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Paradoc



London Ambulance Service NHS Trust Service Provision Summary:

Pilot Service title: 'ParaDoc' – City & Hackney. Pilot Project Extension 1<sup>st</sup> August 2014 – 31<sup>st</sup> March 2015.

Pilot Service local lead: Nick Yard, Ambulance Operations Manager, City & Hackney

Date: Mon 21<sup>st</sup> July 2014

Pilot Service description	'ParaDoc' – City & Hackney
<p>Service Model:</p> <p>Pilot project: The service aims to provide a joint paramedic and GP clinical response addressing urgent primary care needs, with the intention of reducing unnecessary conveyance to A&amp;E via ambulance.</p>	<p>Known locally as 'ParaDoc' - this is a new and innovative pilot project based in the City &amp; Hackney CCG locality.</p> <p>It comprises of a London Ambulance Service NHS Trust (LAS) paramedic working with a General Practitioner (GP) from the City and Hackney Urgent Healthcare Social Enterprise (CHUHSE), deployed in a response vehicle providing a responsive primary care led service to patients who have been referred by an LAS clinician.</p> <p>This service is designed to respond to patients who access the emergency ambulance services via 999. LAS clinicians on scene or in our control room will refer patients, after appropriate triage, to the "ParaDoc" team to facilitate access to suitable local healthcare pathways.</p> <p><b>The aim of ParaDoc is:</b></p> <ul style="list-style-type: none"> <li>• The service aims to provide a joint paramedic and GP clinical response addressing urgent primary care needs</li> <li>• To provide an integrated and multidisciplinary approach for patients who present with urgent primary healthcare needs rather than life threatening emergencies.</li> <li>• To improve patient experience by providing access to the right healthcare professional at the right time in the right setting.</li> <li>• To provide high quality, cost effective healthcare.</li> </ul> <p><b>Objectives – (City &amp; Hackney CCG Urgent Care Programme)</b>  [Extract from NHS City &amp; Hackney CCG PID] The objectives of service are to support the maintenance of the A&amp;E four hour target, minimising inpatient lengths of stay and reducing median time to treatment. These objectives are met through the non-conveyance of patients to ED and initiation of treatment with follow up to avoid hospital admission.</p> <p><b>Scope</b>  [Extract from NHS City &amp; Hackney CG PID] Ambulance clinicians on scene can refer patients that would benefit from urgent assessment and intervention by a GP, subject to clinical inclusion/exclusion criteria. Normally referrals from ambulance crews will be for patients in residential locations including care homes, nursing homes, hostels and hotels. Referrals from business/work place or other public places are generally not appropriate unless there is a suitable room available to assess the patient in dignity and privacy.</p>

	<p>As and when required, it may be expected that as the nearest available resource, for the paramedic deployed to this service to respond to Emergency Ambulance Service Red 1 calls or in line with the response profile for the AMPDS Red 1 determinants. It is expected that in instances such as these, the Paramedic will take responsibility for the management of patients in cardiac arrest with the GP providing suitable clinical support if or where appropriate.</p>
<p>Service Specification</p>	<p><b>Patient Cohort:</b> The service will provide a joint paramedic and GP urgent care response for adult patients with urgent care needs. The service will treat patients who are resident within the boundaries of the London Borough of Hackney and the City of London.</p> <p><b>Patients who will not be treated:</b></p> <ul style="list-style-type: none"> <li>- Residential addresses outside City &amp; Hackney CCG boundaries</li> <li>- Patients in public places and business/work place locations</li> <li>- Non-urgent or critical patients that do not need to be seen within an agreed timeframe of 6-8 hours</li> <li>- The service will respond to urgent primary care cases rather than acutely ill patients.</li> </ul> <p><b>Referral Mechanisms:</b></p> <ul style="list-style-type: none"> <li>- Via ambulance clinicians following an on scene assessment as described above</li> <li>- Via referrals from the LAS control room following an enhanced clinical telephone triage</li> <li>- Via referrals from the LAS Control room for "Red 1" AMPDS calls – predominantly cardiac arrests.</li> </ul> <p><b>Key service outcomes:</b></p> <ul style="list-style-type: none"> <li>- An increase in the number of patients who can be appropriately treated at home for an urgent primary care need</li> <li>- Reduction in the number of patients inappropriately conveyed by ambulance to the ED</li> <li>- Improved communication and referral pathways between LAS and other urgent care providers.</li> </ul> <p><b>Service provision:</b> The service is managed and led by LAS with the GP services provided by CHUHSE, as defined by the City &amp; Hackney CCG.</p> <p><b>LAS provides each shift:</b> Paramedic x1 FRU car fully equipped x 1 Consumables Communications (airwave radio/ mobile phone)</p> <p><b>CHUHSE provides for each shift :</b> General Practitioner x 1 GP OOH drug packs Additional OOH consumables packs Mobile technology comprising of laptops x 2 for the GP and Paramedic to access Adastra, EMIS web and for data collection. Digital recording for mobile phones Dispensing and prescribing.</p>

