

ParaDoc

City and Hackney Admission Avoidance Service

Dr Douglas Green



Core Aims:

- Improve patient experience
- Improve access to care for complex, vulnerable and housebound patients
- Reduce avoidable admissions
- Reduce ambulance call outs
- Reduce Emergency Department attendances



Secondary Aims:

- Improve working relations between Primary care, Secondary care and Emergency Services
 - Cross-learning
- Improve utilisation of Alternative Care Pathways
- System wide NHS cost savings
- Support local Health Care Workers
 - Support Ambulance crews
 - Support local Care Homes and Care workers



Skill Mix:

- Paramedic / EAC
- GP

Falls Extension:

- Paramedic
- IIT Therapist (Occupational Therapist or Physiotherapist)



Operating hours:

- 12 midday to 12 midnight
- 365 days / year

- 8am to 12 midday - Falls Extension



Equipment:

- Marked car
- GP equipment and diagnostics (BP; Sats; BM; Urine dip etc)
- Emergency equipment (Defibrillator; Mangar Elk / Raizer chair; Catheter kit; IV access; Blood taking; Basic dressings; Nebuliser)
- Paramedic emergency medicines including injectables, Oxygen, NO2
- GP medicines including analgesia, antibiotics, palliative medicines.
- Controlled Drugs



Referral Criteria

Anyone who might otherwise call 999

- Patients 17 years and older
- Temporarily or permanently resident in City and Hackney
- Patients in a safe place, or place of residence
- Exclusions:
 - Acutely unstable patients requiring immediate hospital admission
 - Patients with acute mental health problems as the primary presentation



Referral Criteria

Unlike most other admission avoidance services, ParaDoc accepts referrals from all stakeholders, with very few referral criteria.



Referral Sources:

- LAS. Ambulance crews; FRU's; CHUB/EOC. Also Hatzola and private ambulances.
- Care Homes / Supported Living Schemes / Housing with Care / Nursing Homes
- Care Workers / Professional Care agencies. Family carers.
- IIT
- GPs
- Telecare
- Health Care Professionals (Community Nurses; Social Workers; OT; Physiotherapists; ACERS)
- GP OOH and 111
- Hospital Consultants. ELFT. HAMU. OMU. ED.



Recent Developments

- Hospital Referrals
 - HAMU (Homerton Ambulatory Medicine Unit)
 - OMU (Observational Medical Unit)
 - Emergency Department
 - Care for Older People Teams
 - Specialist Nursing Teams (Dementia; Parkinsons; MS; Heart Failure)



Recent Developments

- Telecare
- 111 Direct Access
- Palliative Care



Possible Developments

- Would the ParaDoc model work in other areas?
 - High population density
 - Elderly population / Care Home population
 - Pre-existing complimentary community services. ie OT / Social Care / GPs



COVID-19

- Remained a 'hot' service
- Became an integral part of C&H's palliative care planning pathways, working alongside Marie Currie; Pharmacists; St Josephs Hospice; District Nursing and Care of the Elderly Consultants.
- Stocked Controlled and End of Life Drugs for palliation.
- Worked to support Care Homes and Care Workers in PPE, education and training. Video links.
- Continuation of local Hot Hub services.



