



North West Ambulance Service **NHS**
NHS Trust



Delivering the right care, at the right time, in the right place

Developing Community Paramedicine at a Regional Level with North West Ambulance Services

James Hayward , Senior Project Manager

Carol Robertson, Community Paramedic

Overview

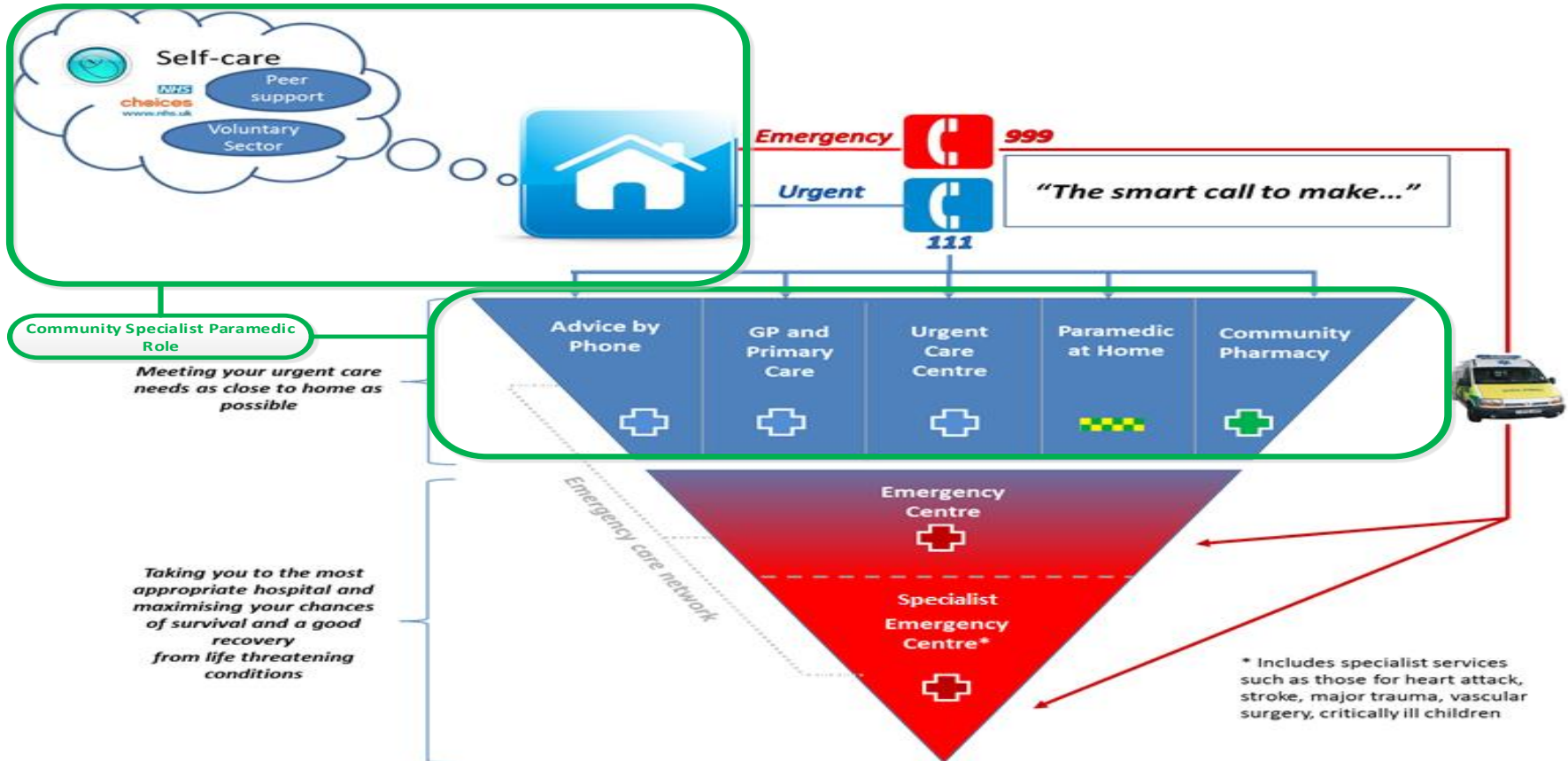
- **Background to Project**
- **Measuring change and improvement**
 - choice of data for planning improvement projects
 - monitoring and evaluating changes in AS delivery
- **Evaluation**
 - Lessons learned
 - Recommendations for the future development of the role.
- **Reality of the new CP role from the practitioner perspective**
 - Being a change agent
 - Developing clinical skills

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The Plan

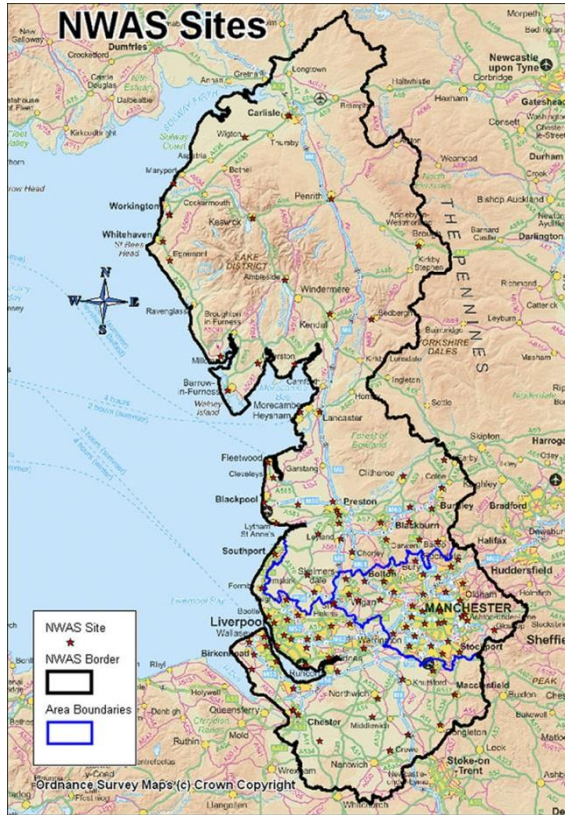
- To pilot 12 new Community Specialist Paramedic (CSP) roles in different types of communities across the North West.
- The principle value proposition was to:
“improve the health and experience of local populations by working with communities to develop locally-led, innovative solutions that improve the equity, quality and efficiency of emergency and urgent care.”

The role



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The Plan (NWS geography)



- To pilot 12 new Community Specialist Paramedic (CSP) roles in different types of communities across the North West.
- The principle value proposition was to:

“improve the health and experience of local populations by working with communities to develop locally-led, innovative solutions that improve the equity, quality and efficiency of emergency and urgent care.”



NW England Over 7 million people

5,400 sq miles (14,000 sq km)

160 miles (260 km long)

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NHSE view of North West

- **Vanguard sites**

- The **NW** has **10 vanguard sites** piloting **new models of care in** different areas and health care settings.

- **Integrated primary and acute care systems – joining up GP, hospital, community and mental health services**

- [Wirral Partners](#)

- [Salford Together](#)

- [Better Care Together \(Morecambe Bay Health Community\)](#)

- **Multispecialty community providers - moving specialist care out of hospitals into the community**

- [Fylde Coast Local Health Economy](#)

- [Stockport Together](#)

- [West Cheshire Way](#)

- **Acute care collaboration vanguard sites**

- [Salford and Wigan Foundation Chain](#)

