Community Paramedic Project

Will Bellamy – Operating Unit Manager
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The Challenge

- Recruitment and Retention of staff.
- Response Time reliability
- Push on public finances
- Clinical outcome and Patient safety
- The professionalisation of the workforce.
The Problem

- 160% increase in 20 years
- 1994/5-78 calls per 1000 people
- 2012/13 – 171 calls per 1000 people
- Proportionally fewer transports
- Also an international problem
The “total-system healthcare win” is in the home

- Lower cost (good for plans, employers)
- Higher quality of life (good for consumers)

The key focus for all competitors will be on home-based, consumer-centric healthcare solutions

HOME CARE FOCUS:

- Prevention
  - Knowledge
  - Fitness
  - Wellness
  - DR Communications
  
- Chronic Care and Outpatient
  - Medications
  - Monitoring
  - Community
  - Medical Communications

Source: Intel.com
The Model

- Detailed patient record information
- Organised access to all parts of the patient record
- Ability to see patient test results, including hospital results
- Ability to see patient documents including discharge summaries and other clinical correspondence

Providing an integrated approach in the community

- A higher skilled paramedic based in the community (a Paramedic Practitioner or Paramedic with additional modules)
- Improved clinical decision making skills
- Supporting and being supported by the local health economy (integration)
- Objective: Return the patient to planned care
Community Paramedic Teams

- Urban areas (e.g. Market Towns and City Urban) are covered Community Paramedic Teams (CPTs) for periods determined by demand (e.g. from 8am to midnight (16 hours))
- Potential to integrate with community healthcare providers to supply additional services such as GP home visits / Care Home Visit
- CPTs are centrally OU managed but are not central reporting
- CPTs are supported by Transport Vehicles to undertake conveyances where required
- Community First Responder schemes will be developed to support the CPTs
6 Community Paramedic Teams
- Canterbury East (with GP home visits)
- Canterbury West (with GP home visits)
- Deal (with GP home visits)
- Faversham (with GP home visits)
- Herne Bay
- Whitstable (with GP home visits)

3 Points on the SSP
- Thanet North
- Thanet South
- Westgate
Operating Unit Delivery Model

**Community Paramedic Teams**

- Community Paramedic Teams provide highly trained and skilled Paramedics as the initial response to as many calls as is possible within their area.
  - This allows for the most appropriate response to the patient giving them the best outcome and most appropriate decisions for their care.

- We operate a more flexible model of dispatch to allow the Community Paramedic to attend as many patients as possible.

- Where the Community Paramedic is not able to visit, clinical support to Ambulance crew is provided over the phone by the Community Paramedic or the Clinical Desk in the Emergency Operations Centre.
This is the NHS

The new breed of paramedics charged with keeping people out of hospital

As a community paramedic practitioner in Kent, Steve Hulks’ job is about advising, reassuring - and easing pressure on A&E

by Steven Morris
Community Paramedic Team - Review

+ **Results**
  - Thanet Dispatch Desk typically receives up to 250 calls per day (24 hours)
  - Historically we have transported on average 62% of these calls to hospital

+ **Since the Introduction of Community Paramedics**
  - We have seen up to a 15% reduction in conveyance to hospital
    - This means 35 less patients are being taken to hospital each day as a result of the Community Paramedics
  - We have seen a 4¼% increase in Red 1 and Red 2 Combined over the week prior to the Community Paramedic Model introduction