ParaDoc

City and Hackney Admission Avoidance Service

Dr Douglas Green

ParaDoc

Core Aims:

- Improve patient experience
- 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

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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

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

Equipment:

- Marked car
- GP equipment and diagnostics (BP; Sats; BM; Urine dip etc)
- Emergency equipment (Defibrillator; Mangar Elk; 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 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)
- GP OOH and 111
- Hospital Consultants. ELFT.

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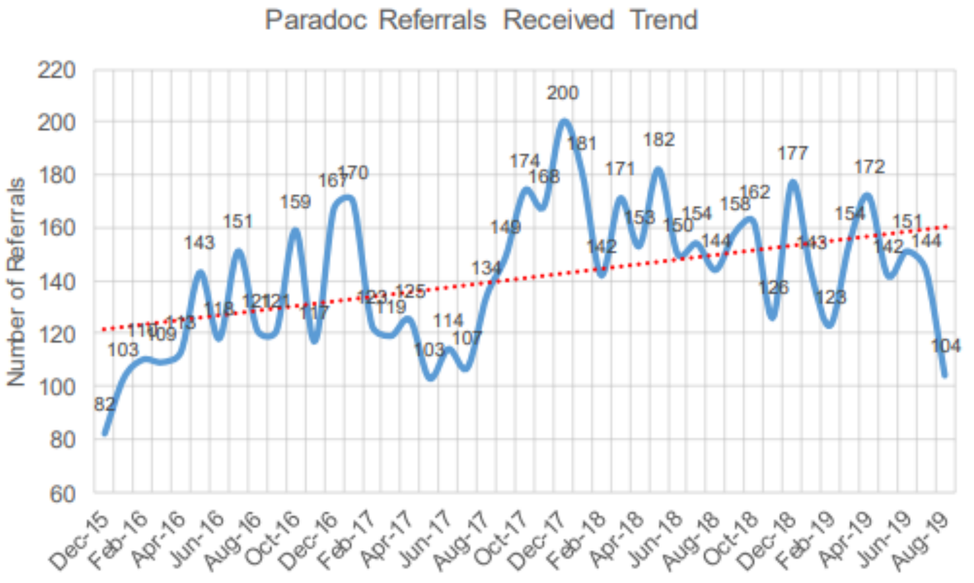
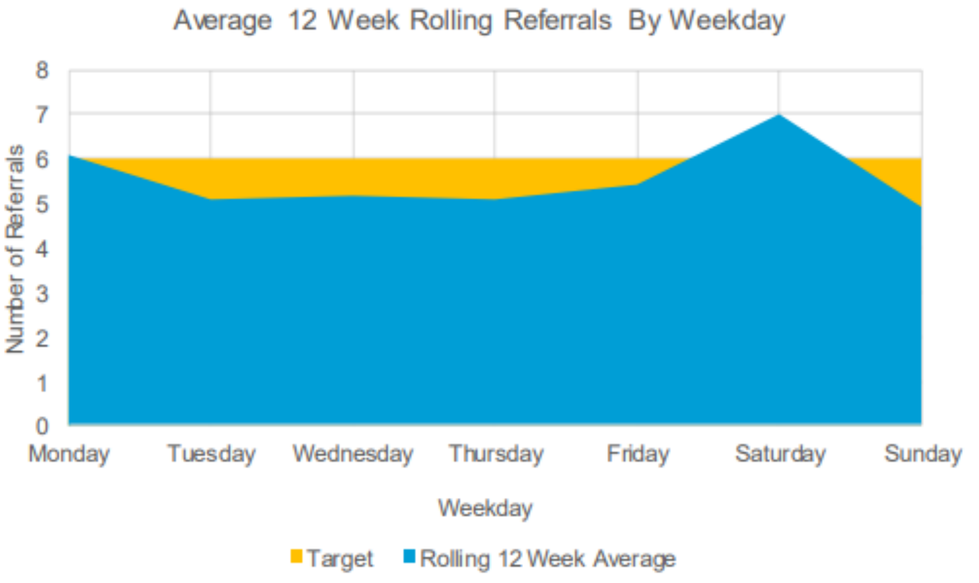
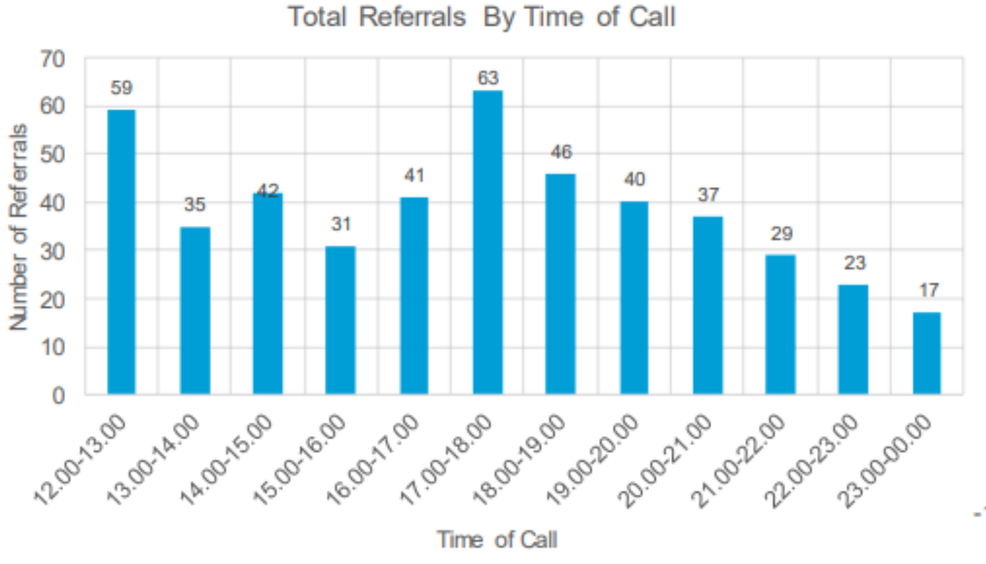
Outcomes

