



Isle of Wight Ambulance Service

Response to the Healthwatch Trauma Informed Learning Event

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Introduction.

The opportunity for collaborative learning and to share the services experience of the challenges dementia patients and their carers experience in the community, as well as our response to such incidents was invaluable.

The service has always strived to deliver the best standards of care possible to patients with dementia and their families and our approach to this is described below. As part of the Ambulance Service Clinical Strategy we delivered a number of improvements for patients with dementia, namely,

- More in depth training
- Introduce the 'this is me' document
- Dementia resources on frontline ambulances, including twiddle muffs and blankets

Recommendations from the report

1. Increase training in trauma- informed and dementia aware practices across frontline services.

All staff in the Isle of Wight Ambulance Service (IOWAS) undertake mandatory dementia awareness training.

Frontline staff have had specialist dementia training delivered by the Associate Practitioners for dementia. This one day session focused on a more in-depth look at the disease process, understanding the needs of dementia patients and training in how to communicate and care for patients with dementia.

Volunteer Community First Responders have also received bespoke training on dementia to improve their understanding of dementia as well as aids to communication with these patients.

2. Strengthen joint working protocols between Police, Ambulance and Mental Health services.

Ambulance and Mental Health both attend a regular Integrated Care Review Meeting, here we can refer and discuss any patients we identify who are becoming frequent users of our services or who are concerned are deteriorating and may need more intervention and support. Police, safeguarding and integrated localities are also at these meetings so we have a much more rounded picture of the patients and the current situation. This meeting leads to the development of care plans, onward referrals, professionals meetings, MARM'S etc. Terms of reference and membership are currently being reviewed to further strengthen this meeting. This meeting has had significant input in to the care and management of three patients with dementia in the last 12 months.

It is unclear from the report what joint working protocols need to be strengthened, IOWAS works with the police through the Integrated Care Review meeting. We also attend the local Community Safety Partnership Joint Action Group which in a multiagency including police.

The Director of Ambulance holds a regular 'blue light' meeting with both police and fire where issues with joint working are discussed and shared.

3. Capture and share learning from positive interventions to prevent future incidents.

We are able to capture learning through patient feedback, incidents and case reviews, both positive and negative. Frontline staff have clinical supervision sessions where cases are presented and there is an opportunity for wider learning.

4. Review the number of ambulance conveyances to hospital, and publish alternative routes for care to improve public and carer awareness of non-ED options for support.

Due to the way cases and data are recorded in the Ambulance Service Computer Aided Dispatch (CAD), it is difficult to identify patients where the primary reason for transfer to ED is related to dementia.

In 2025 so far the service has made 177 referrals to Adult First Response because it has been identified that the patient/ carer are unable to cope at home. 140 of these were because it was felt that the patient required increased care and support at home to remain safe. Many of these patients will have had dementia, but our calls were for falls, collapse, chest pain etc, with a picture of general deterioration and a declining ability to cope safely at home for some time.

82 of the 450 adult safeguarding referrals completed by the Ambulance Service so far in 2025 are for vulnerable adults, again a proportion of these will be because patients are older and have confusion, some of which will have a formal diagnosis of dementia but many more won't.

IOWAS are reviewing the local content of NHS Service Finder and it's use. Service finder is a free to use product for health and social care professionals to find local services via web or mobile. By ensuring we have as many local services and pathways identified this resource can be used by frontline staff to find alternatives to the Emergency Department.

We have a team of Specialist Paramedics- Urgent Care who are skilled in more primary care based work and who's primary role is to manage patients closer to home and avoid conveyance to ED. Staff are based in the control room or on a solo response vehicle and often attend the more frail and vulnerable patients. They can work with Community Rapid Response and other community services to help keep patients at home. If there is a more suitable alternative pathway for a patient in this group than attending the ED the SP' will use this pathway.

The Island Demetia Steering Group are currently refreshing the strategy, and there are a number of engagement sessions coming up, we have asked them to consider these recommendations and include them in the strategy to ensure a joined up approach to this learning going forward, and if adopted, recommend that the actions are monitored through this forum.