NORTH EAST AMBULANCE SERVICE NHS TRUST
WEARDALE AND TEESDALE COMMUNITY PARAMEDIC PROGRESS REPORT
REPORT BY DIRECTOR OF AMBULANCE OPERATIONS

Background

For many years now, ambulance services in the Durham Dales have operated on stand-by working practices. This meant that the staff who had worked a day-time shift would then be available to respond to emergency calls and GP urgent calls from their home. They would be alerted by Ambulance Control at their home – whatever the time of night - and would travel to the station to pick up the ambulance so that they could respond to the incident.

This arrangement provided a safe level of provision to the local communities and existed for many years due to the low level of calls at night time in these most rural areas.

However, the North East Ambulance Service felt that this service was no longer appropriate for patients, local residents or staff at small rural stations in County Durham.

Recruitment to some of these stations, where it was a condition of employment to live within 10 minutes of the ambulance base to respond to emergency calls at night, was also a difficulty.

Following extensive public engagement to listen to views of these rural communities in 2005, a formal public consultation was held in the summer of 2006 to propose replacing the standby working practices with community paramedics, working 24 hours a day, seven days a week.

A meeting of the then Durham Dales Trust Board in September 2006 approved plans to invest an additional £254,000 recurring investment to introduce community paramedics.

The PCT Trust Board was clear that this investment represented the start of significant changes in the way ambulance crews worked alongside other healthcare professionals in the future.

The Board also agreed that the current ambulance stations at St John's Chapel and Middleton-in-Teesdale will remain until the changes have been evaluated and proved to be more effective. This was to address public concern that these station closures could not be reversed if the new system was later shown to have a detrimental effect on the most rural and isolated areas.

Implementing community paramedics

Community Paramedics were introduced into Teesdale and Weardale on 5 December 2006. Within this short period of time there have been several developments to the role. This report outlines what has happened to date and what proposals are in place for the future.

The main changes involve the staff no longer working on call from home. They now work a 24 hour rota system which has meant an increase in staff numbers in Teesdale and Weardale.

Prior to the changes staff were called out from home and it could take up to ten minutes to get mobile from station due to having to respond to the station from home to pick up the vehicle prior to responding to the incident.

Now staff work 12-hour shifts - either 07:00 hrs to 19:00hrs or 19:00 hrs to 07:00hrs – giving the public a much improved turn out time because crews can respond immediately to emergency calls.

Early developments

After the scheme was given approval following public consultation, a meeting between North East Ambulance Service and the new County Durham Primary Care Trust agreed the following developments for the role of the new community paramedics:

- Increased links with primary care
- Paramedics to run Out of Hours drop in centre, in conjunction with Bishop Auckland Out of Hours centre, based at Stanhope Community Hospital.
- Paramedics to develop skills through training with GP's and further education courses.

A follow up meeting was held with the Patient and Public Involvement Forum for Durham Dales locality area in December 2006. The main points to come out of this meeting:

- The problems faced by crews due to the logistics of working and standing-by away from station were discussed with the PPI.
- Future developments for Community Paramedics were explained to the PPI.
- The PPI members felt there was a need for information to be collected with reference to callouts and location and response times of the Weardale Ambulance, over a six month period. This was agreed upon and the crews now keep a record of start location for call outs, dates, case numbers, and outcome of case.
- The development of links with First Responders was also discussed.

Since this meeting there have been several developments which are outlined over the next few pages.

First Responder Proposal

A meeting has been held with the First Responders in Weardale to discuss ways forward for First Responders and Community Paramedics.

Paramedic staff are very keen to integrate the First Responders into the team and help develop their roles. One way forward is to allow a first responder to observe on the ambulance and at the same time give further reinforcement of their training. One member of staff would take on the role of liaison officer between Station staff, first responders and NEAS.

This would develop links between the ambulance service and first responders making them feel valued and motivated. Staff would also attend First Responders Training sessions which take place in Stanhope offering support and guidance. This could be done whilst on duty as long as the crew kept themselves available for call outs.

Out of Hours from Stanhope Hospital Proposal

1) A proposal was made by the PCT was for the Community Paramedics to man an Out of Hours Centre at Stanhope Community Hospital, working alongside Bishop Auckland Urgent Care.

