



Somerset GP999 Scheme: Summary Activity Report for Quarter 2 – 2018 (Jul, Aug, Sept)

Summary Data on Activity for Q2 for Taunton & Yeovil Cars:

	July 2018	August 2018	Sept 2018	Q2 Total
Number of Cases	143	133	137	413
Community Treatment (%)	101 (71%)	90 (68%)	91 (66%)	282 (68%)
ED Attendance (%)	16 (11%)	15 (11%)	14 (10%)	45 (11%)
Admission Direct to Speciality (%)	24 (17%)	27 (20%)	31 (23%)	82 (20%)
Admission to Community Hospital/Hospice (%)	2 (1%)	2 (1%)	1 (<1%)	5 (1%)

Summary Data on Admission Avoidance for Q2:

Outcome*	July 2018	August 2018	Sept 2018	Q2 Total
ED attendance prevented	127	116	122	365
Short Stay admission prevented	58	55	60	173
Long Stay admission prevented	11	10	6	27

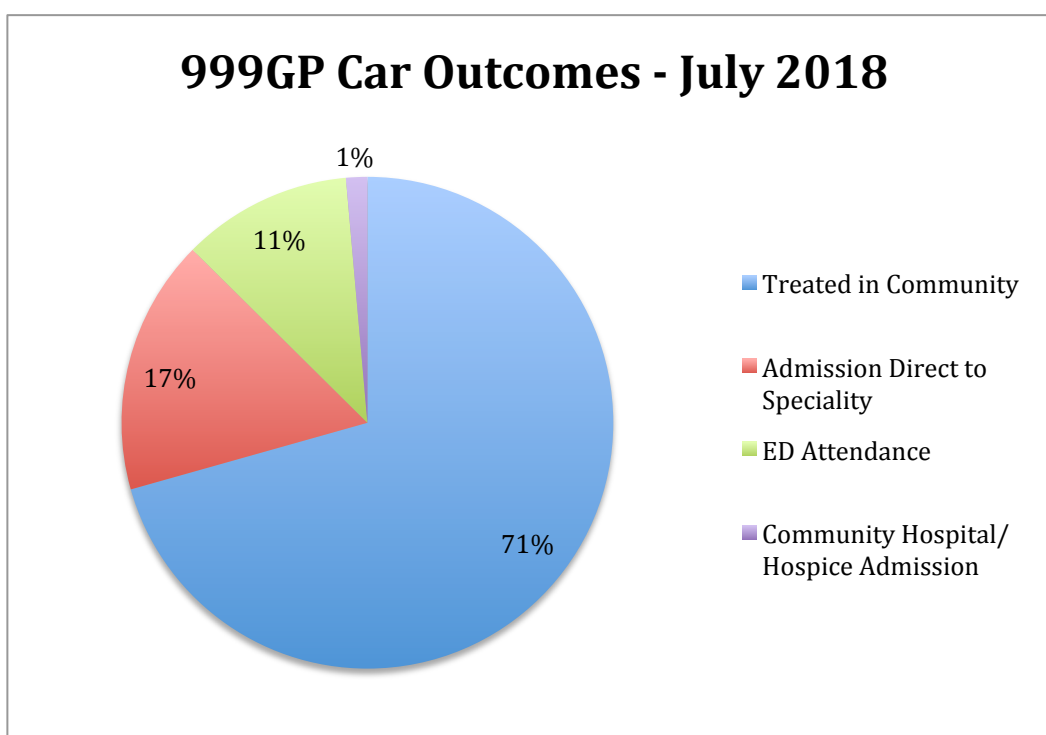
*Estimates are based on a 'best clinical judgment prediction' by the attending GP and/or the clinical lead upon review of case notes & incident details. It is likely that admissions (short and long) are underestimated, as a proportion of the prevented ED attendances may well have resulted additionally 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