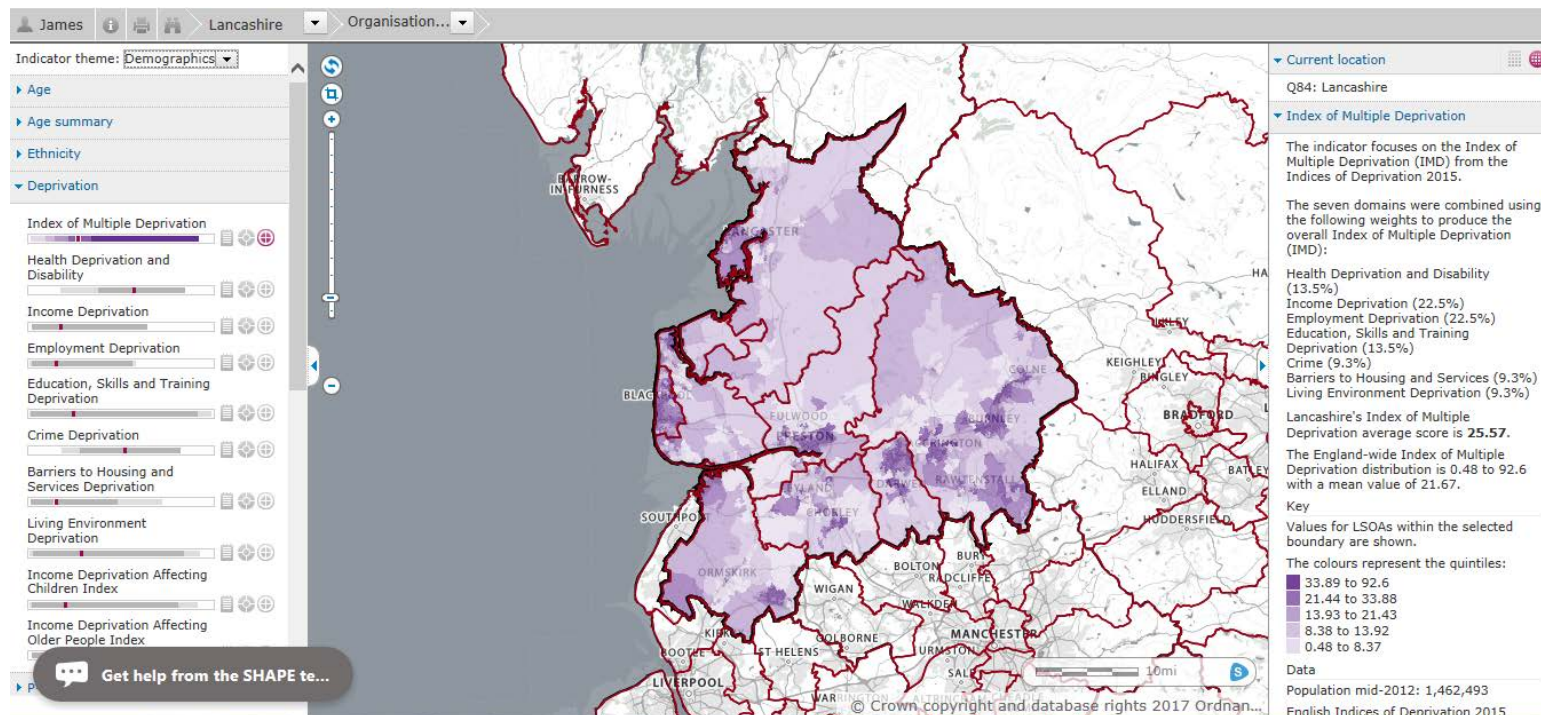
- [The Neuro Network \(The Walton Centre, Liverpool\)](#)

- [Cheshire and Merseyside Women's and Children Services](#)

- [Accountable Clinical Network for Cancer \(ACNC\)](#)

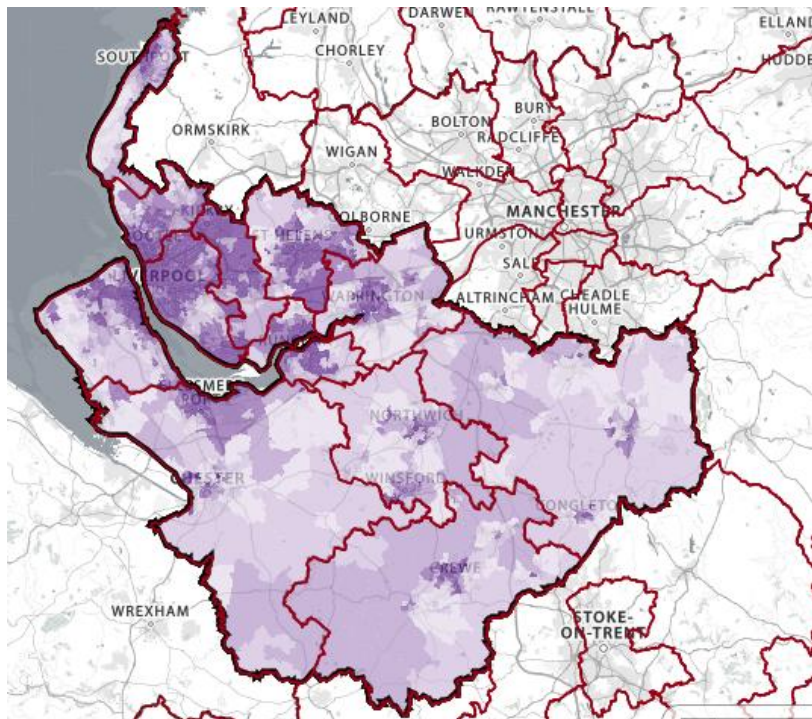
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Targeting Deprivation: - Lancashire

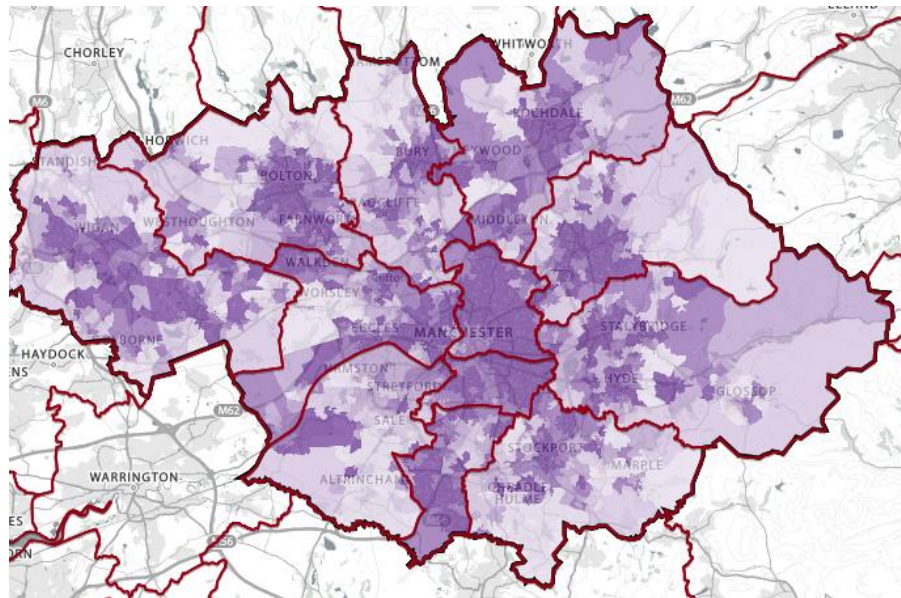


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Cheshire & Mersey



Greater Manchester



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Community Specialist Paramedic Locations

CSP Locations

- Alsager CSP
- Barrow CSP
- Chorlton CSP
- Distington CSP
- Fylde CSP
- Knutsford CSP
- Millom CSP
- Partington CSP
- Pendle CSP
- Skelmersdale CSP
- Aintree CSP
- Glossop CSP

Location of CSP Schemes in North West England



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The ACP Team

- **Cumbria**

Millom, Workington, Barrow

- **Lancashire**

Skelmersdale, Pendle, Fylde

- **Greater Manchester**

Partington, Chorlton, Glossop

- **Cheshire & Mersey**

Alsager, Knutsford, Aintree



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Scheme and Project Management

- **Improvement methodology**
 - Knowing what one is trying to achieve in the role
 - Developing a scheme using business planning approach
 - Actively thinking about the factors one uses to achieve objectives
- **Project Information a vital building evidence base for**
 - end-to-end evaluation within and across schemes
 - view outcome, process and balancing measures
 - justifying changes in practice
 - providing adequate level of information to justify funding
 - developing assurance about Community Paramedic role continuity

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Vision/Goal(s)/Aim(s)

Primary Drivers

(High-level factors you need to influence, to achieve your aims)

Improve the health and experience of patients

Systems Working and Local Collaboration

Provide safe care delivered closer to home

Patient & Community Focus

Reduce 999 demand and unplanned hospital admissions

Use of Community Assets

Technology

Clinical Practice Development

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Primary Driver Classification

Primary Driver	Meaning in Use
Systems Working & Local Collaboration	<i>Effort to work to change part or whole healthcare system at any or all levels</i>
Patient & Community Focus	<i>Working with HCPs and Patients and Public groups to affect change in population health and healthcare services</i>
Use of Community Assets	<i>Developing best use or new ways of working by utilising people and healthcare assets for wider and more accessible healthcare</i>
Technology	<i>Identifying solutions to healthcare problems using information technology</i>
Clinical Practice Development	<i>Undertaking or providing education or training that helps improve and transform a situation (involves CSP or other Clinicians)</i>

