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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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).

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