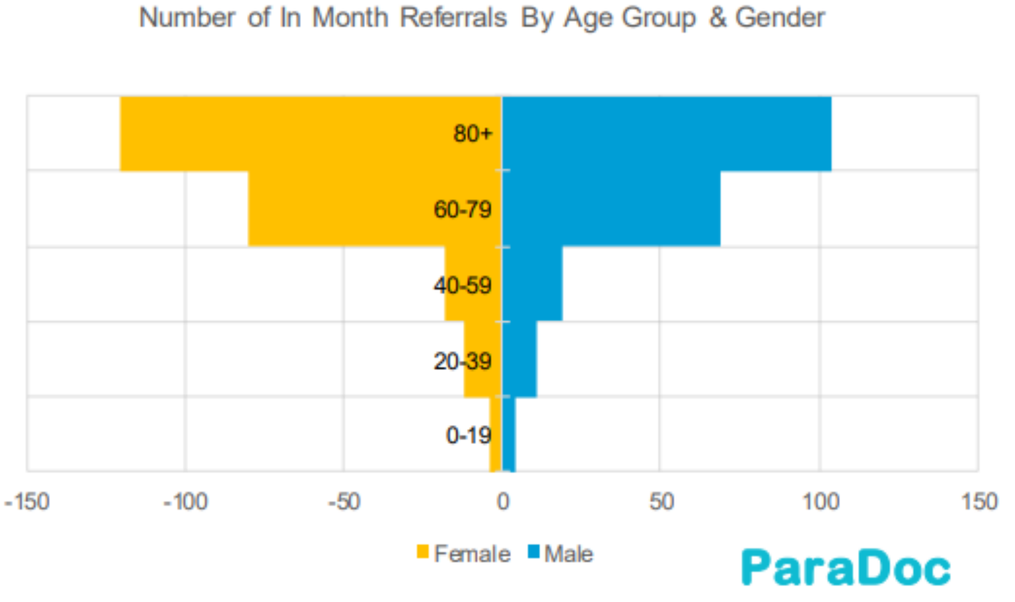
- Admission Avoided (Probable)
- Admission Avoided (Possible)
- A&E attendance Avoided
- Advice only
- Patient Conveyed to Hospital
- Ambulance Call Out Avoided