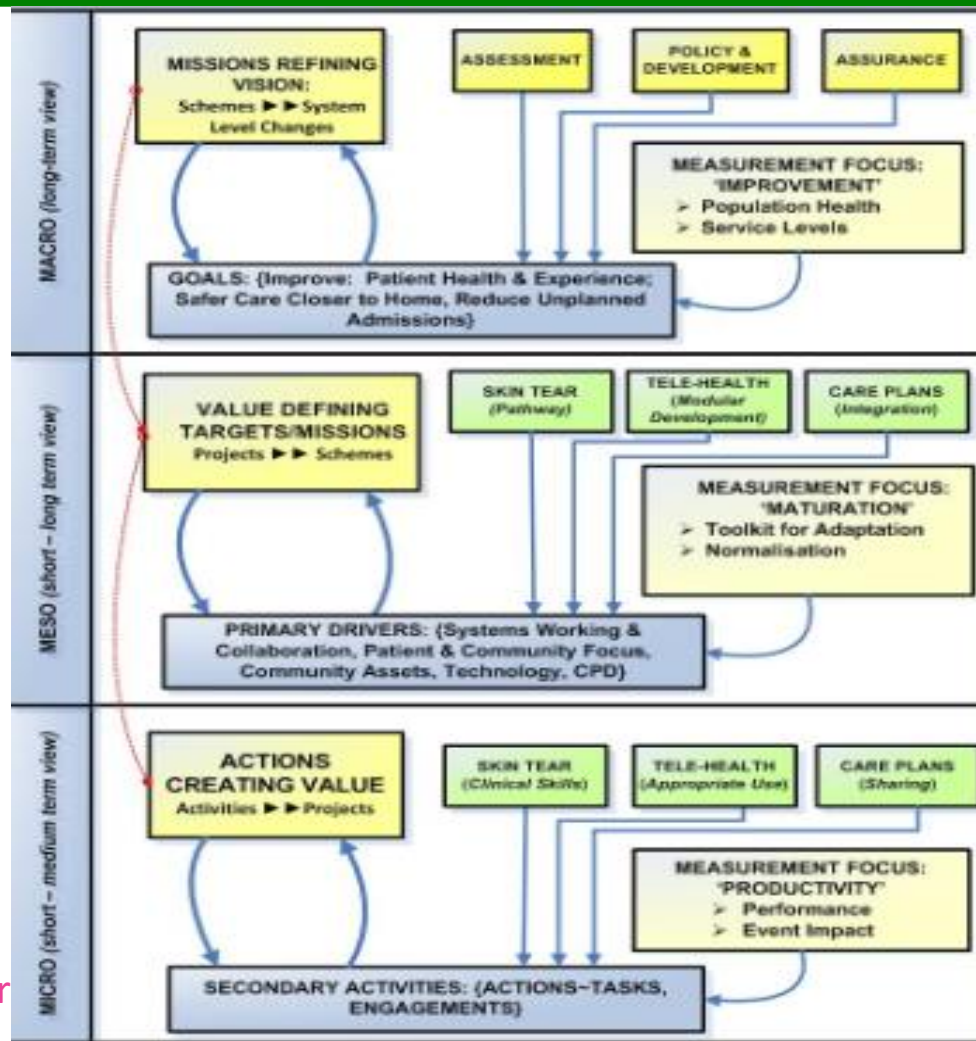
Creating an evidence base

- Scope of practice: interventions pitched at different system levels (Micro, Meso, Macro)
- Time-scale (Short (2015-16); Medium (2017-18); Long (2011-2102))
- How do we measure improvements in:
 - “equity, quality & efficiency of emergency & urgent care.”*
 - over all levels and throughout the project?
 - Measurable improvement (quantitative)
 - Demonstrable change (qualitative)

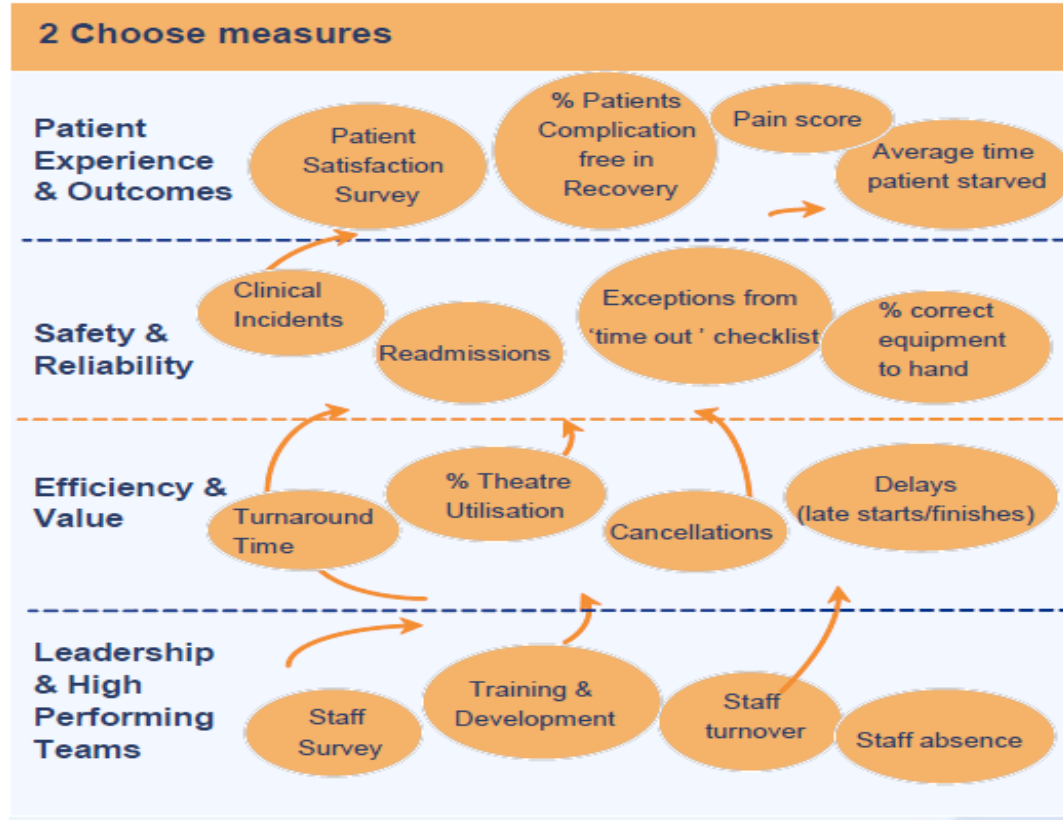
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CPM Project ~ Proposed Analytical Framework

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Planning Improvement Project– Possible Measures



- ☐ Engage with other providers and local commissioners
- ☐ Alignment with NWAS Strategic Aims
- ☐ Strengthening partnerships
- ☐ Realistic and Achievable
- ☐ Measurable
- ☐ Patient-focused and value creating

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Making Tracks: Project Journal

- Projects/Activities (*secondary drivers*)
- Engagement Events
- External Work in Primary Care
- Noting how these activities influence (*primary drivers*) and promote change at scheme level
- Essential (*aide memoire*) information for evaluation
 - dealing with lessons learned
 - reviewing how project activities become BAU
- Measuring proportion of different kinds of work outside of emergency response

