



Northern Ireland Ambulance Service  
Health and Social Care Trust



# WINTER PLAN

2024/25





# NIAS Locality Plan – Winter 2024/25

The Northern Ireland Ambulance Service (NIAS) faces considerable operational challenges throughout the year due to various factors. These include delayed hospital handovers, broader reconfigurations of Health and Social Care (HSC) services, and result in late finishes for staff and impact on health and wellbeing.

The forthcoming winter months will be a challenging time across NIAS, primary care, hospital services and community services and specific actions are being taken to coordinate and respond to patient and service user needs. As always, NIAS relies on the dedication and resilience of all our staff who continue to support new initiatives while delivering existing services with compassion and care.

Below we set out some of the agreed actions to support the additional pressures expected over winter. As a NI system, a regional coordination centre will ensure the Ambulance Service, Primary and Secondary Care work together to enhance patient flow and reduce service pressures across the following four priority areas:

- Pre-hospital demand management
- Same Day Emergency Care (SDEC)
- Improving patient flow through hospitals
- Improving complex discharge processes.

NIAS supports Health and Social Care Trusts across all four areas; however, the focus of our locality plan is on pre-hospital demand management and maximising ambulance capacity across the region to support Trusts with timely discharge of medically fit patients.







# Our Commitment to the Community

At NIAS, we aim to provide safe, timely, and compassionate care. This Winter Plan outlines our priorities and the steps we are taking to build resilience into our services, support our healthcare partners, and respond to the needs of the community.

# Key Areas of Focus:

## Maximising Ambulance Capacity

### Objective:

To increase efficiency and reduce the need for hospital transport wherever possible by expanding alternative care pathways.

### Actions:

- Fully staffing our Clinical Hub to offer more effective call assessments.
- Expanding the Mental Health Practitioner (MHP) service across the region to provide mental health support directly over the phone, reducing ambulance trips for mental health cases.

### Expected Benefits:

- Improved patient care without the need for Emergency Department (ED) visits, reducing pressure on hospitals and providing patients with faster, more appropriate responses.



Emergency  
Department  
(A&E) ↑



# Strengthening "Hear & Treat" and "See & Treat" Services

## Objective:

Enhance services that allow for patient treatment over the phone or at home, without needing hospital visits.

## Actions:

- Introducing Urgent Care Liaison Desks within our Emergency Operations Centre (EOC) to support crews in making clinical decisions.
- Collaborating with local trusts to expand the "Hospital at Home" initiative for patients with chronic conditions.

## Expected Benefits:

- Fewer ambulance transports to ED, quicker access to appropriate care, and better health outcomes for patients in their own homes or communities.



# Supporting Patients with Chronic Health Conditions

## Objective:

Ensure patients with chronic conditions receive timely support without requiring emergency transport.

## Actions:

- Developing specialised referral pathways for patients with conditions such as diabetes and epilepsy.
- Strengthening our Falls Pathway and establishing a Safer Mobility Group to prevent falls and manage them effectively when they occur.

## Expected Benefits:

- Reduced need for ED visits, safer community-based care, and better support for individuals managing long-term health issues.





# Enhancing Timely Hospital Discharges

## Objective:

Work with hospital partners to streamline the discharge process for patients who no longer need acute care.

## Actions:

- Improving coordination for Same Day Emergency Care (SDEC) pathways and complex discharges to avoid prolonged ED stays.

## Expected Benefits:

- The situation regarding hospital discharges in Northern Ireland has worsened over the past few years. Improving the speed of hospital discharges will free up hospital resources, enhance the flow of patients through the system, and ensure that ambulances can hand over patients and make crews available to attend other emergency calls.



# Measurement

Each priority area is designed with measurable targets in mind, including:

- **Reduction in ED Visits:** By providing suitable alternatives, we aim to decrease ambulance conveyances to EDs.
- **Increased Use of Alternative Care Pathways:** This includes Hear & Treat and See & Treat, which help us deliver care without hospital visits.
- **Improvement in Patient Flow and Discharges:** Enhancing patient flow through hospitals will reduce wait times in ED

# Enablers

The success of this strategic plan will be dependent on a number of enablers working and interacting across NIAS, all hospital trusts and the community in general.

