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## Bringing Care Closer to Home in London: Advanced Paramedic Practitioners in Urgent Care

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### Introduction

The Urgent and Emergency Care (UEC) system in England has come under increasing pressure over recent years. Attendances at Emergency Departments (ED) are increasing (1), and ambulance Services in England undertook nearly one million more conveyances to ED in 2016/17 than they did in 2011/12 (2). UK health policy increasingly acknowledges the need to depart from the traditional view of the Ambulance service as a transport provider and NHS England have recently recommended that Ambulance services develop see and treat models of care provided by paramedics with advanced skills (3).

In response to this, the London Ambulance Service NHS Trust conducted a pilot introducing practitioners with advanced skills in urgent care.

Advanced Paramedic Practitioners in Urgent Care are experienced, graduate professionals who follow a programme of post-graduate study in advanced practice.

Practitioners undertake clinical rotations in primary care, as well providing a see and treat function in the ambulance setting as a solo practitioner.

This is combined with a case finding and dispatch function in the ambulance control centre, which includes a hear and treat service.



### Methods

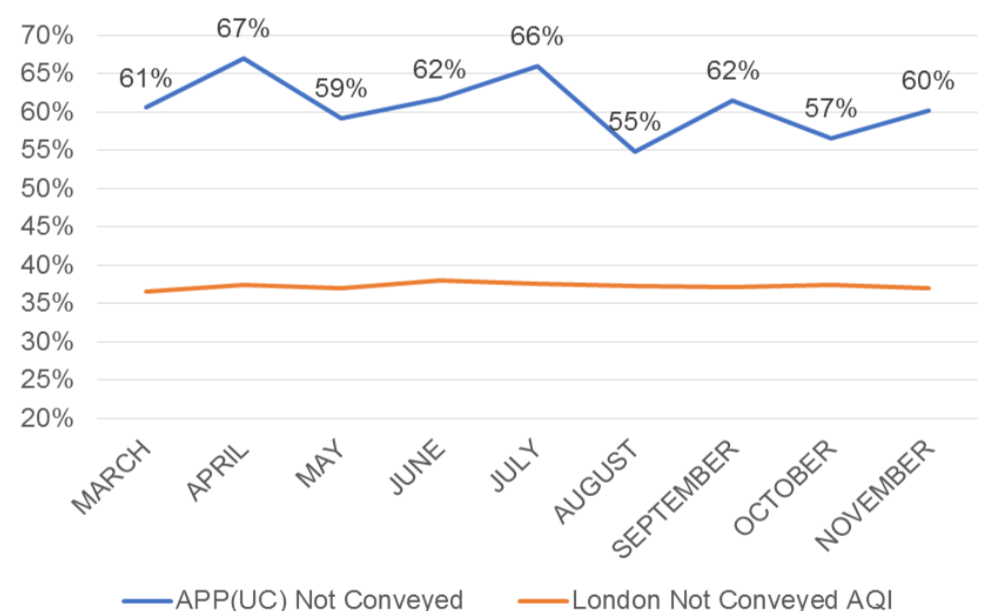
Activity data was extracted from the electronic log of emergency calls and exported into Microsoft Excel with patient identifiable data removed. The data was manually cleaned and for each incident attended dispositions summarising conveyance and referral usage were recorded.

A list of cases of re-contact to the Trust within 24 hours of discharge of care by an APP(UC) were obtained and reviewed by a clinical panel consisting of physicians with qualifications in both General Practice and Emergency Medicine and a Consultant Paramedic with extended practice qualifications for the appropriateness and safety of care.

### Results

Advanced Paramedic Practitioners in Urgent Care were appreciably more likely to manage a patient without conveyance to hospital than the average ambulance clinician in London, managing up to 67% of patients in this way. Where patients did require further assessment or care at an ED or other clinical setting, practitioners were able to avoid the need for conveyance in a double crewed emergency ambulance in 41% of cases referred to hospital.

3% of patients recontacted the ambulance service within 24 hours, this was below the national average for ambulance service recontact (5.2%)



### Conclusion

Advanced Paramedic Practitioners in Urgent Care provide effective care for see and treat episodes, and free up double crewed emergency ambulances to attend to more serious emergency calls. Subsequent re-contact rates are low suggesting clinical safety and effectiveness of the care provided by the APP(UC).

### References

- (1) NHS England, 2017. *A&E Attendances and Emergency Admissions 2016-17* [online] Available at: <https://www.england.nhs.uk/statistics/> [accessed 16/02/18]
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<http://www.nhs.uk/NHSEngland/keogh-review/Documents/safer-faster-better.pdf> [accessed 16/02/18]
- (3) Urgent and Emergency Care Review Programme Team. 2015. *Clinical models for ambulance services*. UK: NHS England