



Appropriate Care Pathway Policy

Document Control Sheet

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This policy supersedes all previous issues.

Version Control - Table of Revisions

All changes to the document must be recorded within the 'Table of Revisions'.

Version number	Document section/ page number	Description of change and reason (e.g. initial review by author/ requested at approval group)	Author/ Reviewer	Date revised
02	Whole document	Full review, transferred to the correct policy template for Q Pulse 5. 'Conveyance of patients to a healthcare facility policy' and 'Patients not conveyed to a treatment centre policy' has been merged.	Consultant Paramedic	01/04/2016
03	Whole document		Consultant Paramedic	01/10/2018
03.1	6.0	Provided clarification on the actions to take at non-convey and changed the seeking clinical advice from 'duty CCM' to 'clinical support desk'.	Shane Woodhouse	17/04/2020
04	6.4 6.6	Observations for NEWS EPCR Completion	Lead Consultant Paramedic	8/10/20

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1. Introduction

North East Ambulance Service NHS Foundation Trust is committed to providing responsive, effective emergency and urgent care services, which are appropriate to the needs of patients within our community.

The Trust's 'Safer Care Closer to Home' strategy is being introduced to align the services that it provides, to ensure that the delivery of high quality care is focused on providing the patient with the most appropriate care and that this care is delivered in a place and at a time that best meets their need and utilises the wider resources of the NHS in the most effective and clinically appropriate manner.

A key part of this transformation is the need to support staff in accessing alternative care pathways that enable patients to either remain on-scene, or to be referred /conveyed to an alternative health care setting without the need for transportation to an Emergency Department.

Transfer to the Emergency Department is not always the most appropriate outcome for the patient. The attending clinician may decide that the patient's condition does not warrant the transfer of a patient from their home environment or may consider that a referral to an alternative care pathway is the most appropriate clinical outcome.

Alternatively, the patient may decide that they do not wish to be transported. Patients who refuse transfer to hospital can present clinicians with difficult decisions, with a need to balance patient safety risk and choice, with good practice and professional obligations.

The overriding factors are the need to ensure that all such decisions follow national and local guidelines (where appropriate), that patients are safe to remain on-scene, that all decisions are made in conjunction with the patient and their family / carers and are appropriate, clinically sound and are made in their best interests. Due regard must also be made to the Mental Capacity Act (2005) and the capacity of the patient to make informed decisions.

Where transport is required, this has traditionally focused on the transport of patients to an Emergency Department. However, alternative care pathways are now available to a wide variety of care providers, including specialist centres for acute interventions, bypassing local facilities. On occasion, transfer / transport from a public place to the patient's usual residence may also be appropriate.

2. Purpose

The policy aims to ensure that the North East Ambulance Service NHS Foundation Trust clinical staff have the ability to convey to the most appropriate healthcare facility for their healthcare needs or to non-convey appropriately.

The key objectives of the policy are:

- To ensure that patients are conveyed to the most appropriate healthcare facility
- To ensure that decisions are supported, facilitating optimum patient care.
- Unless appropriately agreed alternative pathways of care or bypass policies are established, patients would normally be conveyed to the nearest healthcare facility
- To ensure non conveyance of patients is managed appropriately
- The policy covers all patients calling through the 999/111 systems

3. Scope

The policy applies to all employees, contracted staff, clinical staff responders and those holding clinical contracts with the Trust to deliver direct patient care

4. Duties - Roles & Responsibilities

4.1 Quality Committee

The Quality Committee is responsible for providing leadership and direction on operational, clinical and health and safety matters.

4.2 Chief Executive

The Chief Executive is ultimately responsible for the statutory duty of quality and takes overall responsibility for the standard of patient care that NEAS delivers to patients

4.3 Director of Quality, Patient Safety, Innovation and Improvement

The Director of Quality, Patient Safety, Innovation and Improvement has delegated responsibility from the Chief Executive for ensuring there are effective governance arrangements to ensure the reduction of risk associated with patient transport and transfer decisions.

4.4 Medical Director and Lead Consultant Paramedic

The Medical Director and Lead Consultant Paramedic have responsibility for ensuring that the Trust provides guidance and support for staff, to enable the utilisation of alternative care pathways and specialist hospital bypasses.