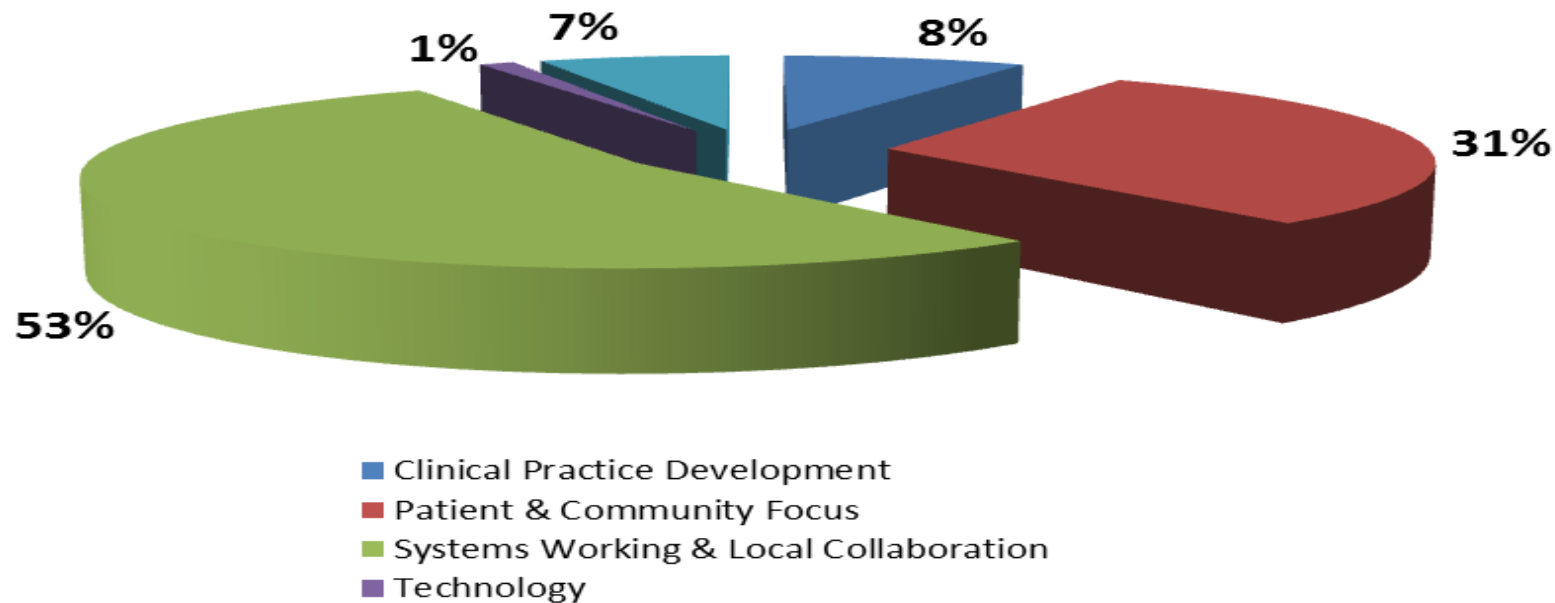
Project Diary - Engagements

Pick Scheme Site		Current Record: Glossop	Refresh Data	CSP Share (hyperlink)	Exit Database	
Scheme Details		2. Projects/ Activities	3. Engagement Events	4. External Work (for host)	5. Incidents with Response	6. Report / Logs / Information
<input type="button" value="Add Record"/> <input type="button" value="Save Record"/>		<i>n.b. Save record 'Refreshes data' after Add record</i> Draft CSP Communications Plan 2014 2015 - (hyperlink)				
Ref.	963	Glossop	Memo - Preparation: Monthly meeting Update re role, activity Discuss future of role & neighbourhood teams		Event Date 24/11/2016 Time on Task 2.0 Preparation time Status Completed	
Event	Glossdale neighbourhood meeting				Follow-up (Consequences and Actions)	
Focus	GOV, HCP				Date_entered 28/12/2016 Entered_by val.cochrane	
Type	CONSULTING					
Primary Driver	Systems Working & Local Collaborat					
Ref.	925	Glossop	Memo - Preparation: Adult social care (DCC) DNs IUCT Discuss roles & responsibilities Frequent callers Complex needs patients		Event Date 21/11/2016 Time on Task 1.5 Preparation time 0.5 Status Completed	
Event	Health & social care meeting				Follow-up (Consequences and Actions)	
Focus	HCP				Date_entered 22/11/2016 Entered_by val.cochrane	
Type	CONSULTING					
Primary Driver	Systems Working & Local Collaborat					
Ref.	912	Glossop	Memo - Preparation: CCG informed me of event with NHS England/Public health England promoting Keep Well this winter at Tesco Glossop. Joined the team - discussed the campaign (pros & cons). Spoke to some members of the public		Event Date 16/11/2016 Time on Task 2.0 Preparation time Status Completed	
Event	Keep well this winter				Follow-up (Consequences and Actions)	
Focus	GOV				Date_entered 17/11/2016 Entered_by val.cochrane	
Type	INFORMING					
Primary Driver	Patient & Community Focus					
Ref.	913	Glossop	Memo - Preparation: Monthly meeting. CCG, NWS, Tameside ICO, Pennine (MH provider) Discuss winter preparedness		Event Date 04/11/2016 Follow-up	
Event	Emergency Care Network				Date_entered 17/11/2016 Entered_by val.cochrane	

Record: 1 of 88 | No Filter | Search

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Enagagement Time



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Project Journal – External Work

Scheme: projects_activities rpt_project_evaluation
 Pick Scheme Site: Current Record: Glossop
 CSP: Val Cochrane Refresh Data CSP Share (hyperlink) Exit Database

1. Scheme Details 2. Projects/ Activities 3. Engagement Events 4. External Work (for host) 5. Incidents with Response 6. Report / Logs / Information

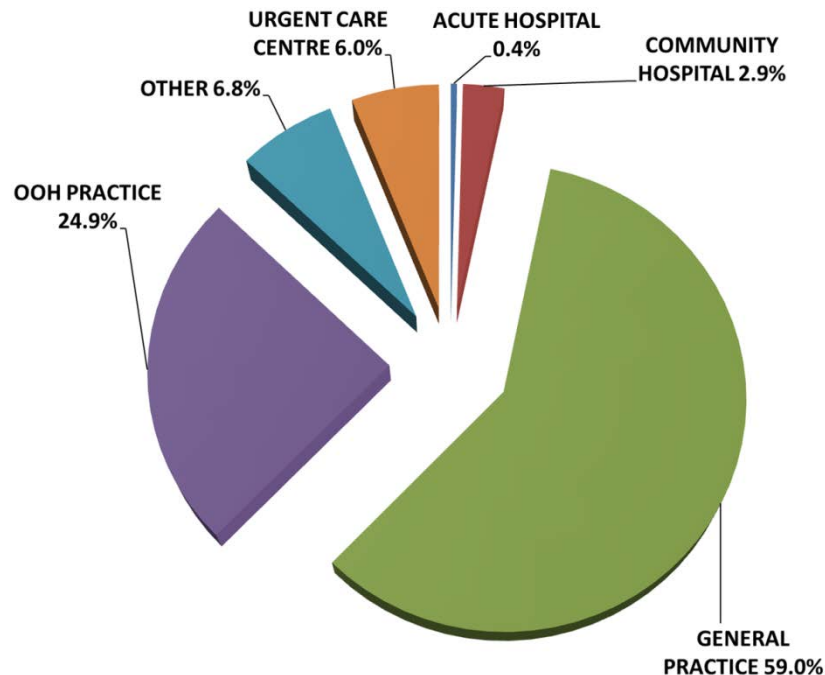
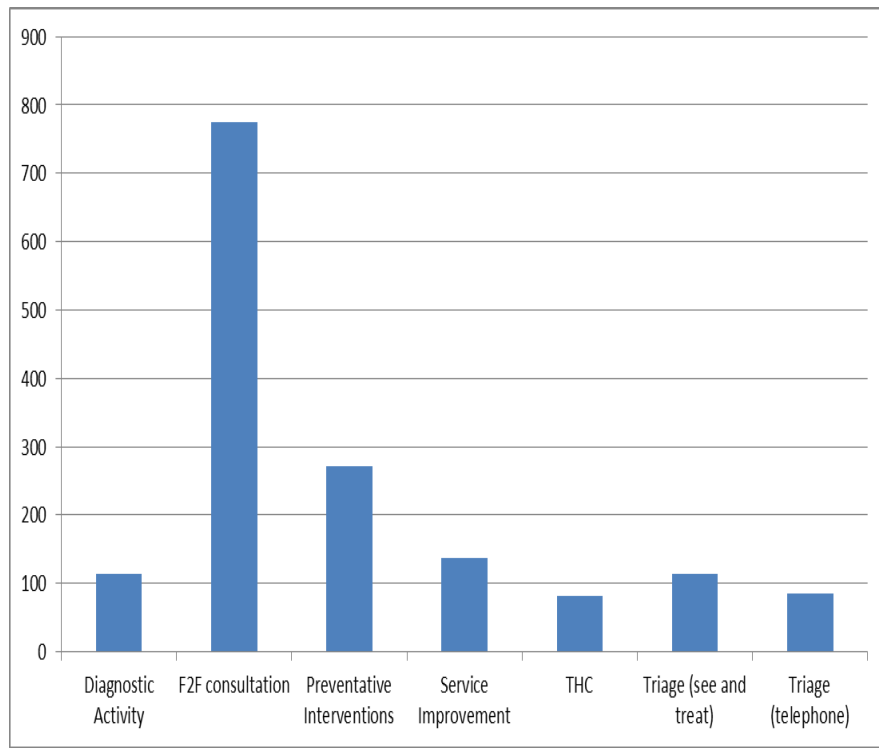
Add Record Undo Record Save Record n.b. Save record 'Refreshes data' after Add record Duplicate Record Patient Stories Folder (hyperlink)

Reference:	1034	Date worked or (Monday Week)	21/12/2016	Notes:	Home visits: Manor Hadfield - ?SOB.....care home. Struggling to use new inhalers. F2F with GP, inhalers changed Manor Glossop - Fall review. Spoke with GP - stronger analgesia prescribed, GP chasing up X ray
Provider	GENERAL PRACTICE	No. of Cases	2		
Contribution	F2F consultation	Hours worked	2.0		
Reference:	1033	Date worked or (Monday Week)	20/12/2016	Notes:	Home visits: Lambgates - minor wound to lip - assessed, no further action required Simmondley - assessed to rule out pneumonia. Took patient's wife to GP practice to collect script
Provider	GENERAL PRACTICE	No. of Cases	5		
Contribution	F2F consultation	Hours worked	4.0		
Reference:	1028	Date worked or (Monday Week)	20/12/2016	Notes:	BLS/AED update training for clinical staff
Provider	GENERAL PRACTICE	No. of Cases	7		
Contribution	Service Improvement	Hours worked	2.0		
Reference:	1032	Date worked or (Monday Week)	16/12/2016	Notes:	Home visit: Howard - assessed, follow up to GP
Provider	GENERAL PRACTICE	No. of Cases	1		
Contribution	F2F consultation	Hours worked	1.0		
Reference:	1031	Date worked or (Monday Week)	15/12/2016	Notes:	Home visits: Smithy - exacerbation of COPD. Assessed patient, F2F with GP. Script issued for Abx Howard - swollen legs - chronic problem, assessed, reassured. Arranged follow up with GP Howard - ?chest infection. Assessed, Abx required. NO GP - practice spoke with G2D to arrange
Provider	GENERAL PRACTICE	No. of Cases	3		
Contribution	F2F consultation	Hours worked	2.5		