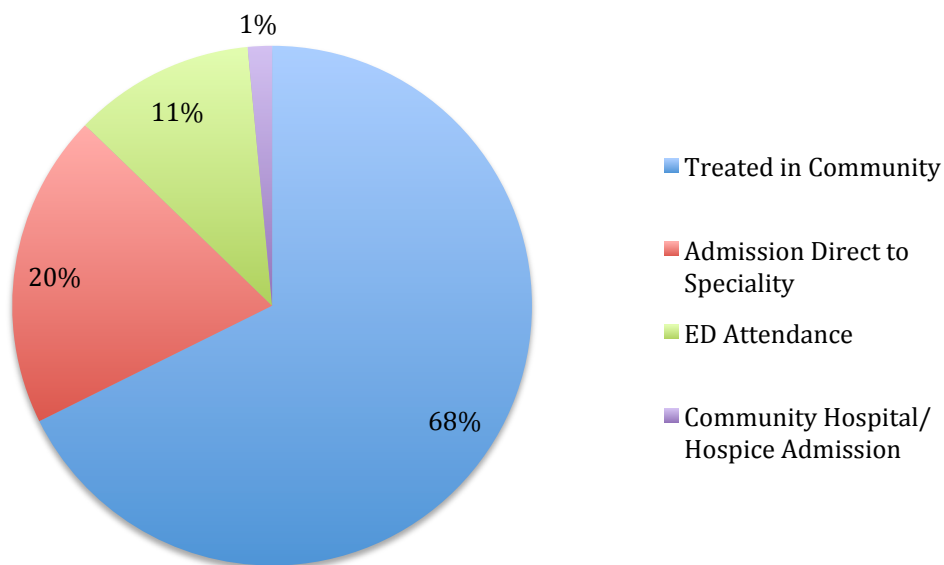
	Cumulative Estimates Since Scheme Start
Hours of GP Cover	5166 Clinical
Number of Cases	2,217
Community Treatment (%)	1638 (74%)
ED Attendance (%)	235 (11%)
Admission Direct to Speciality (%)	345 (16%)
Admission to Community Hospital/Hospice (%)	14 (0.6%)

Graphical Summary of Car Outcomes by Month (Q2)