	<p>Note: CHUHSE will be responsible for communicating the outcome of the consultation/ attendance to the GP for whom the patient is registered (via ADASTRA). The outcome should be shared no later than 08:00 the next day.</p> <p>It is recognised that there may be instance where one party is not able to provide resources appropriate to the service due to unforeseen or unplanned circumstance, notice of such issues will be sent to the lead contacts concerned and the service will be stood down on an interim basis. Neither party will be held liable in these instances.</p>
<b>Service Location:</b>	
Based at City & Hackney Complex	The service operates from the LAS Homerton Ambulance Station, City & Hackney Complex using a LAS response vehicle. The service accepts referrals for patients within the City & Hackney CCG area only.
<b>LAS contact and management</b>	
Local complex Ambulance Operations Manager	<p>The service is managed locally by the Ambulance Operations Manager for City and Hackney with support from the following contacts:</p> <p>Director of Operations  Asst Director of Operations for East Central Area  Head of Contracts &amp; Commissioning  Control Services  Medical Director  IM&amp;T  Finance  Governance</p> <p>LAS will hold a local service level agreement with CHUHSE that outlines the requirements for the provision of service including; service charge, staff specification (eg. General Practitioners); staff management and supervision; the provision of equipment and expectations on reporting.  This arrangement with CHUHSE is managed on behalf of City &amp; Hackney CCG by LAS.</p> <p>Governance  Whilst both LAS and CHUHSE have their own separate and existing arrangements for governance, for the purposes of the service, the overall responsibility for governance rests with the LAS as the lead provider. However it is important that both LAS and CHUHSE have a collaborative approach to governance through information sharing, transparency and joint working.</p> <p>LAS and CHUHSE will meet on a monthly basis to review and discuss operational performance and governance. This meeting will include areas such as: review of operational and governance KPIs; feedback from CHUHSE on governance audit; review of any incidents or complaints and a case study presentation.  A one day induction programme will be held for both CHUHSE GPs and LAS Paramedics deployed to the service.  All staff will be invited to attend the monthly education evenings held by CHUHSE.</p> <p>LAS responsibilities  - The LAS will lead on incident and complaint investigations including Serious Incidents but will engage and share the outcomes of investigations with CHUHSE. The only exceptions, where CHUHSE would lead a complaint or incident investigation, are situations solely related to the clinical practice of the GP. The outcomes of these investigations will then be shared with the LAS. CHUHSE will retain the liability regarding the clinical practice and care given by the GPs. Liability for the actions of LAS staff and associated processes rests with the LAS.</p> <p>- In all cases, primacy of care will be the responsibility of the GP. However, there may be some emergency situations where it may be more appropriate for the paramedic</p>

	<p>to take the clinical lead, for example; the Paramedic has primacy of care for patients in cardiac arrest / peri-arrest.</p> <ul style="list-style-type: none"> <li>- In circumstances where there may be a difference of clinical opinion, the paramedic will contact the LAS senior clinician on-call for advice.</li> <li>- LAS Paramedics working on the service, should work within the JRCALC (2013) Clinical Practice Guidelines and LAS policies. Any treatment outside of these guidelines must be carried out by the service GP.</li> <li>- Complaints or concerns raised by GPs concerning LAS Paramedics should be escalated via CHUHSE Operations Manager to the LAS Ambulance Operations Manager for City and Hackney. Incidents of a serious or urgent nature should be escalated to the on LAS pan-London Ambulance Operations Manager via EOC.</li> <li>- LAS documentation will be audited as per the current Clinical Performance Indicators framework. Additional audits will be carried out to collate information for a monthly KPI report and ongoing review of the service.</li> </ul> <p>CHUHSE responsibilities</p> <ul style="list-style-type: none"> <li>- The Chief Medical Officer (CMO) of CHUHSE will provide leadership, management and supervision to ensure that all clinicians are sufficiently supported. Support will be provided for supervision, audit of the clinicians and review of how the service is developing.</li> <li>- CHUHSE will utilise systems of performance management, clinical audits, prescribing audits, incident-reporting systems and Serious Incident reviews based on best practice.</li> <li>- All clinicians will have regular appraisals and supervision opportunities provided by CHUHSE</li> <li>- Feedback from clinicians is encouraged by CHUHSE. All concerns will be collated and discussed at each CHUHSE planning/management meeting and monthly meeting with LAS. If urgent concerns arise the CMO will deal with these promptly. All concerns will need to be reviewed by the CMO (or representative) so that they can be appropriately categorised.</li> <li>- Complaints from patients and relatives will be collated and reviewed by CMO with direct feedback and discussion with the clinician involved.</li> <li>- Concerns raised by paramedics will be shared with the CMO via the Ambulance Operations Manager for City &amp; Hackney, the CMO will review and discuss these with the clinician involved and feedback.</li> <li>- There will be a regular and systematic audit of the medical notes of all clinicians keeping in mind quality of medical records, appropriate assessments and appropriate decision making regarding risk, use of community services, contact with local GPs and on-scene treatment being given where necessary.</li> <li>- Serious Incidents will be reviewed and discussed by the whole clinical team in a structured way for learning and service improvement.</li> </ul> <p>CHUHSE will be responsible for checking that GPs working on the service are suitably experienced and qualified, have CRB clearance and an appropriate level of indemnity insurance cover.</p>
Local commissioning lead	
Mark Scott Programme Director Integrated Care and Urgent Care	The service is commissioned by City & Hackney CCG, led by Urgent Care Board and chair (Dr May Cahill).
City and Hackney CCG	City & Hackney CCG have identified a member of the public as a patient representative for the service.

