East Midlands Ambulance Service NHS Trust

LEICESTERSHIRE, LEICESTER AND RUTLAND HEALTH OVERVIEW AND SCRUTINY COMMITTEE – 14TH DECEMBER 2020

REPORT OF EAST MIDLANDS AMBULANCE SERVICE

EMAS CLINICAL OPERATING MODEL AND SPECIALIST PRACTITIONER INTRODUCTION

Purpose of the Report

1. The purpose of this report is to provide an update on the Clinical Operating Model of East Midlands Ambulance Service (EMAS), and subsequent introduction of Specialist Practitioners across Leicestershire.

Policy Framework and Previous Decisions

2. This paper is set in the context of national NHS policy and in line with the governance framework hereto. No previous decisions have been made on this subject through the Leicestershire, Leicester and Rutland Health Overview and Scrutiny Committee. The Committee last received an update from EMAS at its meeting on 10 September 2019.

Background

3. As an integral part of the healthcare system EMAS aim to continually develop its clinical services to support and treat patients in and out of hospital environment. In September 2018 EMAS commenced a review of its Clinical Operating Model, to ensure a clear direction of travel which was fit for purpose, fit for the future and fit for our patients. The review focused on three key areas, the clinical model, clinical hub and clinical leadership inclusive of clinical supervision.

4. One of the outcomes of the review and development of the Clinical Operating Model was the introduction of specialist practitioners, supporting the delivery of senior clinical assessment and intervention to patients seen by EMAS. Leicestershire is one of two divisions where the specialist practitioner role has been successfully launched.

Specialist Practitioners

3. To enhance the delivery of clinical care, six specialist practitioners have been introduced across Leicestershire (September 2020), providing 24/7 cover, with further recruits planned for early 2021 resulting in 12 specialist practitioners across the division.

4. There are a number of intended aims and outcomes to the specialist practitioner role. Firstly, the role will further enhance the clinical skill mix of emergency pre-hospital care in order to ensure patients receive the most appropriate care, in the most appropriate setting. The role also intends to maximise the effectiveness of existing ambulance resources in order to focus on those with the most critical needs.

5. It is intended that there will be a reduction of burden on the emergency department and ensuring those that require time critical emergency care are able to be seen and receive definitive care in a timely way. This will also have a secondary impact of contributing to and supporting the reduction of hospital handover delays.

Scope of practice:

6. The scope of practice of the specialist practitioners is as follows:

    - Can supply medication to leave with the patient, not just administer, so can better manage patients in the community avoiding the need for treatment at hospital or waiting for another community provider to support.

    - Carry a range of medications for supply to treat minor ailments including infections, asthma, COPD and pain avoiding the requirement for referral to another agency and expedite treatment.

    - Carries additional end of life drugs to better support patients in their last few days of life, allowing care if their preferred place.

    - Wound closure skills - able to close wounds in the community that would previously have been transported to hospital.

    - Development and access to alternative pathways. Supported to communicate with the wider healthcare system to try and arrange individual care plans for patients to aide in managing their condition in the community where possible.

7. This scope of practice will grow as the role develops to further enhance patient treatment, experience and support reduction in emergency department conveyance.

8. In addition to the skills specialist practitioners can provide directly to patients on scene, they also rotate through the EMAS emergency operations centre. This function allows the specialist paramedics to identify appropriate calls for divisional based colleagues to attend, enhancing the dispatch and utilisation.

Clinical Leadership

9. The plans for Clinical Leadership are as follows:

- Provide a senior clinician that ambulance crews can call to discuss patient care - with the potential for the specialist practitioner to attend immediately or later in the shift dependant on the presenting complaint and complexity of the patient.

- Provide clinical leadership at difficult, complex and challenging calls of high and low acuity, helping to facilitate timely and appropriate care for the patient.

- Have clinical discussions and support other staff to help develop the clinical community of the division alongside station level leaders.

- Supported to communicate with primary care networks and patient's own specialists to discuss patient's situation today and arrange bespoke care plans.

10. The small amount of data collected so far shows that the specialist practitioners are managing nearly twice as many patients in the community as they were 12 months ago as paramedics. The rate of non-conveyance by specialist practitioners is significantly above that of normal paramedics so far through both enhanced treatment options, but also the use of alternative care pathways and individual care plans.

Future development

11. The specialist practitioner role provides a clinical career development option for paramedics, with the aim to keep these experienced clinicians in EMAS, and in the local community. Further high acuity skills to bring additional care to patients when they need it most. Including enhanced cardiac arrest care (technical and non-technical skills), post cardiac arrest care, management of acute mental health crisis, enhanced maternity care and some critical care skills.

Background Papers

12. None

Circulation under the Local Issues Alert Procedure

13. Not applicable.

List of Appendices

14. No appendices.

Equalities and Hunan Rights Implications

15. The Clinical Operating Model and subsequent specialist practitioner introduction has been developed in line with the principals of the Public Sector Equality Duty and has had a Quality Impact Assessment and Equality Impact Assessment completed following production.

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