Referrals









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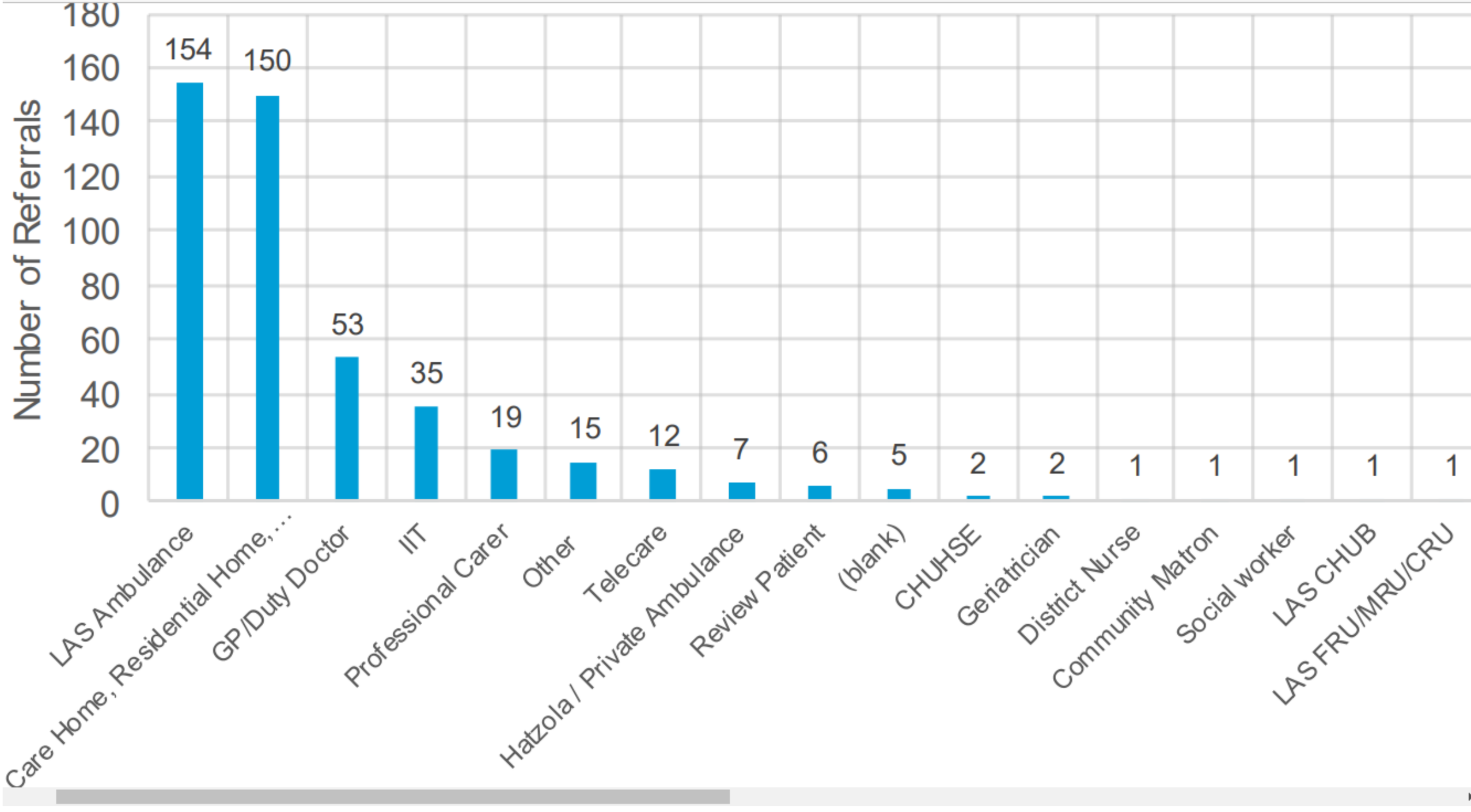
