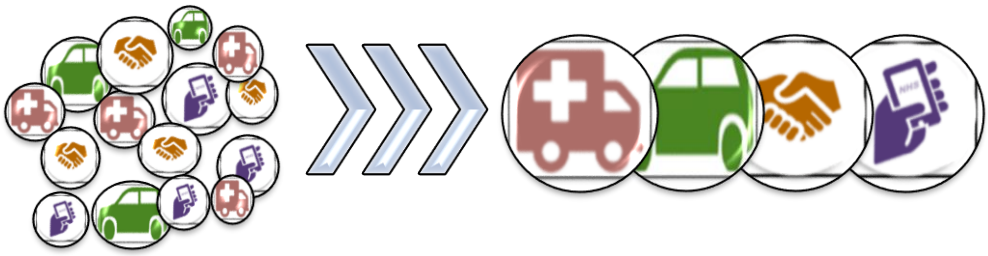
URGENT CARE PATHWAYS

Ensuring our patients get the right care:
First time - Every time

NHS
South Central Ambulance Service
NHS Foundation Trust



Urgent Care Pathway Improvement Programme

Dan Holliday
Senior Operations Manager

Chris Jackson
Urgent Care Pathway Manager

URGENT CARE PATHWAYS
FIRST TIME - EVERY TIME

Purpose of this Paper

This document, which sits alongside SCAS Joint Strategic Plans, has been prepared to investigate ways that we can improve urgent care pathways for the NHS Five Year Forward View 7 Pillars.

It features tailored recommendations for developing an integrated approach to working with our commissioning partners across our network. We have highlighted and benchmarked against good practice, suggesting opportunities for development to enable people to access the right care, first time to improve patient outcomes.

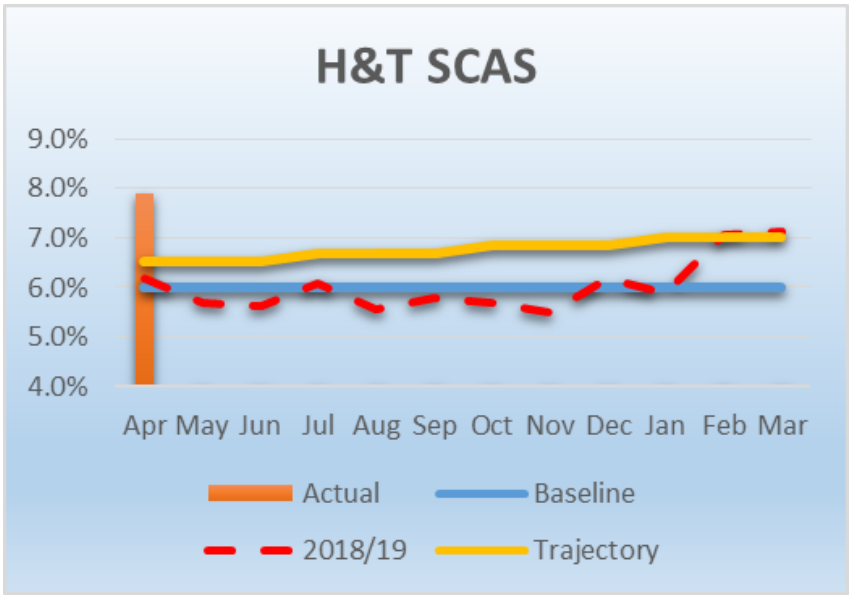
Overview

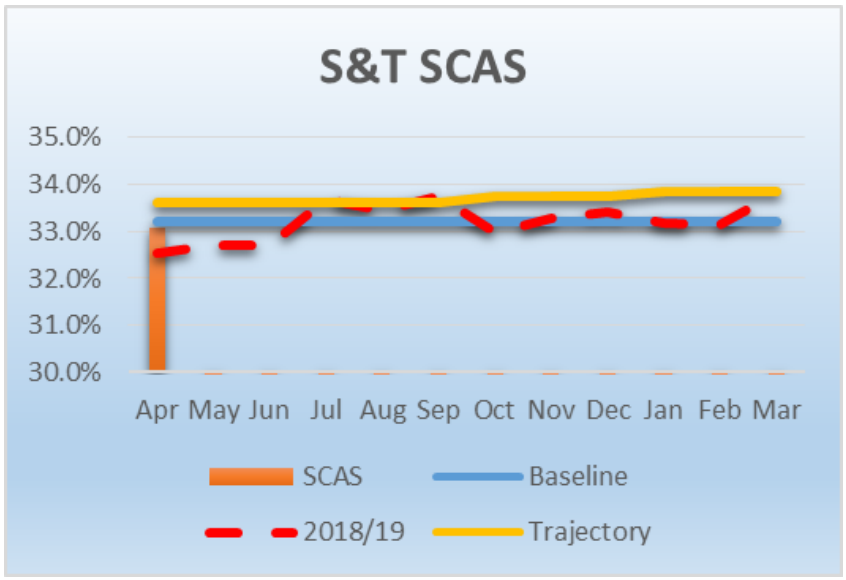
NHS 5 Year Forward View

In 2017, NHS England announced the next steps for the NHS Five Year Forward View. This includes key deliverables for Urgent and Emergency Care, summarised in 7 Pillars. For the 'Ambulance Pillar', local care systems need to "offer an integrated model of care, with clear referral pathways offering alternatives to conveyance to A&E by March 2018".

The Commissioning for Quality and Innovation (CQUIN)

The CQUIN scheme is intended to deliver clinical quality improvements and drive transformational change. With these objectives in mind the scheme is designed to support the ambitions of the Five Year Forward View and directly link to the NHS Mandate.

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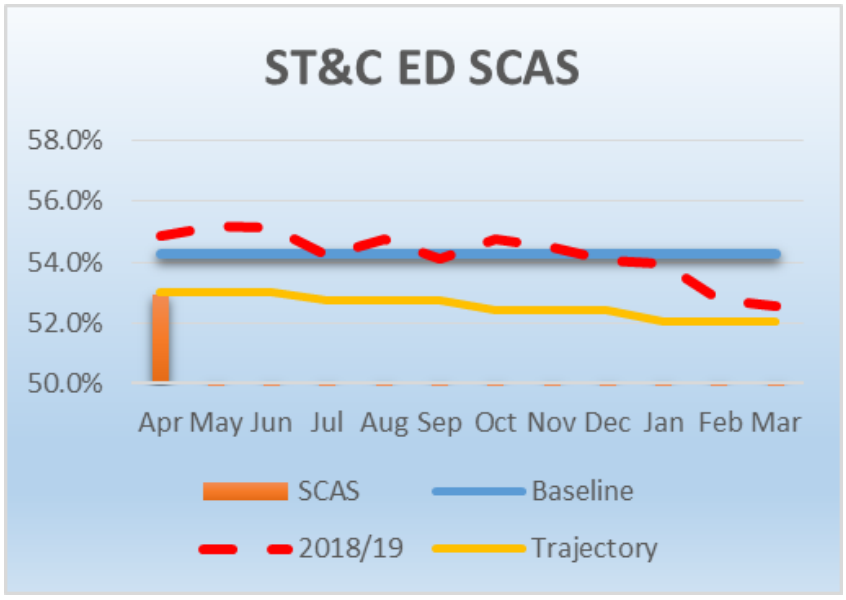
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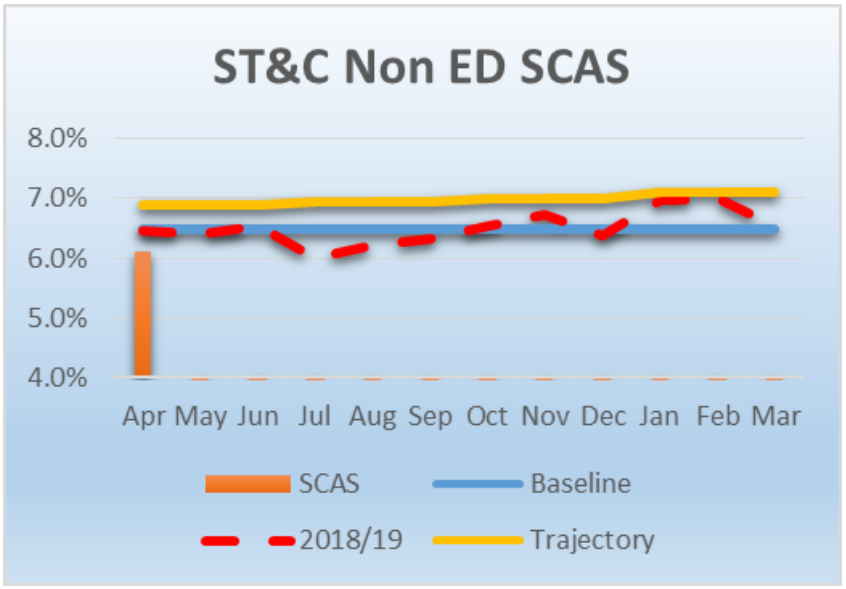
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Operational Productivity and Performance in English NHS Ambulance Trusts

