

## East Midlands Ambulance Service NHS Trust

# Referrals to GPs from Nottinghamshire Division

### Links

The following documents are closely associated with this policy:

- Consent Policy
- JRCALC
- Patient Safety Strategy
- Clinical Strategy
- Patient Report Form SOP

<b>Document Owner :</b>	Director of Operations
<b>Document Lead:</b>	Locality Quality Manager
<b>Document Type:</b>	Standard Operating Procedure
<b>For use by:</b>	Operational staff in Nottinghamshire

Equality Impact Assessment	22/08/14
----------------------------	----------

### This document has been published on the:

Name	Date
Library (EMAS Public Drive)	06 October 2014
Intranet	06 October 2014

Referrals to GPs from Nottinghamshire Division V2.0		Page:	Page 1 of 6
Document ID:	OR/60.2	Version:	V2.0
Date of Approval:	26 September 2014	Status:	Final
Approved by:	Risk, Safety and Governance Group	Next Review Date:	September 2016

## Referrals to GPs from Nottinghamshire Division V2.0

<b>Version Control</b>	<p><b>Document Location</b>          If using a printed version of this document ensure it is the latest published version.          The latest version can be found on the Trust's Intranet site.</p>
------------------------	--

Version	Date Approved	Publication Date	Approved By	Summary of Changes
1.0	12/01/11	12 January 2011	SOP Group	This was a new document
2.0	26/09/14	06 October 2014	Risk, Safety and Governance Group.	Responsibilities have been extended Exclusions have been reduced Feedback form has been added

Referrals to GPs from Nottinghamshire Division V2.0		Page:	Page 2 of 6
Document ID:	OR/60.2	Version:	V2.0
Date of Approval:	26 September 2014	Status:	Final
Approved by:	Risk, Safety and Governance Group	Next Review Date:	September 2016

**Referrals to GPs from Nottinghamshire Division V2.0**

<b>Contents</b>	<b>Page</b>
1. Introduction	4
2. Objectives	4
3. Scope	4
4. Definitions	4
5. Responsibility	5
6. Exclusions to the protocol	5
7. Procedure	5
8. Feedback/Audit System	6
9. Consultation	6
10. Monitoring Compliance and Effectiveness	6

Appendix 1 – 10 Minute Protocol Feedback Form

Referrals to GPs from Nottinghamshire Division V2.0		Page:	Page 3 of 6
Document ID:	OR/60.2	Version:	V2.0
Date of Approval:	26 September 2014	Status:	Final
Approved by:	Risk, Safety and Governance Group	Next Review Date:	September 2016

# Referrals to GPs from Nottinghamshire Division V2.0

## 1. Introduction

- 1.1. This SOP has been produced to provide timely clinician to clinician communication between GP's from EMAS clinicians on scene for clinical advice

## 2. Objectives

- To provide clinical advice from GPs to EMAS clinicians on scene
- To avoid inappropriate admissions to hospital
- To reduce the time on scene for EMAS resources
- To access GP referral pathways to ensure the patient is conveyed to the correct care facility, first time to improve patient experience

## 3. Scope

- 3.1. The purpose of this protocol is to set-up a referral system from East Midlands Ambulance Services NHS Trust – Nottinghamshire Division to Primary Care Clinicians (General Practitioners (GP)/Allied Health Professional (AHP)), for patients registered with a GP in Nottinghamshire.
- 3.2. This protocol is applicable to EMAS Clinicians (Ambulance Technicians, Paramedics, Community Paramedics and Emergency Care Practitioners (ECPs)) working with EMAS NHS Trust and Paramedics employed by partner agencies working on behalf of EMAS NHS Trust (eg Private providers).
- 3.3. This referral protocol will assist in maintaining as many patients as possible within a community setting (including residents of care homes). This will assist to alleviate the current pressures/demand being faced by the Acute Hospitals, and more-so to ensure the clinical safety-netting of the patient who does not need to attend the Emergency Department (ED). EMAS and Primary Care are required to work together to ensure the success of this SOP. Paramedics and GPs are registered professionals and as such are required to adhere to this Procedure in order to achieve the best possible outcome for the patient.
- 3.4. In hours refers to 0800hrs until 1830hrs Monday to Friday, out of hours refers to 1830hrs to 0800hrs Monday to Friday inclusive of weekends and bank holidays.

## 4. Definitions

### 4.1. EMAS Clinician

- 4.1.1. Ambulance Technicians, Registered Paramedics and Emergency Care Practitioners (ECPs)

### 4.2. Primary Care Clinician

- 4.2.1. GP or AHP (acting on behalf of the GP)

### 4.3. Paramedic Pathfinder

Referrals to GPs from Nottinghamshire Division V2.0		Page:	Page 4 of 6
Document ID:	OR/60.2	Version:	V2.0
Date of Approval:	26 September 2014	Status:	Final
Approved by:	Risk, Safety and Governance Group	Next Review Date:	September 2016

# Referrals to GPs from Nottinghamshire Division V2.0

4.3.1. Evidenced based reductive clinical triage tool

## 5. Responsibilities

- 5.1. It is mandatory for EMAS Clinicians (Ambulance Technicians, Registered Paramedics and Emergency Care Practitioners (ECPs)) working within EMAS NHS Trust Nottinghamshire to adhere to this procedure.
- 5.2. Team Leaders will collect the feedback forms from station and send to the Clinical Administrator
- 5.3. The Clinical Administrator will collate the forms on behalf of EMAS and the CCG.

