

## **Kiveton Park Primary Care Centre Patient Participation Group**

**Wednesday 21<sup>st</sup> February 2018**

**Attendees:** Keith Emsden, Helen Greer-Waring, Barry Winterbottom, Alicia Higgins, Jean Hirst, Mike Brabbs, Becky Clowes, Marsha Raynes, Dr Derek Say, Ron Law

**Apologies:** Katrina Fletcher

### **1. Welcome and Apologies**

Keith welcomed everyone.

### **2. Minutes of January Meeting and Approval**

The minutes were agreed as a true record.

### **3. Matters Arising**

There were no matters arising.

### **4. Treasurer's Report**

Last year the expenditure was £191.79 which was on the ear machine for the surgery. The current balance remains at £772.31.

### **5. Vice Chair/ Secretary Report**

There was nothing to report.

### **6. News from the Surgery**

The surgery is holding a cake/coffee drop in for Dr Say on the 27<sup>th</sup> March, 2:30pm – 4:30pm. Also Dr Says replacement is Dr Sarah, who has worked at Kiveton surgery before and is very experienced. Dr Turner is going on maternity leave soon and will be replaced by a doctor from Dinnington. Dr Reid will be joining the PPG on behalf of the surgery.

### **7. Helen – 'Being a 999 Operator'**

Helen spoke about what it is like being a 999 operator.

The background to Yorkshire ambulance, in Yorkshire there is around 5 million people, with 2 A&E based centres (York and Wakefield). In 2015/2016 there were 855,000 calls which is around 2,330 per day, which is around 50-60 calls per operator per day. That is 6-8 jobs per ambulance crew per day, with 500 emergency vehicles.

What happens when you ring up?

When you ring up you will first be asked if the person is breathing. If the person isn't breathing a dispatcher gets an alert. If the person is breathing, you will then be asked if the person is conscious. Again if the answer is no a dispatcher will get an alert. If the person is conscious then the operator will ask what has happened. The operator will also ask for your address – this is very important and if you are calling from a landline the call will be able to be tracked but you must confirm your address, if you are ringing from a mobile the operator will ask for your address and then ask you again to ensure they have the right address.

If the call is a priority, they will get an ambulance available straight away. If something isn't a priority, which includes falls, then they have to wait until there isn't any priority calls left. Priority calls include; mental health calls, which a mental health nurse is able to talk to the person, heart attacks etc.

To become an operator, you have to train for 6 months and then you are qualified in dispatch life support as there are very clear guidelines and it is slightly different to what you would do if you were with the patient. For example, not everyone knows what the recovery position is so the operator will tell them to lay them on their back and open their airways.

If the person is breathing but it is a slower rate than normal then the operator will tell the caller to start CPR.

If a health care professional calls the process is slightly different. Not as many questions are asked only if they breathing, conscious, what happened and the address where the person is. Then they are asked if they believe it is an immediate threat to life, if yes the ambulance is alerted. If it isn't an immediate threat to life, they will be asked if it requires blue lights and sirens. If not they will be told it can be up to 4 hours waiting for an ambulance.

Overall there can be up to 30 operators on but sometimes there is as little as 8-10 on.

## **8. Any Other Business**

Keith suggested doing a 50/50 prize to raise money for CRY. Also the hospital services review are having a meeting on the 8<sup>th</sup> March, which Keith has been invited to and then the final review to be completed by the 28<sup>th</sup> April 2018.

## **9. Next Meeting AGM on Wednesday 21<sup>st</sup> March 2018 – 6pm**

The meeting closed at 7pm.