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Hours Worked for External Hosts and patients



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Project Journal – Project Actions

Project: **Bariatric Patient ID and Care Planning** Save Record Add New Project to Selected Scheme Close Form

VC.012 Edit Project Name

ns and Objectives | Measurement | Progress | Evaluation | **ACTIONS TASKS (Diary)**

ActionID	Actions - Tasks	People Involved	Resources	Add New Record		Save Record	<i>n.b. Save record 'Refreshes data to the form' after Add record</i>		Close F
Entry Date 09/09/2016 Task Order 	Spoke with patient and arranged bariatric plan interview	Patient		Project Stage Active Due Date (Timescale) Action_Status Delivered	Type of Action: PROJECT ADMIN Primary Driver: Patient & Community Focus Follow-up:				
		Time taken: 0.3							
Entry Date 25/08/2016 Task Order 	Letters sent out to 25 patients from Lambgates with BMI >45 offering engagement and CCP + mini health check	Admin staff at Lambgates		Project Stage Active Due Date (Timescale) Action_Status Delivered	Type of Action: PROJECT ADMIN Primary Driver: Patient & Community Focus Follow-up:				
		Time taken:							
Entry Date 31/05/2016 Task Order 	Discussio with GP re bariatric CCPs. Sent draft of letter to patients. GP identified number of candidates. Ordered bariatric BP cuff.	Dr Palmer, Lambgates		Project Stage Pending Due Date (Timescale) Action_Status Delivered	Type of Action: ENGAGEMENT - HCPs & OTHER AGENCIES Primary Driver: Patient & Community Focus Follow-up:				
		Time taken: 0.8							
Entry Date 24/05/2016 Task Order 	Spoke with Julie Butterworth re letter to patients from Lambgates. Discussed with Barbara Coleman - sent draft of letter.	Julie Butterworth Barbara Coleman		Project Stage Pending Due Date (Timescale) Action_Status Delivered	Type of Action: PROJECT ADMIN Primary Driver: Patient & Community Focus Follow-up:				
		Time taken: 0.7							

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Projects by Main Primary Driver

Primary Driver	Project Activity	% all Projects	% Total Time
Systems Working & Collaboration	SERVICE DEVELOPMENT	40%	39%
	PATHWAY		
	SCHEME MANAGEMENT		
	NETWORKING		
Community & Patient Focus	FREQUENT CALLERS	32%	35%
	COMMUNITY CARE PLANS		
	SCHOOLS		
	EDUCATION		
	CARE-NURSING HOMES		
	COMMUNITY REFERRALS		
	FALLS		
	RED RESPONSE		
Use of Community Assets	PUBLIC EDUCATION		
Use of Community Assets	RESUS - AED PLACEMENT	11%	10%
	CFR - BLS/FIRST AID TRAINING		
Technology	TELEHEALTH	9%	5%
Clinical Skills Development	CLINICAL SKILLS	8%	11%
	NURSING HOME TRIAGE		
	TOTALS	100%	100%
		n = 130	3,903 hrs

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Project Evaluation

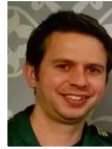
Scheme		projects_activities		project_evaluation		rpt_project_evaluation	
Eval - ID	22	Project_ID	VC.004	Entry Date	29/02/2016	Input by	Val Cochrane
						Save Record	Preview Report
						Close Form	
Q1,2: Improvement Delivered		Q3: Benefits Realised		Q4: Risks_Challenges Managed		Q5: Lessons Learned	
Q3a: What are the particular benefits to NWAS of this project?		Frequent callers utilise a lot of NWAS resources. Reducing the number of calls - and times that patients are transported to ED allows those resources to be redirected to other patients who have a higher clinical need. Resources and many have been saved. Resources saved also allow improvements in response times.					
Q3b: What are the particular benefits to your host or CCG of this project?		Providing appropriate care at home is a primary driver for NHS organisations. Effective utilisation of community services and a reduction in acute admissions (both ED and ward) will result in significant cost savings.					
Q3c: What are the overall benefits to Patients/Public Health of this Project?		Frequent callers need effective support - whether this is clinical for patients with poorly managed chronic conditions or social/mental health for those who are socially isolated and lonely or with behavioural or similar problems. For these patients ensuring that they have the right support improves the quality of their lives. More generally - reducing the time spent by NWAS attending to frequent callers who do not					
Q3d: How would you rate the overall benefits of this project (to date)?		3 - some benefits still be obtained				Save Entries	

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Development of improvement measures



R1 & R2 Performance



Non-conveyance rates



**HCP Admission activity
(by practice[s]) (activity
levels and distribution)**



**Care/Nursing Home
activity (by home[s]
covered by scheme)**



**Care Plans in place (as
proportion of 2%)**



**Unplanned Admission
rates (by practice[s]
covered by scheme)**



**Re-admission rates (by
practice[s] covered by
scheme)**



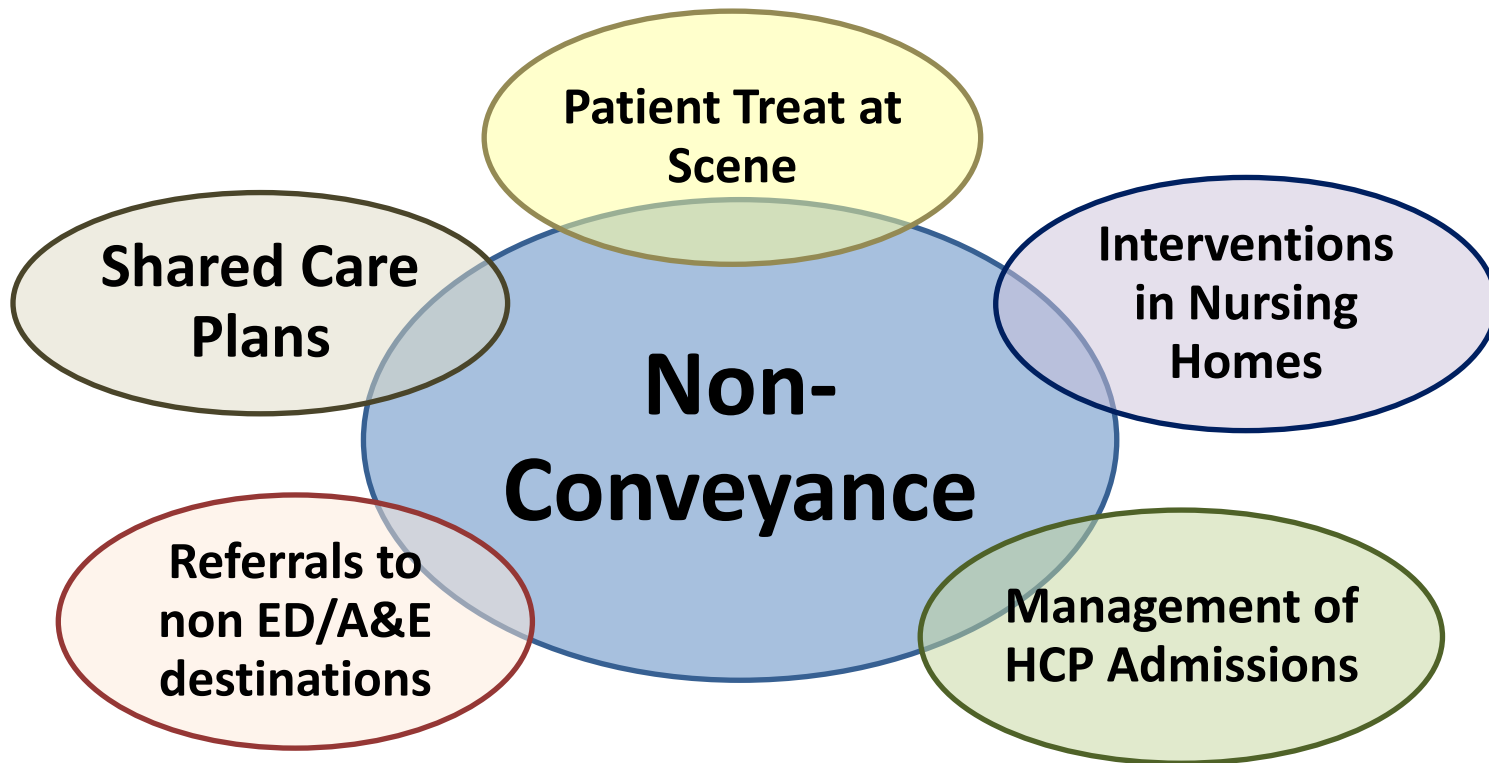
**AVS utilisation
(prototyped in
Skelmersdale)**



**Experience
Measures**

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Outcome-based Measures



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Annual Comparison of Non Conveyance to A&E

