



North West Ambulance Service  
NHS Trust



Delivering the right care, at the right time, in the right place

# Safer care closer to home: a novel scheme to avoid direct ED conveyance

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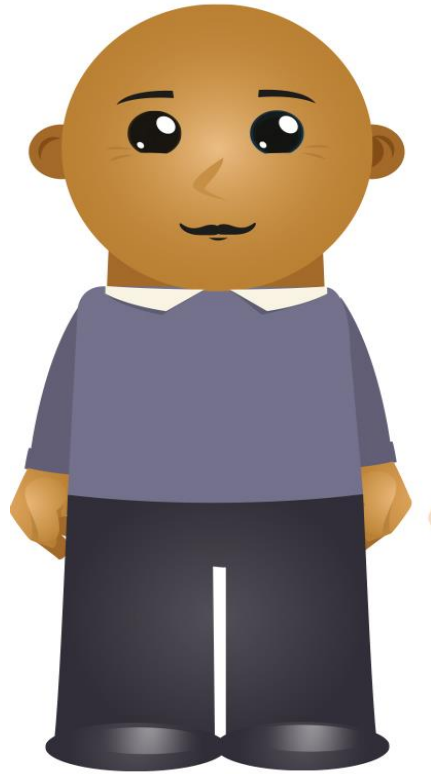
