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**April 25th 2022**

**Meeting Chaired by Sister Josephine Udie, Forum’s Vice Chair**

**Speaker: Dr Doug Green, Clinical Lead for Paradoc**

**Attendance: 22+1 people –**

Sister Josephine – Vice Chair, Patients’ Forum LAS

**Briony Sloper – Dep Director, Health and Care in the Community – NHS**

**Carol Ackroyd – Keep Our NHS Public – Hackney**

**Chelliah Lohendran – Healthwatch Merton**

Chris White -

Coral Jones – Chair, Soc Health Assoc, & Homerton Hospital Governor

**Elaina Arkeooll – Hammersmith and Fulham**

**Inez Taylor – Lewisham**

**James Guest – Ealing**

Jon Williams – Director, Healthwatch Hackney – Host

**Joseph Healey – Southwark**

Lorraine Silver – Chair, Healthwatch Redbridge

**Maggie Andrews –**

Malcolm Alexander – Chair, Patients’ Forum LAS

**Mark Scott – Paramedic Lead for Paradoc**

**Polly Healy – Patients’ Forum – Data Lead**

**Rita Lewis –** Coulsdon, Surrey

**Robin Kenworthy – Kent**

**Sally Easterbrook – African Advocacy Foundation**

**Sheila Burston –**

Shivakuru Selvathurai – South Harrow

**Apologies:**

Archie Drake

Catherine Gustaffe - Southwark

Courtney Grant - Bromley

Dave Payne – Southwark

Janet Marriot - Richmond

Janine Thompson - Southwark

John Larkin – Company Secretary

Joseph Healy - Lambeth

Liya Takie – Hackney Healthwatch

Louisa Roberts - Board Member – Tower Hamlets

Mike Roberts - Hampshire – Local Authority Lead

Sean Hamilton – Forum’s Epilepsy Lead

Vic Hamilton – Forum’s Epilepsy Carer Lead

**Paradoc slides on website - www.patientsforumlas.net/uploads/6/6/0/6/6606397/healthwatch\_3\_pdf-4.pdf**

**1.1 Dr Doug Green (DG)** described the history of Paradoc and the reasons for its development, e.g. the tendency for care homes to call 999 for an ambulance, when patients were unwell, even though they did not meet the threshold for emergency care. He described the clinical value of GPs and Paramedics working together and with community GPs to provide the right level of clinical care for patients. Amongst the developments from the original ParaDoc model, is the introduction of occupational therapists and other clinicians.

1.2 Paradoc does its own administration and its own patient triage. The lead paramedic is Mark Scott. Patients referred to Paradoc are mostly elderly, often have co-morbidities, are at risk of hospital-acquired infection, and experience long periods of hospital admission if they are treated in hospital wards. Patients who are not admitted to hospital remain in their home, having agreed with Paradoc and carers that would be the best solution.

1.3 The ParaDoc service is now managed by the Homerton Hospital and funded by the CCG. It was originally part of a collaboration with the LAS. Describing the equipment used by ParaDoc, DG said that the car used provides similar equipment to LAS ambulances, e.g. defibrillator, lifting equipment, and a variety of medications; but the ParaDoc car cannot be used to take patients to hospital. ParaDoc is dependent upon effective communication and interoperability with other clinical services.

1.4 The criteria for referral to ParaDoc are narrow and the principal target groups are vulnerable adults in City and Hackney. Patients’ with a mental health diagnosis are not included, because there is an alternative LAS service in City and Hackney for patients with mental health conditions.

1.5 Patients are referred from a wide variety of sources including telecare, care homes, Homerton Hospital ambulatory care, GPs and a wide range of care providers. The 111 service and other fast response services have direct access to ParaDoc but do not use the service often.

1.6 Major objectives of ParaDoc include keeping patient in a location where they are safer and well cared for, reducing ambulance queuing, freeing up of acute beds. Patients who are discharged home from ambulatory care or A&E, can be followed up by ParaDoc to prevent readmission.

1.7 Referring to Telecare, DG said that they receive a lot of calls which are not appropriate, because when residents press their alarm, the alert goes to an office which does not have clinical staff – so the staff often call 999. DG suggested that an appropriate approach might be for Telecare to develop effective triage processes.