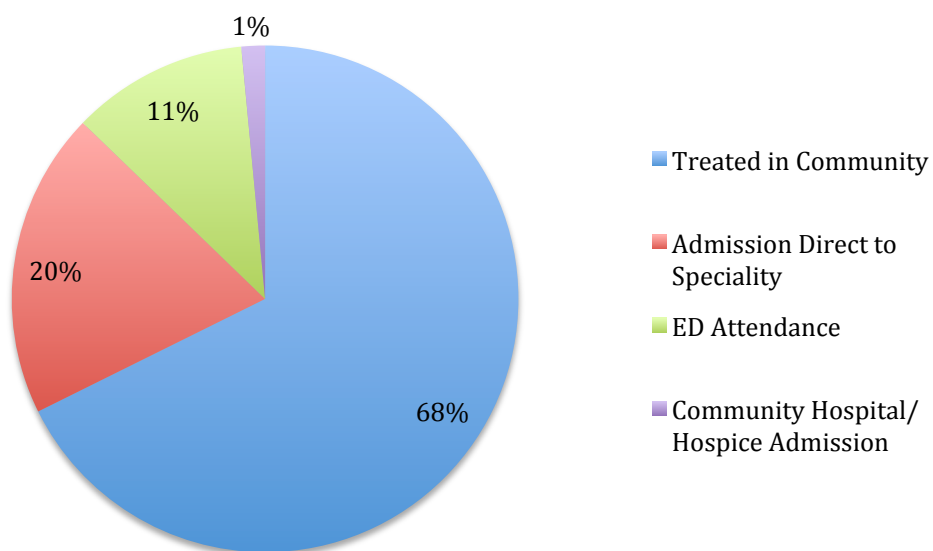




999GP Car Outcomes - August 2018

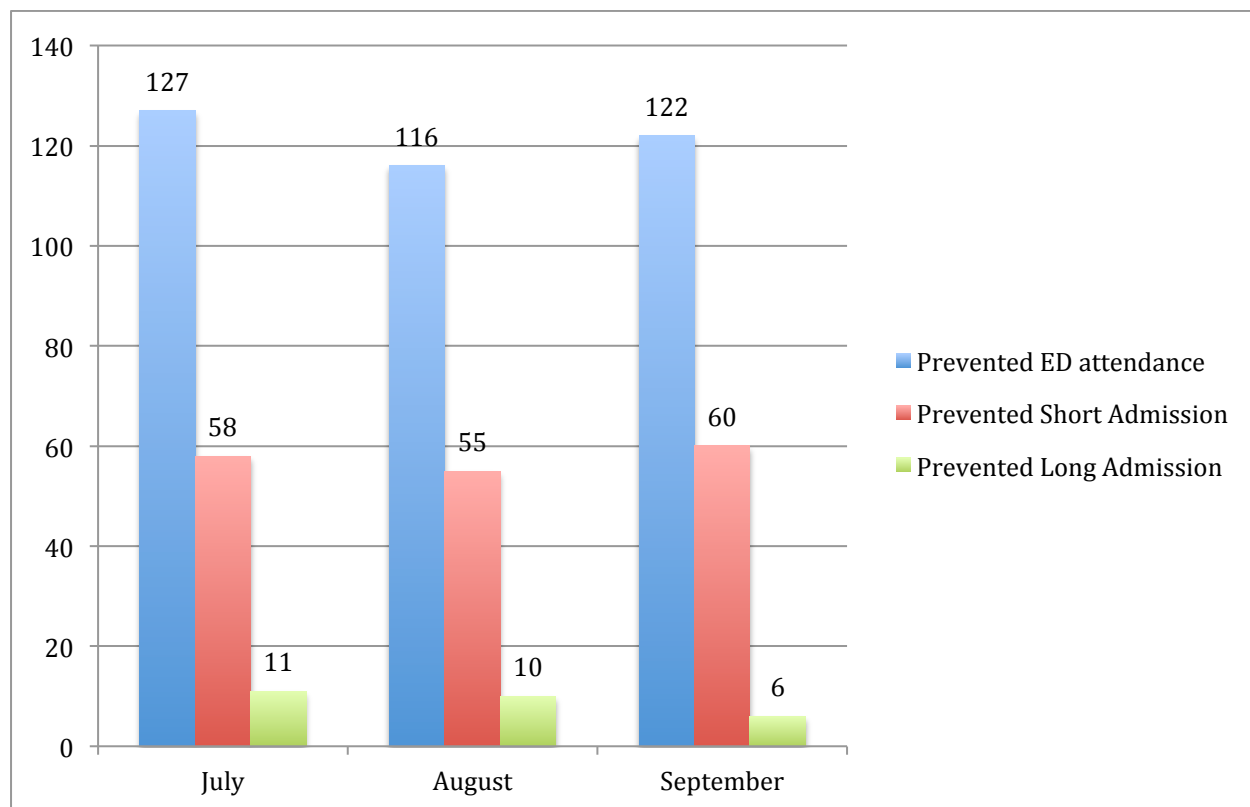


999GP Car Outcomes - September 2018





Graphical Summary of Admissions Avoided by Month (Q2)



Key Points:

- In broad activity terms, the cars remain busy, well utilised and activity is in line with previous experience with only minor fluctuations of percentage points in outcomes.
- The role of the GP999 car in facilitating admissions direct to medical / surgical specialism appears to continue as a significant benefit.
- This has clear benefits to the urgent and emergency care system, in terms of avoiding ED-level care when not required, and ensuring that those patients who do require inpatient or specialist care reach the right beds in a timely and streamlined manner.