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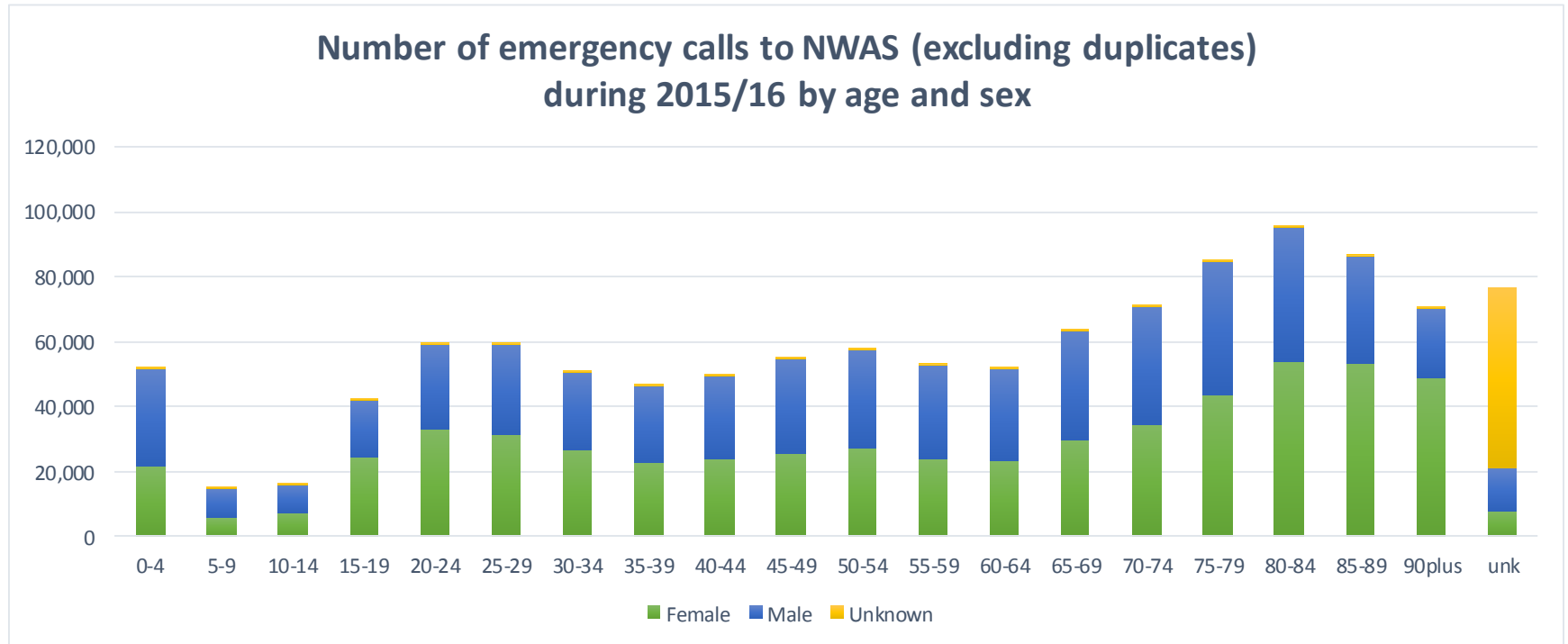
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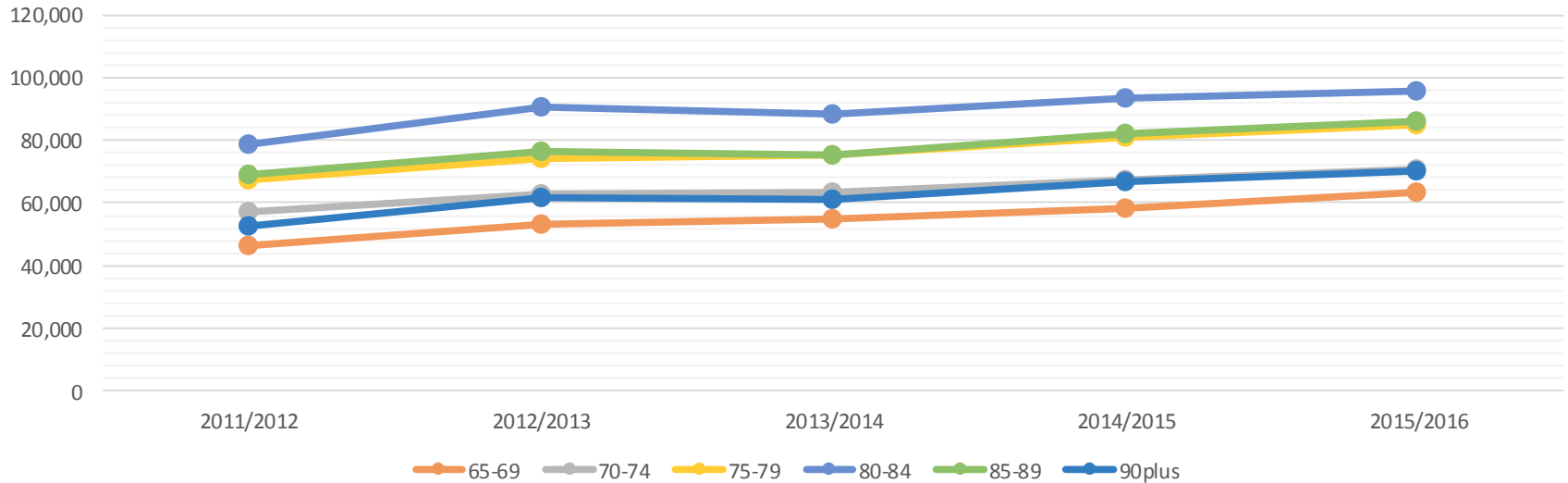
# Age profile of 999 Calls



