**During the pandemic, a new dispatch code Pandemic 36 was created which prioritises a C2, it has been noted, this is frequently inappropriately used for other cases which do not fit codes and therefore increase the priority of a call, one example was last week when a crew was sent to a patient who was incontinent and nothing to do with the pandemic. This inappropriate use is causing additional stretch and I feel we should review.**

Protocol 36 pandemic has been around for a few years, it’s just not been used for obvious reasons, given the fact that we haven’t had any pandemics. There were some code set elements, so in part it’s about screening and in part it’s about the triggering of how people describe their symptoms as well, and therein lies probably a bigger debate really and answering that question around triage vs assessment and the use of MBDS.

It’s really difficult because for call handling and call handler colleagues they have to go with the integrity of the caller and the symptoms they have got. There are a number of ones, so protocol 26 which is sick person specific, is another one where they are generalised symptoms in a variety of levels as well and the protocol 36 pandemic flu is reviewed and is looked at particularly at the National Coding Group for that very reason, so I’ll feed it back to the AOC team to see if there is anything in there, any themes or trends as well, but hopefully it just gives a context flavour of that protocol. I think we’re maintaining level one in that, that’s not down to surveillance level yet because, actually, we’re probably about 16/17% of patients with some of the symptoms in there.

It will change moving forward because people will have symptoms and places of travel we have to assume, but we’ll keep you updated on that.