

Service evaluation of the impact of direct ambulance calls from paramedics to the ambulatory assessment unit in the John Radcliffe hospital, Oxford

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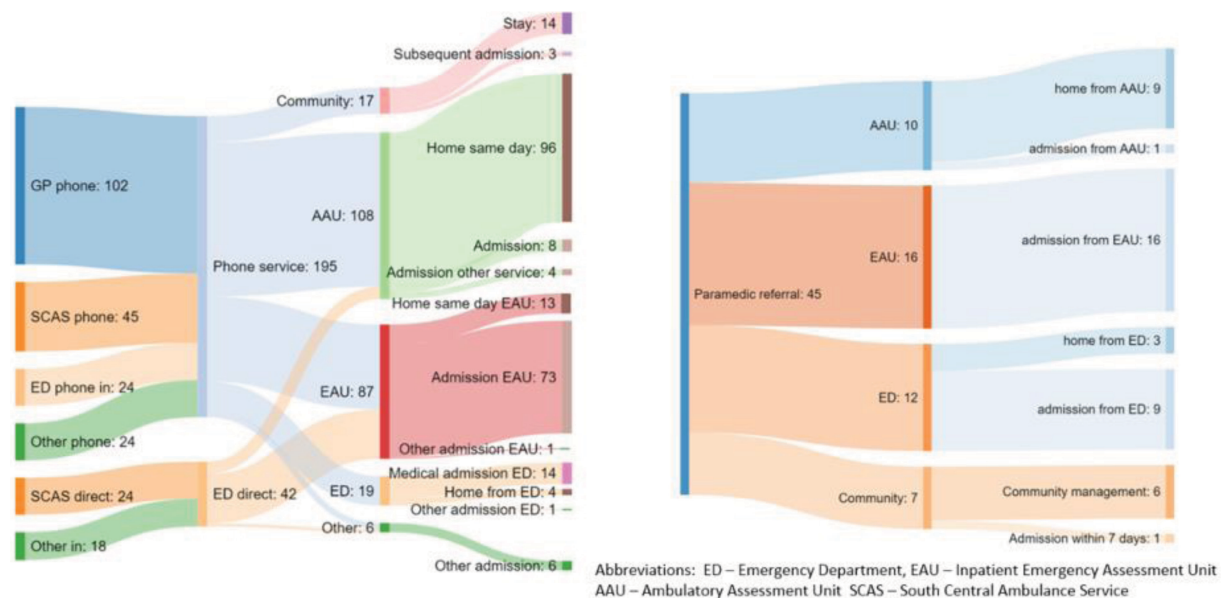


Fig 1. Sources of admission to acute/general medicine and outcome for all referrals, and paramedic direct referrals (PDRs) in a 3-day service evaluation exercise.

Introduction

NHS England/Improvement wrote standard guidance (2021) supporting increased paramedic direct referrals (PDRs) to same day emergency care.¹ In 2018, a pilot project looking at PDRs to senior decision makers was initiated at the John Radcliffe Hospital.² A service evaluation was undertaken to assess the impact on the ambulatory assessment unit (AAU).

Methods

Five dedicated referral phones, in a cascade system, between 8.00am and 9pm, enable senior decision makers (consultants/

registrars) to receive PDRs. An analysis of phone calls to AAU from 2018 to 2021 was carried out. Qualitative questionnaires were sent to paramedic referrers and AAU phone holders.

Results

PDRs were able to be triaged appropriately working with the referrals team, as evidenced by care pathway after clinical assessment (Fig 1). Anecdotal feedback showed that occasional calls from paramedics were clearly not appropriate for medicine, but the vast majority were appropriate. Phone call data show a steady increase in referrals made via the AAU telephone service over time (Fig 2). This was not just due to PDRs, but reflected a global increase in referrals from all sources. Paramedics were very confident in the service and felt that shared decisions were made, especially regarding non-conveyance. Paramedics referred generally one to two patients per shift, waiting <5 minutes to get through via phone, with quick booking times on arrival in AAU

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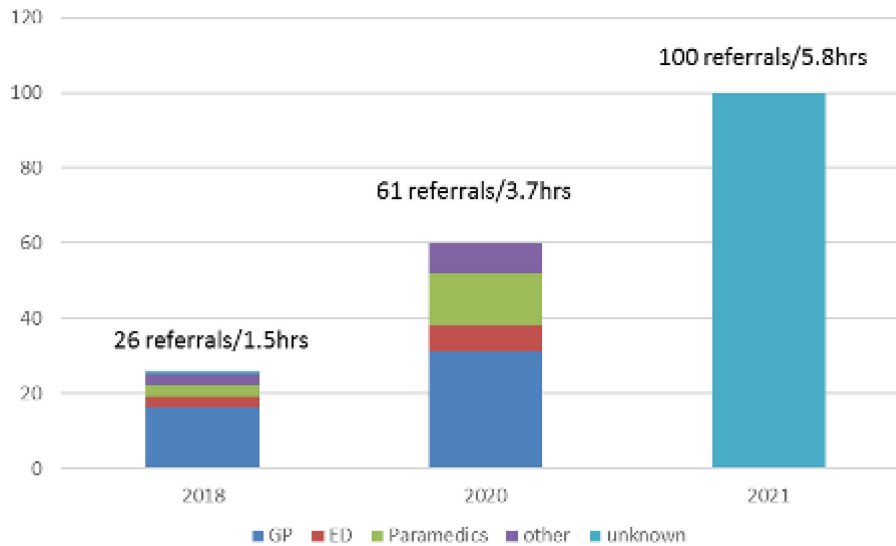


Fig 2. Estimated number of weekday referrals and source (where known) to acute/general medicine phone referral service from data collection exercises 2018–2021.

(< 5 minutes). A small minority of paramedics were unable to get through to AAU on first attempt, but were happy to wait and retry.

Discussion and conclusion

PDR has been well received as a support function, access service and as input into decisions regarding non-conveyance, and has resulted in a more efficient service bypassing ED and going straight to a more appropriate place of care. Possible causes for increasing use of AAU are increasingly older, comorbid patients, pressure on primary care, and an increasing focus on providing care closer to home using ambulatory/community pathways. ■

References

- 1 NHS England and NHS Improvement. *Standard guidance: Ambulance clinician (on scene) referral to same day emergency care. Increasing direct referral from ambulance clinicians to same day emergency care.* NHSE, 2021. www.england.nhs.uk/wp-content/uploads/2021/11/B0866_i_National-guidance-for-ambulance-clinician-referral-to-same-day-emergency-care.pdf [Accessed 26 January 2022].
- 2 Vaziri L, Rajwani M, Bowen J *et al.* Paramedic direct referrals to senior decision maker: is this the way forward? A pilot project in acute general medicine and ambulatory care at the John Radcliffe Hospital, Oxford. *Clin Med* 2019;19(Suppl 3):S49.