A review of Ambulance Services productivity and performance was published by Lord Carter in September 2018. It reported that 10 million calls were answered with 7 million responses which shows an average annual increase in demand of 6%.

- 9 out of 10 of these calls were not life threatening
- 60% of the patients attended were taken to hospital
- 40% of patients in hospital beds are conveyed by ambulance
- Tackling avoidable conveyance to hospital could release capacity equivalent to £300m in the acute sector

As well as response times, job cycle time and ambulance handover delays, SCAS is shown as performing well across the board compared to other Ambulance Trusts by having one of the lowest rates for see and convey to the Emergency Department.

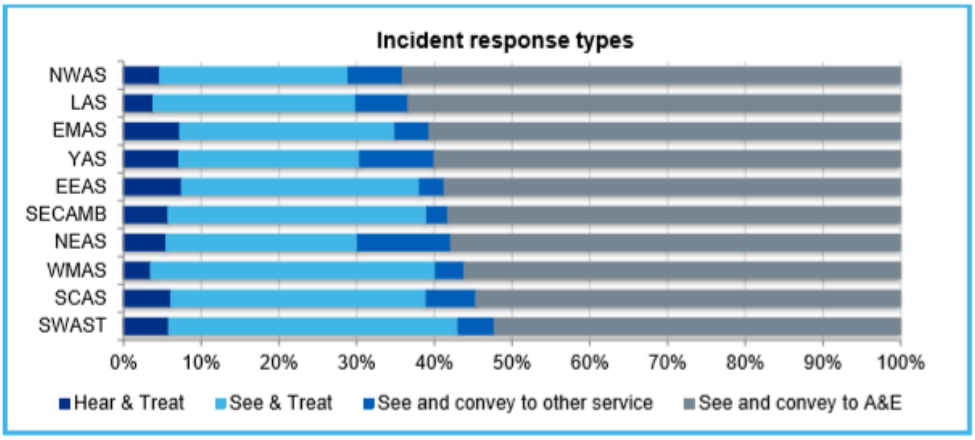

Figure 2.4: Variation in the model of care provided by trusts, AQI data set January 2018 to July 2018

It recommended several areas where improvement is required by Ambulance Services.

- Ability to access general practice and Community Services to avoid unnecessary conveyance
- Access to a Directory of Services, pathways and patient information
- Ambulance Staff need greater clinical and managerial support to ensure they feel confident treating patients over the phone or in their home
- Developing the digital ambulance by rapid adoption of new technologies.

Variations in Ambulance Non-Conveyance Study (VANS)

The National Institute for Health Research (NIHR) has funded a study to understand why rates of non-conveyance vary between ambulance services and between different localities in ambulance services. The focus is on three types of non-conveyance:

- Provision of telephone advice and signposting rather than dispatching a vehicle ('hear and treat')
- Treatment at the scene ('see and treat') and
- Transport to facilities other than an emergency department such as an urgent care centre or walk in centre ('see and convey elsewhere').

As acuity increases it is expected that more patients will need to go to the Emergency Department unless new pathways are established for Ambulance Clinicians to use.

To achieve this, there has been a review of the current alternative care pathway options for South Central Ambulance Service Clinicians across our entire network.

We have identified the good practice that is available and working well in each area. We have compared and analysed the non-conveyance options versus the pathway availability and access. Using this information we have been able to identify where there are shortfalls and suggest where potential improvements can be made. Each area will be offered a bespoke package of suggested options based on their existing pathways and the benchmarking of good practice offered by our services and our partners.

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What we have now …

There is currently a wide array of options available to our mobile clinicians and 111 partners when it comes to deciding an appropriate care pathway for our patients. As well as the emergency transportation to ED, pPCI, HASU, Trauma Units and Vascular Units it can sometimes be confusing for them to select the right care first time.

What SCAS does well …

Together with our partners, we have worked hard across the SCAS network to provide some excellent programmes to deliver the best possible service to our users.

- National Ambulance Response Programme (ARP)
- Alternative transport options for Mobile Clinicians - PTS/Taxis
- Interface Medical Team for Oxford University Hospitals

- Integrated Urgent Care Model for Thames Valley
- Live Links (Skype)
- Midwives & Mental Health Advisors in CCC
- 111 Link to Wokingham Hub
- 24/7 Adult Mental Health Advice & Referrals in Oxfordshire
- Maternity, Obstetrics and Gynaecology Referrals in Oxfordshire
- 24/7 Cancer & Haematology Referrals in Oxfordshire

- Urgent Care Specialist Paramedic Practitioner Programme
- Waterlooville Vanguard Project
- Falls & Frailty Response Project
- Specialist Paramedic Practitioner Collaboration Programme
- Chipping Norton First Aid Unit
- Reading Minster Project

- Direct Medical & Surgical Referrals - MKUH/JRH/SMH
- Links with Nursing & Residential Home Community Teams
- Intermediate Care Teams - MK/AV/Berkshire - Some with 24/7 access
- North Hampshire GP Early Bird
- Safe Space City Centre MIU
- ICE Bus in Southampton City Centre
- Demand Practitioners

Where we could improve - Key Recomendations

Core Urgent Care Pathway Set

Across the SCAS network, we have talked with our clinicians about the Urgent Care Pathways that are available and what they believe should be available to benefit our patients. We have also reviewed our nature of call categories and the final disposition of the patient, which has enabled us to identify specific conditions where a more appropriate urgent care pathways could offer 'right care, first time' if they were available.

- Urgent low acuity medically unwell patients
- Older patients who are frail, have chronic medical conditions or who are at risk of falls
- People with Chronic and Acute Respiratory Conditions, including COPD and Asthma
- Patients requiring urgent surgical assessment
- People with Mental Health needs or who have suffered Deliberate Self Harm
- Paediatric patients who require a review in an UCC by a GP or in a Hospital by the Paediatric Assessment Team.