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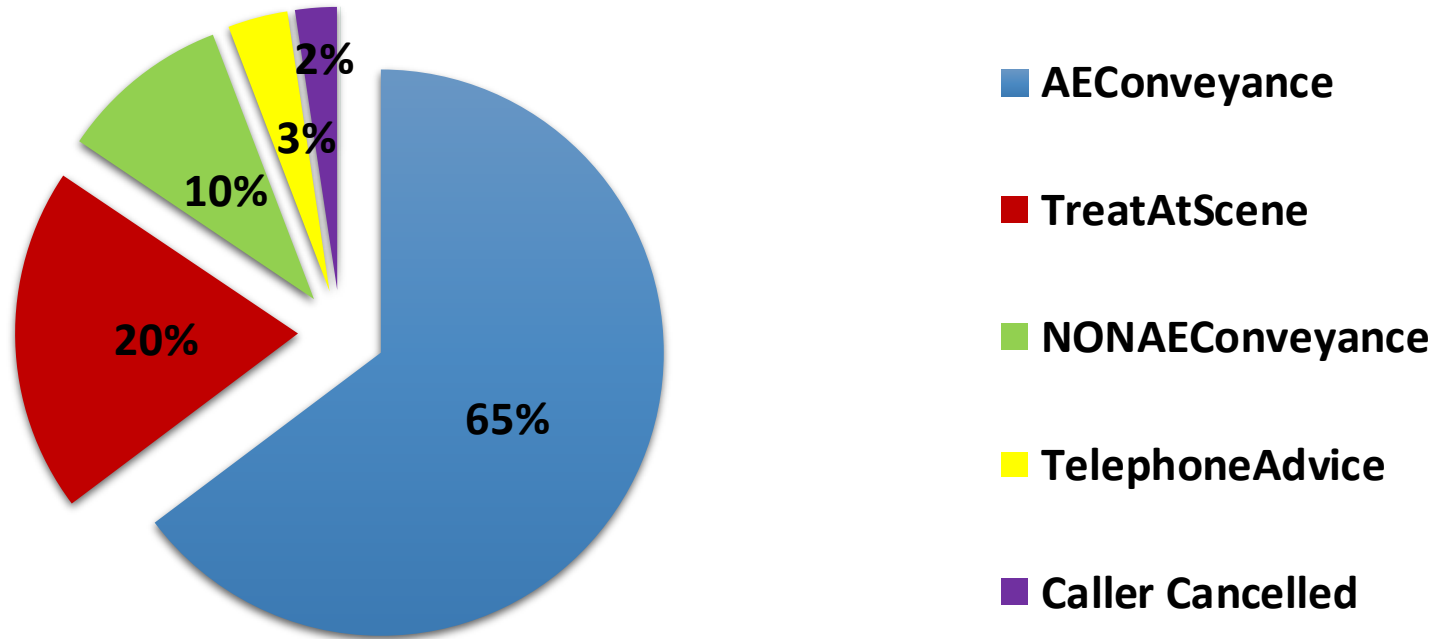
# 999 activity by age group

