Providing effective and timely 'in hours' urgent primary care response and support

Overview

There are a number of reasons to introduce additional resources to provide 'in hours' urgent primary care home visiting response and support e.g.,

- To avoid practice surgery interruptions, delayed visits and consequential peaks in demand for Ambulance Service and Emergency Department;
- To support collaborative working with the Ambulance Service pathfinder initiatives;
- To provide a Senior Clinician decision maker response;
- To meet the urgent needs of a patient who may otherwise call 999.

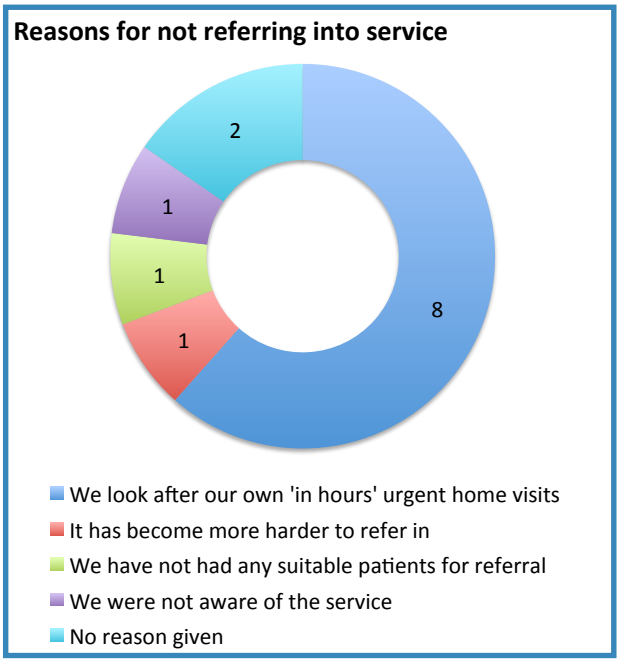
Acute Visiting Services (AVS) are often expected to take referrals from GP Practices, Paramedic Pathfinders, Nursing Homes and Allied Health Professionals. The aim is usually to be by the patient's side within 2 hours or less.

Fusion48 were commissioned to evaluate an Acute Visiting Service that had been operational for around 14 months to inform future commissioning decisions. The requirements of the evaluation were:

- Identify patient needs;
- Understand whether AVS Doctors are able to meet needs once identified;
- Assess the impact/outcomes achieved by the service e.g. are admissions appropriately avoided, or are they just delayed.

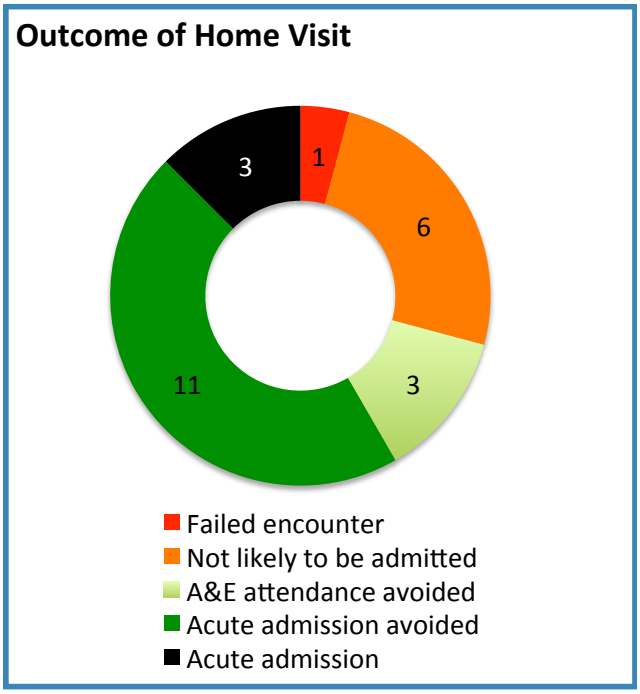
Our approach had three main strands:

1. **Quantitative data analysis**. The data analysis supported and augmented the clinical audit and included analysis of AVS and related datasets at episode level.
2. **Clinical review of a sample of AVS patients.** The aim of this was to gather information not easily accessed via quantitative analysis of data and to bring the evaluation to life and provide a focus on the needs of the patients and the interaction of the different parts of the urgent care pathway.
3. **Feedback from those involved in the service**. Achieved through structured interviews with key individuals and a short online survey to gather wider input from GP Practices, Ambulance Service and AVS staff. Information on patient experiences was gathered via GP practices.



Key findings with wider applicability

- The demand for home visits requested both via Ambulance Service and from GP practices is driven by the needs of older people with frailty and complex needs.
- The majority of the presenting symptoms are typically characteristic 'points of crisis' for people with frailty, such as falls, dizziness and breathlessness.
- The particular features of 'added value' offered by the AVS in the admission avoidance cases included:
  - **Prompt and comprehensive assessment**, enabling diagnosis at the point of crisis;
  - **Urgent diagnostics**, specifically the ability of the AVS to take urgent blood tests at the time of the visit, which were then used to inform patient management plan;
  - **Senior clinical decision making**, combined with willingness to support patient choice and independence, not just to 'manage risk'.
- The scale of the service means it is very vulnerable to peaks in referral rates, particularly in the late afternoon.



- The main area of recommendation related to building upon the demonstrated expertise of the AVS in the community management of people with frailty and complex needs. This has significant potential to develop the key transitional care component as the hub of an innovative and comprehensive older people's pathway.

- Findings were shared with commissioners, service staff and referrers into the service and the implications discussed together collaboratively and used to shape service improvement and commissioning intentions.

Case Example: Prompt and comprehensive assessment, enabling diagnosis at the point of crisis

89 year old patient who lived alone had been suffering from recurrent dizziness and falls for several months. Had been seen by GP previously and investigations including ECG had been normal. On the day in question had a worse episode of dizziness and fell. Daughter came to his assistance and she called ambulance. ECG by paramedics showed Atrial Fibrillation, which had not been present when seen by GP in between the episodes. AVS called by paramedics. Likely diagnosis of paroxysmal AF was fully explained to the patient and his family. Patient and family were keen to avoid hospital admission and the AVS doctor supported their wishes. Initial advice and treatment was given and follow up with own GP arranged for the next day. The family also brought the patient's bed downstairs and arranged for a family member to stay with the patient.