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| LAS strategy - Questions to the LAS |  |

Wed, 6 Jun 2018 11:33

**Jamie.O'Hara, Director for Strategy and Communications, LAS**

Dear Jaime,

I have a few questions about the Strategy and would be very grateful for your assistance.

1) Is there any agreement, or plans for an agreement with the CCG or STP, to reduce the number of conveyances to hospitals? If so what are the details of the agreement in relation to the target for each CCG/STP area for each of the 5 years? I raise this because of the "999 patients to be treated on scene" headlines from last week and the associated cost savings.

2) If a paramedic or EAC/technician makes a decision to leave the patient at scene how is the level of risk determined, e.g. from the point of view of the risk of deterioration, and also from the risk of clinical negligence should the patient suffer harm as a result of the clinical assessment having been incorrect?

3) What level of assurance will you have that alternative care pathways will be available for direct transfer from paramedic or EAC/technician at scene to ACPs, or delayed transfer should the paramedic or EAC/technician feel this is safe to do?

4) Traditionally paramedics have been risk averse to leaving patients at scene, how will you provide assurances to them that their patients will receive the right level of care from other sources if they are left at scene? What role will the Clinical Hub play in providing support, where a paramedic or EAC/technician feel that leaving at scene might create a risk of potential harm.

5) Will there be new forms of paramedic/EAC/technician training to support them in relation to decisions about whether to leave patients at scene?

6) Have the implications of the Strategy been discussed with NHS Resolution?

7) Have the Trade Unions representing front line staff agreed to the strategic aims in relation to treating and leaving at scene?

8) Can I have a copy of the Croydon Pilot study and analysis of outcomes?

Very best wishes and thanks.

Malcolm Alexander

Chair

Patients' Forum for the LAS

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| **LAS strategy –**  **Response to the Forum’s Questions to the LAS** |  |

**Mon, 11 Jun 2018 13:30**

**Jamie O’Hara (Jamie.O'Hara@lond-amb.nhs.uk)**

**Reducing Conveyance to Emergency Departments**

As you’ll know, our new strategy aims to significantly reduce the number of patients who are unnecessarily conveyed to emergency departments when their needs could be better met in other ways; being treated at home or in the community where possible.

Across the NHS, guided by the Five Year Forward View and regional/local strategies, there is an agreed need to reduce demand on emergency departments. This was articulated most recently in NHS England’s 2015 paper “Transforming Urgent & Emergency Care Services in England; Safer, Faster, Better.” Which says:

***“The urgent and emergency care review (the review) details how these models of care can be achieved through a fundamental shift in the way urgent and emergency care services are provided to all ages, improving out-of-hospital services so that we deliver more care closer to home and reduce hospital attendances and admissions.”***

To support this, we have a two year CQUIN, started in April 2017, which focusses on reducing conveyances to emergency departments. Year one of this CQUIN revolved around the enablers and included access to patient summary care records and the director of services. Year two is focussed on the actual reduction of conveyances and we discuss this regularly with our commissioners.

Our new strategy, using current projections for 2023, aims to convey up to 122,000 fewer patients to emergency departments than would otherwise be the case without the initiatives outlined in our strategy. We will be working with CCGs, STPs and the wider NHS sector, who are all supportive of this strategic direction, to implement this strategy over the next five years.

**Treating patients in their own home**

Our clinicians have a long history of treating patients in their homes and our ‘see and treat’ rates have increased significantly over the past few years, an approach fully supported by our trade unions. Crucially, a large number of these patients who are not conveyed to emergency departments are referred to other healthcare providers who are better placed to meet their individual needs. Our skilled clinicians are trained to make a full assessment of the patient and identify whether their symptoms necessitate immediate treatment or whether time is not a critical issue. Significantly, all of our clinicians are supported by decision making support tools (Pathfinder) in order to make these decisions.

In order to identify which services are available, all of our clinicians now have access to the directory of services (MiDOS) on their iPads which identifies what pathways are available to them in any given location and at any given time. The guidance is that there should be clinician-to-clinician handover of patients, either physically or over the phone. That allows for a conversation between clinicians to agree that the referral is appropriate for the individual patient.

Our urgent care advanced paramedics practitioners (APP) are primarily tasked with attending patients who might be most suitable for non-conveyance. These patients are identified by an APP in the clinical hub. Our APPs have received masters degree-level training and have access to specialist diagnostic tools to support. We will provide additional training to any clinicians working in one of our pioneer services that will enable patients to remain in their own home. Additionally, our clinicians are able to contact our clinical hub, which under our strategy will be expanded to a multidisciplinary Clinical Advice Service, to support their decision making if they have any questions.

Now, and in the future, our clinicians always treat patients in the way in which they feel best meets their needs and reduces the risk of harm. All decisions about treatments and conveyance will be made accordingly.

**NHS Resolution**

We have not had discussions with NHS resolution as we already treat patients at home and/or refer them to alternative care pathways as opposed to conveying then to emergency departments. Our strategic initiatives propose to improve these ‘see and treat’ rates ensuring only those patients who truly need to go to hospital do so.

I hope this is helpful and I’m copying Trisha in here too.

Best wishes

Jamie