



Paramedic Practitioners in Primary Care

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Background

- Wave 1 Prime Ministers Challenge Fund pilot project
 - Invicta Health worked with SECamb to provide visits by Paramedic Practitioners
 - In 2016 this part of the PMCF ceased and direct arrangements between the CCG and SECamb were made
 - In 2017 SECamb pulled out due to shortage of PP's/
- Home Visiting Service – commissioned
 - In 2017 the CCG commissioned a Home Visiting Service via the IACO
 - Contract awarded to Channel Health Alliance
 - Subcontracted to Invicta Health to deliver the Service

Home Visiting Service

- 1 year contract commencing July 2017
- Operational go-live August 2017
- MDT service
- Aims
 - To provide holistic care for home bound patients (including care homes);
 - To offer an alternative to hospital by being preventative and responding to the patients' needs within 2-4 hours;
 - Provide support for up to 72 hours.

Operation of Service

- Hours of Operation
 - Monday – Friday (excluding BH/PLT afternoons)
 - 08:00 – 19:00
 - Referrals accepted until 16:30hrs
- Localities
 - Dover
 - Folkestone
 - Deal
 - Hythe and Rural
- Referral Sources
 - From General Practice via Clinician
 - Ability to refuse referrals if not in Scope of Practice

Team

Locality	Staff
Deal	Lead Paramedic Practitioner (1 WTE)
	Nurse (1 WTE)
	HCA (1 WTE)
Folkestone	Paramedic Practitioner (Vacant post – looking for alternative skill mix in locality)
	Lead Nurse (1.27 WTE)
	HCA (1 WTE)
Dover	Paramedic Practitioner (1.25 WTE)
	Nurse (1 WTE)
	HCA (0.8 WTE)
Hythe and Rural	Paramedic Practitioner (1.25 WTE)
	Nurse (1.27 WTE)
	HCA (1 WTE)

Operation of Service cont..

- IT Solutions
 - Black Pear used to book patients and link practice clinical system with Invicta Health EMIS system
 - Notes recorded onto EMIS which can be viewed at the practice
- Communication and Interagency Working
 - Practices
 - Community Trust
 - Hospital Trust
 - Social Services
- Appointments based on fair share allocation in each locality

Inclusion/Exclusion Criteria

Inclusion Criteria	Exclusion Criteria	
<ul style="list-style-type: none"> • Over 16yrs • Acute episode which is outside exclusion criteria • Require a same day visit • Registered with the practice of the referring GP (only practices within the SKC CCG) • Where access to the full GP care record is available and/or where there is direct handover to the Paramedic Practitioner or Nurse as appropriate from the GP. 	<ul style="list-style-type: none"> • Under 16yrs • Patients discharged from hospital (step-down) • Chest pain • Difficulty in breathing (new or sudden onset) - unable to speak whole sentences • Unconscious/Difficulty in rousing • Stroke/Sudden vision loss/speech difficulty (new symptoms) • Fitting (longer than 10 minutes in an epileptic patient) • Vomiting blood • Early pregnancy abdominal pain (under 12 weeks) 	<ul style="list-style-type: none"> • Severe Bleeding • Spinal Injury • Severe allergic reaction- especially if lips/tongue is swelling • Head injury • Fracture (broken bone)/Sprain/Acute injury with loss of function • Nosebleed for longer than 20 minutes • Major burns / scalds • New Injuries (within 2 days) that are affecting ability to carry out tasks • Road Traffic Accidents • Poisoning (if unconscious – dial 999) • Eye injuries, vision problems • End of life patients

Reasons for Referral

- **Common reasons for visits include:**
 - Respiratory/chest infections
 - 'Generally unwell'
 - Leg symptoms
- A large proportion of the visits are follow ups to review patients, aiming to reduce admission to hospital

Activity Data

	August 2017	September 2017	October 2017
Overall	135	338	402
Deal	36	87	84
Dover	n/a	70	119
Folkestone	44	91	103
Hythe and Rural	55	90	96

- Please note: Service go live mid August and staged approach of staffing over the period.
- Total number of appointments from Aug-Oct is **875**. If each visit is 30 mins, this equates to approximately **438** hours of GP time potentially saved by the service!

Outcomes

- **Three outcomes:**
 - See and Treat (42%)
 - See and Treat with Support (52%)
 - See and Treat with recovery support package (6%)
 - Recovery Support Package – management and support in place if further monitoring required. If more than 72 hours – ICT take over
- Average of 74% patients discharged within 24 hours
 - Longer time in service due to follow up and admission avoidance
 - Approx 15% visits are follow ups

Admissions Avoidance Plan

1. Monitoring patients condition to determine if there is an improvement using NEWS (National Early Warning Score)
 - If treatment is indicated (e.g. for infection) NEWS completed prior to initiation.
 - Every patient followed up after 48hrs and NEWS repeated to see if improvement and admission avoided.
 - Patients assessed on individual basis and if there is a higher score risk of sepsis may need to be reviewed.
2. Capturing data where patient require on going care package and this has been put in place.
3. Arrangements for 'step up' in to a short term bed

National Early Warning Score (NEWS)

PHYSIOLOGICAL PARAMETERS	3	2	1	0	1	2	3
Respiration Rate	≤8		9 - 11	12 - 20		21 - 24	≥25
Oxygen Saturations	≤91	92 - 93	94 - 95	≥96			
Any Supplemental Oxygen		Yes		No			
Temperature	≤35.0		35.1 - 36.0	36.1 - 38.0	38.1 - 39.0	≥39.1	
Systolic BP	≤90	91 - 100	101 - 110	111 - 219			≥220
Heart Rate	≤40		41 - 50	51 - 90	91 - 110	111 - 130	≥131
Consciousness Level				A			V, P, or U

Feedback

- Positive feedback from patients
 - Excellent, Very Efficient & Good Service
 - Very good, Nurse helped get everything sorted and made me feel reassured.
 - Very Good. He took the time to explain and come back in the afternoon to check on me.
 - They were Marvellous. Was nice to talk to someone and felt that they had time for me.
 - Excellent , all very thorough and positive. Thank you, you were both amazing.
- Feedback from General Practice:
 - Fantastic! excellent support to general practice

Thank you & Questions