1.8 Regarding the outcomes of ParaDoc responses, 8 -10% of patients go to A&E and 70-80% of patients remain at home. He added that when older people are admitted to hospital, they often remain in hospital for long periods, at higher risk of infection and at high cost.

1.9 With regard to improving the provision of palliative care, a key aspiration of ParaDoc is to keep people out of hospital and manage their care at home. This work is done in collaboration with Marie Curie and palliative care consultants.

**1.10 Dr Doug Green was thanked for his great presentation and the detailed answers he provided to questions. A detailed note of the meeting can be found on the Forum website:**

[**Meeting Papers 2020, 2021 + 2022 - THE PATIENTS' FORUM AMBULANCE SERVICES (LONDON) LTD (patientsforumlas.net)**](https://www.patientsforumlas.net/meeting-papers-2020-2021--2022.html)

**1.11 QUESTIONS**

**A: Does Paradoc provide care for patients with dementia?**

**​**

Yes.  Indeed, people with dementia form a large cohort of our patients.  We also link into, and accept referrals from, ELFT and the Homerton specialist dementia nurse. **​​​​​**​

**B: Why is Paradoc more successful than other similar services? Why is the Paradoc model not used in other parts of London using CCG funding?**

**Reply: T**he service has a unique combination of clinical skills, which worked effectively in City and Hackney. Other areas use other approaches, for example, the LAS used a paramedic/nurse model in northeast London and mental health teams in London sectors, comprising of a paramedic and mental health nurse. Paradoc has grown organically and is independent of the LAS and has developed more effectively to meet local need. However, it is not clear why the model hasn't been copied, but possibly the [in my opinion false] belief that a doctor-led service is more expensive to run the service is a factor.

**C: Is data available comparing the effectiveness of the different response models used across London with Paradoc?**

**​**

**Reply:** There is no recent direct comparative data that I am aware of. The LAS has published data in the past that compared models and showed ParaDoc to have a far lower conveyance-to-hospital rate than others (around 10% compared to ~50% for the PRU) I'm sorry, but I don't have this old report.

**D: Is data available comparing rates of diversion from A&E/ambulatory services by Paradoc and other services across London? Do these services interact and learn from each other?**

**​**

**Response:** As above. We have met with and shared models with the PRU and K466 schemes in the past, but cross learning could be better.

[**K466 partnership wins another award | News and events | NELFT NHS Foundation Trust**](https://www.nelft.nhs.uk/news-events/k466-partnership-wins-another-award--1945/)

**E: How long do Paradoc consultations last?**

**Response:** The time required for Paradoc to see patients in their own home varies, but on average was about one to two hours, but can vary hugely.

**F: Does Paradoc provide its services to asylum seekers? Does Paradoc provide care for people who are homeless living in hostels?**

**Response:** Yes, to both. Paradoc concentrates on the needs of complex group of patients including asylum seekers and people who ae homeless.

**G: How many calls do you receive monthly?**

**Response**: 180-200 and 60-70 of these are prevented from admission to hospital.

**H: Considering problems of effectiveness with 111 services, could more patients be triaged by Paradoc to prevent admission to A&E and reduce the number of patients queuing to get into A&E?**

**Response:**

**​**We do not have the staffing capacity to triage for 111!  We welcome clinical discussions and referrals from 111 though.

**I: Does 111 communicate directly with Paradoc?**

**Response:** 111 can refer to Paradoc directly by phone, and we also provide one appointment per day that 111 can directly book a patient into without a clinical discussion. 111 can also redirect to the GP OOH services, who can also refer onto ParaDoc.

**J: "In the view of AACE report - 160,000/12,000 patients are potentially suffering some or serious harm, respectively - is Paradoc experiencing response-time and/or handover delays - and are you aware of patients coming to harm as a result of increasingly extreme conditions across the NHS?" Elaborate if so.** [**https://aace.org.uk/news/handover-harm/**](https://aace.org.uk/news/handover-harm/)

**Response:** ​We are well aware of the extreme pressures on front-line services and see evidence in terms of delays for ambulances and over-whelmed GP practices. We do sometimes receive referrals from people who have called us as they have been waiting too long for an ambulance (i.e. Care homes and Telecare) but we encourage them to call us directly in the first instance. Of course, locally ParaDoc is part of the solution by reducing pressure on the LAS and A&E. I am not personally aware of harm as a result of these conditions, but again that is because we operate outside of those front-line services.  On the occasions we need to call an ambulance for a patient, that patient tends to be very sick, but will have been fully assessed by our team, and so will generally attract a higher priority call.