Number of emergency calls to NWS (excluding duplicates) by ageband between 2011/12 and 2015/16



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**Emergency calls to NWS (Patient Age 65+) by outcome of call**  
**Time period: 01/04/15 - 31/03/16**



# Moving Urgent Care to the Community: N WAS experience

- What we are being asked to do
- Are we focused on this?
- How do we do this safely?
- How do we show we are achieving this?
- What can we do to improve

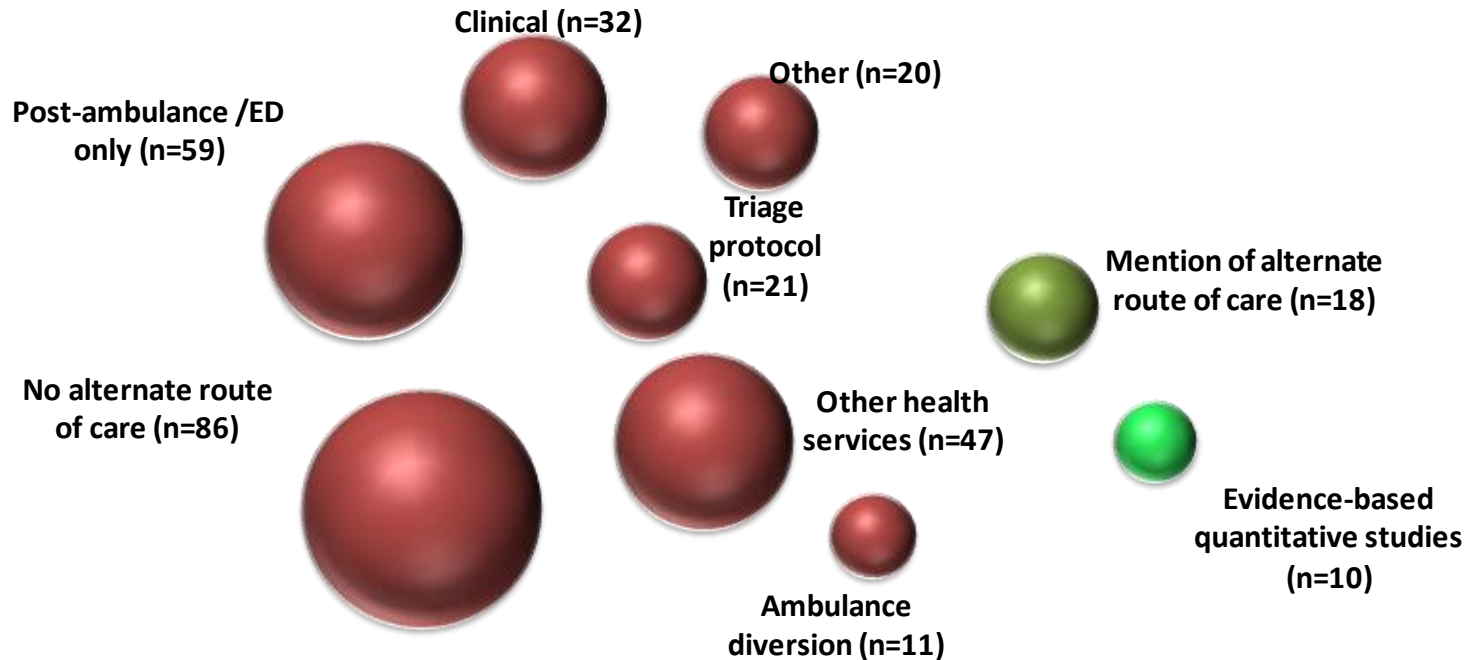
# What do we know?

## Systematic Review

- Investigated studies that have examined alternate routes of care as triaged by on-scene paramedic
- Screened 11 000+ articles using databases, grey literature, reference searches
- Full text screening of 304 articles