Ryan Ocampo Programme Manager, Urgent Care City and Hackney CCG	
Service hours & deployment	
7 Days a week from midday to midnight (inclusive of rest breaks)	The service will accept referrals from midday; the last referral will be accepted at 23.00. The service will be covered until midnight and will remain available for Red 1 calls until midnight.
Service reporting and monitoring	
Schedule 1 – Reporting to City & Hackney CCG Schedule 2- Internal LAS reporting	<p><b>Schedule 1 – Reporting to City &amp; Hackney CCG</b></p> <p>A monthly report including the following items to be provided to the CCG for all patient attendances where a patient has been referred to the service:</p> <ul style="list-style-type: none"> <li>• Referral Source <ul style="list-style-type: none"> <li>- Ambulance Clinician on scene</li> <li>- Clinical Hub</li> <li>- Red 1 Call</li> </ul> </li> <li>• Referral accepted Y/N</li> <li>• Reason &amp; outcome if referral declined</li> <li>• The intervention given to the patient</li> <li>• The follow-up arrangements/ outcome <ul style="list-style-type: none"> <li>➢ See &amp; advise (self care or sign post to own GP/ other services)</li> <li>➢ See &amp; treat</li> <li>➢ See &amp; treat and refer</li> <li>➢ See &amp; treat &amp; follow up +/- refer</li> <li>➢ See &amp; convey to hospital</li> <li>➢ See &amp; refer/convey to hospital speciality</li> <li>➢ See &amp; refer/convey to A&amp;E</li> </ul> </li> <li>• Evidence of whether a hospital visit was avoided (A&amp;E and admission)</li> </ul> <p>Where patients are seen/ contacted on a follow-up visit by the service, the report should include:</p> <ul style="list-style-type: none"> <li>• The intervention given</li> <li>• The follow-up arrangements</li> </ul> <p>The service should make a minimum of 8 attendances per 12 hour shift</p> <p>A summary of the above information to be provided to the CCG on a monthly basis. The summary should include the total number of attendances per month and whether the attendance was for an initial referral or a follow-up visit. The report should also provide details of any shifts not covered by LAS Paramedic or CHUSHSE GP.</p> <p>The service provision, activity and reporting will be reviewed at a monthly performance and operations meeting held between LAS and City &amp; Hackney CCG. CHUHSE will be invited to attend these meetings to discuss relevant performance and operational issues.</p>

The service Paramedic will record data on a daily basis. The data should include CAD number as a unique identifier for each episode but should not include patient identifiable data including name or NHS number.

CHUHSE will provide appropriate information reports via the Adatastra system, the reports will include interventions, patient outcomes and follow up arrangements. LAS will include this information in a monthly report, provided by 21<sup>st</sup> of each month.