By targeting these groups, and directing them to the most appropriate care pathway to their needs, we believe this would have a significant effect to delivering better care to these patients.

We would like to suggest to each local care system a model that has a core set of integrated urgent care pathways that could be mirrored across the SCAS footprint.

Hospital Referral

- Ability for SCAS clinicians to refer patients directly to a medical or surgical assessment unit to avoid Emergency Department front door
- This pathway should be available for both Adult and Paediatric referrals
- Direct access & referral to an acute frailty service so a clinical frailty assessment can be completed in line with the Same Day Emergency Care model

Respiratory Pathway

- There is a high volume of calls across the SCAS Network to patients with breathlessness or wheeze
- This may be the elderly with a Long Term Condition or a child with Asthma. They all represent a relatively high proportion of patients that attend ED and an opportunity exists to make significant improvements with these cohorts

Integrated Intermediate Care - Single Point of Access

- One team to access ...
  - Fraility support for vulnerable adults who are unwell, have chronic medical conditions that can be managed at home or who have fallen to avoid unplanned hospital admissions
  - Re-enablement at home after hospital discharge to avoid re-admission

Nursing Home Support Team

- There is a large call volume across SCAS footprint from these facilities
- Dedicated Nursing Team to reduce unnecessary Emergency Department attendance and unplanned hospital admissions

Mental Health Provision

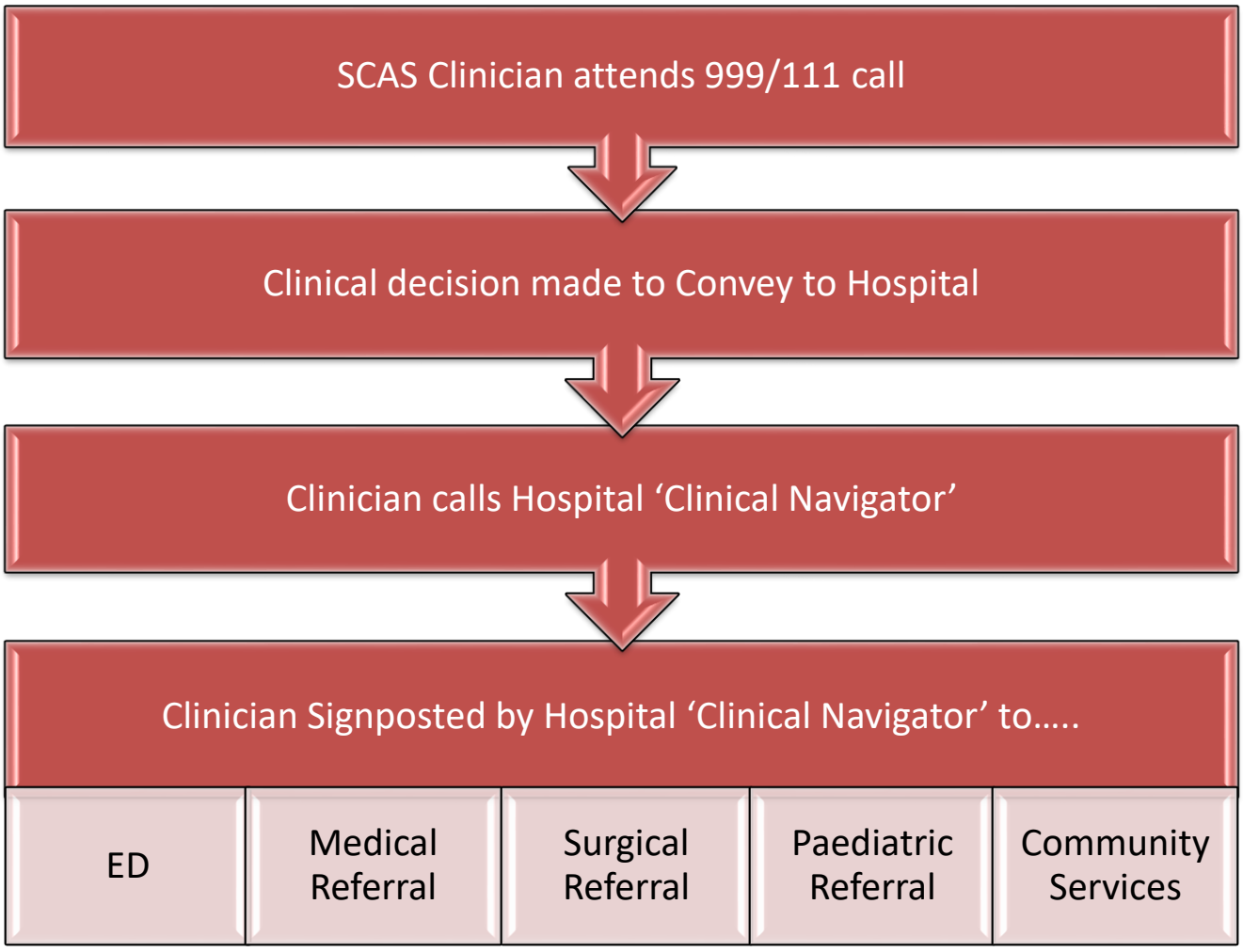
- Ability to be able to access support/advice or refer patients who are having a Mental Health Crisis directly to a Professional Mental Health Provider

Paediatric Referrals

- Paediatric patients represent a large percentage of patients who attend the Emergency Department
- Those that are not acutely unwell enough to require immedicate treatment in the ED may be more appropriately reviewed in an UCC by a GP or Specialist Nurse or in a Hospital by the Paediatric Assessment Team

