



## **Somerset GP999 Scheme: Summary Activity Report for Quarter 3 – 2018 (Oct, Nov, Dec)**

### **Summary Data on Activity for Q3 for Taunton & Yeovil Cars:**

	<b>Oct 2018</b>	<b>Nov 2018</b>	<b>Dec 2018</b>	<b>Q3 Total</b>
<b>Number of Cases</b>	160	164	204	<b>528</b>
<b>Community Treatment (%)</b>	114 (71%)	115 (70%)	144 (71%)	<b>373 (71%)</b>
<b>ED Attendance (%)</b>	24 (15%)	20 (12%)	28 (14%)	<b>72 (14%)</b>
<b>Admission Direct to Speciality (%)</b>	22 (14%)	29 (18%)	32 (16%)	<b>83 (16%)</b>
<b>Admission to Community Hospital/Hospice (%)</b>	0 (0%)	0 (0%)	0 (0%)	<b>0 (0%)</b>

### **Summary Data on Admission Avoidance for Q3:**

<b>Outcome*</b>	<b>Oct 2018</b>	<b>Nov 2018</b>	<b>Dec 2018</b>	<b>Q3 Total</b>
ED attendance prevented	136	142	174	<b>452</b>
Short Stay admission prevented	73	68	79	<b>220</b>
Long Stay admission prevented	12	14	12	<b>38</b>

\*Estimates are based on a 'best clinical judgment prediction' by the attending GP and/or the clinical lead upon review of case notes & incident details. It is likely that admissions (short and long) are underestimated, as a proportion of the prevented ED attendances may well have resulted additionally resulted in an admission. Cases where an admission (long or short) are prevented usually also prevent an ED attendance unless otherwise stated, and direct admissions usually also prevent an ED attendance. A variety of data sources are used to compile these estimate, including clinical records, CAD, ePCR etc and it represents a 'best judgment'.

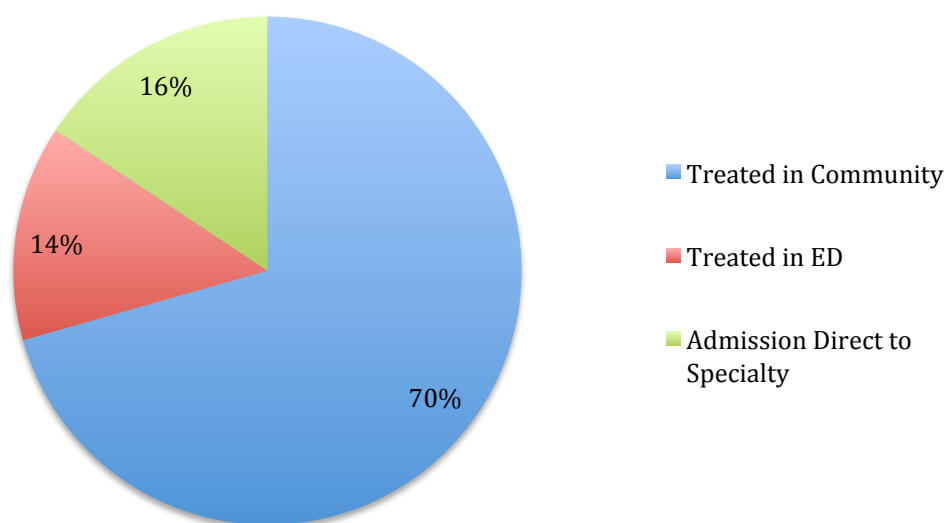


## Summary Estimates Since Scheme Inception

	Cumulative Estimates Since Scheme Start
Hours of GP Cover	6,276 Clinical
Number of Cases	2,745
Community Treatment (%)	2011 (73%)
ED Attendance (%)	307 (11%)
Admission Direct to Speciality (%)	428 (15%)
Admission to Community Hospital/Hospice (%)	14 (<1%)