### **Schedule 2- Internal LAS reporting**

#### **General Data**

- LAS CAD number
- Date
- Day of week
- Time of referral
- Age
- Gender
- Ethnicity
- Job cycle time
- On-scene time (duration in mins)
- Is patient a C&H resident Y/N

#### **Referral Data**

- Total number of patients referred with break down by referral source i.e. crew referral or CHUB
- Total number of accepted referrals with break down by referral source i.e. crew referral or CHUB
- Reason for referral not accepted (capacity, out of area, age, outside of protocol, other (specified)) broken down by source of referral.
- Original LAS MPDS Determinant
- Reason for referral (working diagnosis) - ?pick list
- Was the referral an alternative to A&E (yes/no)

#### **Outcome Data**

- GP diagnosis (? Pick list)
- Disposal (hear and advise/self care, see and treat +/- follow up visit/call, see and refer to other service/pathway (eg ACERS, FRDT, SS (+/- treatment), conveyed to hospital (referral to specialty or A&E)
- Follow up visit (phone same day, phone next day, same day visit, next day visit, extended follow up)
- Clinical summary of randomly selected patients (10% of accepted referrals)
- Admission avoidance (Y/N)?

#### **Red 1 Calls**

- Number of Red 1 Calls
- Red 1 Outcomes (beyond resuscitation, cardiac arrest with/without ROSC, not as given with/without ParaDoc intervention)

#### **Resourcing**

- Number / percentage of GP shifts covered/ uncovered
- Number / percentage of Paramedic shifts covered/uncovered

#### **Feedback**

- Number/ percentage of written feedbacks (all referrals)

	<p>Clinical Governance</p> <ul style="list-style-type: none"> <li>• Complaints</li> <li>• Incidents</li> <li>• SI</li> <li>• Audit of Doctor's notes</li> </ul> <p>Public Patient Involvement</p> <ul style="list-style-type: none"> <li>• City &amp; Hackney CCG have identified a member of the public as a patient representative for ParaDoc.</li> <li>• A patient satisfaction survey will be undertaken as part of the evaluation of the service</li> </ul>
Service commencement	
1 <sup>st</sup> August 2014	<p>Note: This is an extension to the current pilot that commenced on 28<sup>th</sup> March 2014. Initial period of funding for 3 months, with further funding agreed for July 2014.</p> <p>LAS has been asked to extend the pilot project from 1<sup>st</sup> August 2014 – 31<sup>st</sup> March 2015.</p>
Service cost & payment terms	
	<p><u>Annual Service:</u></p> <p><b>Annual total: £692,989</b></p> <ul style="list-style-type: none"> <li>• CHUHSE Element (GPs) £366,000</li> <li>• LAS Element £326,989</li> </ul> <p><u>Service Cost 1<sup>st</sup> August 2014 – 31<sup>st</sup> March 2015 (8 months)</u></p> <p><b>Pro rata total: £ 461,993</b></p> <ul style="list-style-type: none"> <li>• CHUHSE Element (GPs) £244,000</li> <li>• LAS Element £217,993</li> </ul> <p>Payment terms: Purchase order applicable, monthly payment in advance.</p>
Service notice period	
Notice to terminate service	Notice to terminate service – a period of 2 calendar months.
Stand down of service	<p>Stand down of service:</p> <p>It is recognised that there may be instances where one party is not able to provide resources appropriate to the service due to unforeseen or unplanned circumstance, notice of such issues will be sent to the lead contacts concerned and the service will be stood down on an interim basis. Neither party will be held liable in these instances.</p> <p>SERIOUS AND MAJOR INCIDENTS</p> <p>1.1 The Civil Contingencies Act 2004 identifies that the Local Ambulance Service has the statutory responsibility for major incidents.</p> <p>1.2 Therefore the LAS will declare a serious or major incident when necessary and has the responsibility to activate and coordinate the provision of clinical care at the incident scene, which may include the tasking of LAS resources or assets identified within this agreement.</p>

	<p>In line with the above the LAS will provide leadership and management responsibility to all healthcare and NHS assets at the scene of a major incident. The LAS Ambulance Scene Commander supported by the LAS Medical Advisor will provide the necessary direction and support.</p> <p><b>FORCE MAJEURE</b></p> <p>1.3 No Party shall be entitled to bring a claim for a breach of obligations under the Agreement by the other Party or incur any liability to the other Party for any Loss or damages incurred by that party to the extent that a Force Majeure Event occurs and it is prevented from carrying out obligations by that event of force majeure.</p> <p>1.4 In the occurrence of a Force Majeure Event, the Affected Party shall notify the other Party as soon as practicable. The notification shall include details of the Force Majeure Event, including evidence of its effect on the obligations of the Affected Party and any action proposed to mitigate its effect.</p> <p>As soon as practicable, following such notification, the Parties shall consult with each other in good faith and use all reasonable endeavours to agree appropriate terms to mitigate the effects of the Force Majeure Event and facilitate the continued performance of the Agreement.</p>
Internal authorisation / sign off	
	<p>Finance:  Operations:  Clinical governance:  Contracts &amp; Commissioning:</p>