   Calls to the out of hours centre at Bishop Auckland from patients in the Dales area would be triaged by a Doctor at the centre and a decision would be made to whether the patient was suitable to be seen by a Community Paramedic at the Community Hospital.

   The Community Paramedic would have a clinical area within the Hospital to assess the patient; there would also be computer link up with the Urgent Care centre at Bishop Auckland so that all details about the patient could be logged onto the same system. Training would also be given in the use of the computer systems used by the out of hours centre.

It is proposed that Paramedics undergo further training to enable them to be able to deal with more minor illnesses/injuries than they are used to. There was also the suggestion that drugs such as antibiotics, could be prescribed via a Doctor's authorisation. Patients would not be allowed to attend the Community Hospital with out an appointment from the Urgent Care Centre. If the Paramedic is called out on an emergency any calls to the out of hours at the community hospital would be passed back to Bishop Urgent Care.

2) A second proposal is for the Community Paramedic to make a home visit to the patient, therefore covering the potential problem of the Patient being half way to the hospital when the crew get called out. The home visit would be made following the same procedure as a patient attending the Community Hospital.

Both the above proposals will need to be developed slowly allowing Paramedics to develop their skills appropriately.

Working along side GP Practices

Weardale

In Weardale there is one Doctor surgery that covers the whole Dale based at Stanhope with satellite surgeries up and down the Dale. When a Doctor is called out during surgery hours he can leave the practice unattended for up to one hour.

After a meeting with the principle Doctors and practice manager a template was suggested as to how this system could work. The practice would also welcome the Paramedics and Technicians into the surgery to develop their skills along side the doctors by sitting in with patients and been allowed hands on training under the supervision of a Doctor or Practice Nurse. This could be done during work time as the crew would still be available to respond to emergencies, crews could also receive training at the satellite surgeries allowing people through out the Dale a chance to meet the Paramedics and technicians improving community relations.

After meetings and phone conversations with the GP Practice and NEAS, an initial protocol for home visits and trial period of three months has been agreed upon.

- Calls from the GP will be direct to the crew and not to control. Crews have been issued with a Blackberry for this purpose.
- Having received the details for the home visit the crew will contact control and let them know in which area they are mobile.
- Control at all times will be able to contact the crew to divert them to emergency calls. The GP Practice will make patients aware of this fact prior to the arrival of the ambulance crew.
- If the crew is diverted then the home visit will be passed back to the GP.
- Patient Report Form's (PRF) are to be filled in for every visit, incident numbers will be generated by the GP Practice and all visits will be logged and recorded for audit. PRF details will be scanned in to patient's notes at the earliest possibility at Stanhope Surgery; the PRF will then be stored at the Surgery in accordance with data protection.
- Monthly meetings will be held at Stanhope Surgery to discuss how the trial is going; also during this period training needs will be assessed by the Paramedics and GP's.

Teesdale

Progress is also being made in Teesdale along the same lines. However there are seven GP surgeries in the area to cover, although community paramedics are now working alongside GPs in Barnard Castle and Middleton-in-Teesdale. A brief summary of the ideas discussed with Teesdale GPs include:-

- Direct admission to RBC by Paramedics in out of hours situations
- 12 Lead ECG's for GP's
- Traponon screening – to rule out cardiac problems
- Skin flap dressings – to rule out Casualty Department visit

- Out of hours centre at RBC manned by Paramedics

- Paramedics to assist GP's with home visits
- Paramedics to visit Urgent Care Centre to observe and learn
- Dedicated telephone number for crews so as GP's can contact them
- Monthly Community Paramedic forums to discuss progress and problems.

Training and Development

NEAS will work alongside doctors, community nurses, the Urgent Care Centre and its own Training department to make sure the correct training is provided.

Some training needs have already been identified and possible courses sourced. One such course is the clinical skills course at Teesside University which is a twenty week one day a week course, which would require mentoring from GP's or Community Nurses.

NEAS has also looked into the possibility of a Degree course for longer term training needs.

Conclusion

Although the role of Community Paramedic within County Durham has only been running since December 2006 a lot has been achieved and the template for the role is starting to take shape. This report is recommended to the Overview & Scrutiny Committee for Health in County Durham for information.

Paul Liversidge
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