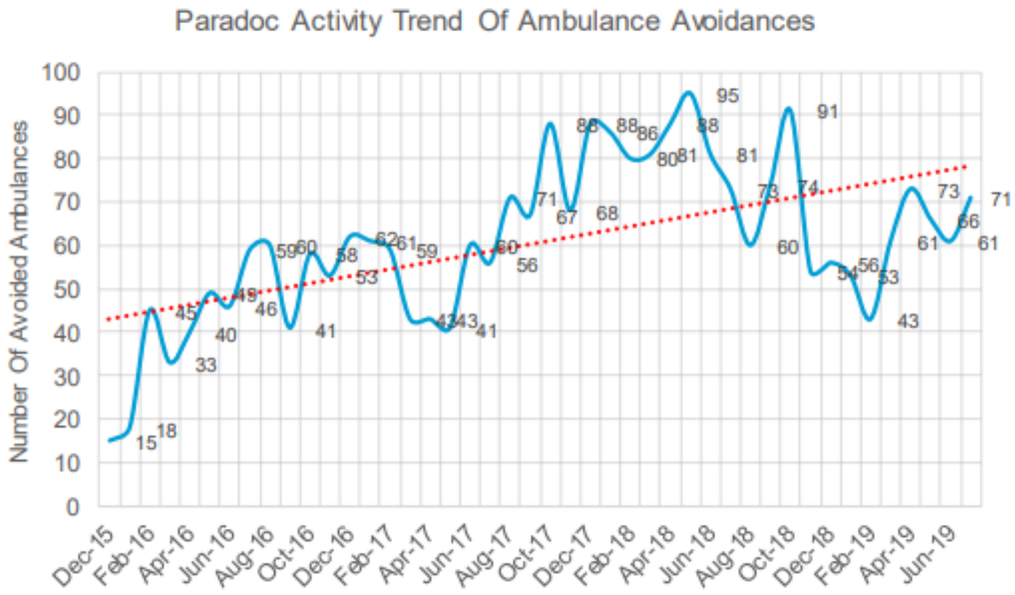
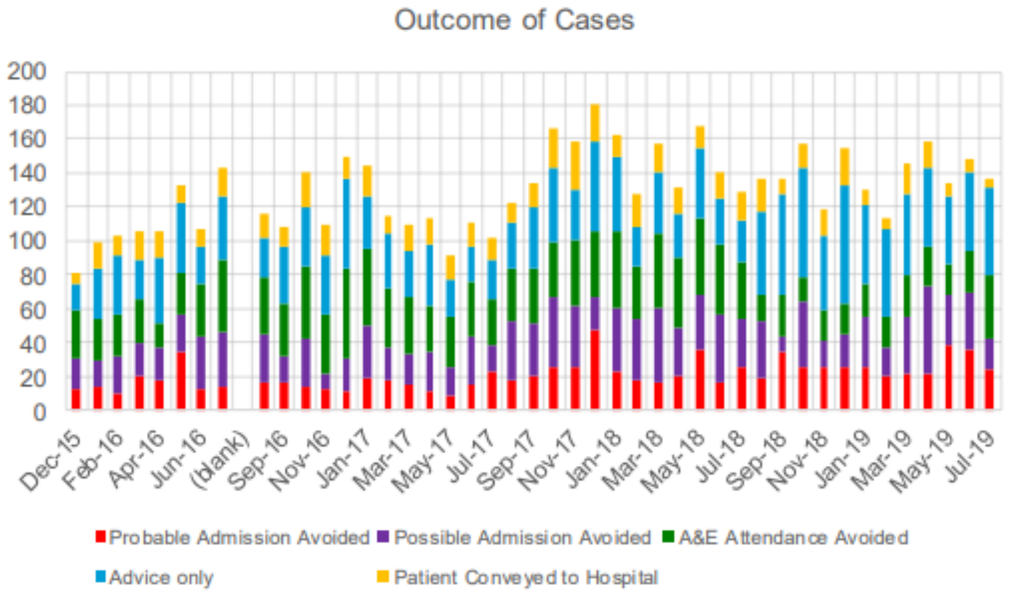
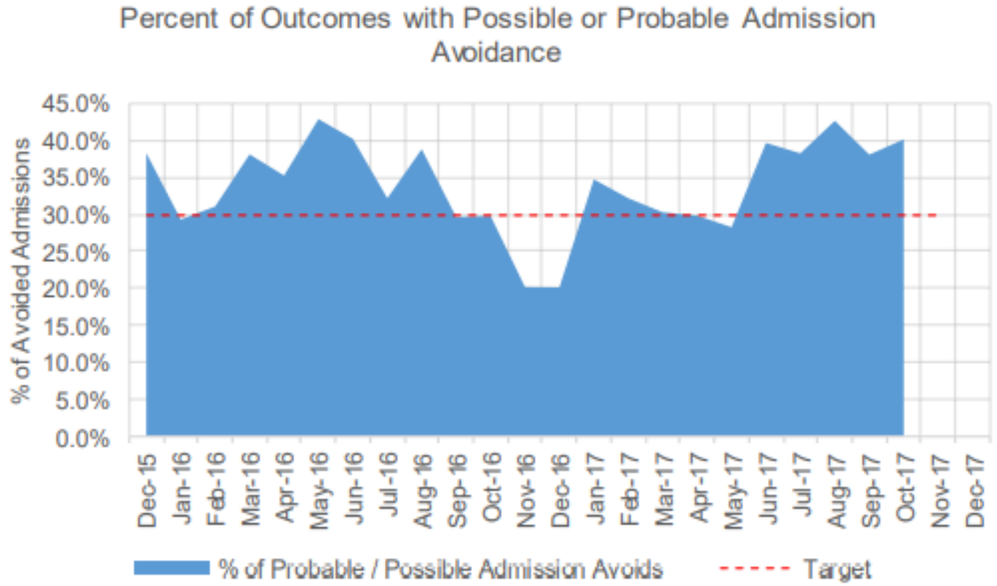