# Systematic review



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# A. Current work at N WAS

I PATHFINDER

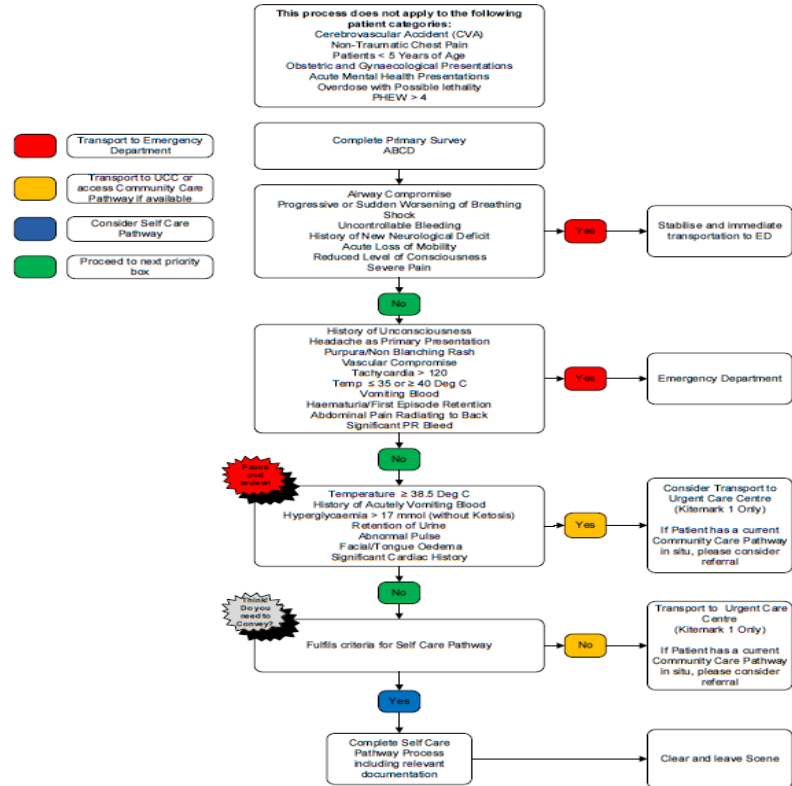
II. GP AVS SCHEME

III SELF-CARE PATHWAYS

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# A. Current work at NAWAS

## I. PARAMEDIC PATHFINDER



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# Current work at N WAS

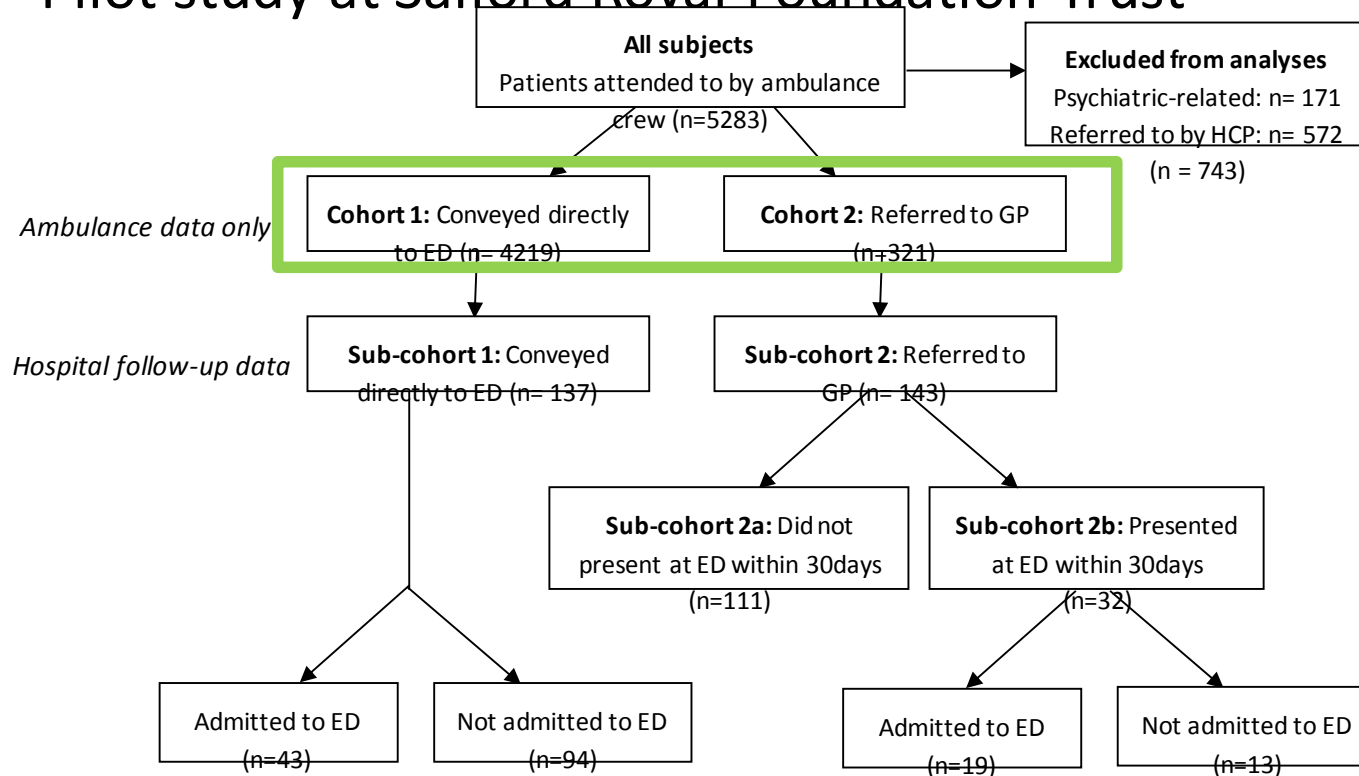
## II. GP AVS SCHEME

- In 2015-2016 fiscal year:
  - 56,836 attempted referrals
    - 51 006 were accepted by GP (**90%**)
    - **£6,732,792** saved in avoidable ED tariffs
    - **91,710** saved bed days
    - **£24,745,561** saved in avoidable hospital admission costs.
    - SAFE?