Non-Conveyance to A&E (Deflection)													
	NWAS All	Aintree	Alsager	Knutsford	Chorlton	Glossop	Partington	Fylde	Pendle	Skelmersdale	Barrow	Millom	Workington
2014/15	26.71%	26.84%	25.11%	28.45%	25.48%	19.92%	28.78%	27.57%	32.00%	26.62%	32.66%	30.91%	22.78%
April 14/15	25.96%	35.22%	25.00%	25.26%	20.98%	19.42%	31.93%	26.44%	34.77%	22.72%	28.98%	23.64%	24.62%
May 14/15	26.85%	23.67%	26.32%	24.76%	29.78%	16.12%	26.58%	29.08%	33.33%	28.18%	34.81%	25.88%	23.08%
June 14/15	27.06%	26.03%	22.47%	26.70%	18.46%	20.08%	34.57%	27.57%	29.05%	24.80%	32.49%	29.58%	22.78%
July 14/15	27.42%	26.27%	20.56%	30.05%	27.32%	25.30%	27.42%	30.57%	33.77%	27.90%	31.86%	41.89%	20.29%
August 14/15	26.91%	24.95%	21.52%	25.41%	21.24%	23.41%	28.94%	23.23%	33.82%	25.26%	28.55%	29.35%	22.83%
September 14/15	26.46%	25.43%	23.76%	28.65%	29.63%	22.82%	26.55%	23.55%	32.15%	23.99%	33.54%	22.08%	23.65%
October 14/15	26.95%	29.39%	26.51%	28.92%	26.83%	16.11%	30.00%	26.37%	31.65%	25.00%	31.28%	34.83%	22.56%
November 14/15	26.51%	22.20%	31.08%	31.25%	26.24%	18.70%	27.37%	26.88%	33.33%	25.47%	30.93%	39.56%	24.79%
December 14/15	27.23%	27.16%	23.42%	31.02%	26.25%	16.54%	26.85%	30.28%	28.41%	30.72%	36.88%	39.51%	24.70%
January 14/15	26.85%	25.59%	29.70%	30.19%	23.00%	19.68%	27.78%	26.48%	30.46%	30.06%	37.62%	27.54%	21.60%
February 14/15	26.46%	28.38%	25.00%	28.07%	28.65%	19.51%	29.44%	30.10%	33.04%	30.57%	32.87%	24.32%	18.16%
March 14/15	25.73%	26.94%	27.03%	30.58%	27.49%	20.69%	28.77%	29.88%	30.26%	24.75%	31.32%	28.57%	23.86%
2015/16	30.90%	31.15%	31.12%	37.77%	31.08%	27.68%	29.47%	32.00%	36.54%	32.29%	37.40%	36.27%	29.38%
April 15/16	28.20%	47.92%	34.83%	33.49%	22.71%	22.10%	28.05%	30.34%	33.57%	32.09%	31.82%	28.41%	23.01%
May 15/16	30.51%	27.40%	34.18%	32.65%	29.52%	26.75%	28.41%	35.23%	35.48%	34.26%	34.50%	22.67%	26.92%
June 15/16	31.51%	35.40%	40.91%	53.93%	26.09%	23.66%	32.64%	30.51%	37.83%	30.72%	34.81%	35.80%	29.92%
July 15/16	31.33%	31.58%	30.39%	35.27%	37.80%	26.40%	29.27%	33.52%	38.62%	32.57%	39.78%	30.43%	32.57%
August 15/16	31.46%	30.04%	30.83%	35.38%	31.60%	24.27%	29.01%	35.00%	41.87%	34.00%	39.92%	38.20%	33.60%
September 15/16	30.89%	29.46%	25.84%	40.51%	29.39%	32.49%	30.84%	29.47%	37.72%	32.51%	40.92%	35.87%	27.36%
October 15/16	30.85%	27.88%	33.64%	33.65%	27.92%	28.32%	30.46%	29.41%	37.24%	31.64%	37.83%	43.53%	28.94%
November 15/16	30.47%	27.43%	34.23%	39.51%	33.62%	29.55%	27.67%	33.09%	35.47%	30.52%	38.05%	37.00%	29.34%
December 15/16	31.49%	28.27%	26.05%	34.60%	31.36%	33.79%	29.41%	33.69%	36.34%	32.50%	38.23%	38.10%	27.97%
January 15/16	30.88%	30.78%	26.79%	32.52%	29.52%	28.92%	27.93%	30.73%	34.95%	29.74%	37.88%	42.86%	28.96%
February 15/16	31.28%	28.10%	27.87%	38.73%	30.98%	25.84%	31.98%	33.03%	32.20%	33.07%	37.42%	33.33%	32.76%
March 15/16	31.64%	26.13%	31.31%	37.55%	33.93%	28.68%	28.30%	30.38%	36.92%	34.14%	39.92%	44.14%	30.19%
	NWAS All	Aintree	Alsager	Knutsford	Chorlton	Glossop	Partington	Fylde	Pendle	Skelmersdale	Barrow	Millom	Workington
Improvement	4.19%	4.31%	6.01%	9.32%	5.60%	7.76%	0.68%	4.43%	4.54%	5.67%	4.74%	5.36%	6.60%
Diff from NWAS ave. (2014/15)		0.13%	-1.60%	1.74%	-1.23%	-6.79%	2.08%	0.86%	5.29%	-0.09%	5.95%	4.20%	-3.93%
Diff from NWAS ave. (2015/16)		0.26%	0.23%	6.88%	0.19%	-3.22%	-1.43%	1.11%	5.64%	1.39%	6.51%	5.38%	-1.52%
Relative Improvement		0.13%	1.83%	5.14%	1.42%	3.58%	-3.50%	0.24%	0.35%	1.49%	0.55%	1.18%	2.41%

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Patient Treat at scene

Patient Treat at Scene	NWAS (All)	CSPs (all)	Aintree	Alsager	Knutsford	Chorlton	Glossop	Partington	Fylde	Pendle	Skelmersdale	Barrow	Millom	Workington
2014/15	178,091	13,723	1,145	253	600	796	508	1,210	1,239	1,904	2,193	2,521	255	1,099
2015/16 (to date)	199,665	16,217	1,422	318	796	958	646	1,329	1,576	2,216	2317	2,952	321	1,366
Monthly Difference on Previous Year														
2015/16	NWAS (All)	CSPs (all)	Aintree	Alsager	Knutsford	Chorlton	Glossop	Partington	Fylde	Pendle	Skelmersdale	Barrow	Millom	Workington
April 15/16	372	178	96	8	20	10	8	-12	10	0	40	12	9	-23
May 15/16	838	90	17	1	11	-5	14	9	20	-19	50	-18	-6	16
June 15/16	2,051	356	46	16	86	26	-7	14	22	65	51	11	4	22
July 15/16	1,275	191	19	7	18	33	-6	3	27	6	2	53	-4	33
August 15/16	2,515	381	21	13	23	31	-8	36	69	55	45	78	0	18
September 15/16	1,690	172	15	-4	18	6	8	3	31	25	43	14	18	-5
October 15/16	1,820	186	7	10	-1	6	26	5	35	26	25	3	7	37
November 15/16	1,311	208	20	8	9	16	22	2	36	16	12	73	-4	-2
December 15/16	1,290	192	10	2	-7	-2	37	25	14	69	-24	38	6	24
January 15/16	2,276	119	-4	0	-15	8	6	14	25	15	-14	35	13	36
February 15/16	2,815	290	32	10	17	21	19	23	36	24	-4	44	5	63
March 15/16	3,321	291	-2	-6	17	12	19	-3	12	30	58	88	18	48
	Total (NWAS)	CSPs (all)	Aintree	Alsager	Knutsford	Chorlton	Glossop	Partington	Fylde	Pendle	Skelmersdale	Barrow	Millom	Workington
Increases (sum of differences)	21,574	2,654	277	65	196	162	138	119	337	312	284	431	66	267
% increase on 2014/15	12%	19%	24%	26%	33%	20%	27%	10%	27%	16%	13%	17%	26%	24%
Relative Improvement		7%	12%	14%	21%	8%	15%	-2%	15%	4%	1%	5%	14%	12%