4.5 Chief Operating Officer

The Chief Operating Officer is responsible for providing enough operational support, to enable the implementation of this policy. The Chief Operating Officer is responsible for ensuring that operational staff feel supported to access alternative care pathways and adhere to the policy and the procedures outlined within this document.

4.6 Head of Workforce and Strategy

The Head of Workforce Development is responsible for addressing Trust wide and individual training needs in respect to conveyance or non-conveyance to a healthcare facility, as well as ensuring accurate training records are maintained.

4.7 Pathway Development Team

The Care Pathway Development Team is responsible for developing and implementing alternative care pathways across the Trust. They are responsible for ensuring that all staff have been informed of, receive any appropriate training and practice according to the latest care pathways and guidelines, and are familiar with this policy.

4.8 Clinical Quality Governance Group

The Clinical Quality Governance Group will monitor the implementation and compliance with this policy.

4.9 All Clinicians

All Trust clinicians are responsible for the day to day delivery of patient care and for ensuring that any care pathways and guidelines disseminated within the Trust are adopted and integrated within their personal practice at the earliest opportunity and within the specified timescales. They are also responsible for reducing risk through evidence-based decision making and for completing all relevant documentation to a high standard. Clinicians are responsible for ensuring that they comply with all statutory and regulatory conventions and for maintaining clinical competency in line with their professional obligations.

4.10 All Staff

All staff within North East Ambulance Service NHS Foundation Trust are responsible for ensuring that the principles outlined within this policy are universally applied.

5. Glossary of Terms

This policy uses the following terms:

Term	Description
ED	Emergency Department
PCU	Patient Care Update
CCM	Clinical Care Manager
EOC	Emergency Operation Centre
EPCR	Electronic Patient Care Record
PRF	Patient Report Form
NQP	Newly Qualified Paramedic
GP	General Practitioner
HCP	Health Care Professional

6. Patient Episode Closure

The definition of 'conveyance' for the purpose of this policy is: 'The transfer or transport of patients, medical and clinical personnel, equipment and associated records, including from one healthcare facility to another as well as the initial journey from the scene'.

Conveyance requirements for patients will be determined by ambulance clinicians through a detailed patient assessment within their scope of practice, and in accordance with applicable local and national guidelines. These guidelines include but are not restricted to, those provided by the Trust, Joint Royal Colleges Ambulance Liaison Committee (JRCALC), the National Institute for Health and Clinical Excellence (NICE) and Internal Clinical Guidelines.

6.1 Conveyance to an Emergency Department (ED)

As an emergency service, we will always respond to patients where the most appropriate destination is conveyance to an ED. Clinicians should always ensure that no 'more appropriate' pathways are available before conveying a patient to the nearest ED. These may include pathways that enable care at home or alternative settings. For our most critically ill and injured patients, they include direct transport to a specialist centre.

Patients should normally be conveyed to the nearest ED in terms of travel distance from the scene. In some cases, patients may have a specific pre-existing condition, which requires treatment at a different hospital. Where conveyance to this hospital will not result in an undue increase in travel time and the ambulance clinician agrees that it may be clinically more appropriate, the Trust would support this decision.

Very occasionally, patients may refuse to attend a particular ED, with reasons including a close relative dying there or a previous bad experience. Where conveyance to the next nearest hospital will not unduly increase travel time, the ambulance clinician should consider their request.

6.2 Direct Conveyance (Bypass) to Specialist Centres

For several presentations, including STEMI, Stroke and Trauma, the Trust has agreed direct referral pathways to specialist units, which may mean driving past the nearest ED. Details of each specialist centre, including eligibility criteria and contact numbers can be found within the Trust's clinical guidelines and relevant PCU's.

The decision on whether to bypass a patient rests with the senior ambulance clinician on-scene. Further support is available from the clinical support desk. The decision to bypass is dynamic and may need to be reassessed at any time should a patient's condition change.

Ambulance clinicians bypassing a local ED to convey a patient to a specialist centre within Trust guidance (or where any exceptions can be clinically justified) will be fully supported by the Trust to do so. On occasion this may include bypassing a patient to

the nearest specialist centre eg: if the scanner is off line at the nearest centre for Stroke.

