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02 SERVICE PROVIDER VIEWS OF THE SAFETY, APPROPRIATENESS AND PERCEIVED ACCEPTABILITY OF TELEPHONE ADVICE FOR CALLS TO THE AMBULANCE SERVICE TRIAGED AS LOW URGENCY Fiona C Sampson, Alicia O'Cathain, Jon Nicholl. The University of Sheffield, UK 10.1136/emermed-2022-999.2

Background High demand for ambulance care has led to changes in service provision, with calls identified as lower urgency increasingly being dealt with by telephone advice. A systematic review identified evidence of the feasibility of ambulance telephone advice but found little evidence around dimensions of quality e,g, safety This study uses interviews with service providers to explore the safety, appropriateness and acceptability of ambulance telephone advice.

Methods Semi-structured interviews were undertaken with 16 staff involved in the telephone advice process, including Call Handlers, Clinical Advisors and staff with a strategic service overview. Interviews were undertaken in one English ambulance service during the last quarter of 2020. Definitions of safety, appropriateness and acceptability were developed from a narrative review and applied to the interview findings. Interviews were analysed thematically using Framework.

Results Service provider interviews identified safety mechanisms at service, team and individual levels that enhance safety e.g. call auditing, clinical governance processes, multi-disciplinary Clinical Advisor team, and providing all calls with advice about what to do if a problem worsens. However, some staff perceived some gaps in service safety relating to under-triage, long waits for a clinical call back and concerns about the triage Concerns Process. Interviewees perceived telephone advice as mostly appropriate but identified mental health calls as very challenging for non-mental health specialists. Interviewees perceived user acceptability of telephone advice as mixed and linked to expectations around receiving an ambulance, whether the caller is reassured and length of time to receive a clinical call back.

Conclusions Service providers perceived that telephone advice was mostly a safe and appropriate method of handling lower urgency calls. The introduction of mental health nurses to the Clinical Advice team was perceived as beneficial to the overall safety and appropriateness of mental health calls.