

Secret diary of a paramedic reveals how savage Tory cuts have left ambulance services at breaking point



A brave paramedic today opens his diary from one hellish night shift to show how savage Tory cuts have left our ambulance services at breaking point.

In the blow-by-blow account of 12 hours on the road, the whistleblower - who has asked not to be identified - tells how swingeing cuts are putting lives at risk. The lifesaver's disturbing account reveals how:

An 86-year-old woman is left lying on her floor for two hours after a fall - because a drunk 22-year-old asleep on a bus takes priority.

His crew does not have time to properly clean vomit and blood from vehicles between jobs, raising the risk of deadly infections such as MRSA.

His ambulance is left short of equipment such as gloves, blankets and batteries for the machines that measure a patient's vital signs.

His ambulance station is struggling to keep its fleet of vehicles on the road.

Last week it emerged ambulance services are missing targets to be ready for their next job within 15 minutes of handing over patients at hospital in up to 45 per cent of cases. Crews are also under pressure to reach the most seriously ill patients within eight minutes.

Tory Health Secretary Andrew Lansley blames hospitals for the crisis. But workers on the frontline and unions say the system is creaking under the strain of £113million in Government cuts and a record eight million 999 calls a year.

Jonathan Fox, of the Association of Professional Ambulance Personnel, said: "There are some horrendous delays - waits of over an hour aren't unheard of. It means we can't get out to attend other patients as quickly as we should and that is a risk."

Now read the medic's shocking diary...

18.45 I ARRIVE for my 12-hour night shift. My crewmate tells me we don't have a vehicle as the day shift hasn't returned and the two ambulances in the garage have faults.

19.40 Day shift returns - as our first emergency call comes through. We haven't even had time to put our high-visibility clothing and stab vests on the truck or restock the vehicle.

19.44 The call comes through. It's for a 23-year-old lady in labour six miles away.

19.45 We find there's only one blanket left, no medium gloves, no blue roll paper to wipe down equipment after we clean it. I settle for large gloves, grab the only blanket and jump into the ambulance.

20.18 We arrive at the hospital with our patient and handover to the midwife. Government targets mean we've got just 15 minutes before we should be ready to take another call. This isn't enough to clean the trolley bed. I wipe down the equipment we used but there's no time to clean anything else. The ambulance floor should be cleaned but we don't have a mop.

20.44 As we didn't have time to check the vehicle properly we discover that we have no spare ECG read-out paper and only two

types of blood pressure cuffs, small adult or large adult. The batteries on the life-pack machine which monitors patients' vital signs are running low because there is no charging lead on the ambulance.

20.48 We speak to control and request to return to station to see if we can get a charging lead or new batteries but they are too busy.

20.49 A call comes down for a 26-year-old male with abdominal pain. We get the patient to hospital and hand to the nurse in charge in half an hour.

21.43 A 19-year-old female intoxicated and lying in the street is classed as a "Category A" call, meaning possibly life-threatening. Strict Government targets mean we have eight minutes to get there from when the call came in. The call is 2.9 miles away and four minutes old so we have no chance.

21.53 We arrive to find the girl covered in vomit and drink. We place her on the trolley bed and get her into the ambulance. I don't want to use my last blanket in case she vomits again so I use a second sheet to cover her. Sure enough, en route to hospital she vomits again. I catch most of it in a bowl but some does get on to the floor.

22.37 It takes 23 minutes to hand the drunk woman over to hospital staff before I can start to clean up... another missed 15-minute target. Again I don't have the time to clean the ambulance properly so it's another quick wipe down of the trolley bed and equipment. I wipe up the vomit and spray some chlorine-based liquid.

23.15 On to the next call - a 21-year-old male assault victim with a head injury. Police are at the scene. When we arrive the patient with the head injury is also intoxicated and I suspect that he's taken some sort of recreational drug. While I'm assessing him he starts swearing and ripping off the dressing that I've put on his

head wound. He throws it across the ambulance, rubs his head wound with both hands and then puts his bloodied hands on the arms of a chair he's sitting in and on the rails of the trolley bed. He also spits on the floor.