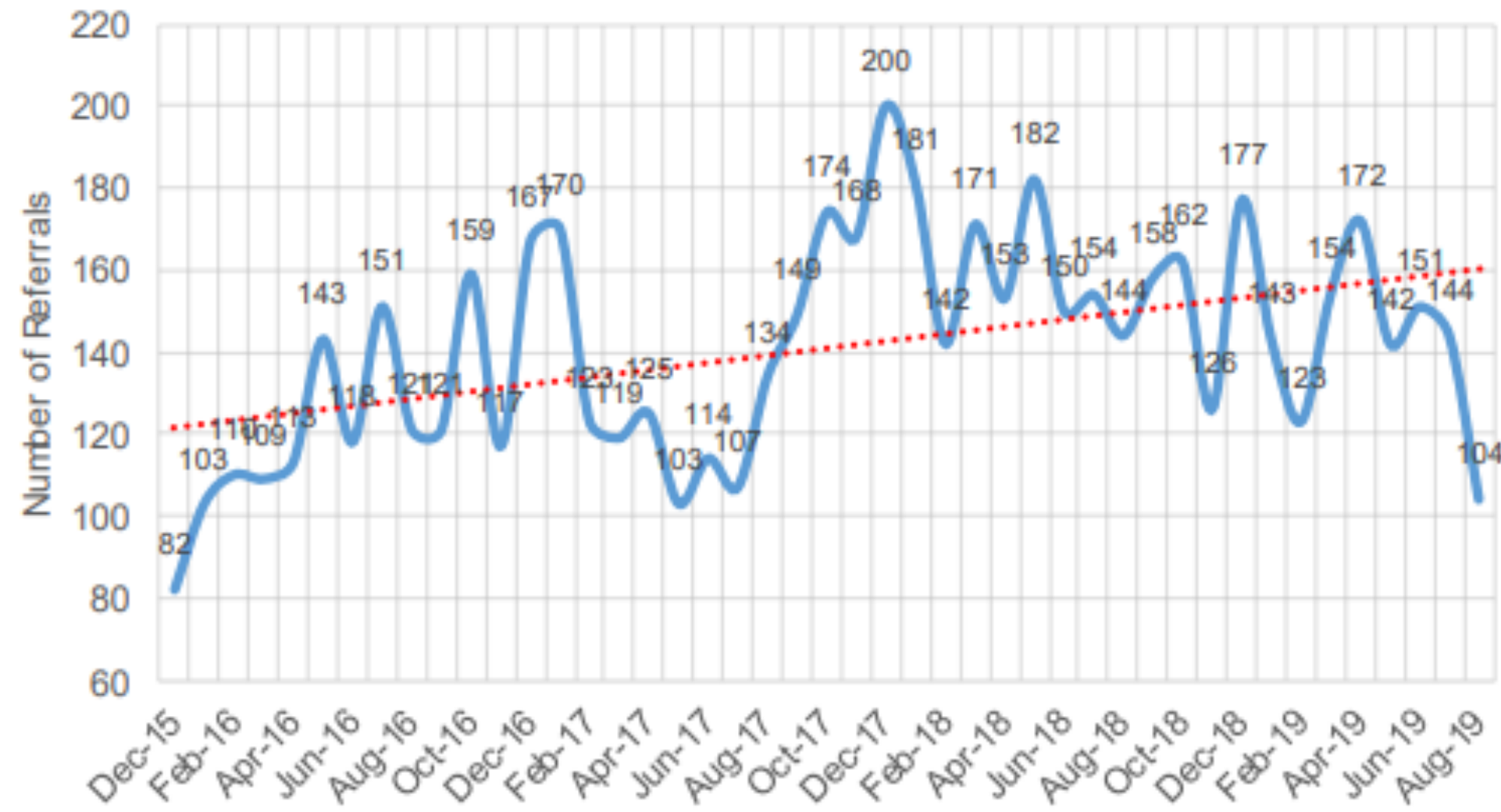
Outcomes

- Admission Avoided (Probable)
- Admission Avoided (Possible)
- A&E attendance Avoided
- Advice only
- Patient Conveyed to Hospital
- Ambulance Call Out Avoided

