
EMAS – New Clinical Operating Model and Specialist Practitioners.

Leicester, Leicestershire and Rutland Joint Health
Scrutiny Committee

Monday 28th March 2022 at 5.30pm

Lead officer: Russell Smalley, Head of Operations (West)
East Midlands Ambulance Service

Useful information

- Area(s) affected: Leicester, Leicestershire and Rutland
- Report author: Charlotte Walker
- Author contact details: charlotte.walker@emas.nhs.uk
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Summary

Report to provide an update on the EMAS Clinical Operating Model and introduction of Specialist Practitioners

Detailed report

Background

As an integral part of the healthcare system EMAS aim to continually develop its clinical services to support and available opportunities 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.

Once 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 was one of the initial divisions to commence specialist practitioners, with the role now being successfully extended across the remainder of the Trust.

Specialist Practitioners

To enhance the delivery of clinical care, six specialist practitioners were introduced across Leicestershire in September 2020, with an addition 12 being recruited in 2021. This recruitment has allowed for 24/7 cover across division across two teams.

The specialist practitioner role comes with a number of intended aims and outcomes. Firstly, the role enhances 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 maximises the effectiveness of existing ambulance resources in order to focus on those with the most critical needs.

Alongside clinical outcomes there has also been a reduction of burden on the emergency department in Leicestershire through non-conveyance, ultimately ensuring those that require time critical emergency care are able to be seen and receive definitive care in a timely way. This also has a secondary impact of contributing to and supporting the reduction of hospital handover delays.

Scope of practice:

- 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 in 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 aid in managing their condition in the community where possible.

Clinical Leadership

- 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.

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.

Within the last 12 months there have been the following outcomes by appropriate utilisation of specialist practitioners within Leicestershire:

- A total of 3424 patient attended, with 2128 specialist practitioner scope drugs administered.
- An ED conveyance rate of 32.77% in comparison to other frontline clinician (Paramedic/Technician) conveyance of 42.95%.
- Attended 268 cardiac arrests in the role of Cardiac Arrest Leader; providing senior clinical leadership.

Future development

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. The scope of practice will grow as the role develops to further enhance patient treatment, experience and support reduction in emergency department conveyance, within plans to extend skills 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.