**K: Does the effectiveness of Paradoc result in differences in outcomes between Homerton and RLH hospitals (and Newham/WXH if Paradoc serves them)?"**

**Response:** Handover at the Homerton is faster, and more effective than at other A&Es. Long waits can cause harm to patients. But there is much variation between different A&Es regarding handover times.

I do not have the data to compare hospitals, but there are numerous variables and services that would contribute to different outcomes.

**L: The LAS provides care to so many non-life-threatened patients. Can the quality of triage be improved to reduce the number of ambulances taking patients to A&E? ​**

**Response:** Yes, probably! LAS certainly need to improve their use of ACPs at the pre-dispatch stage. In relation to patients who have suffered a fall, ParaDoc can get to patients much faster than 999 ambulances with specially trained staff. This is part of the solution.

**M: How does the ParaDoc service respond to patient and system demand, e.g. pressures on the LAS and general practice? GPs feel swamped as a result of high demand on their services and consequently access to GP care can be difficult.**

**Response:** ParaDoc does accept referrals from GPs instead of them calling 999. Regarding demand, we are a finite service based on one vehicle/team, so on rare occasions may not have 'capacity' to accept further referrals. We can however signpost and offer advice in these circumstances. We also triage all calls at the point of contact by the doctor, so are able to accurately prioritise the most appropriate referrals (i.e. people who we are likely to be able to prevent from having an emergency admission to hospital)

**N: What connection does ParaDoc have with the REACH service in east London?**

**Response:** REACH can refer directly to ParaDoc and to consultants at the Royal London Hospital.

**Remote Access Emergency Coordination Hub (REACH)**

REACH has been set up by Bart’s Health NHS Trust, London Ambulance Service, NHS 111 and NEL CCG aim to reduce unnecessary hospital visits by facilitating other appropriate care pathways. LAS paramedics can call The Royal London Hospital A&E directly to get expert clinical advice regarding their patients. The service is staffed 12 hours a day by emergency medicine consultants, and is available to NHS 111, so patients can be offered virtual consultations on the most appropriate form of emergency care.

**O: Is ParaDoc available at night?**

Response: The service is available 16 hours each day, but not during the night: 8am -12 midday (paramedic-led), 12 midday -12 midnight (GP-led)

**P: How is the service promoted to local care providers?**

Response: Paradoc meets with care providers, e.g. care home staff to explain how the service works and its benefits. This creates good interaction with staff and a focus on home care rather than A&E/hospital admission care.

**Paradoc slides on website - www.patientsforumlas.net/uploads/6/6/0/6/6606397/healthwatch\_3\_pdf-4.pdf**

**2.0 LAS MATERNITY CARE**

2.1 Noted that E’s Mother had produced a statement about her experience of LAS care. This was read out at the meeting and will be provided to the first meeting of the Black Maternity Care APPG in Parliament – **attached.**

**3.0 FUTURE MEETINGS OF THE FORUM**

3.1 Sister Josephine asked members to let Malcolm know if they have ideas for future meeting of the Forum. She reported that Briony Sloper would be addressing the May meeting on the subject of the NHS covid response in the community. The June meeting will be addressed by John James, Chief Executive of the Sickle Cell Society. Agreed to invite the City and Hackney GP Confederation to speak at a future meeting of the Forum.

**4.0 ACCESS TO LAS PERFORMANCE DATA**

4.1 Noted that the LAS and LAS commissioners were continuing to conceal their data packs from public scrutiny. James Guest is challenging the commissioner on this issue and Malcolm is continuing to challenge the LAS. JG and MA are working with Archie Drake the Forum’s lead on health inequalities to carry out a detailed analysis of the data, to explore impact of LAS performance on rising health inequalities.

**The meeting finished at 7pm**