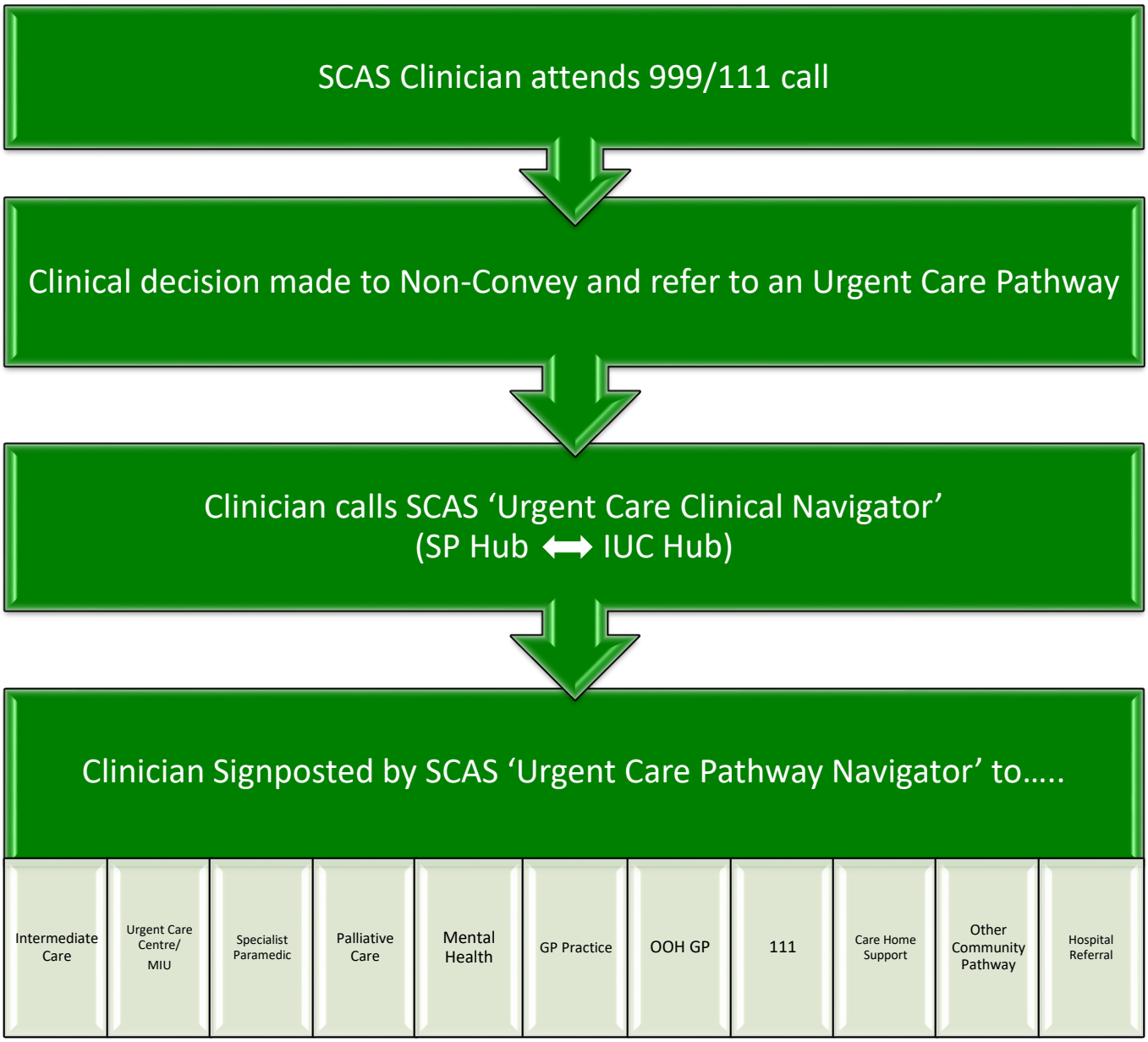
Hospital Clinical Navigator

Some patients that SCAS transport to hospital are conveyed inappropriately to ED and could be admitted directly to a different location within the hospital. We are recommending that each Acute Hospital Trust establishes a Clinical Navigator so that our clinicians can discuss the correct pathway to suit a patient's needs.



SCAS Urgent Care Clinical Navigator

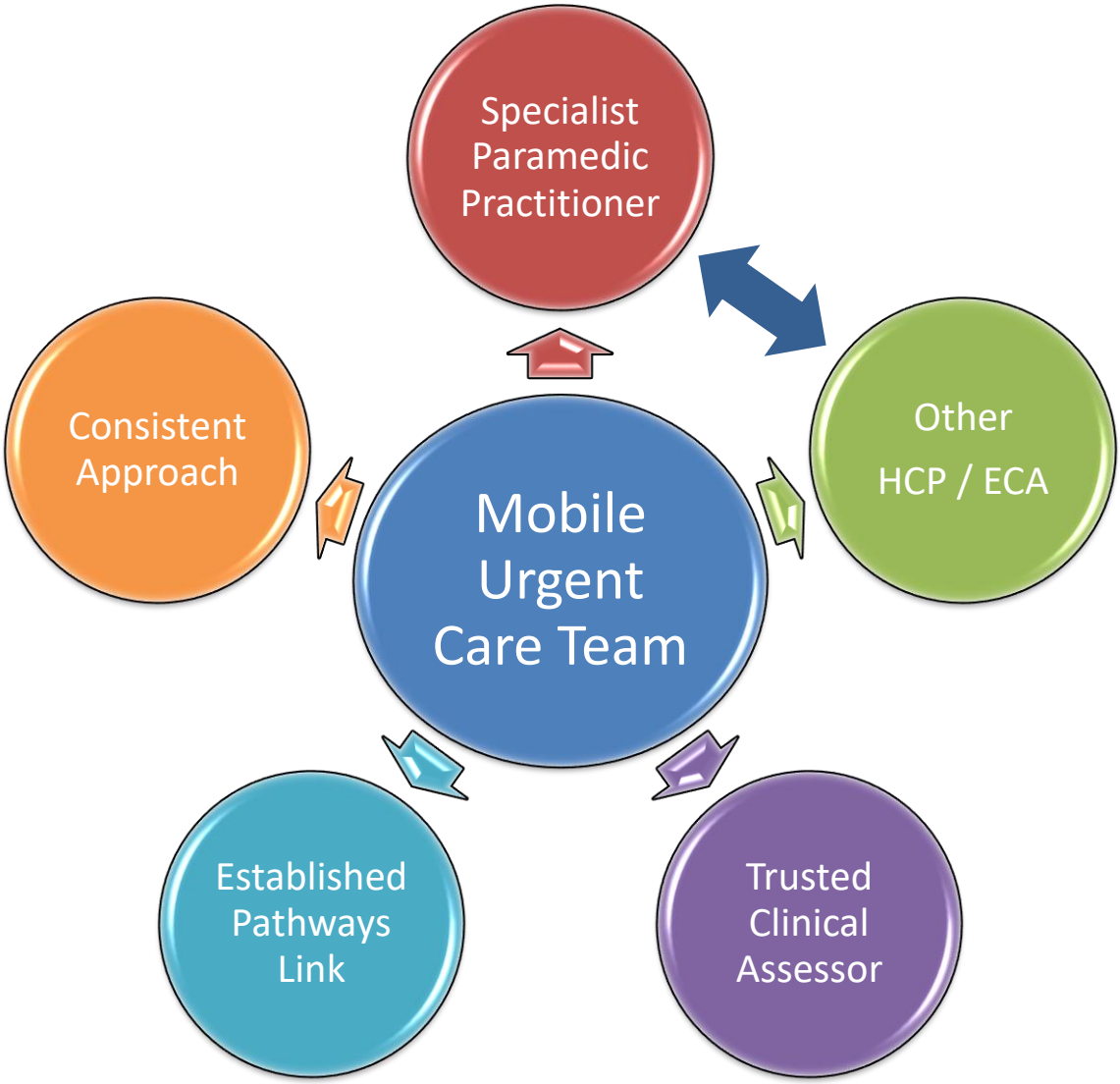
When a patient doesn't need to be transported to hospital there are a considerable amount of Urgent Care Pathway options available for our mobile clinicians. Coupled with this, there are complexities of working in unfamiliar locations with access to unfamiliar pathways. The GP Triage Scheme available to our clinicians can be limited at times due the capacity and workload of the GPs. To assist our clinicians we believe a potential opportunity exists for the development of an Urgent Care Clinical Navigator role. This could sit within our Specialist Practitioner Hub or the Intergrated Urgent Care Hub, depending on the approach agreed with partners in the local system.



SCAS Mobile Urgent Care Team

Upholding the philosophy of learning from good practice, we believe a dedicated Urgent Care Team should be established which draws on the successes of the Falls and Frailty Response Project. This team would be created within the proposed Urgent and Emergency Care tier as part of the Operational Rostering Transformation Programme development. The deployment model would utilise the existing Ambulance Technician, Associated Ambulance Practitioners and Emergency Care Assistant cohorts working alongside the Urgent Care Specialist Paramedic Practitioners. As a dedicated team they will be able to respond to the low acuity category 3 and 4 calls across the SCAS network to provide a trusted and consistent approach with established links to our local care systems.