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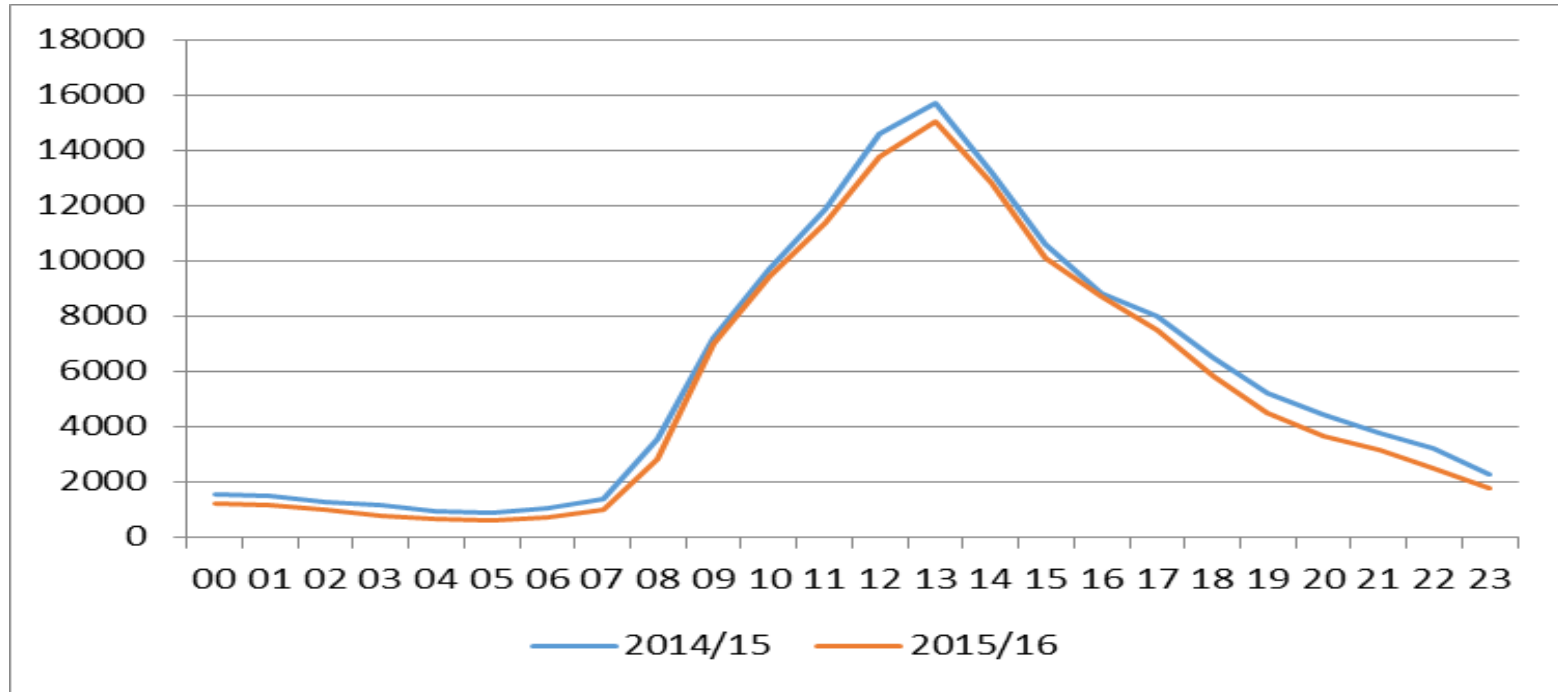
HCP Admissions

HCP Calls	NWAS	Aintree	Alsager	Knutsford	Chorlton	Glossop	Partington	Fylde	Pendle	Skelm	Barrow	Millom	Workington
2014/15	210,597	2,821	211	569	527	662	2,268	1,492	1,639	2,735	2,829	464	2,483
2015/16	204,327	3,080	244	448	521	602	2,155	1,458	1,667	2,590	2,859	363	2,079
Difference	-6270	259	33	-121	-6	-60	-113	-34	28	-145	30	-101	-404
% Diff.	-3%	9%	16%	-21%	-1%	-9%	-5%	-2%	2%	-5%	1%	-22%	-16%
Difference from NWAS		12%	19%	-18%	2%	-6%	-2%	1%	5%	-2%	4%	-19%	-13%
Interpretation:		big population: initial engagement with the one GP practice	persistent issues with remoteness: lack of referral points within area?	increased work with GP in Q3/Q4	CSP wholly based with GP: big population	CSP triaging calls from several GPs before they log HCP calls	Consistent effort from CSP: big area hard to impact	early quick wins with GP appear not to be sustained	lack of engagement from ELMS	big area: variability due to spread of effort	big area: gains only made in 3rd quarter when working with Integrated Care Centre	established mature collaboration with GP	big area: Q3 increase in collaborative effects

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HCP Card35 Calls - Spikes 2014-15 and 2015-16

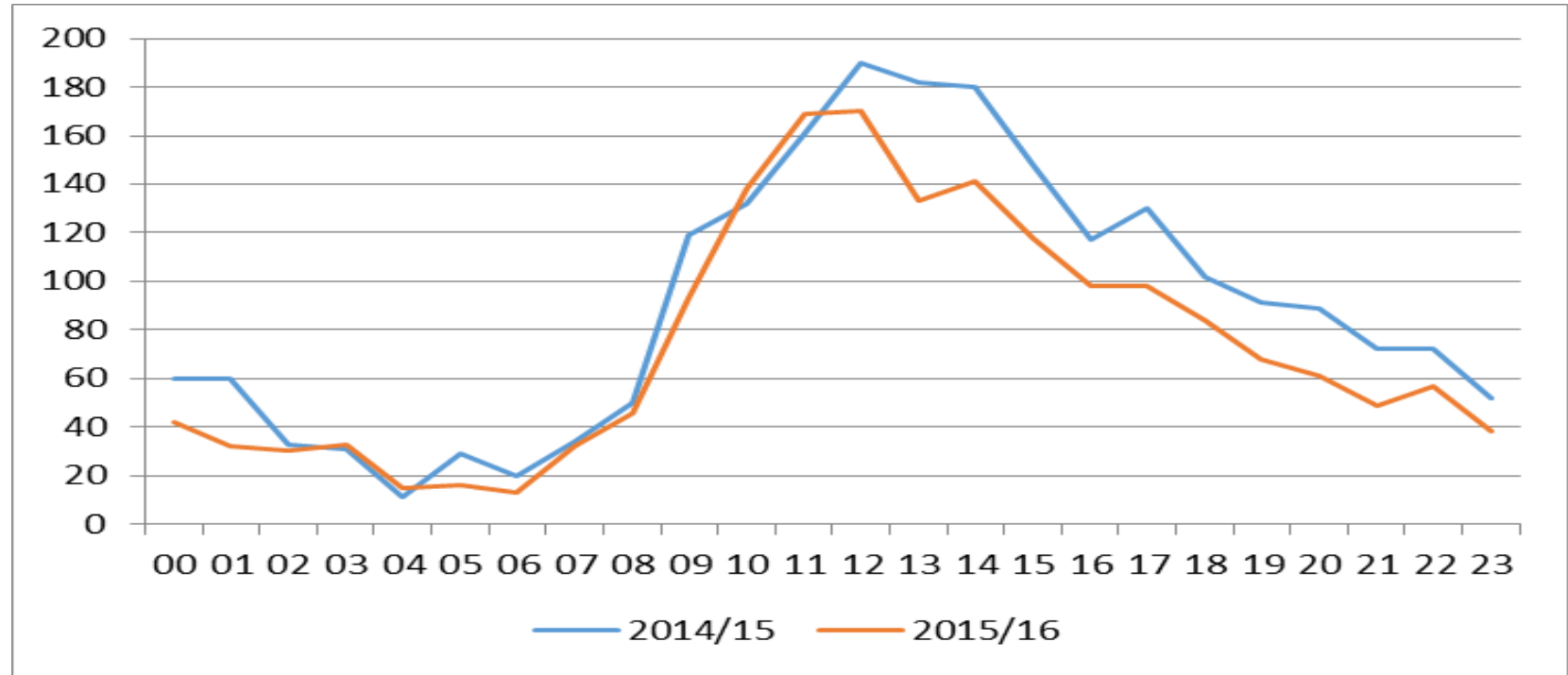
- NWAS as a whole:



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HCP Card35 Calls - Spikes 2014-15 and 2015-16

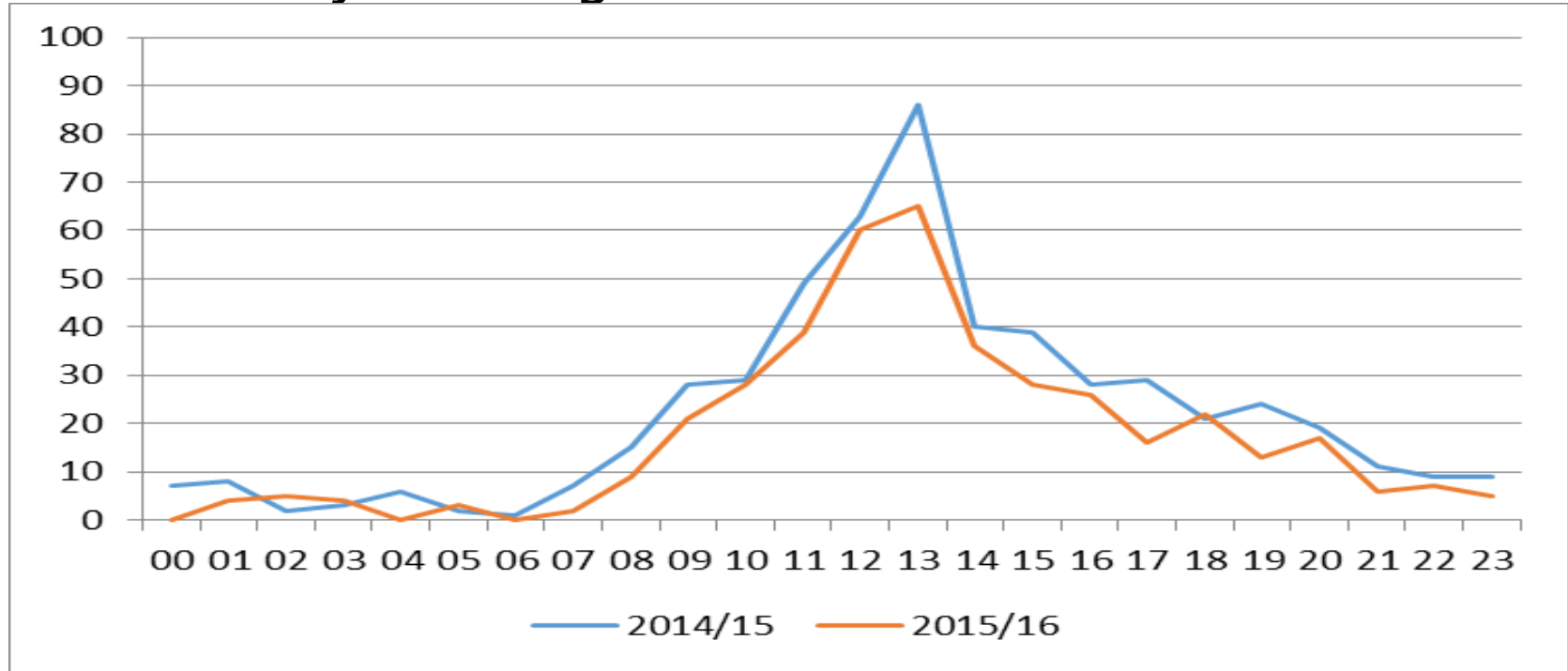
- **Workington:** *flattening head and tail*