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# AVS –safety?

## A. Pilot study at Salford Royal Foundation Trust



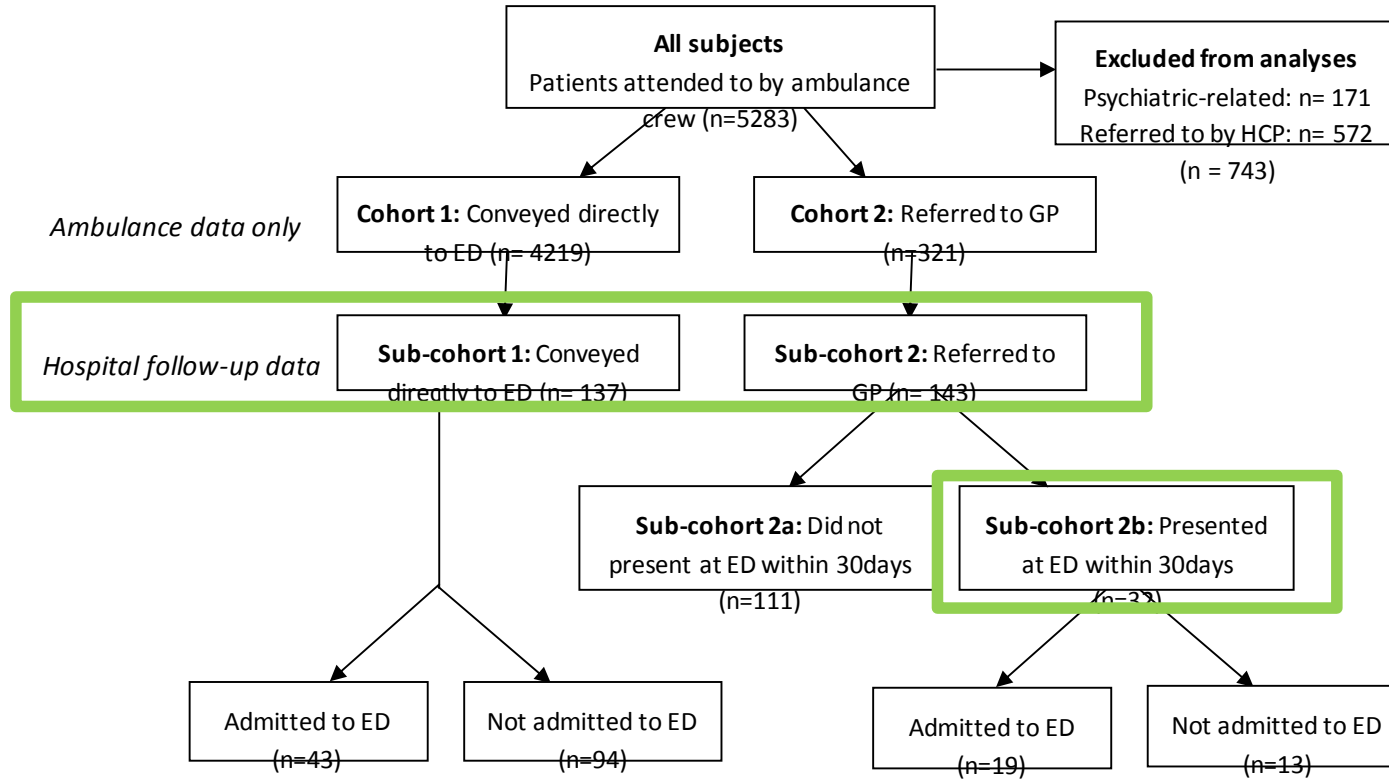
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# AVS – safe?