Consideration of the development and estyablishment of this role could be considered in the future steps of the Urgent Care Programme



Clinical Co-ordination Centres (CCC) and Integrated Urgent Care (IUC) Hub

Where there has been some good work in one area and it has been proved to work well, this should be mirrored so that it is available to staff across our network. Examples of this are highlighted by the Mental Health and Maternity support line availability in our CCCs. We should look to further develop our links with the Integrated Urgent Care Hub to improve the access to these resources for our clinicians and patients.

North CCC

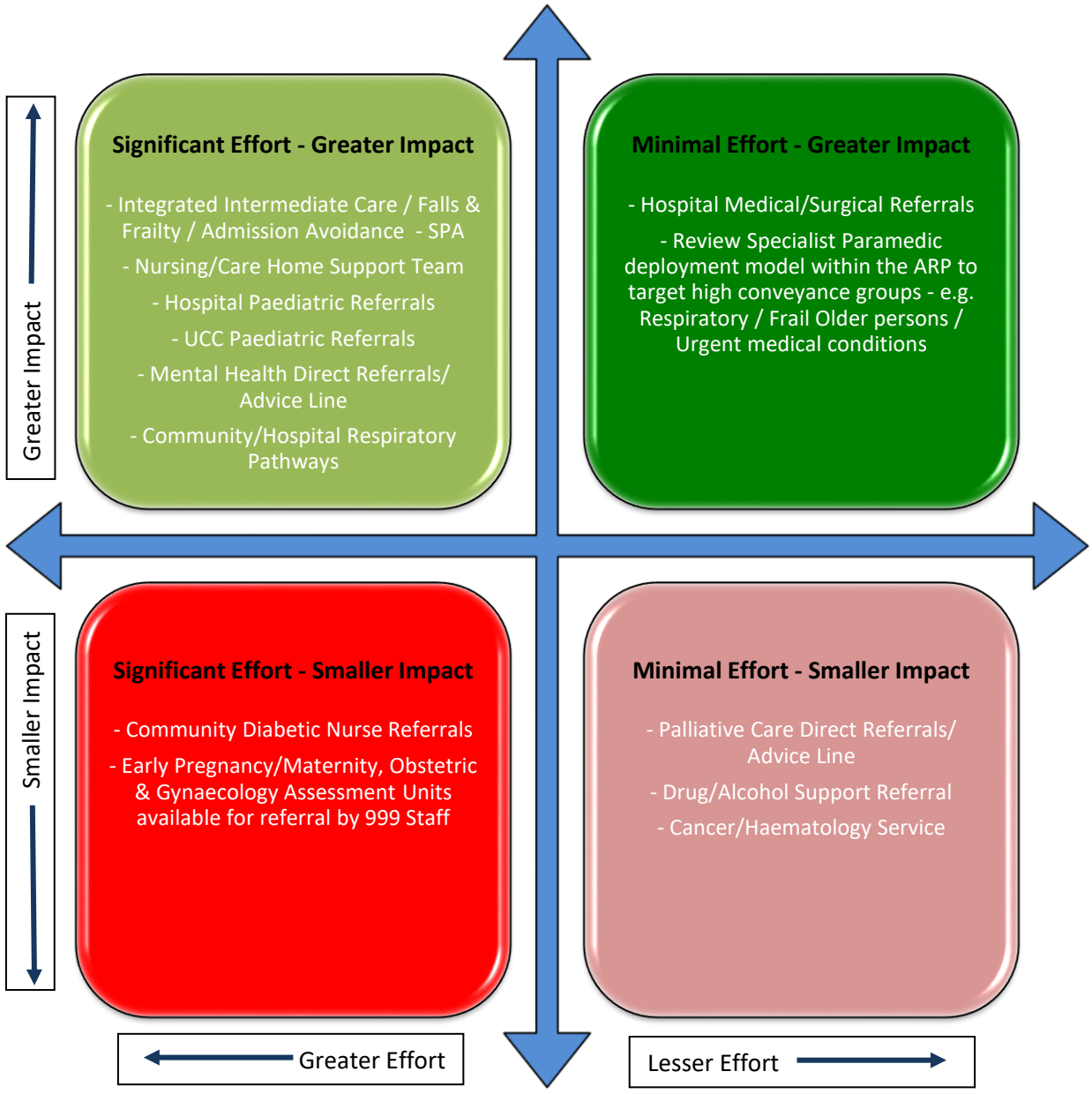
- Expand the hours of Mental Health Support line availability to Clinical Staff
- Introduce the Maternity Advisor Support line availability to Clinical Staff to align with South CCC

South CCC

- Expand the hours of Maternity Advisor Support line availability to Clinical Staff
- Introduce the Mental Health Support line availability to Clinical Staff to align with North CCC

Relative Effort vs Potential Wins

We recognise that developing and establishing new pathways can be challenging. We will suggest to each area the development of pathways where we feel that our partners and SCAS can gain the most benefit for the largest number of patients with the least amount of effort.



Digital Support Platform

SCAS has mobile clinicians dispersed across its geography on a 24/7 basis. This places SCAS in a unique and pivotal position, as local care systems are searching to offer a variety of care pathways to both facilitate patients being looked after in their own home or their transport to an appropriate healthcare facility for ongoing care.

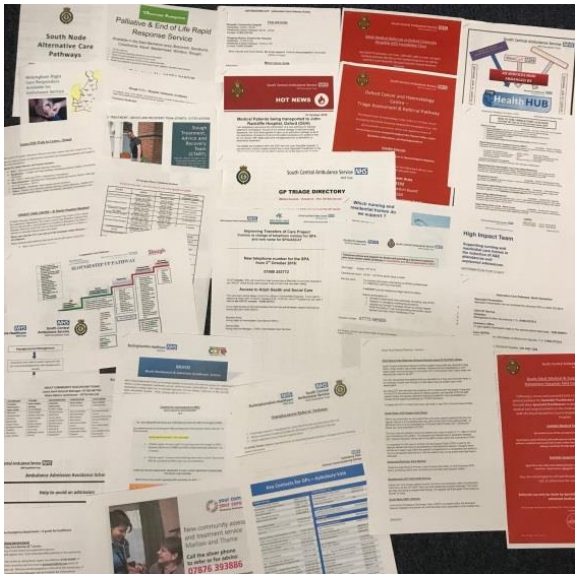
Consistently Clinicians are mobilised to various areas throughout SCAS localities during any given shift to respond to calls generated via 999 or 111.

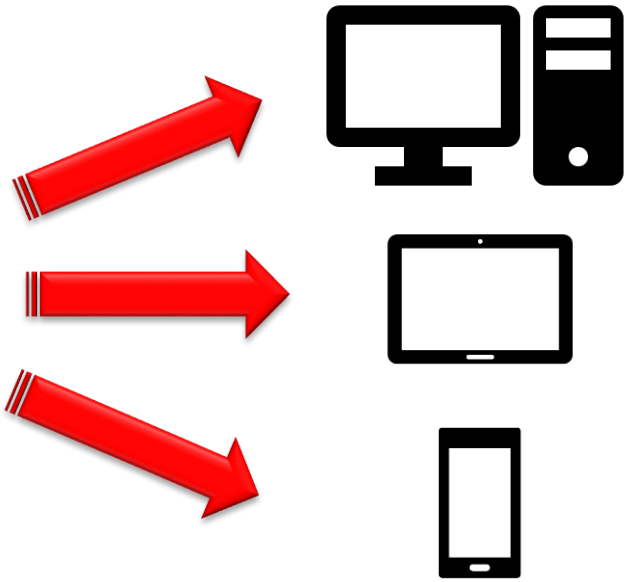
SCAS workforce planning also regularly requires SCAS Clinicians to work from various Resource Centres across different Operational Nodes and CCG Borders depending on shortfalls in provision.