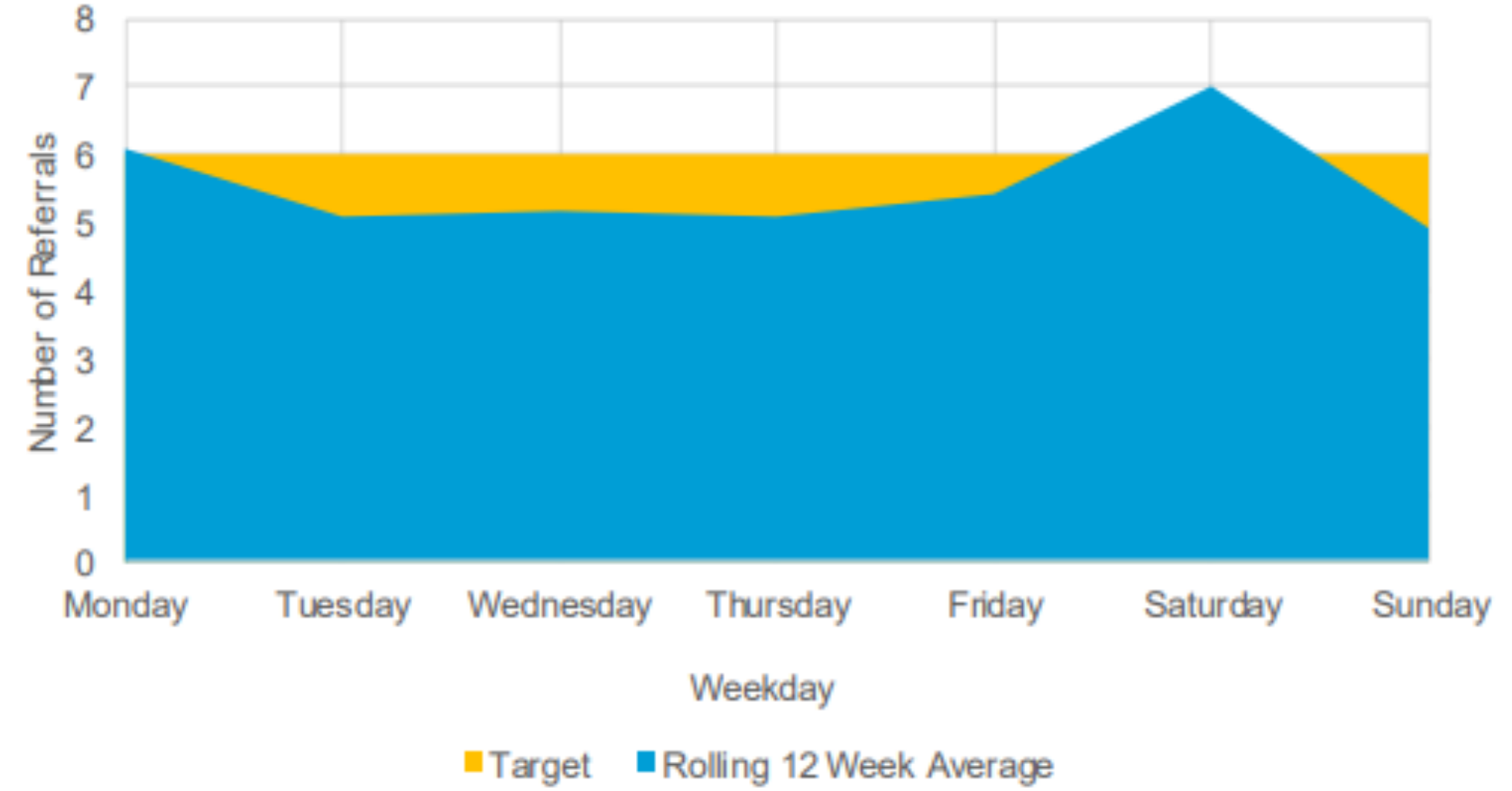
Referrals

Data presented is for example purposes only

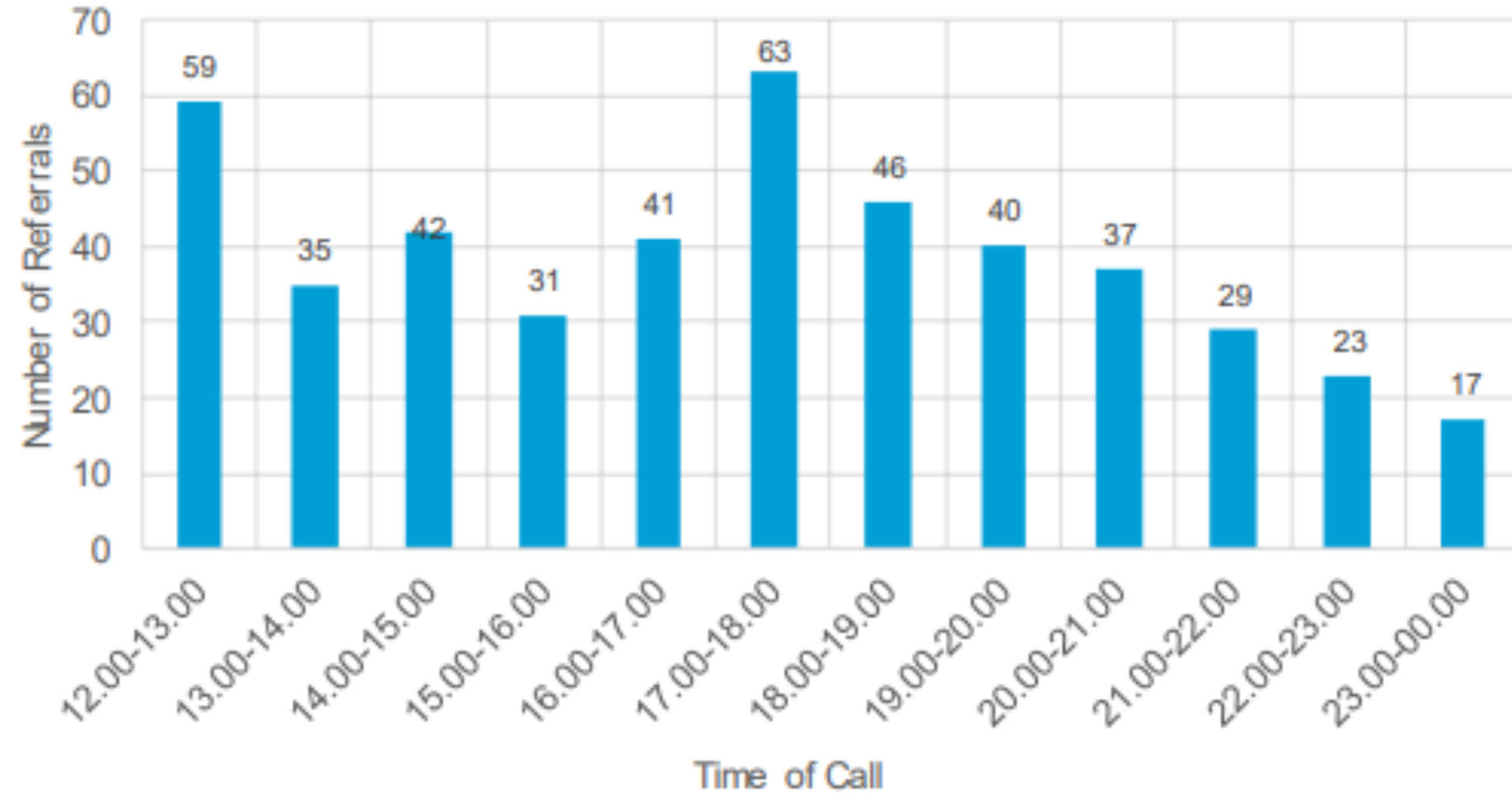
