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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 08.00-21.00, enable senior decision makers to receive PDRs. Analysis of phone calls to AAU was carried out (2018-2021). Qualitative questionnaires about experience with PDRs, 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. (Diagram 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 (Diagram 2).

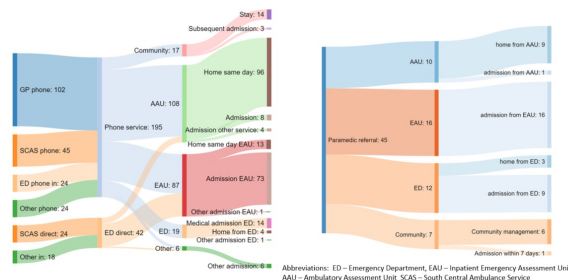


Diagram 1: Sources of admission to acute/general medicine and outcome for all referrals, and Paramedic Direct Referrals (PDRs) in a 3 day service evaluation exercise

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 1-2 patients/shift, waiting <5minutes to get through via phone, with quick booking times on arrival in AAU (<5 minutes). A small minority of paramedics were unable to get through to AAU on first attempt, but were happy to wait and retry.

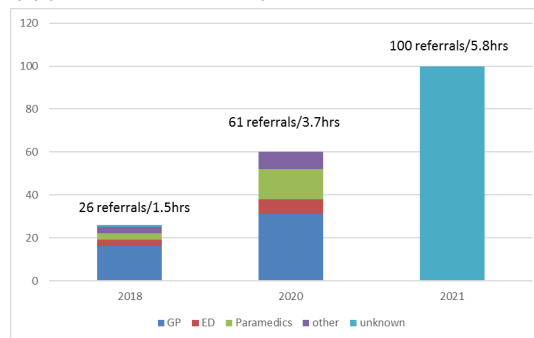


Diagram 2: Estimated number of weekday referrals and source (where known) to acute/general medicine phone referral service from data collection exercises 2018-2021

Comfort triaging calls varied by grade, with increased comfort noted by those working directly in AAU (Diagram 3).

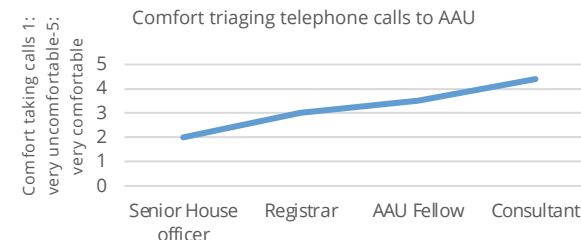


Diagram 3: Comfort triaging telephone calls to AAU

Discussion

PDR has been well received as a support function, access service and with decisions for non-conveyance; and has resulted in a more efficient service bypassing ED, 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. AAU Fellows were more comfortable triaging calls, likely due to familiarity with pathways. This data supports a wider roll out of PDR trials in other centres.

References

- NHS England and NHS Improvement 2021. Standard guidance: Ambulance clinician (on scene) referral to same day emergency care. Increasing direct referral from ambulance clinicians to same day emergency care. October 2021 viewed 26/1/22 <https://www.england.nhs.uk/wp-content/uploads/2021/11/30866-1-National-guidance-for-ambulance-clinician-referral-to-same-day-emergency-care.pdf>
- 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 (Lond)*. 2019;19(Suppl 3):49. doi:10.7861/clinmedicine.19-3s-49