23.49 Police come with us to the hospital, we hand over the patient at 00:18 and the cleaning starts again. Department of Health guidelines say we should clean the whole ambulance when body fluids have been spilled but there is never time so it's a basic cleandown again. While I'm cleaning I can hear over the radio that control have no crew to send to a top priority call to a 15-year-old boy with stab wounds.

00.38 We offer to take the stabbing call. As we drive off I notice blood in the exposed sponge of a ripped seat the last patient sat on.

00.53 Thankfully the patient's injuries are not life-threatening. We patch up his wounds, measure his vital signs and make our way to hospital. We are down to only one battery with power left.

02.20 A call to an 86-year-old lady who has fallen and can't get up. The call is categorised as amber - not requiring an immediate response. To my horror the call is 105 minutes old, but en route we get a higher priority call, a 22-year-old drunk male unconscious on a bus. So the pensioner gets to stay on the floor while we go and rouse a drunk on a bus because the driver isn't allowed to touch him.

03.02 Next call to a man, 46, with chest pain in a phone box. We arrive in five minutes to find it's a regular caller, a homeless alcoholic and drug user who knows if he mentions chest pain he will get a rapid response and get taken to hospital. Our last blanket is used on him. I ask the driver of a fast-response car with us if he has a spare battery for our life-pack machine but he's using a different model. He does have a spare roll of ECG paper and some medium gloves.

03.26 After a routine ECG on our regular caller, I notice we are now down to just below half power on our life-pack monitoring machine.

03.42 As we are walking into the hospital the patient tells me he has TB and is HIV positive, so we urgently return to the ambulance to get him a face mask. We handover the patient to the nurse in charge but there is no isolation cubicle so we have to wait a further 22 minutes... yet again missing the 15-minute target. I take some blankets from the hospital stock as I have none on the ambulance. They're much thinner than ambulance blankets but it's all we have. Guidelines say we should use one blanket per patient but this is usually impossible. I have used the same blanket on three patients before I have changed it and I know that my colleagues do the same.

04.21 Once again the ambulance gets only a basic clean but at least we've managed to get a new battery for our monitoring equipment from another crew. We get a call to a 20-year-old female who has taken an overdose. Initially she refuses to come to hospital but eventually she agrees to come to be treated.

05.37 We haven't had a break all night and it's time for our last job - a 91-year-old lady suffering from diarrhoea and vomiting in a nursing home. The home is 8.6 miles away and control have been holding the call for 47 minutes. We ask if there is anybody nearer than us but there isn't, according to the computer. The patient will have to go to a hospital 11 miles from our station which means we will get off late, but that's life.

05.52 Arrive at nursing home. Patient lives on the second floor so we have to use a carry chair to get her down to the ambulance. Reading through the notes I notice that the woman has MRSA, with diarrhoea and vomiting for two days. The GP refused to come and told staff to call 999. We wrap the patient in one of the hospital blankets and get her down to the ambulance and on to the trolley bed. She defecates again in the ambulance but is fortunately wearing a pad. A quick check of her vital signs and

intravenous drip access so that we can give her some fluids and get her to hospital

06.49 Arrive at hospital, wait 11 minutes to handover and then we are off, both exhausted and we should have finished 30 minutes ago. Back to the station, not having cleaned the ambulance, we decide to take the vehicle off the road so the day crew can give it a good clean and mop-out.

07.27 The day crew is waiting for the vehicle but we tell them it's off the road because our last patient had MRSA and also diarrhoea. When I explain this to a duty station officer he just tells the day crew to hurry up as we have calls waiting.

07.44 I grab my kit, sign out and check the mail in my pigeon hole. There's a letter from management telling me my average hospital turnaround times are two minutes above the 15-minute target... a serious matter that could lead to further consequences. Leave work tired and demoralised.