Royal College of General Practitioners and Warwick Medical School Annual Education, Research and Innovation Symposium 18th May 2017 Abstract Submission Form

PRESENTER'S DETAILS	
Title	
Dr Amardeep Heer	a.heer@nhs.net
Department or organisation	
Lakeside Healthcare	
Category Innovation Project	
PRESENTATION DETAILS	
Authors	Title of Study
Dr S Maitland-Knibb Dr M McGrath Dr A S Heer	A new model for pre-hospital urgent care management.

What's the problem you are tackling?

University Hospitals Leicester ED is the busiest ED in Europe with significant issues around meeting national seeing/treating 4 hr targets in addition to reduced performance of the East Midlands Ambulance Service in discharging patients safely into the ED. The purpose of this innovative project was to show that patients could be safely assessed and managed at home with a reduction of inappropriate admissions and reduced EMAS transfers in a cost effective model of healthcare delivery.

How did/will you do it?

An appropriately experienced urgent care physician in pre-hospital care was dispatched in a remote vehicle with a paramedic colleague. Calls were directed from EMAS to the clinician to triage and decide which could be visited by the RV. The service ran from 12noon to 10pm at night 7 days a week for a trial period of a month and has now been formally extended for a 6 month pilot project based on the initial results.

What did you find?

162 visits were undertaken over 19 shifts in January. 77% of those were treated at home and therefore hospital admissions were avoided. 14% were referred to the most appropriate part of ED be that resus, ED Majors or Minors. 7% were admitted into hospital directly to a speciality thereby avoiding going through ED.

Why does this matter?

ED departments and Ambulance services across the country are experiencing ever increasing users of their services which is putting a unsustainable strain on them. Our innovative project could be the basis for similar services to be delivered on a national scale to reduce admissions whilst provided high quality urgent pre-hospital care in the community. We will be running a formal 6 month pilot study of the service going forward. Estimated cost of an admission avoidance has been put at £163 using this service compared to £1000+ for admission into ED and transfers by EMAS.