## **Work collaboratively with other partners:**

All Trusts in Northern Ireland have agreed to work at scale, standardise practices, and share resources to tackle pre-hospital demand, address patient flow, and improve discharge processes which will enable people to recover at home when they are medically fit. This will ultimately help to reduce the number of ambulances delayed in handing patients over at ED, due to blockages in the hospital system. All Trusts in Northern Ireland have agreed to work towards this as a shared vision.

## **Resource Allocation and Flexibility:**

We must ensure resources are available and adaptable to meet fluctuating demands throughout the winter period. NIAS continues to plan and optimise resources based on delayed handovers and anticipated sickness levels which both have a significant impact on the levels of cover available to respond to latent demand in the community. NIAS has recently increased its paramedic workforce which will help strengthen capacity to respond to patient demand across the province.



### **Increasing the range of alternative pathways available for patients:**

NIAS cannot work in isolation to deal with the levels of out-of-hospital demand across Northern Ireland. We will increasingly work with our partners in HSC and other stakeholders to provide appropriate alternative pathways for patients to reduce demand on ED's and improve discharge processes. These pathways may be in other healthcare services, based in the community, or within services provided by the community and voluntary sector.

### **Community Engagement and Education:**

We need to increasingly empower the community to manage minor health issues and understand when to seek emergency care, and which conditions can be self-managed appropriately, based on symptoms. We will continue to deliver public awareness campaigns on using alternative care pathways.

### **Technology:**

We must harness the power of technology to ensure efficient and effective care for patients. Increasing operability between health and social care providers in Northern Ireland will enable NIAS to more effectively direct patients to the right care, at the right time and in the right place.



# What the public can do over winter

If you become ill or injured and need medical help or advice, choose well by using the right health service for your needs.



**Play your part help our Health and Care Service**  
**Please choose the service most appropriate for your symptoms**

-  **Selfcare** - to treat an ache, pain, upset stomach, cough or cold, get plenty of rest, take simple pain killers if needed and use over-the-counter medicines.
-  **Your local pharmacist** - they are there to give confidential, expert advice and can treat a number of minor ailments such as aches and pains, skin conditions, allergies, eye conditions or upset stomach and emergency contraception.
-  **Your GP** - they will give expert medical advice and diagnosis, referring you for further care or consultation as needed.
-  **Primary Eyecare Assessment & Referral Service** - treats sudden eye conditions such as red eyes, sudden reduction in vision, eye pain or a foreign body in the eye.  
Go to: <https://online.hscni.net/our-work/ophthalmic-services/eyes/>
-  **Mental Healthcare** - if you experiencing mental health difficulties there are a range of services available to help you.  
Go to: <https://www.nidirect.gov.uk/articles/mental-health-support>
-  **Emergency Dental Treatment** - if patients have an urgent dental need then they can follow the advice on the HSC website.  
<https://online.hscni.net/our-work/dental-services/out-of-hours-emergency-dental-treatment/>
-  **Minor Injuries Unit** - treats injuries that are not life threatening such as broken bones, sprains, bites and burns.
-  **Urgent Care Centres** - treats injuries that are not life threatening such as broken bones, sprains, minor scalp wounds and suturing of minor wounds.
-  **Emergency Department** - provides the highest level of emergency care for patients, especially those with acute illnesses or trauma, such as heart attacks, stroke, serious accidents or head injuries.  
Call 999 when there is a risk to life or serious injury.

HSC Health and Social Care

## Progress and Next Steps

NIAS will continue to monitor and report on the effectiveness of these initiatives throughout 2024/25. By collaborating with healthcare providers and responding to the needs of the community, we are committed to delivering an accessible and resilient ambulance service.

This document and other key Corporate Trust plans and policy documents are published on our website [NIAS | NIAS \(hscni.net\)](https://www.nias.hscni.net).