## 6. Exclusions to the protocol

- 6.1. This protocol only covers patients that are registered with a GP surgery in Nottinghamshire.
- 6.2. This protocol would **NOT** be applicable if the patient refuses GP intervention. In this circumstance the EMAS clinician would either, treat at the point of contact or convey the patient to the most appropriate unit.

## 7. Procedure

- 7.1. On attending a 999 call by an EMAS clinician, a full history and primary survey should be taken including Heart Rate, Respirations, Blood Pressure, Blood Glucose level, SpO2, auscultation, 12-lead ECG (when clinically required) and a working differential diagnosis established.
- 7.2. Utilise Paramedic Pathfinder and determine if it is safe and appropriate to refer your patient to an alternative care pathway. If safe and appropriate the EMAS Clinician should contact the patient's own GP (if in-hours) or the Out of Hours (OOH) provider.
- 7.3. The Primary Care Clinician (both in and out of hours) would be expected to speak to the attending clinician within a **maximum of 10 minutes** from when the call was made to the GP Practice or OOH unit (except if dealing with another emergency situation). If the clinician is unable to speak to the GP within 10 minutes, then the clinician would treat at the point of contact or convey the patient to the most appropriate unit. (Clock start time would be the time at which the call was initially connected to the GP practice/ OOH unit)
- 7.4. Whilst awaiting the call back from the GP, the patient should be examined and investigated.
- 7.5. The attending EMAS clinician must provide detailed findings of their assessment to the GP to assist them to make an informed clinical decision. Once the GP advises the EMAS clinician to leave the patient at home then the clinical responsibility of the patient would immediately be transferred to the GP

Referrals to GPs from Nottinghamshire Division V2.0		Page:	Page 5 of 6
Document ID:	OR/60.2	Version:	V2.0
Date of Approval:	26 September 2014	Status:	Final
Approved by:	Risk, Safety and Governance Group	Next Review Date:	September 2016

## Referrals to GPs from Nottinghamshire Division V2.0

concerned. A record of communication with the GP must be recorded on the Patient Report Form (PRF).

- 7.6. Following discussion - in the case of the patient being referred to an alternate unit other than the Emergency Department (ED), the GP must contact the alternative referral unit to facilitate the referral and advise that the patient is being brought in by the ambulance crew (NB. EMAS clinicians do not always have direct referral authorisation to alternative admission units).
- 7.7. The EMAS clinician will complete the 10 minute protocol feedback form whilst completing the necessary documentation, such as a PRF and a non - conveyance leaflet. This will assist in monitoring of the service being provided.

### 8. Feedback/Audit System

- 8.1. For EMAS - The '10 minute protocol feedback form' will be completed by the crew in conjunction with the PRF and non conveyance leaflet. The details will be collated on a weekly basis and shared with Clinical Commissioning Groups in Nottinghamshire.
- 8.2. For Primary Care – feedback can be provided by email to the following address outlining the date, EMAS incident number and detail [nottsclinicalteam@emas.nhs.uk](mailto:nottsclinicalteam@emas.nhs.uk)

### 9. Consultation

- 9.1. Feedback from frontline clinicians regarding the feedback system
- 9.2. Presented to EMAS Performance Group with commissioners for comment and support
- 9.3. Presented to Clinical Governance Group for comment
- 9.4. Presented to Operational Governance for comment
- 9.5. Presented to SOP Group for comment

### 10. Monitoring Compliance and Effectiveness of the Policy

- 10.1. Feedback from EMAS clinicians (section 8.1) will be monitored by the monthly EMAS Performance Group
- 10.2. Monitor monthly divisional statistics such as 'on scene', 'call cycle' and 'non conveyance'

Referrals to GPs from Nottinghamshire Division V2.0		Page:	Page 6 of 6
Document ID:	OR/60.2	Version:	V2.0
Date of Approval:	26 September 2014	Status:	Final
Approved by:	Risk, Safety and Governance Group	Next Review Date:	September 2016

**10 MINUTE PROTOCOL FEEDBACK FORM**

Date	EMAS incident no.	GP Practice	Time of call – EMAS to GP	Time of call – GP to EMAS	Call back within 10 mins  Y/N	Outcome for patient ie 1. Conveyed to ED 2. Conveyed to alternative unit 3. Not conveyed - GP dealing

**To be completed by EMAS clinician and returned to station for Team Leader (TL)  
TL to return to Clinical Administrator, Beechdale**