

Royal College of General Practitioners and Warwick Medical School
Annual Education, Research and Innovation Symposium
16th June 2016 - Abstract Submission Form

PRESENTER'S DETAILS Session E. Doing Things Differently		
Title (Prof, Dr, Mr, Mrs) Dr	First Name Manuel	Surname Villarreal
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Category Research		
PRESENTATION DETAILS We evaluate the conveyance rate to Emergency Department (ED) when paramedic crews from the Ambulance Service are supported by face-to-face or telephone assessment from General Practitioners (GP). The assessment by the ambulance service from a total number of 23,395 contacts to the 999 system during the evaluation period occurred in a county in the Midlands. The involvement of GPs in supporting ambulance crews' decision-making appears to enable a large proportion of patients to avoid transfer to an ED, and potentially avoid subsequent admission		
Authors Villarreal Manuel , Leach Jonathan , Ngianga-Bakwin Kandala, Dale Jeremy		Title of Study CAN A PARTNERSHIP BETWEEN GENERAL PRACTITIONERS AND AMBULANCE SERVICES REDUCE CONVEYANCE TO EMERGENCY CARE?
What's the problem you are tackling? The urgent and emergency care system in the National Health Service (NHS) is struggling to meet a number of key targets. There is overcrowding in emergency departments and use of emergency services is not used appropriately. In the last 10 years there is an increase in the use of ambulance services.		
How did/will you do it? We evaluate a service in a county in the Midlands where GPs support ambulance crew with urgent cases in the pre-hospital setting.		

What did you find?

The service was used mainly over the weekend (55.8%), and 63.1% of users were in the 61+ year's age group. Of those who received GP input, 1500 (78%) patients were not transported to hospital, 1026 (84%) seen face to face and 474 (69%) assessed via telephone respectively. Those aged greater than 75 years ($p < 0.01$) and those who were attended face to face ($p < 0.01$) by the GP were less likely to be transferred to an ED.

Why does this matter?

The involvement of GPs in supporting ambulance crews' decision-making appears to enable a large proportion of patients to avoid transfer to an ED, and potentially avoid subsequent admission. Significant impact was shown for both patients seen face to face and those where a paramedic requested telephone advice from the doctor. However, further use of the ambulance service, ED or general practice in the hours and days following the call was not assessed, and hence the overall impact and safety of this service innovation requires further evaluation.