	Cohort 1: Conveyed to ED	Cohort 2: Referred to GP
Full sample size	n= 4219	n= 321
Mean age $\pm$ SD (range)**	57.6 $\pm$ 22.7(17-102)	64.2 $\pm$ 23.4(17-102)
Female*	n= 2156 (51.1%)	n= 188 (n=58.6%)
Reason for call	<ul style="list-style-type: none"><li>- Convulsions/fitting</li><li>- Falls</li><li>- Overdose/ poisoning</li></ul>	<ul style="list-style-type: none"><li>- Non-traumatic back pain</li><li>- Diabetic problems</li><li>- “Sick person”</li><li>- 111 transfer</li></ul>

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# AVS-Safe?



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# AVS-Safe?

1. Hospital admissions:
  - i. **31.4%** of directly conveyed vs. **13.3%** of referred (total)
  - ii. Those referred to GP who presented at A&E within 30 days were subsequently more likely to be admitted (**59.4%**)
  
2. Long term illness:
  - i. Those referred to GP had higher rates (**18.8% vs 3.6%**)



# AVS-Safe?

## 2. Mortality:

- i. Those conveyed to ED had a **2.59** (95%CI: 1.14-5.89) times higher risk of death compared to those who were referred
- ii. **No difference** in risk between those conveyed and those presenting within 30 days of referral

## 3. Tariff cost:

1. Conveyed directly to A&E: **£794/patient**
2. Referred to GP: **£350/patient**

# Variability-Why?

## PARAMEDIC PERSPECTIVES



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Blodgett J, Robertson D, Ratcliffe D, Rockwood K (2017). Paramedic perspectives on GP referral schemes. *Journal of Paramedic Practice*, 9(1):11 - 17

# PARAMEDIC PERSPECTIVES

## 4 major themes emerged:

### 1) Approaching a patient with the GP referral scheme in mind

- *“You have to go in with a blank mind because if you go in and are already leaning towards referring, you will make a mistake”*

### 2) Barriers to GP referrals

- 1) Time/wait
  - 2) The process
  - 3) Lack of confidence, experience, training for paramedics
- *“It’s all about [having] the confidence to take responsibility, and say ‘I’m happy for you to stay at home. [Paramedics] don’t have that confidence to leave them at home because they are worried about that blame culture”*  
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## PARAMEDIC PERSPECTIVES

### 3) Obstructions, barriers and frustrations with the GP

- *“[GPs] don’t understand the scheme; they don’t understand what we are trying to do and why we are trying to do it... It isn’t just the paramedic that is the problem... [management] need to look at other side”*

### 4) Awareness of impact of scheme

- *“The more that people understand why things have to be done and what it achieves, the more receptive they will be. It will empower more people to make a difference”*

# What does this work tell us?

Patients who are referred are mostly old, possibly frailty

NWAS = 500,000/ 1.15m patients are +65yrs old

Increase in oldest old

Opportunities exist to prevent avoidable harm from hospital admission

# Towards a different view of community?

## Dementia +/- Frailty

- Physiologically safe ? Pathfinder (modified?)
- Psychologically Safe? Exclude delirium ( SQiD?)
- Functionally Safe? Fit/Frailty corroborated evidence

# Functionally Safe?

## PICTORIAL FIT-FRAILTY SCALE ©



PFFS

PICTORIAL  
FIT-FRAILTY  
SCALE

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

For each category, mark  in the box below the picture that is the closest to the CURRENT state (first row) and another  in the box of the picture that most closely matches the state 2 WEEKS AGO (second row)

There is no right or wrong answer. Note, that if the level within a given category was stable over the past 2 weeks or did not change enough to pick another level, both  will be under the same picture