6.3 Conveyance / Referral to an Alternative Pathway

Decisions made to refer to an alternative pathway of care should be in line with national and local clinical guidelines.

Often patients who require admission to Hospital may not need to attend an Emergency Department, with other pathways being clinically more appropriate, (e.g. direct to an Assessment Unit or other appropriate unit). The Care Pathway Development Team is continuously working with all Acute Trusts to develop additional referral pathways.

Where the patient does not require immediate conveyance and there is no requirement for on-going treatment from the Clinician on scene, the EOC should be contacted to utilise a Support Tier Vehicle / ambulance taxi to transport the patient if possible. Appropriate 'safety net' advice and a Patient Information Leaflet must be left with every patient. In these circumstances the referring crew will not remain on scene until the vehicle arrives and will clear the case.

6.4 Clinician Decision not to Convey

The Trust fully supports clinicians to manage patients using the most clinically appropriate care pathway, which often does not necessitate conveyance to an ED. In return for this level of support, the Trust expects that when a patient is not conveyed, a full appropriate clinical assessment will be documented on the ePCR / PRF, with a full sets of observations and NEWS scores completed including:

- Pulse Rate
- Respiratory Rate
- Capillary Refill Glasgow Coma Score
- Blood Pressure
- Temperature
- Blood Sugar Reading (For patients with diabetes or an altered level of consciousness)
- Peak Flow (for all asthmatic patients requiring treatment)
- Pupil Reaction (in all neurological presenting conditions)
- 12 lead ECG (in all cardiac presenting conditions and diabetic patients)

2 set of observations are required if the initial NEWS >3 or the patient has received treatment from NEAS. NEWS should be used to demonstrate improvement and stability before discharge. Observations should be recorded 15 minutes apart for all medically unwell patients. Staff can use discretion for injuries and mental health related conditions. If a patient refuses observation, then the rationale should be documented on the ePCR. Patients that refuse the proposed outcome are exempt from this, but the clinician should consider if the patient has been provided with enough information to make an informed decision if this is not done and communicated to patients.

Appropriate 'safety net' advice and a Patient Information Leaflet must be left with every patient and the rationale for non-conveyance must be clearly documented in the ePCR.

The decision not to convey rests with the senior appropriately trained Ambulance Clinician on scene. Technicians and NQP's must seek further clinical support in line with the NQP working as lead clinician procedure.

6.5 Patient Insistence on Conveyance against Clinician Advice

Occasionally patients may insist that they are conveyed to hospital. The Trust empowers its clinicians to make the most appropriate clinical decision on the requirements for conveyance. If the senior Ambulance Clinician on-scene determines that conveyance is not required, they will be fully supported by the Trust to decline transport.

If the patient remains sufficiently concerned, they should be advised that whilst their condition does not warrant conveyance by an emergency ambulance, they may of course make their own way to Hospital.

Patients should not be conveyed where it is not clinically required.

Technician crews may seek further guidance from the clinical support desk.

6.6 Patient Decision to Refuse Conveyance

A patient has the right to refuse to be conveyed to a healthcare facility. If a patient refuses conveyance and has the capacity to make that decision, the patient decision must be fully documented on the ePCR. The clinician should request the patient signs the ePCR refusing treatment and where possible the signatures should be witnessed. Where patient consent is obtained, a copy of the ePCR will be sent electronically to the patients GP.

If a patient refuses conveyance and the clinician believe after completing a mental assessment that they do not have mental capacity to make the decision, the clinician must act in the patient's best interest in line with the Trust Capacity to Consent to Examination and Treatment policy.

The refusal option on the ePCR should only be selected if the patient refused. Other options should be selected when the clinician advises the patient is safe to be discharged on scene with home management or referral to other services.

You must record the following information:

- Mental capacity assessment is recoded
- The reason the patient requires hospital and the risks of not following this advice (this may be duplicated in the MCA)
- What you advised the patient
- The safety net and worsening symptoms instructions that were provided to the patient
- Who the patient was left in care of
- Non-conveyance paperwork left for the patient
- ePCR signed by the person refusing and a witness (where possible)

6.7 Health Care Professional Admissions

On occasion ambulance clinicians may attend a patient where admission has been booked by another Health Care Professional (HCP), but following assessment the senior ambulance clinician on-scene does not feel that admission is in fact required.