Paradoc Referrals Received Trend



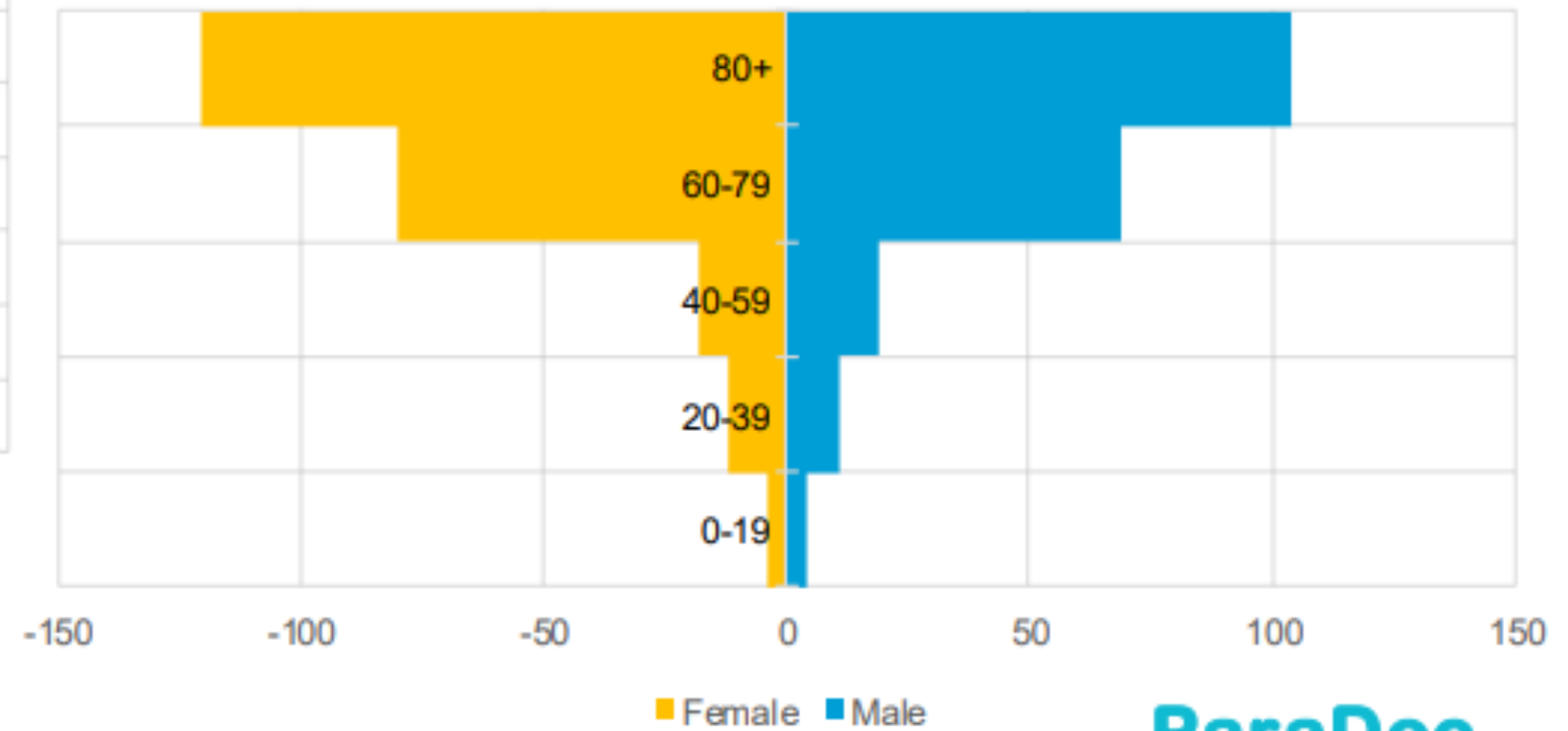
Average 12 Week Rolling Referrals By Weekday