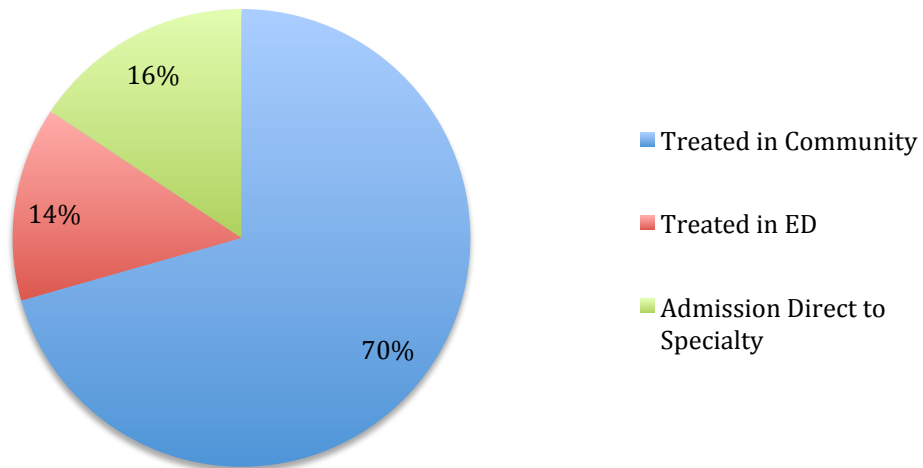
## Graphical Summary of Car Outcomes by Month (Q3)