CCGs provide a wide range of different services across the entire SCAS geographical network. Often these services may provide the same basic function, with a similar acceptance criteria, but will have a different name along with different access times. These inconsistencies cause further confusion and uncertainty about the potential for referring patients to that service.

CCG borders cross SCAS Operational Node borders and various points throughout the geographical areas resulting in dynamic changes to the pathways that are available to SCAS clinicians during their shift.

The Pathways DoS exists with contact details that are generic to all Healthcare Professionals. There is no specific information within the DoS surrounding the referral guides, acceptance criteria or SCAS specific telephone contact numbers for each available pathway within SCAS localities.





We would like to utilise ‘MiDoS’, which is an established digital support software solution that will help deliver improved patient care, SCAS clinical strategy and vision, improved cycle time, consistency and future sustainability. The application, available on smart phones, ePR Units and desktop computers, will be able to provide all our clinicians whether they are mobile in the community or based in our CCC, with the referral information to all Urgent Care Pathways across our network within all our local care systems.

There are significant benefits to the proposed solution, including:-

- Improved access to live data including the DoS which is automatically updated daily
- Proven system which is used by several other Ambulance NHS Trusts
- Quick procurement to start-up time to begin realising benefits
- Supports demonstration of achievement of CQUIN Targets
- Some of our system partners are engaged and considering utilising the same system.
- Costs can be shared with CCG partners
- Accessible solution to all staff on various platforms - Smart Phones, ePRs, Computer systems
- Captures search and referral information to allow for rich data management for reporting and analysis
- Unlimited device access
- Able to locate the user and search for services based on locality
- Search and referral functions embedded
- Ability to feedback gaps in service to SCAS and commissioning partners
- Improved Non-Conveyance, Patient Care and Patient Experience
- Significant opportunities to further develop this as a bespoke system for multi-function uses
- Improved Hear & Treat as CSD will be able to access system
- Improved See & Treat by mobile clinicians
- Reduced hospital queuing
- Live system capacity status if service providers utilise the system and update data

Key Considerations …

1. **Other key Urgent Care Pathways Services to avoid acute admissions through ED to benefit patient care and experience**

- Diabetic/Hypoglycaemia
- Drug and Alcohol Referral and Advice
- End of Life/Palliative Care Support
- Maternity/Early Pregnancy Assessment
- Bladder & Bowel Continence Services
- Cancer/Haematology Services

2. **Brand & Launch SCAS Urgent Care Pathways**

- We should aim to re-balance the current disparity between the Emergency and Urgent Care focus. Instead it should be realigned to better reflect the call volume, pathway options available to clinicians and the SCAS Emergency and Urgent Care Directorate.

- The term 'Alternative Care Pathway' should become a thing of the past. This phrase has historically been used as a default option when the main disposition was for clinicians to take a patient to the ~~Accident &~~ Emergency Department. Today's Ambulance Service has a pivotal role in local care systems to deliver the right care, first time. Our focus should be on ensuring the appropriate care should be provided for every patient we see. If the patient doesn't require conveyance to hospital the available pathways shouldn't be seen as an alternative, but seen as the most suitable 'Urgent Care Pathway'

- It is important for Urgent Care to be visible and have a consistent identity. To support the focus on Urgent Care Delivery and to reinforce the phrase 'Urgent Care Pathways', a logo has developed a logo visual, brand and 'Mission Statement' to be used with all SCAS documentation associated with Urgent Care delivery.

  <u>Mission Statement</u>

  "SCAS will deliver an integrated and streamlined approach across our network to improve patient outcomes.
  By working with our local care system partners, we will ensure our patients access the most appropriate care according to their needs, first time, every time."

Logo & Header Visuals

3. Business Intelligence

- Improved analysis should be readily accessible and visible on Hear & Treat (H&T), See & Treat (S&T), See Treat & Convey to Emergency Department (ST&C ED) and See Treat & Convey to Non-Emergency Department (ST&C Non-ED) for each local care system. By doing this our operational and clinical teams can work with partners to identify scope for improvement and measure the impact of any changes made.

4. Staff Development, Education & Training

- A rollout of the Urgent Care Pathway Programme to deliver the concepts and plans for future development has been prepared. It includes:-
  - Presentations to Executives and Senior Leadership Teams
  - Core Service groups e.g. Clinical Review Group/Patient Safety Group
  - Operational Managers at all levels
  - Support Service Teams e.g. Communcations, HR, Recruitment, CCC, Finance, Education, SCAS Charity. etc
  - Specialist Practitioner Teams
  - Operational Team Training

  Other key publicity itemsfor the rollout programme include posters, flyers, mugs, stickers, pocket cards, Intranet publications, regular 'Staff Matters' articles, SCAS internet page, development of social media, access to header and logo visuals for all staff.

- The rollout of any new pathways should be delivered locally with a centrally agreed plan so any underpinning understanding can be managed by local Team Leaders. This process is still to be developed.

- Investment in Staff Development with an Education and Training Package should be considered to reflect the focus on Urgent Care Pathways. Clinical staff should be backed by Senior Clinicians and Managers with an organisational commitment to actively support the discharge of patients at scene or use of Urgent Care Pathways. An important part of this would be allowing clinicians time at scene to do this and receiving feedback on their clinical results.

5. New Research

- The National Institute for Health Research (NIHR) has funded a Variations in Ambulance Non-Conveyance Study (VANS) to understand why rates of non-conveyance vary between ambulance services are between different localities in ambulance services. The focus is on three types of non-conveyance:
  - Provision of telephone advice and signposting rather than dispatching a vehicle ('hear and treat')
  - Treatment at the scene ('see and treat') and
  - Transport to facilities other than an emergency department such as an urgent care centre or walk in centre ('see and convey elsewhere').

- Key learning points
  - The higher the education level of the clinician the more non-conveyance.
  - Risk averse Ambulance Services had higher conveyance.
  - Ambulance Services with high motivation to undertake non-conveyance had higher non-conveyance.
  - Pressure on community services increased demand on ambulance services and limited the ability to discharge at scene.
  - Differences in different service availability in different CCGs and Ambulance staff knowledge of the services affected the ability to discharge at scene.
  - Initiatives that increased staff confidence that other sevices will take over care following non-conveyance could increase discharge at scene rates. e.g. SPA to Community Services, formal pathways directly to specialist services and informal relationships with local services.
  - CCG support facilitating connectivity between Ambulance and other E&UC services.
  - Financial investment in initiatives to increase non-conveyance.

Challenges

- **Performance**

  With any increase in pressure or expectations that our clinicians refer patients to the most appropriate care pathway, there may be the potential for our 'On Scene' time to increase. Continued engagement with commissioners and services to ensure SCAS clinicians have access to the right services which are subsequently visible on the MiDoS digital solution will help reduce any potential increase in on scene time. There are some significant anticipated benefits with the combination of reduced travel, queuing, handover and clear up times due to the increased non-conveyance. This should mitigate any increased on scene time and balance the whole job cycle time.

