired in 2012, she had proudly served over 40 years with the NHS.

Alongside her nursing career, Conchita (together with her husband, Richard Stone Pooten) created two successful businesses, in the UK. One being a care home for those suffering from mental health issues, and a freight forwarding company, which sends balikbayan boxes from the UK to the Philippines. Both businesses have been in operation, in the UK, for over 30 and 25 years respectively.

Conchita is a keen supporter of many Filipino organisations, including Igorot UK, Mountain Province UK to name a few. She is also one of the directors of Smile Train, a UK charity that supplies pre-loved books and toys to orphanages throughout the Philippines. It also sponsors the librarian's stipend in the Besao Public Library.

She is the proud mother of two daughters (Wendy and Ingerith), two son-in-laws (Mark and Albert) and five grandchildren (Clayton, Penelope, Reiss, Richard Jaimie and Eleanor)!

You will often find Conchita with Richard, in between continents, in their retirement home and resort in Asin, Tuba.

Emergency Medical System (EMS) in the UK

- In the UK, patients with acute illness or injury are provided emergency care through the National Health Service (NHS). More about the NHS to come.
- Emergency care, which is made up of the emergency treatment or ambulance service is FREE to everyone, regardless of immigration or visitor status.
- Patients needing EMS need to either (a) visit Accident & Emergency (A&E unit), within a NHS hospital; or (b) dial 999 from their phone.

Accident and Emergency (A&E)

- An A&E (emergency or casualty department) handles all genuine life-threatening emergencies, classified as:
 - Loss of consciousness; Acute confused state and fits that are continuous
 - Persistent severe chest pain; Breathing difficulties
 - Severe bleeding that cannot be stopped; Severe allergic reactions, burns or scalds
- Less severe injuries can be dealt with in urgent care centre or walk-in centre
- A&E offer access 24 hours a day, 365 days a year
- A&E staff comprise: paramedics, nurses, diagnostic radiographers, reception staff, porters, health care assistants and A&E medicine doctors. Medical staff are highly trained in all aspects of emergency medicine
- What happens at A&E?
 - 1. Register
 - 2. Assessment – triage
 - 3. Treatment, transfer or discharge

Ambulance service units

– Depending on situation, ambulance service will dispatch the following units:

- **Ambulance crew (ground based vehicle)**

- Includes a range of medical staff i.e., emergency care assistants and paramedics. Carers are highly trained in all aspects of emergency care, from trauma injuries to cardiac arrests. The ambulance is fully equipped with heart defibrillators, oxygen, intravenous drips, spinal and traction splints and a range of drugs.
- Patients will always be taken to hospital when there is medical need.



- **Rapid response vehicle (car, motorbike or bicycle - ground)**

- These units are often sent ahead of an ambulance as they are
- Faster at getting through traffic



- **Air ambulance (helicopter - air)**

- Deliver emergency care, especially in rural areas and where road access is poor. Some ambulances operate as independent charities. However, the cost of some clinical staff on air ambulances is met by NHS.

- **Community first responder (CFR and volunteers)**

- Many local ambulance services run volunteer responder schemes.
- Volunteers have medical training.
- They provide their own cars and vehicles.

- **Combination of the above**



Ambulance service

- To access the ambulance service, in the U.K. the caller will need to dial 999 or 112 from their phone.
- The call is connected to a dispatcher at one of 38 National Health Service (NHS) ambulance stations.
- Once location is received, within **8 minutes** (an average set by national targets) an ambulance is dispatched. Further information regarding the patient is delivered over the radio or electronically to the ambulance.

UK EMS – Key Stats

- 18.3 million people accessed A&E departments in 2012/2013
 - 64.1% patients refer themselves to A&E
- 4.4 million patients arrive at A&E via ambulance or helicopter
- 10.8 million (60%) of all attendances were discharged
- 3.8 million (40%) of all attendances were admitted to hospital
- Out of all A&E attendees, 7.9 million were under the age of 29
 - Just under half of all A&E attendees were male

How is EMS sustained in the UK?

- In the UK, it is the NHS that provides emergency services (which includes treatment in hospitals (A&E) and ambulance services).
- What is the NHS?
 - The National Health Service (NHS) is the publicly funded healthcare system for the UK. It is the largest and the oldest single-payer (i.e. doctors and hospitals are run by the government versus healthcare services are contracted by private organisations (despite being paid by government))
 - The NHS was created out of a long-held ideal that, “good healthcare should be available to all, regardless of wealth – a principle that remains at its core.” NHS choices website April 2016
- How is it funded?
 - Primarily through taxation. It is overseen by the Department of Health.
 - It provides healthcare to every legal resident in the UK, with most services free at the point of use. Some services, such as emergency treatment and treatment of infectious diseases are free for everyone, including visitors.
 - That is currently more than 64.1 million people in the UK and 53.9 million in England alone.
- How is EMS run?
 - The day-to-day running of the EMS in the UK is managed by clinical commissioning groups (CCGs).
- What are CCGs
 - CCGs are clinically led local organisations that are considered to know the area in which they are working, and so able to commission services that are specifically required by the population they serve. They are responsible for commissioning urgent and emergency care (i.e., A&E) amongst other services.
- CCGs can commission services from a range of providers, including from the voluntary and private sectors. Any body that provides such services must be registered with a regulating body.
- Examples of such private and volunteer medical services arrangements in place in the UK, include ALL air ambulances (except Scottish Ambulance Service), use of private or volunteer ambulances (St. John’s Ambulance) at public events or large private sites.

Summary

- **Pros:**

- Efficient, effective, safe, co-ordinated, patient-centred

- In 2014 the Commonwealth Fund declared that in comparison with the healthcare systems of 10 other countries (Australia, Canada, France, Germany, Netherlands, New Zealand, Norway, Sweden, Switzerland and the US) the NHS was the most impressive overall. The NHS was rated as the best system in terms of efficiency, effective care, safe care, co-ordinated care, patient-centered care and cost-related problems.

- Fully funded

- NHS funding comes directly from taxation. For 2015/2016, the overall NHS budget was around £116.4 billion. Nearly half (47%) of the NHS budget is spent on acute and emergency care.

- Equipped, Responsive

- The NHS in England (not including Scotland, Wales, N. Ireland) is responsible for a population of 53.9 million. It employs more than 1.3 million people. Of those, the clinically qualified staff include 40,236 general practitioners (GPs), 351,446 nurses, 18,576 ambulance staff, and 111,963 hospital and community health service medical and dental staff.
- It has a physician density of 2.74 per 1,000 people. The hospital bed density is 3.3 per 1,000 people.

- **Cons:**

- Response times are delayed in rural areas or remote environments and when demand is high

- Expensive i.e., requires robust system (communication/IT infrastructure) and resources (equipment, vehicles, helicopter)

- See above, approximately £55 billion is spent on acute and emergency care in the UK
- Despite its wealth, the UK having a Gross Domestic Product (GDP) of £2.228 trillion, which is the seventh largest in the world, according to Reuters 2016, UK was spending less than 10% of its GDP in healthcare (9.3%).

Conclusion

- Can any aspects of the UK model be adapted or useful for the Cordillera?