Where insufficient information has been provided on-scene, (e.g. no letter has been left), further information may be obtained in some cases by contacting the Emergency Operations Centre, who will be able to check the incident notes.

Where an ambulance clinician questions the need for admission, they must contact the 'booking' HCP to discuss their concerns. If the 'booking' HCP supports their proposed alternative plan, then this should be followed. Where the HCP does not support the alternative plan, the patient must be conveyed / admitted.

If it is not possible to contact the 'booking' HCP, the patient must be conveyed / admitted.

Where an ambulance clinician believes a conveyance has been inappropriate, feedback should be provided to the Care Pathway Development Team, who will review the case with the relevant HCP / Care Provider.

This approach is necessary, as it has been identified that sometimes the need for admission is not immediately obvious and the 'booking' HCP often has far more knowledge of the patient and the background to admission. Examples can include patients with neutropenic sepsis who often appear well, but require admission and patients known to Community Teams who have previously had blood samples taken.

6.8 Accessing Clinical Advice

Ambulance Clinicians are encouraged to seek further telephone advice if required, to support a safe decision-making process. This is available through the clinical support desk Tel 0300 777 1307.

Whilst another Health Care Professional may provide advice to support the clinical decision-making process, this does not absolve the ambulance clinician from responsibility as the clinician on-scene for the patient's care. Clinicians must not solely rely on any previous assessments or consultation, as this may result in inadequate verbal and physical assessment of the patient.

6.9 Documentation

A fully documented and signed ePCR should be transmitted to the healthcare facility where possible. If the healthcare facility does not have the ability to access ePCR, then a patient information leaflet should also be completed and left at the healthcare facility and signed by the receiving clinician alongside any other relevant documentation e.g. Vulnerable adult referral, mental capacity assessment or falls referral to ensure continuity of clinical responsibility (together with any diagnostic information e.g. ECG printouts).

Any additional communication (e.g. G.P. letters) must also be handed over to the receiving clinician. This will ensure that all information relevant to the patient's presenting condition and any clinical interventional or social services referrals are documented and are included in the patient records.

If the patient is left at home, then a ePCR must be completed and a Patient Information Leaflet must be left on scene.

If consent to share information is obtained from the patient/parent, then the finalised ePCR will be transmitted to the patients GP.

Full and accurate documentation, including the completion of the electronic Patient Care Record (ePCR) or a paper Patient Report Form is required for all incidents, in line with the Clinical Record Keeping Policy.

6.10 Exemptions and Deviation from Policy

It is recognised that there may be occasions where circumstances necessitate an exemption or deviation away from the guidance in this policy. For example, unexpected adverse weather conditions, patient circumstances, internal hospital pressures and/or department closures.

If a clinician deviates from this policy, details should be documented on the ePCR / paper PRF and the EOC informed.

7. Training Required for Compliance with this Policy

The training provided by NEAS will ensure compliance with current national guidelines appropriate to the skill level of the member of staff attending the patient.

Whenever there is a major change in an associated clinical guideline clinical staff will be required to attend or receive update training, as indicated in the Trust's Training Needs Analysis.

8. Equality and Diversity

This policy has been assessed for its equality and diversity impact. Please refer to the Equality Assessment.

9. Monitoring Compliance with and Effectiveness of this Policy

9.1 Compliance and Effectiveness Monitoring

Arrangements for the monitoring of compliance with this policy and of the effectiveness of the policy are detailed below.

10. Consultation and Review of this Policy

This policy has been reviewed in consultation with the Medical Director and the Lead Consultant Paramedic.

11. Implementation of this Policy

This policy will be available to all operational staff through q-pulse.

12. References

This document refers to the following guidance, including national and international standards:

- Mental Capacity Act 2005
- Association of Ambulance Chief Executive (JRCALC) (2020)

13. Associated Documentation

This policy refers to the following Trust documents:

- Safer Close to Home Strategy
- Examination and Treatment Policy
- Clinical Record Keeping Policy
- Capacity to Consent to Examination and Treatment policy.
- NQP working as Clinical Lead