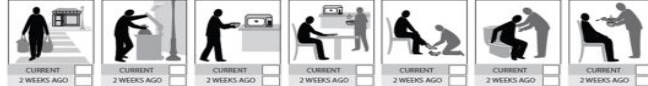
FOR EACH CATEGORY MARK ONLY ONE BOX FOR THE CURRENT STATE AND ONLY ONE BOX FOR THE STATE 2 WEEKS AGO



### 1 MOBILITY



### 2 FUNCTION



### 3 BALANCE



### 4 PRESCRIBED MEDICATION



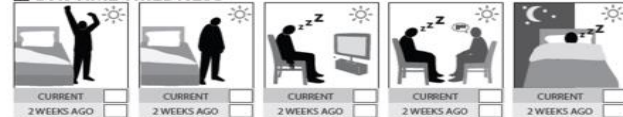
### 5 MOOD



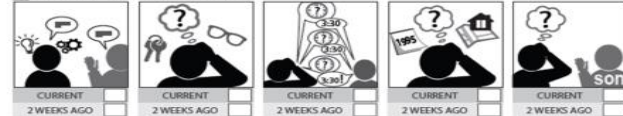
### 6 SOCIAL



### 7 DAYTIME TIREDNESS



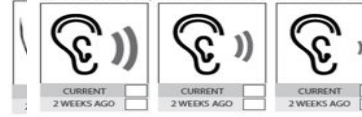
### 8 MEMORY AND THINKING



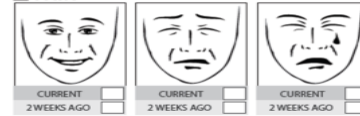
### 9 VISION (WITH GLASSES IF NEEDED)



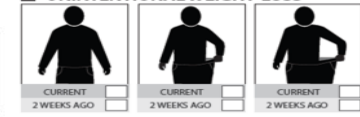
### 10 HEARING (WITH HEARING AID IF NEEDED)



### 11 PAIN



### 12 UNINTENTIONAL WEIGHT-LOSS



### 13 AGGRESSION



### 14 BLADDER CONTROL



This form was completed by:  Self-report  Caregiver  Healthcare professional  Other \_\_\_\_\_ (check all that apply)

# Functionally Safe?

## PICTORIAL FIT-FRAILTY SCALE ©

### Part A



### Part B

Domain	% with same score	% with same or $\pm 1$ score
Mobility	69.5%	97.7%
Function	66.4%	97.7%
Balance	65.6%	100.0%
Medication	79.4%	97.7%
Mood	45.0%	97.7%
Social	42.7%	97.7%
Tiredness	77.9%	100.0%
Memory	63.4%	96.2%
Vision	80.2%	98.5%
Hearing	86.3%	99.2%
Pain	71.8%	100.0%
Weight Loss	83.2%	100.0%
Aggression	96.9%	100.0%
Bladder Control	96.2%	100.0%

### Part C

Domains	Agree	Neither Agree nor Disagree	Disagree
Feasible in practice to be completed by <b>paramedics</b>	90.8%	4.6%	4.6%
Feasible in practice to be completed by <b>patients</b>	68.5%	22.3%	0.1%
Feasible in practice to be completed by <b>caregivers</b>	80.0%	16.9%	3.1%
Useful in practice if completed by <b>paramedics</b>	80.0%	15.4%	4.6%
Useful in practice if completed by <b>patients</b>	70.0%	20.8%	0.1%
Useful in practice if completed by <b>caregivers</b>	74.6%	18.5%	6.9%

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# What can we do next?

- I. ESTABLISH WELL-LED WORK STREAM FOR OLDER ADULTS, FALLS, FRAILITY, DELIRIUM & DEMENTIA
- II. RESEARCH - PICTORIAL FIT-FRAILITY SCALE ©
- III. COMMUNITY SPECIALIST PARAMEDICS
- IV. COLLABORATIVE CARS

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# Right Care, Right Place



- Shift Left
- What is 'best' practice?
  - Link multiple smaller schemes to a strategy

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# Questions?

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