- **Clinical Risk**

  With the increase in patients being referred to services other than the Emergency Department, there is a potential for some to be inappropriately referred to locations where they may not receive the appropriate care. Clinical governance processes are to be put in place for all new and existing pathways.

- **SCAS Clinicians as Trusted Assessors**

  Currently, some referral pathways are restricted to SCAS Specialist Paramedic Practitioners who have had advanced education and training in Patient Assessment and Management. Restricting the referral pathway to these clinicians may, in some circumstances, present a barrier to the patient receiving the most appropriate care. Patients may be conveyed inappropriately to the Emergency Department if there is no Specialist Paramedic available to facilitate the referral. Consideration is required for reviewing this process and extending the direct referral pathways to other clinicians in a trusted assessor role. This is expected lead to an improvement in non-conveyance and increased conveyance to appropriate care facilities.

- **Area Lead Capacity**

  An investment in time and resources is needed by SCAS Head of Operations in each team to investigate the pathway requirements, education, training and barriers in each area.

  - In the North and Mid-Hampshire system a Specialist Practitioner has been working with the local commissioners to develop pathways. During the short time she has been working on this programme, she has commenced a Medical Referral into both acute hospitals and pathways are being set up for paediatrics, Obstetrics & Gynaecology, Early Pregnancy, Maternity Assessment, Elderly/frail patients, Palliative Care, Oncology. Further work is underway for Mental Health, Surgical Referrals and Diabetes.
  - In the Portsmouth and South East Hampshire system, support has been given for a six month secondment for an Admission Avoidance Project Manager to facilitate this work stream.
  - Similar collaborative opportunities could be considered as an alternative to the expected outlay for an internally funded secondment.

  Consideration and approval is sought from the Executive Management Committee to support the funding of a key member of staff such as a Specialist Practitioner to support this.

- **Service Capacity**

  As with all service providers, their ability to accept referrals is often limited by their capacity. There is significant potential for demand to outstretch resources, particularly during the winter months when these are often the busiest times for all care providers. We need to work with our local partners to ensure where possible the patient's needs continue to be met despite these challenges.

- **Service Access**

  Occasionally, despite agreed and established referral criteria, anecdotal evidence suggests that occasionally service providers refuse to accept a patient into their care. Close working with our partners is essential to maintain these referral pathways to ultimately benefit patient care and experience. Procedures should be established between care systems to ensure any issues are highlighted so lessons can be learned.

- **Operational Diversity**

  The SCAS network covers a wide area and comprises of 17 Clinical Commissioning Groups with differing priorities, a range of budgets and diverse demographics. Our mobile clinicians will often work across the boundaries of different CCGs during their working day whilst still remaining within the SCAS footprint. The available services to our mobile clinicians can be differ from one incident to another depending on the address the patient lives at or the GP Practice they are registered with. This disparity causes confusion, time and potential apathy for our staff when attempting to source an available Urgent Care Pathway for the patient.

- **Business Intelligence and Data Capture**

  There appears to be some gaps in how data is reported for when patients are both conveyed to hospital or not conveyed and referred to an paricular service. There are different systems used by SCAS to obtain data for the patient journey which can make this challenging. There is a current programme of work planned to improve and updte the end reporting from our Terrafix MDT system. The MiDoS digital platform would allow us to capture search and referral information for rich data management for reporting and analysis. Also it offers the ability to feedback any gaps in service to SCAS and commissioning partners.

Work Streams

- Each Head of Operations is reviewing the existing provision of services with our local partners at A&E Delivery & Operations Boards. From these discussions they have been designing new services and pathways for relevant patient cohorts with the local service providers.
- Where pathways have been identified, workshops are being undertaken with individual service providers to ensure their services meet the needs of our patients ahead of implementation.
- Heads of Operations are ensuring the current available services and pathways for our patients are made more visible to all our clinical staff.
- We are preparing a clinical governance guidance document to standardise and formalise the approach to the development of all new urgent care pathways. All existing pathways will have a retrospective assessment completed by the Head of Operations or their representative
- Investigations into digital support software
  - Visits have taken place to neighbouring Ambulance Trusts to learn from the systems already in use in their service.
  - We could do nothing and keep the process as it is with staff using local paper-based options.
  - Developing a SCAS smart phone application similar to previously published tools - e.g 'SCAS Clinical Pathways' 'Trauma Triage Tool'
  - Utilise Windows based Power Point application for access on our current ePR
  - Utilise Office 365 for access via work or personal mobile devices
  - Procurement and utilisation of an established web/app software solution currently used by various CCGs and Ambulance NHS Trusts - Discussions and presentations have taken place with 'MiDoS' and a business case is currently in preparation.

1. Phased Approach

Phase 1

- Focus on core pathways into acute hospital trusts & community services which will provide a greater impact - In Progress.
- Investigation into the most feasible digital support solution - In progress.

Phase 2

- Work on pathways with smaller gain into locality specific acute hospital trusts and community services.
- Directory of Services and digital support solution development and release across organisation.
- Communicate and rollout of the programme within SCAS across the entire network - Management teams, Directorates, Specialist Practitioners, Team Training, Clinical Governance, Administrative Services, Operational Teams etc - A separate plan for the rollout of the programme across SCAS has been prepared including the procurement and distribution of promotional material.

Phase 3

- Review of current existing pathways in all areas to improve and extend provision as required.
- Review of all new pathways that have been developed during the programme to measure their success
- Complete a 'lessons learned' exercise.

2. Future Steps

- Consideration and development of key recommendations within SCAS
  1. Urgent Care Clinical Navigator
  2. Mobile Urgent Care Team
  3. Expansion of existing Services within Clinical Co-ordination Centre and Integrated Urgent Care Hub
     - Mental Health Support Line
     - Maternity Advisor Support Line
  4. Specialist Paramedic Practioner collaborative working programme

- Rolling review of the well-established and all new pathways to ensure continuing improvement to our patients

- Co-ordinated ongoing management of the system database of all integrated pathways available to SCAS Clinicians by consideration of a SCAS Directory of Services Lead/Team

- Plan and formalise links to the programme and new pathways with the Clinical Co-ordination Centre, Integrated Urgent Care (inc. 111)

- Consider a formal process to manage a 360° feedback system from SCAS clinicians, service provider clinicians and CCG partners to ensure continued momentum and development in the use and management of Urgent Care Pathways. Part of this process can be delivered via the digital software solution.

- Measure success through the SCAS Business Intelligence team and patient experience feedback.

- Move into business as usual with a commitment to continue an investment in reviewing and improving Urgent Care Pathway provision.

Summary of Recommendations to take forward within SCAS…

1. Workforce Development

- Develop and support our workforce so we are better placed to make better decisions to assess, manage and treat our patients.

- Review the competencies, education and skills needed to assess and manage patients
    - Mental Health needs
    - Long-term conditions
    - Frail, elderly & fallers
    - Dementia
    - Learning disabilities
    - At the end of their life

- Expanding the assessment, decision-making skills and diagnostic skills of ambulance clinicians for non-immediately life threatening illness.

- Further develop and educate our clinicians to expand the urgent care workforce in our Trusted Assessor and Trusted Advisor roles.

- Development of medicines management and pharmacology including the introduction of Paramedic prescribing and administration of end of life medications.