### GP999 Outcomes - October 2018 (Q3)

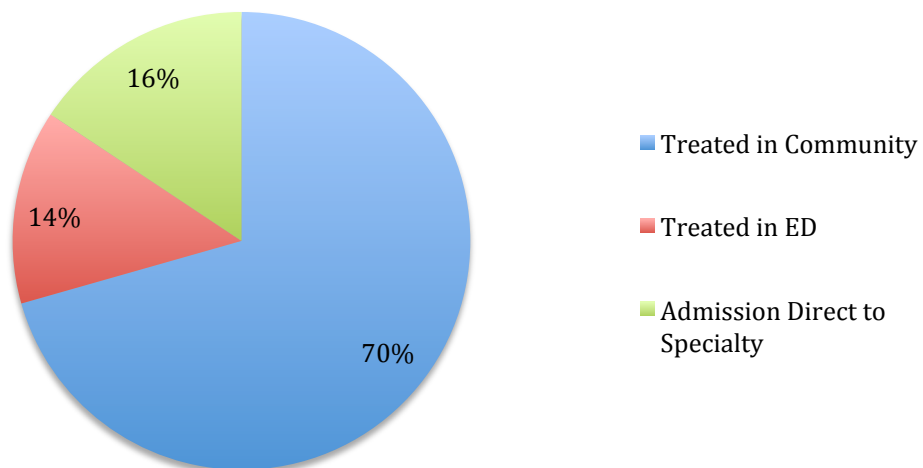




## GP999 Outcomes - November 2018 (Q3)

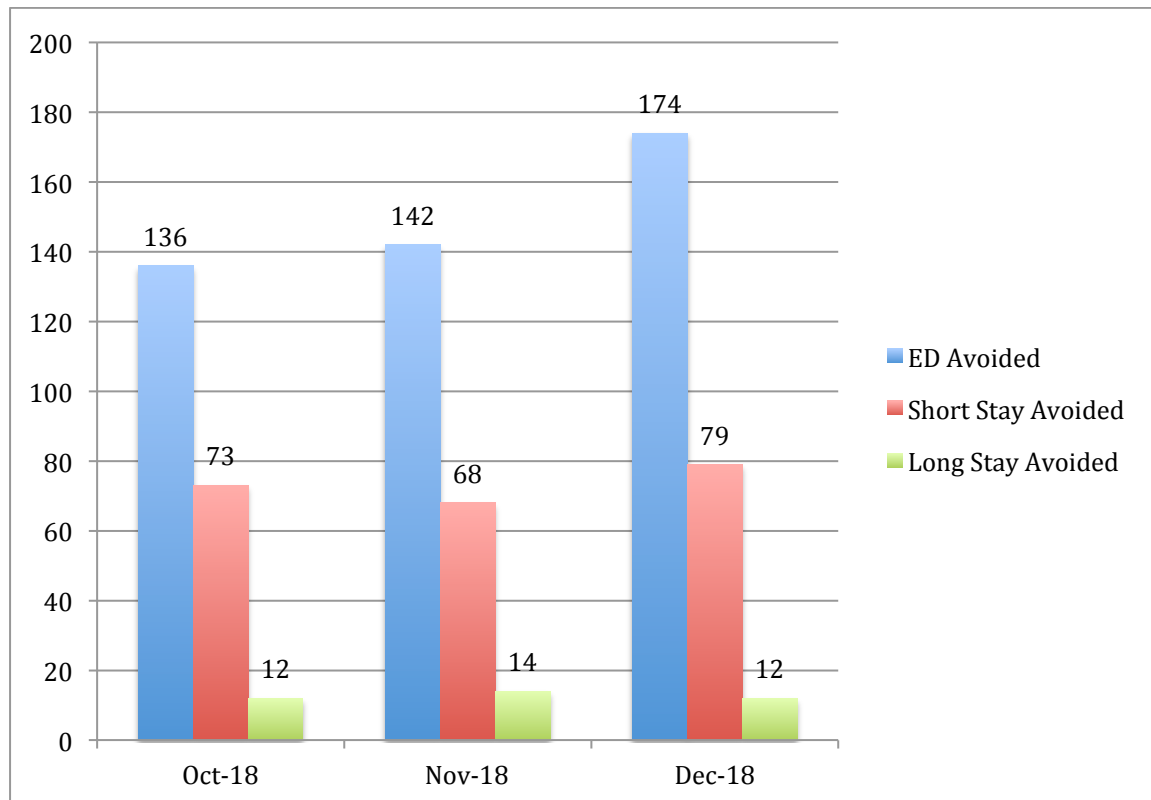


## GP999 Outcomes - December 2018 (Q3)





## Graphical Summary of Admissions Avoided by Month (Q3)



### Key Points:

- Activity levels are notably increased on the previous quarter, with over 100 additional cases handled in this quarter.
- In total, 258 short- and long-stay admissions are estimated to have been prevented during this quarter, an increase of 29% on the previous quarter's activity.
- Clinical shift coverage remains strong, with near 100% coverage of 7-day cover at Taunton and weekend cover at Yeovil, totaling 1,110 hours of Emergency GP clinical cover in Q3.
- Outcome percentages remain stable, with only minor fluctuations month to month. Overall, the scheme averages just 11% of patients referred to ED since inception, a figure that is broadly very stable and well-established.
- Community hospital admission remains challenging, although good early utilisation of the Somerset Rapid Response service appears to be supporting the scheme's ability to keep more complex patients at home.



### **Sub-analysis of patients referred and/or conveyed to ED (Q3):**

A full analysis of ED referral reasons was presented in the previous (Quarter 2 report).

A top-level analysis of the data again shows very similar reasons for ED conveyance, and does not indicate any particular patterns or clinically appropriate alternatives. This is in keeping with previous months and a full case-by-case analysis is therefore not presented.

It is worthy of note that significant advanced clinical interventions are delivered on many of these ED cases, including Advanced Life Support, decision-making support around destinations within the Trauma Network, and the performing of interventions not usually within Paramedic scope of practice.

### **Sub-analysis of patients referred directly to a specialism (Q3):**

The reasons for direct-specialism referrals broadly remain similar to the first and second quarters of 2018. The GP car access a range of specialism directly, including those for which there are no formal 'admission avoidance' pathways, but for whom a clinician-to-clinician discussion enables the negotiation of a suitable direct admission for the patient. This is a significant advantage of the ready access to a senior clinical decision-maker.

A top-level analysis shows very similar and stable referral patterns to previous quarters, and therefore a full case-by-case analysis has not been undertaken this quarter. Direct medical admissions remain the most common direct-specialism outcomes.

The GP999 service has also benefitted from being able to refer into the Somerset Rapid Response service, which began accepting referrals half way through this quarter. Relationships have been established with the management of this service to look at which cases appear to benefit the most from RR input.



### **Other Key Quarter 3 Developments:**

- Following discussion with the CCG in December, funding has been agreed to offer extended hours cover from the Taunton location for some of the week.
- This is being delivered as a 'twilight' shift, 19:00-00:00 on Fridays, Saturday, Monday and Tuesday evenings.
- Crew feedback and service demand data indicate that these hours will be most useful to support the front line service, and the impact upon the EDs and Admission Units of the Acute Hospitals.
- These additional hours will be separately reported in the Q4 report, to understand if this additional provision is indeed having the intended benefits.
- SWAST is actively exploring other ways to gain the most value from the GP999 support for the front-line urgent care service in Somerset, including how best to utilise the GP999 service to provide support for the role and remit of the Specialist Paramedics in Urgent & Emergency Care.

Dr Matt Booker, Local Clinical Lead, On behalf of the Somerset GP999 Project Team  
January 2019