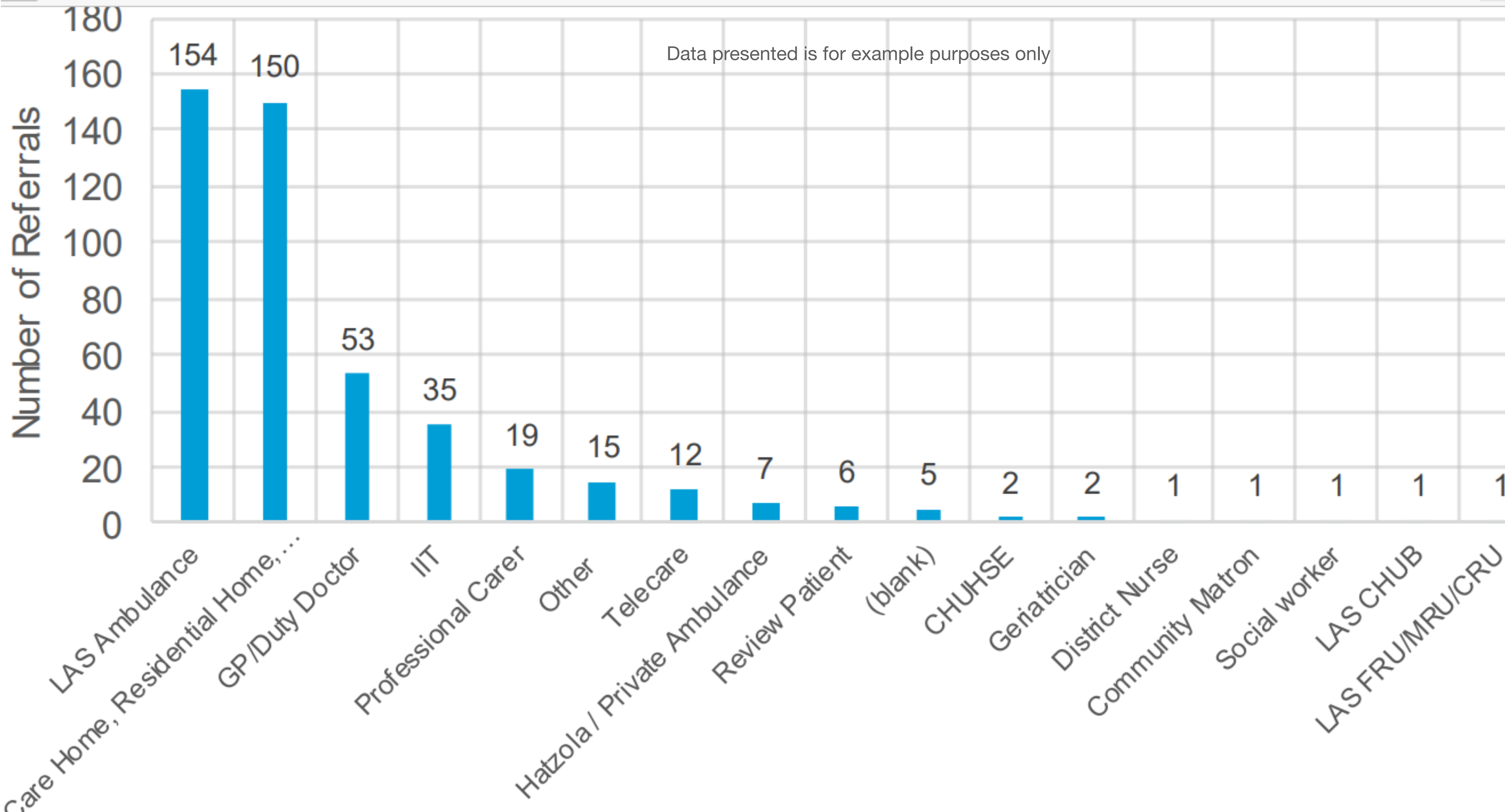


Total Referrals By Time of Call



Number of In Month Referrals By Age Group & Gender

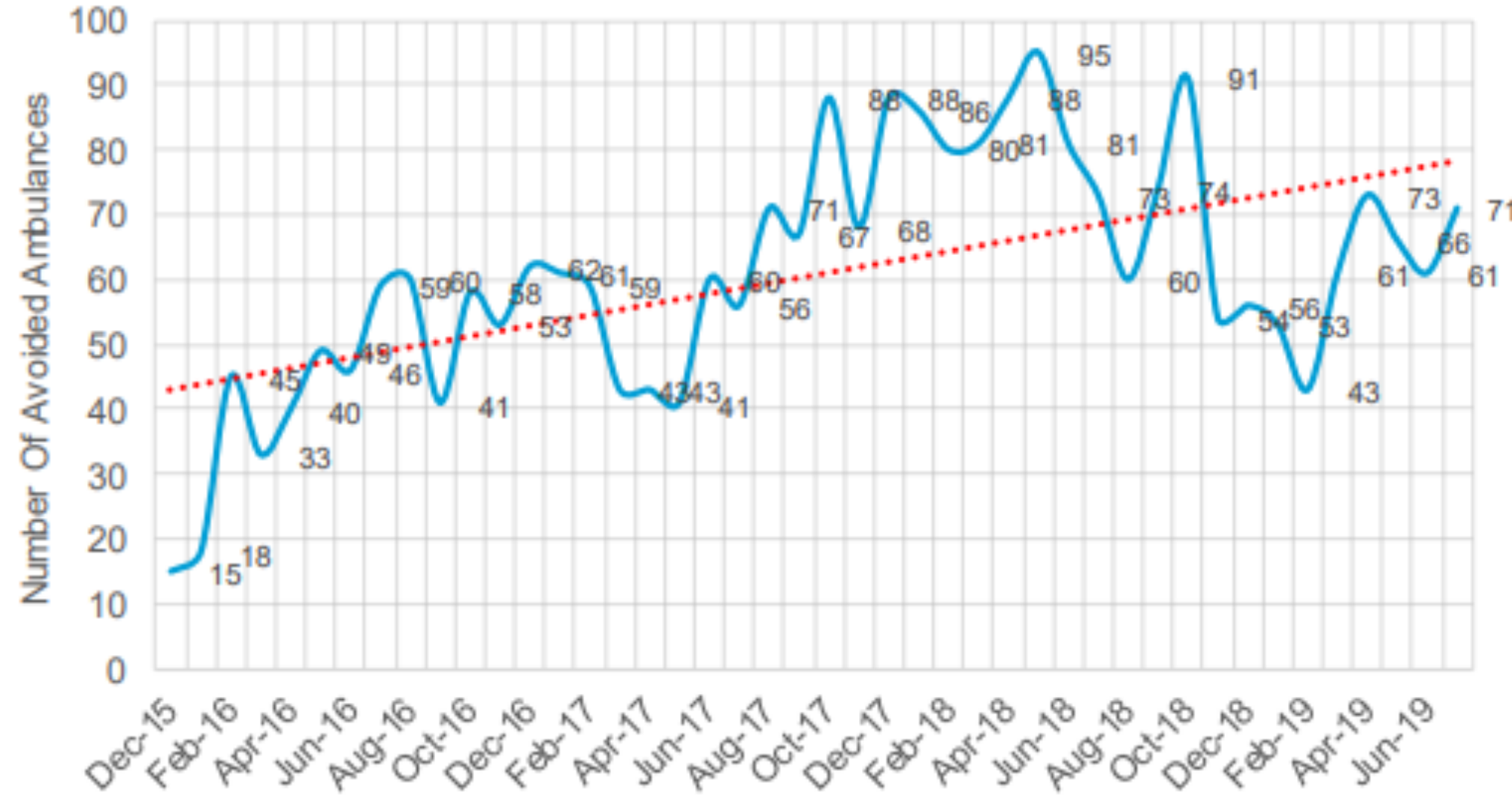