Number of Referrals
180
160
140
120
100
80
60
40
20
0
154
150
53
35
19
15
12
7
6
5
2
2
1
1
1
1
1
LAS Ambulance
Care Home, Residential Home, …
GP/Duty Doctor
IIT
Professional Carer
Other
Telecare
Hatzola / Private Ambulance
Review Patient
(blank)
CHUHSE
Geriatrician
District Nurse
Community Matron
Social worker
LAS CHUB
LAS FRU/MRU/CRU

Impact







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

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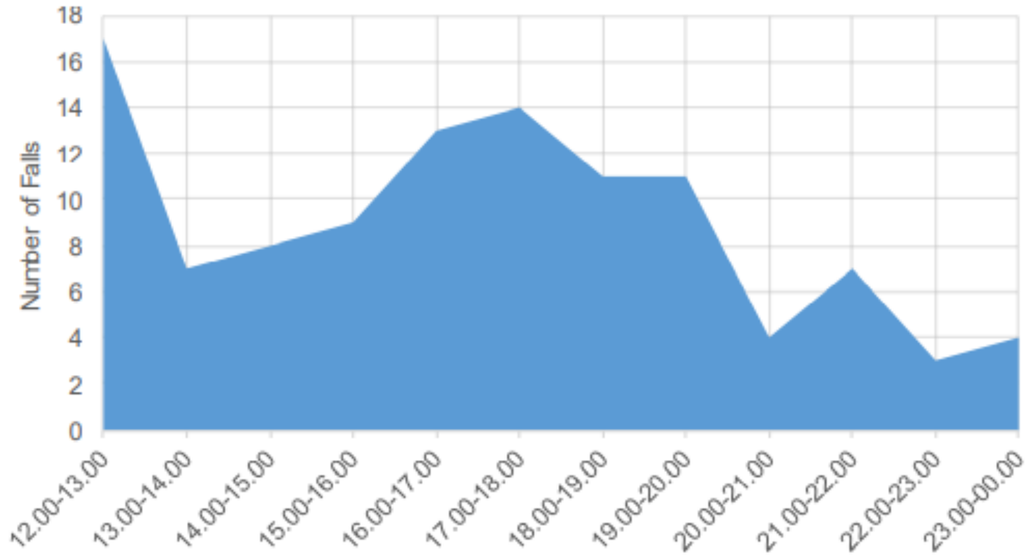
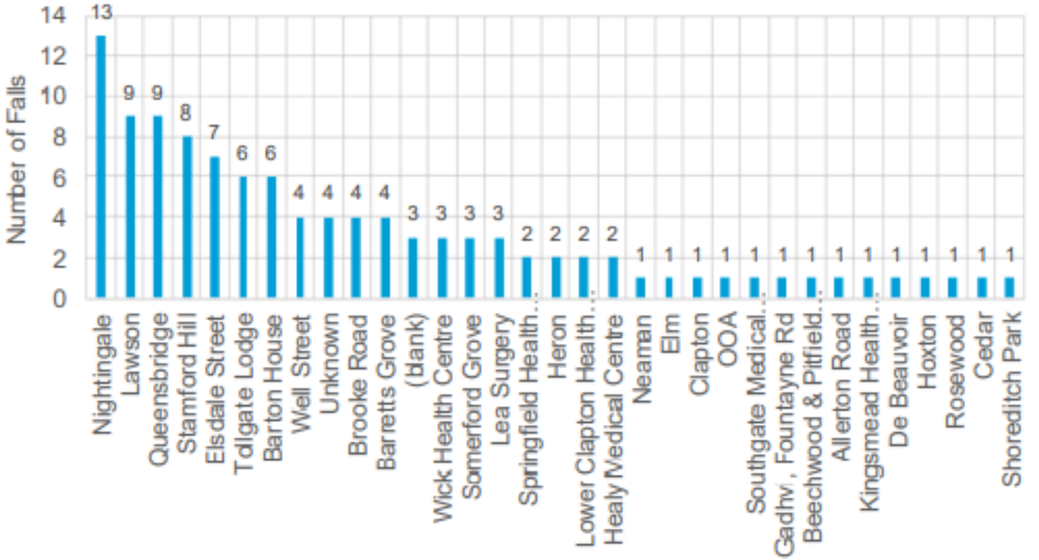