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HCP Card35 Calls - Spikes 2014-15 and 2015-16

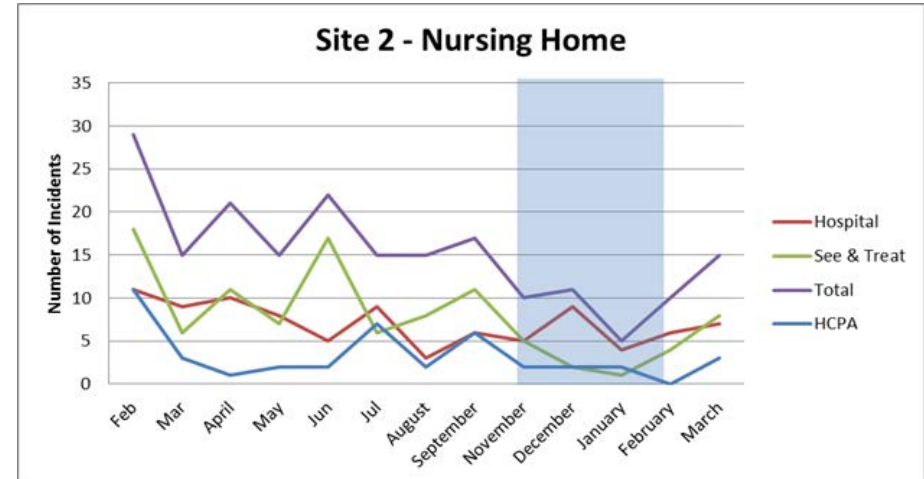
- Knutsford *flattening head and tail*



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Effects of elderly triage on incidents in care and nursing homes (Skelmersdale - West Lancashire)

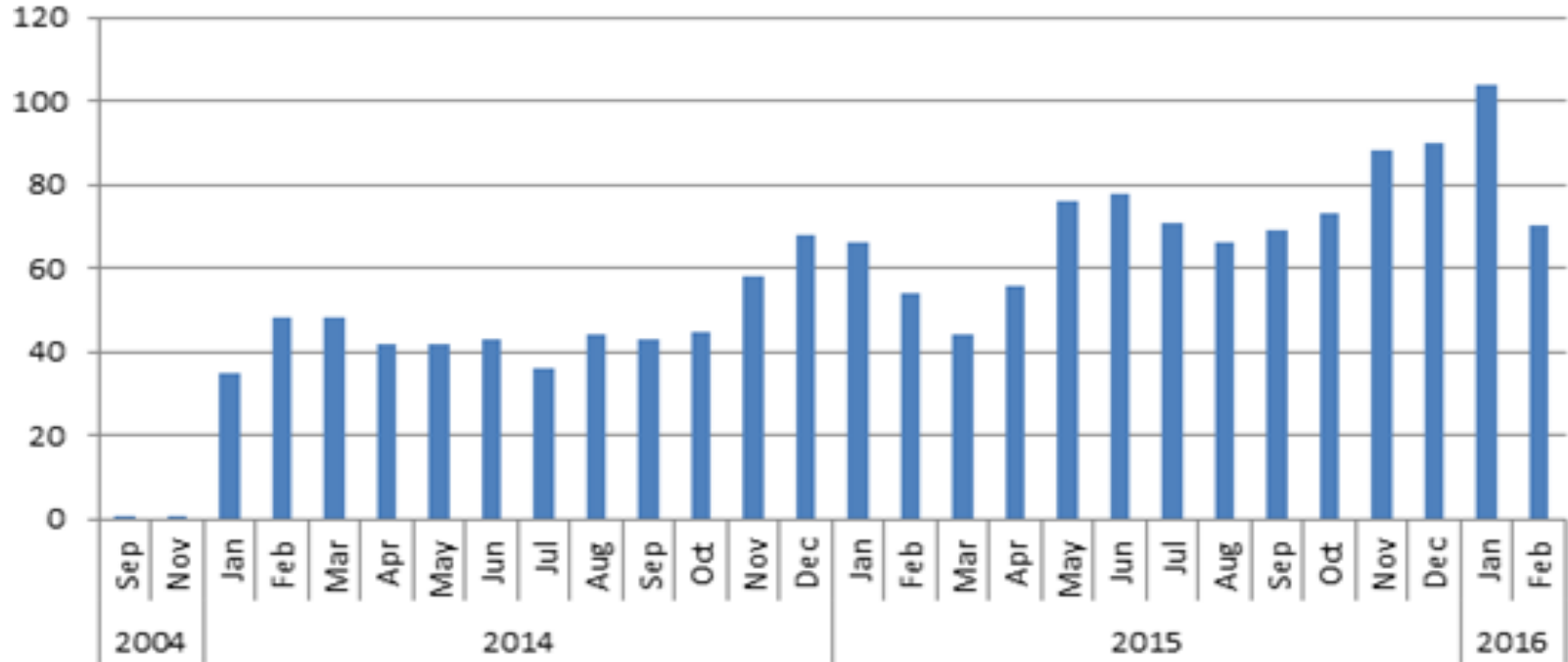
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Alternatives to Transport

Increase in Referrals to local AVS (Skelmersdale)



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Alternative to Transport

AVS Management - Cost Savings for CCGs

Incidents with conveyance avoided by AVS utilisation	263		
CCG Savings within CCG	Incident Costs	Based on 10 months	Based on 12 months
See and Convey	£185	£48,655	£58,386
See and Treat	£115	£30,245	£36,294
Total Amb Savings		£18,410	£22,092
Hospital A&E Attendance only	£143	£37,525	£45,030
Savings		£55,935	£67,122

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Qualitative analysis of Feedback

- *"I must admit he really has broken down walls here. We were focussed and wanted to make things work. " + "He's played a major part in transformation really. " (Skelmersdale)*
- *"People didn't know what the problems were before she came. Things that we didn't realise could be better suddenly got better."*
- *"Having a CSP to call on patients at short notice to see them there and then is much more responsive and is a timesaving for the patient, for the ambulance and hospital .. marvellous all round." (Glossop)*
- *"I want to see the 70+ who are stoical and don't come to the surgery; they can wait too long. There are people who are anxious about consulting and people who don't know whether they're ill or not." (Millom)*

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January 2017 Current concerns...

- **Continuity...**
 - Embedding role within Urgent Care Services
 - Stakeholders & Funding
 - Focussing limited resource locally
- **Developing specific projects / application of role**
 - Nursing Homes
 - Clinical Assessment Services
- **Evaluating information for planning system change**
 - How to make changes sustainable
 - How can joint funding work better



North West Ambulance Service **NHS**
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Carol Robertson
@NWAmb_Knutsford

Community Paramedic
Knutsford





HCP admissions reduced by 21% (2014 vs 2015)



AEDs & Community First Responders



Education and engagement



Care plans, care homes, frequent callers and chronic conditions



Patient experience

The future





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Thank you for your attention

Any questions?



Questions arising ...

– Translation

- Accounting for improvements over time
 - *(how to judge length of time needed to procure new service or improvements)*
 - *What different roles/resources can be configured in the urgent care sector*
- How new / innovative ways of working can be transferred to other *(geographical /community)* healthcare settings

– Sustainability

- Accounting for improvements at a *Meso* and *Macro* Level
- How do health improvements become sustainable *(after CPs/ACPs are no longer running schemes)?*
- Forms of organisation for community paramedicine in England