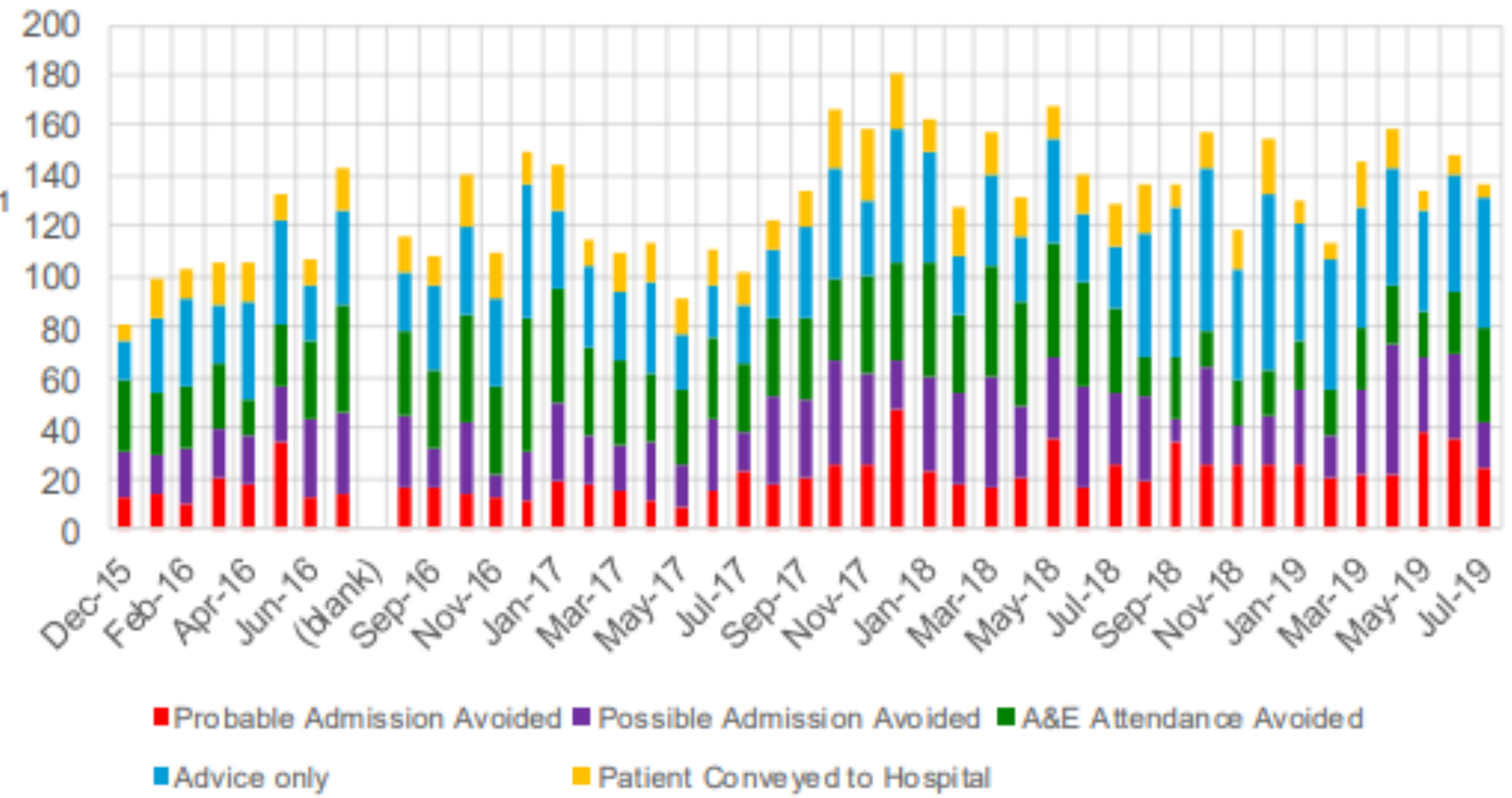
Impact

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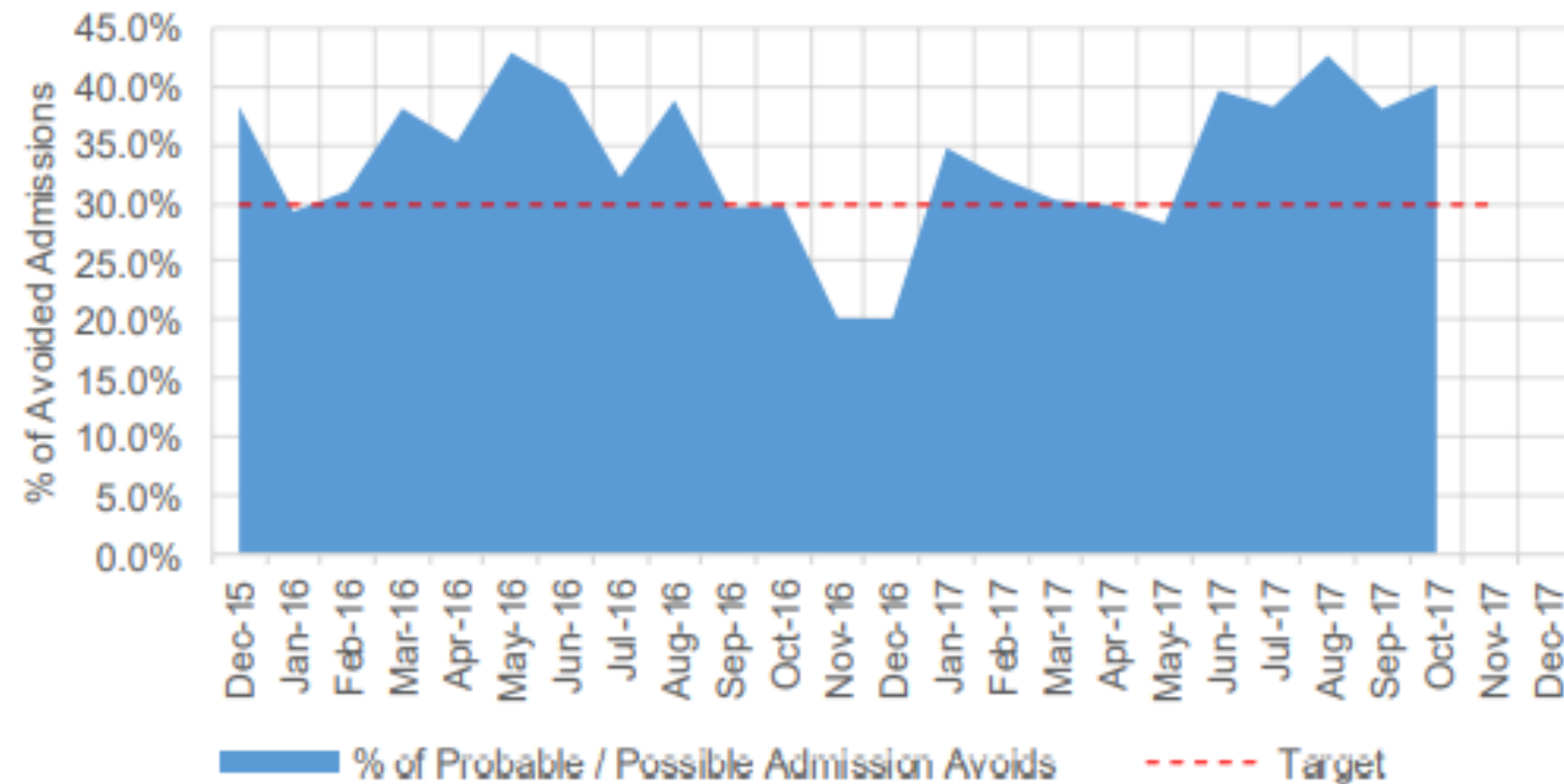
Paradoc Activity Trend Of Ambulance Avoidances