Sub-analysis of patients referred and/or conveyed to ED (Q2):

To provide some further qualitative understanding of the reasons behind conveyance and/or conversion to ED outcomes, reasons extracted from clinical records and audit sheets are presented below:

Emergency Department Referrals – July 2018

- ED - Recurrent seizures and likely sepsis
- ED - Acute Stroke
- ED - Intracranial event / haemorrhage
- ED - Prolonged apnoea in paediatric patient
- ED - cardiac arrest, handed over with return of circulation
- ED - ?Renal pathology in mid-trimester pregnancy
- ED - unconscious ?cause
- ED - Fall with significant head injury
- ED - possible subdural bleed
- ED - Sepsis of intra-abdominal source
- ED - Fall, head injury and taking anticoagulants
- ED - COPD exacerbation, not suitable for MAU due significant resp distress
- ED - ?cauda equina syndrome
- ED - Serious head wound following fall, attempted closure but failed
- ED - Traumatic seizure, first fit
- ED - Dislocated Ankle

Emergency Department Referrals – August 2018

- ED - Motorcyclist RTC, de-gloving injury requiring plastics input
- ED - Ectopic pregnancy (direct referral rejected)
- ED - Head injury and agitation ?intracranial bleed
- ED - Seizure ?progressive brain tumour, imaging needed
- ED - ?skull fracture following fall
- ED - Hypoxic with new cardiac failure
- ED - stridor / acute airway compromise - to resus
- ED - significant respiratory compromise ?infective - to resus
- ED - paediatric TOF with aspiration
- ED - Fractured shoulder
- ED - ?AAA
- ED - Rhabdomyolysis
- ED - ?AAA
- ED - ?Perforated DU, acutely unwell, stabilisation and scan needed
- ED - Troponin in ED and OP follow up facilitated, thus avoiding admission
- ED - Paediatric pt with severe bronchiolitis
- ED - Attempts to admit UTI sepsis directly to specialty declined



Emergency Department Referrals – September 2018

ED - ?Intracranial septic focus of seizures

ED - AAA rupture

ED - Cardiac arrest with ROSC

ED - paediatric patient swallowed coin

ED - Head injury and significant confusion, scan needed

ED - Decompensated HF needed resus

ED - acute abdo pain ?surgical ?medical

ED - Seizure

ED - Uncontrolled back with with IV morphine ?cause

ED - LOC ?cardiac cause - unstable

ED - Symptomatic tachycardia ?cause

ED - Neck pain ?trauma unmanageable pain

ED - significant head injury

ED - tonic-clonic crescendo seizures

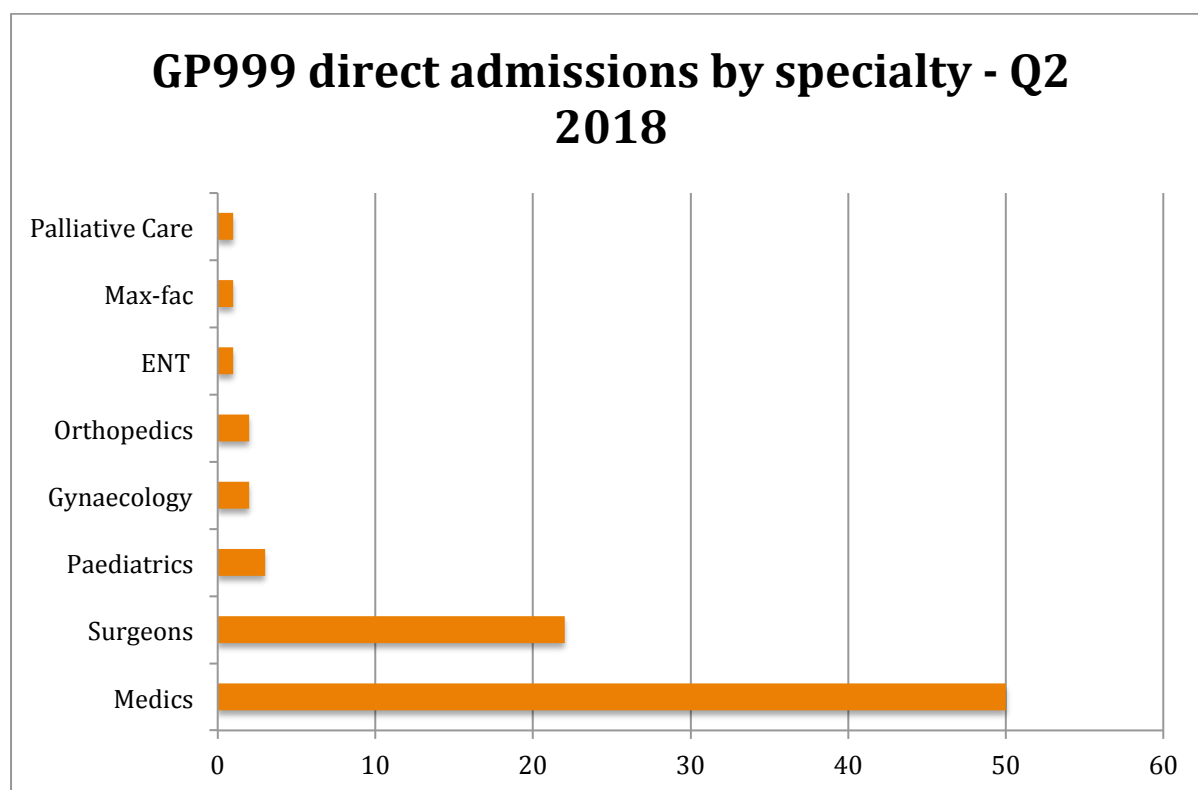
Key points from this analysis indicate:

