Case study: 2021/22 HEE (now NHS England)

- funded projects in Same Day Emergency Care (SDEC)

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Description automatically generatedLearning experience to support Ambulance Clinician Referral Pathway to SDEC

HEE as was (now NHS England (NHSE)) London liaised with Clare Kapoor, Head of Unplanned Care at North Central London (NCL) Integrated Care Board, to understand the key considerations of their project to embed the Ambulance referral pathway to Same Day Emergency Care.

What were the drivers behind the project?

NCL’s Urgent and Emergency Care Group agreed to introduce a referral pathway from ambulance clinician to SDEC Unit, where appropriate, against the agreed London symptom-based pathways.

A task and finish group was set up comprising of providers, the London Ambulance Service (LAS) team and the Directory of Services (DoS) team to progress the work in response to Accident and Emergency (A and E) departments in NCL experiencing record highs in A and E queues for attendance and admissions.

This new referral pathway had recently been implemented with 111 clinicians. One of the learnings from this was the level of communication required to ensure success. In addition, it was felt that LAS clinicians would benefit from a shadowing learning experience to support knowledge and confidence in making referrals to SDEC Units.

How does it align to Integrated Care Board (ICB)’s regional and national priorities?

HEE as was (now NHSE) issued national guidance on ambulance clinician to SDEC referral pathways with the London region supporting the rollout where possible by February 2022 to support the flow across the Urgent and Emergency Care (UEC) system and ensure the right service at the first time.

# What were the desired outcomes?

Patients with the 5 symptom-based groups (unilateral swollen, lower leg, dysuria/fever/loin pain, low-risk chest pain, palpitations and falls without significant injury) who meet the criteria will be referred to SDEC services avoiding the need for A and E attendance or admission.

# How would this be achieved?

The proposal to achieve the educational requirement was two-fold:

1. Case-based learning via MS Teams to enable learning from a deep dive into SDEC cases in alignment to the 5 symptom-based pathways (as above).
2. LAS ambulance clinicians offered the opportunity to attend a shift within one of the 5 NCL SDEC units to ‘shadow’ a member of the team to become more familiar with SDEC pathways and service.

# What funding resource did you have against it?

HEE London as was (now NHSE London) allocated £15,000 to allow 75 LAS clinicians to shadow 8-hour SDEC shifts at a cost of £200 per shift. All other educational activities were cost neutral.

# What are the achievements of the project to date?

* Production of educational paramedic pathway videos and a general SDEC video with a question and answer component, aligning to 5 symptom-based pathways.
* Attendance at meetings with LAS to raise the profile.
* Arrangement for associated video information to be included within the LAS mandatory training package as standard.
* Amendment of posters promoting referral routes.
* Facilitation of LAS site visits to SDEC units in NCL.
* Implementation of new security system permissions for LAS staff resolving access issues.
* Increased confidence of LAS paramedics in the referral pathway, and exposure to SDEC units enabling patients to be referred directly to SDEC services rather than Emergency Department (ED).
* Weekly progress meetings held with LAS and NCL SDEC services.

# What learning can be shared with others looking to achieve the same?

The videos were well received and are highly recommended to increase awareness and confidence in how pathways run. It is preferable to launch the educational videos at the same time as launching the new pathway, as it allows for a more robust shift from the status quo.

# How did you deliver the project with partners and what assurances were put in place?

Agreement was sought to introduce this pathway within NCL. The pathway documentation was presented at, and approved by, both NCL and LAS Clinical Advisory Groups.

# How will outcomes of the project be sustained?

The 2021 to 2022 funding supported the initial rollout of a new pathway and learning experience to ensure success. It is hoped that any further training and shadowing opportunities can be arranged via mutual agreement between services.

**If you would like to know more about this project or have any questions, please email** [**Melissa Marques**](mailto:melissa.marques@hee.nhs.uk)**, NHSE London.**