Outcome of Cases



Percent of Outcomes with Possible or Probable Admission Avoidance

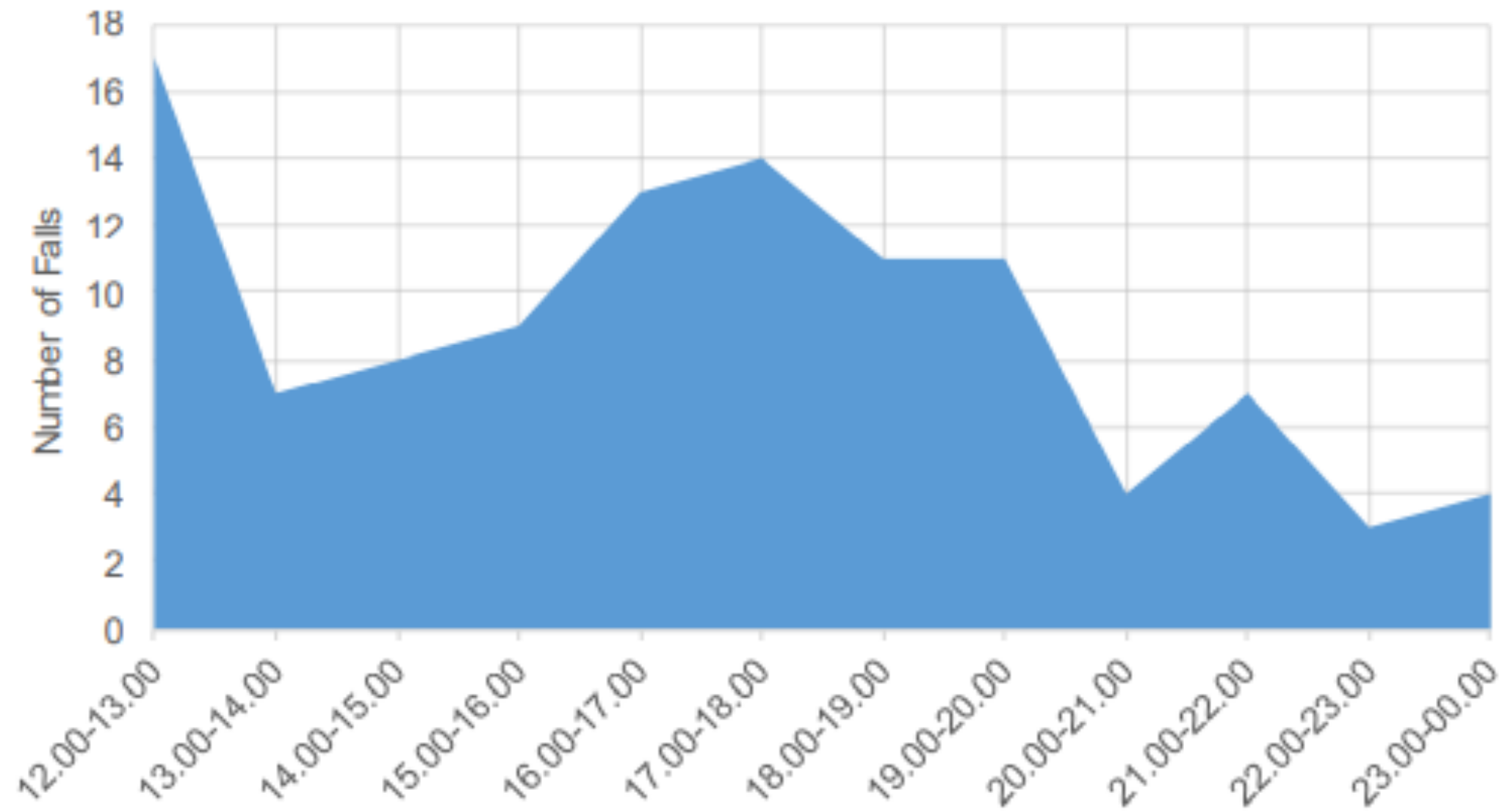


The breakdown of A&E Attendance, Admission Avoidance and Ambulance Savings calculation is included in appendices (slide 15).