- There are no, realistic, viable alternatives for almost all of these patients without exception. Occasionally, ED conveyance is the result of all practical attempts to refer down other routes being met with a barrier. The scheme will begin to keep records of these examples, to highlight whether there are any trends or opportunities to explore what might be occurring in these cases. This is, however, uncommon.
- The 999 GPs continue to manage some significant high-acuity cases within their scope of practice.
- The 999 GPs regularly have meaningful advanced input in the care and treatment of seriously unwell patients – the value of this input is not captured through simple admission-avoidance outcome-based metrics.
- ED conveyance remains a small percentage of the overall contact outcomes, and is more commonly for trauma related conditions. However, a significant number of 'minor' trauma outcomes also have medical or social complexity underpinning them, which can benefit significantly from acute GP input. It would, therefore, not be an advantage to direct the car away from all trauma calls as a policy decision, as this will miss opportunities for meaningful input and admission streamlining.



Sub-analysis of patients referred directly to a specialism (Q2):

The reasons for direct-specialism referrals broadly remain similar to the first quarter 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.



Key points from this analysis indicate:

- The range of direct specialism referrals remains broad, appropriate and appears to add significant value to the patient journey and experience.
- The vast majority of these referrals would be inaccessible to paramedics via the existing channels.
- The commonest referrals are for typical urgent/emergency care problems (possible acute coronary syndrome, sepsis, acute abdominal pathologies) which benefit from receiving prompt assessment and treatment from an appropriate specialty, to minimise inpatient time where possible. These are therefore very 'appropriate' admission referrals, and having access to



this via the GP999 scheme undoubtedly streamlines the flow of patients who need to be in an acute hospital.

- There are some signs of slightly improved access to community hospital beds.

Other Key Quarter 2 Developments:

- Electronic patient care records (ePCR) are now fully live on both vehicles, enabling access to a wider array of information sources, Summary Care Record data access, GP letters to be emailed directly to surgeries, and the generation of richer bespoke data-reports.
- Rota coverage remains excellent in the upcoming months as the service moves into the winter period, with potential capacity to increase cover over the winter months if required.
- The service has undertaken a mapping and review exercise to model capacity across several different scenarios (cars operating out of 1 location, split shift times, additional day cover), and all are potentially viable with GP interest and capacity to explore these options.
- The service aims to remain responsive through the Q3 period as we move into winter.

Dr Matt Booker, Local Clinical Lead, On behalf of the Somerset GP999 Project Team
October 2018