Falls

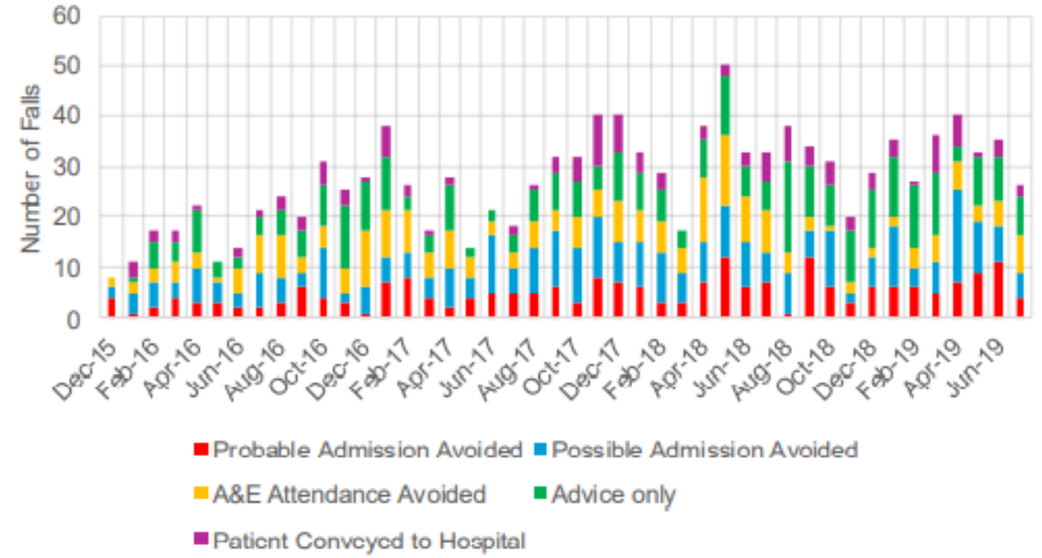
Number of In Month Falls By Referral Time



In Month Falls By GP Practice



Number of Falls By Outcome



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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

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Summary

- Small, 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 August 2017

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.

2020 / 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