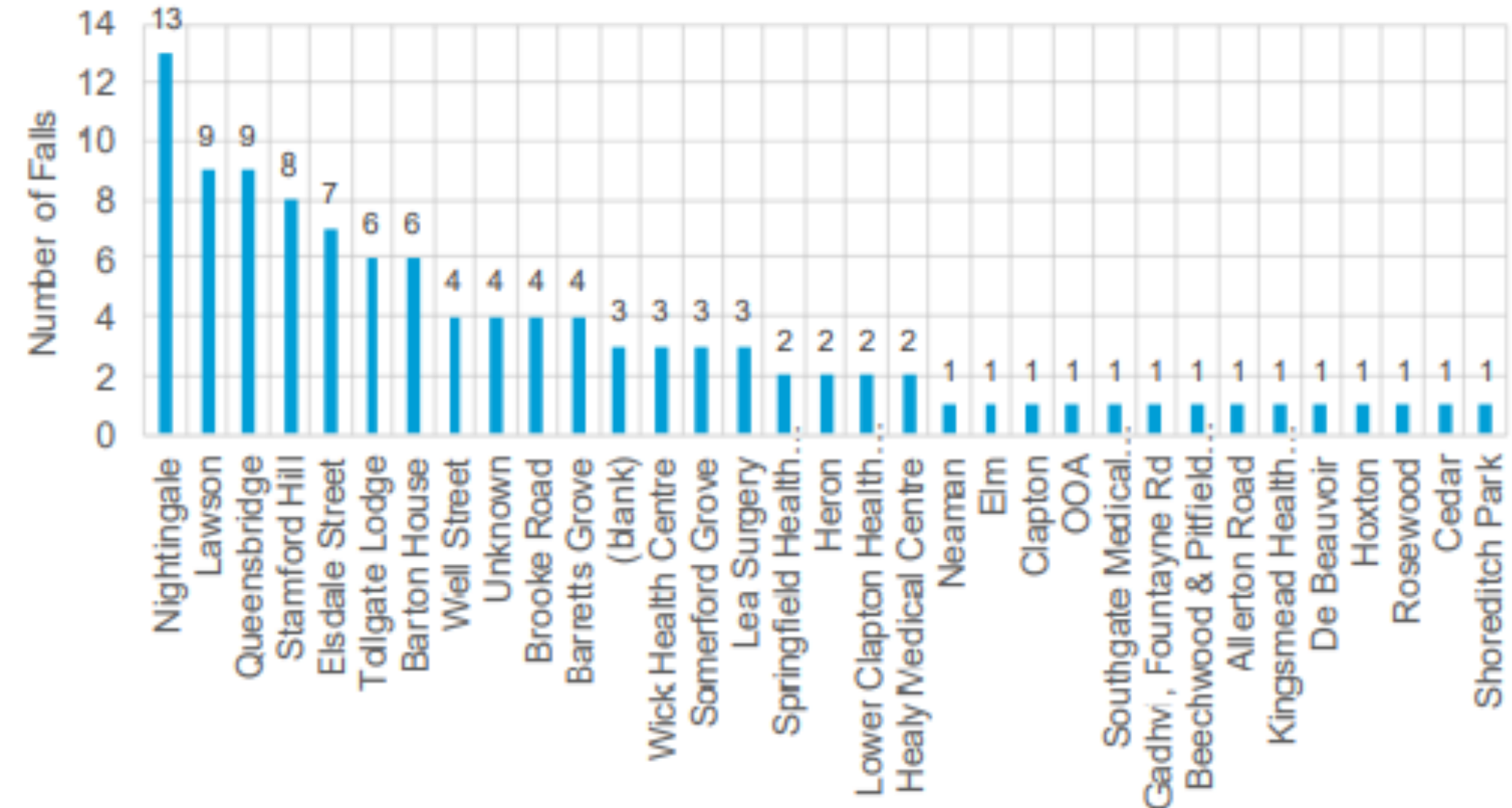
Falls

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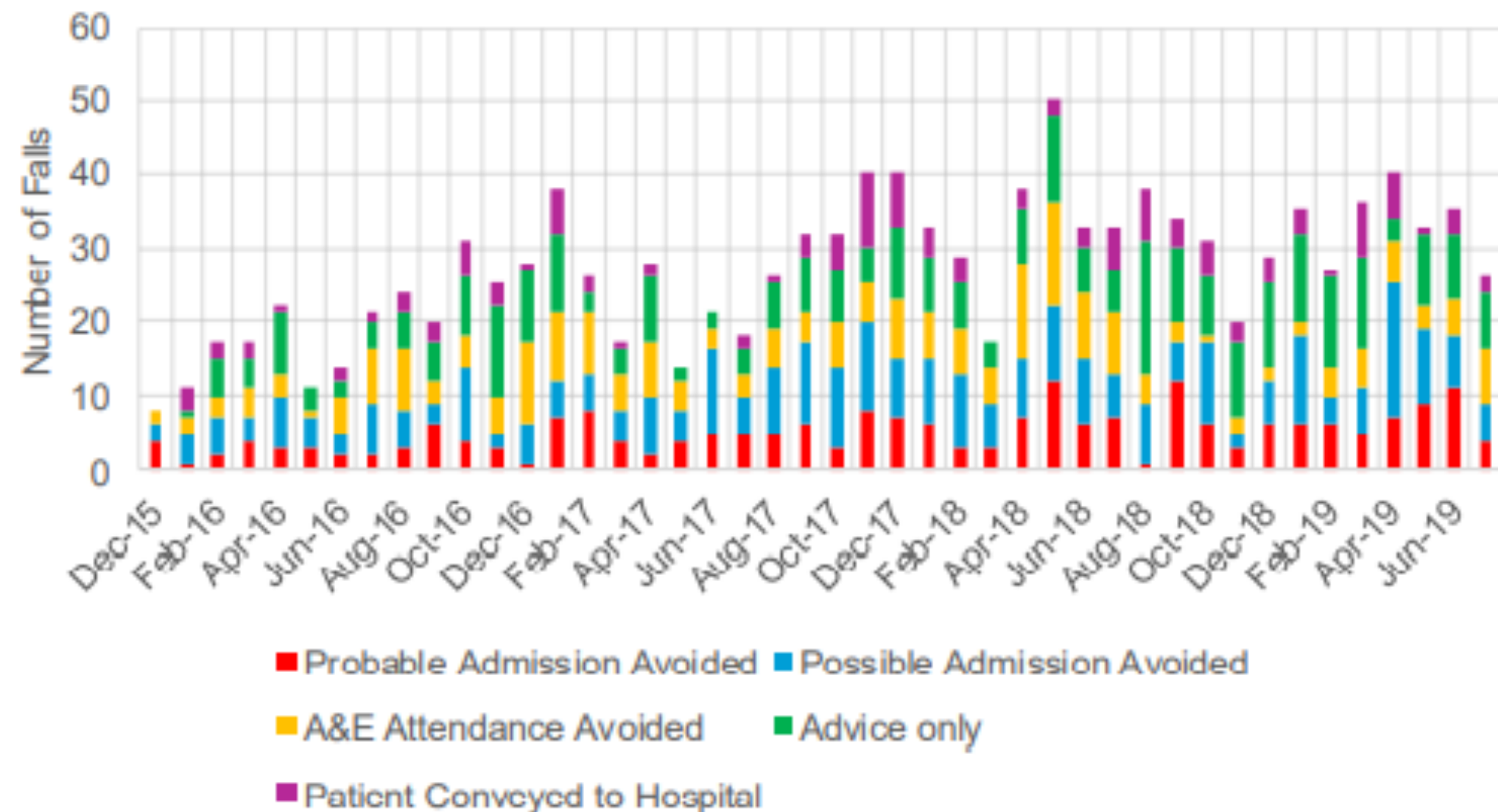
Number of In Month Falls By Referral Time



In Month Falls By GP Practice



Number of Falls By Outcome



Appendices

The table below indicates the financial cost savings allocated to patients where an outcome ParaDoc was identified as preventing additional acute care. Patients who avoided a possible admission were allocated an A&E attendance and admission (based upon their age group).

Those who were identified as an A&E Attendance avoidance were allocated this only.

If an ambulance avoidance was identified where it was an admission avoidance or not this has been included in the financial cost savings. Ambulance conveyance costs taken from NHS Reference Costs 2014/15.

Average Cost of Non-elective Admission (HUHT data)

Age Group	Average Cost
Under 65	£ 1,581
65-69	£ 2,441
70-74	£ 2,767
75-79	£ 2,635
80-84	£ 2,712
85-89	£ 2,979
90+	£ 3,092

Average Cost of A&E Attendance (reference Costs 2014/15)

A&E Attend	Average Cost
A&E Attend	£ 134

Average Cost of Ambulance Convey

Ambulance	Average Cost
Ambulance	£ 255



Summary

- Responsive, flexible team
- Skill mix to cover acute care, as well as chronic medical and social issues
- Good links to local services and providers for both inward and onward referrals
- A reputation to be called instead of 999
- Work with, and are supportive of local paramedics and ambulance services

"A key element of the service model appears to be the capacity to provide a holistic assessment of the health and social care needs of patients and then to execute a management plan which addresses all these needs.

The ability of this small, autonomous team to react to individual patient needs, learn and adapt quickly from experience and genuinely put patients at the heart of their work should not be underestimated."

Dulcie McBride Consultancy Ltd



Case Study

- 82M. Lives alone. Worsening of his COPD. Carer calls 999 on finding him SOB.

LAS find his O2 sats are 88%. Pulse 96. Temp 37.8. BP 145/94. rr34 - Refers to ParaDoc

ParaDoc treat with nebuliser & antibiotics. Discuss options. Very keen to avoid hospital, but worried about managing to get to bathroom etc. Usual O2 sats 92%, and current improve to 90% with positioning, reassurance and meds.

Agree to stay at home. Referred to IIT and commode delivered same day. Referred to ACERS who follow up next day for ongoing review.

Offer carer ParaDoc number for future use, and letter left in home. Notes sent to GP.



Questions?