2. Pathway Development

- Look at the existing pathways that are available to our staff and and ensure our staff are using them consistently and appropriately. This includes both the suggested core pathways and those that are less frequently used but still considered key for the patients who require further support

- Review and expand existing services withour service delivery pathways to consider 24/7 availability where appropriate and possible.
    - Single Point of Access for community Intermediate Care services
    - End of Life Palliative Care
    - Mental Health Services
    - Long Term Conditions
    - Drug and Alcohol Services
    - Social Care Services

- Review and expand existing services withour service delivery pathways to consider 24/7 availability where appropriate and possible.
    - Labour Line - South CCC
    - Mental Health - North CCC
    - Specialist Paramedic Practioner collaborative working programme

- Look at best practice examples across our footprint to see if these can be utilised in other areas.
    - **Milton Keynes** - 24/7 Integrated Single Point of Access for Community Intermediate Care Services
    - **Milton Keynes** - Medical Referrals into Hospital Assessment Unit
    - **Buckinghamshire** - Direct Medical Referrals to a hospital based co-ordinator
    - **Oxfordshire** - Maternity, Obstetrics, Gynaecology, Cancer & Haematology referrals
    - **Oxfordshire** - Chipping Norton First Aid Unit
    - **Oxfordshire** - Interface Medical Team for direct referrals for all SCAS Clinicians for medical referrals and specific guidance for Nursing and Care Home referrals
    - **East Berkshire** - Community Health Hub Intermediate Care Services
    - **East Berkshire** - Slough Step Up Pathway
    - **East Berkshire** - Drug and Alcohol Referral Pathway
    - **West Berkshire** - 24/7 Palliative and End of Life Care Advice & Referrals
    - **West Berkshire** - Falls & Frailty Response Team
    - **North Hampshire** - 24/7 maternity advice line
    - **North Hampshire** - JET Falls Team
    - **South East Hampshire** - Paediatric Medical Referrals into Queen Alexandra Hospital
    - **South West Hampshire** - Acute Frailty Intervention Team

3. <u>Technologies - Access & visibilty of services</u>

- Invest in the development of a digital support software, such as MiDoS, to guide our staff to sending patients to the most appropriate care pathway.
- Further expansion and consideration of advanced health technologies such as Tele-Health & Skype calling.
- Look to develop direct booking for appointments for a wider range of services.
- Continue investigations access for SCAS staff to services such as Enhanced Care Plans

4. <u>Understand our data</u>

- Better identify the demographics and presenting conditions of the patients we attend and where we are taking/sending them so that we can continue to establish better care pathways and access ito the most appropriate services.
    - Review ePR codes
    - Review Terrafix/MDT codes

<u>Recommendations</u>

- Ensure all SCAS staff are compliant with ePR use and make it a mandatory requirement that it is utilised for every patient contact.
- Ensure all our Private Provider Ambulance Services are using electronic clinical patient records for every patient contact to ensure we are getting accurate data
- Revise the field options for entering the final disposition data that the Clinician enters into the ePR to ensure the end managment plan of the patient is captured. These fields should be made mandatory so the user is unable to close and sign the record without entering the required information.
- Revise the field options for entering the final destinations on the Mobile Data Screens in our vehicles.

Appendices

Glossary

National Ambulance Response Programme (ARP)	Part of the NHSE Urgent & Emergency Care Review whereby there is increased time given for triaging calls, changes to response times and clinical coding.
Waterlooville Vanguard Project	Pilot for acute home visiting staffed by SCAS Specialist Practitioners rotating into GP locality groups and linked to the National Vanguard scheme in Hampshire.
Specialist Paramedic Practitioner Collaboration Programme	Programme of SCAS Specialist Practitioners rotating into various laclity specific Urgent Care systems such as GP Practices and Urgent Care Units
Reading Minster 1st Stop Project	Designed to care for acute, urgent minor injury/illness incidents in a temporary unit set up in a busy city centre during peak evening/night and weekend hours
Falls and Frailty Response Project	An improvement Programme utilising an acute, multi-disciplinary team to assess, treat and holistically manage patients >65 who have fallen to make them safe and functional in their own home avoiding hospital attendance
North Hampshire GP Early Bird Scheme	Pilot for acute home visiting staffed by SCAS Specialist Practitioners rotating into GP locality groups
Safe Space Portsmouth City Centre	Designed to care for acute, urgent minor injury/illness incidents in a temporary unit set up in a busy city centre during peak evening/night and weekend hours
ICE Bus - Southampton City Centre	Designed to care for acute, urgent minor injury/illness incidents in a temporary unit set up in a busy city centre during peak evening/night and weekend hours
Demand Practitioners	Specific clinical role within SCAS supporting high service users who frequently call 999 by collaborating with other care providers to develop individual care plans.
Live Links	'Skype' Video Link facility set up to pilot direct communication between Nursing & Care Homes and a clinicians to directly triage patients
JET - Joint Emergency Team	Provides rapid response support to prevent a hospital admission or to support early discharge from hospital. Enables a range of health and personal care interventions to be put in place quickly and may include specialist inputs from the Acute Hospital via a geriatrician and/or the patient's own GP.
Variations in Ambulance Non-Conveyance Study (VANS)	The National Institute for Health Research (NIHR) study to understand why rates of non-conveyance vary between ambulance services and between different localities in ambulance services.
Commissioning for Quality and Innovation (CQUIN)	The CQUIN scheme is intended to deliver clinical quality improvements and drive transformational change
Urgent & Emergency Operational Rostering Transformation Programme	A SCAS project to realign its frontline operational work patterns/rosters, whilst the Trust provides a working environment that supports improvements to the health and wellbeing of its staff

Trusted Assessor	A professionally accredited and experienced primary or secondary care clinician with responsibility for and access to specific health and social care pathways who undertakes assessments in the community
Telehealth	The remote exchange of data between a patient at home and their clinician(s) to assist in diagnosis and monitoring typically used to support patients with Long Term Conditions
Enhanced Care Plans	An agreed, personalised care and support plan that covers all the patients health and wellbeing needs. This is produced after health and social care professionals have complete a comprehensive assessment alongside the patient and/or their family
Summary Care Records	An electronic record of important patient information, created from GP medical records. It can be seen and used by authorised staff in other areas of the health and care system involved in the patient's direct care.

Abbreviations

CCC	Clinical Co-ordination Centre
IUC	Integrated Urgent Care Hub
ePR	Electronic Patient Record
ED	Emergency Department
pPCI	Primary Percutaneous Coronary Intervention
HASU	Hyper Acute Stroke Unit
UCC	Urgent Care Centre
COPD	Chronic Obstructive Pulmonary DIsease
CCG	Clinical Commissioning Group
H&T	Hear & Treat - Calls are successfully completed (“closed”) without despatching an ambulance vehicle response. This may include advice, self-care or a referral to other urgent care services
S&T	See & Treat - A focused clinical assessment at the patient’s location, followed by appropriate immediate treatment, discharge and / or referral
ST&C ED	See Treat And Convey to Emergency Department - A call that results in a face-to-face assessment of a patient by an ambulance crew at the scene and onward transport to the Emergency Department.
ST&C Non-ED	See Treat And Convey to Non-Emergency Department - A call that results in a face-to-face assessment of a patient by an ambulance crew at the scene and onward transport to a health-care facility that is not an emergency department.
SPA	Single Point of Access - A central place, site or phone number which provides a gateway to a range of health and social services.