

New role has 'phenomenal' effect on Emergency Departments

How a new role is easing emergency access to hospitals, improving patients' experience and saving money



Picture the scene: an elderly, frail man with advanced dementia falls at his nursing home. Bleeding heavily and in shock, he needs urgent healthcare. Staff ring '999'. An emergency care practitioner (ECP) arrives, speedily assesses the situation, cleans and stitches the wound and calmly reassures the patient as his familiar carers remain close at hand. Satisfactorily treated, the elderly man is led away to rest in his room having never had to visit an Emergency Department.

This true scenario is now being replicated as the role of ECP is rolled out nationwide. Not only is patients' experience greatly improved, the use of ECPs in primary and secondary healthcare significantly reduces costs and relieves pressure on the organisation.

Benefits

Benefits for employers

- 30% fewer patients transferred to an emergency department¹
- 48% of elderly patients suffering a fall did not need to be admitted to an emergency department
- More cost effective use of staff - an ECP attending a 999 call costs much less than sending an ambulance²
- Increased workforce capacity
- Increased patient satisfaction - evidence shows

that patients prefer to be treated close to or in their own homes

- Speedy, effective service - fewer clinical and administrative processes
- Personalised service - ECPs respond to individual care needs
- Clearly defined competences give staff the right skills and confidence to make safe clinical decisions
- Opportunity to develop new skills and expertise
- Opportunities for career progression.

"The effect of using ECPs has been phenomenal. In some areas of the Trust up to 90% of 999 cases are discharged without needing further emergency care. Emergency departments are the lynchpin of an acute trust, so reducing the pressure on a unit in this way has a major beneficial impact on the whole hospital."

Mark Ainsworth-Smith,
Consultant ECP, South Central Ambulance Service NHS Trust

What we did

Current statistics show that over three quarters (77%) of 999 calls result in admission to an emergency department (ED). Health sector employers face a number of pressures in the area of urgent, unscheduled care including the drive to lower waiting times in emergency departments. The imperative to develop a more flexible model of care was clear.

Skills for Health has the key task of developing and managing a portfolio of national workforce competences which describe the performance criteria, knowledge and understanding required to carry out a specific role effectively.

Skills for Health worked with a number of employers to develop a competence framework for emergency, urgent and unscheduled care, the basis for devising the role and learning programme for emergency care practitioners (ECPs).

The flexibility of the ECP role means they can be used in a number of ways. In some areas, they attend with rapid response vehicles to all three call categories. Other ambulance trusts use ECPs to staff a clinical support desk that advises on clinical decision making, for example assessing whether it is appropriate to send an ECP colleague to treat at the scene. ECPs can also support primary care staff, providing home visits and out of hours cover for example. They can also be based in minor injury units or prisons or treat people in their home or care environment.

Consultant ECP Mark Ainsworth-Smith is a keen proponent of using ECPs as widely as possible. He has collated data about the use of the role in his trust, South Central Ambulance Service NHS Trust (SCAS).

This data shows that almost a third (30%) of patients avoided transfer to an emergency department when treated at the scene by an ECP. For all categories of 999 calls, admissions to EDs were significantly reduced¹. Almost half (48%) of elderly patients suffering a fall and seen by an ECP did not need to be admitted.

References:

1. Source: Mark Ainsworth-Smith, South Central Ambulance Service NHS Trust: Data collated data from 100 randomised patient forms from October and November 2009.
2. Cost of an ECP per attendance in an urban area: £58, an emergency ambulance: £81. Per attendance in a rural area, ECP: £108, an ambulance: £170. Source: Skills for Health 2007.

“The development of ECPs is one of the great innovations of the new NHS.”

Professor Sir George Alberti
National Director for
Emergency Access

Contact us now to find out how we can help you achieve greater quality and productivity.

Skills for
Health

Skills for Health is the Sector Skills Council for all health sector employers: NHS, independent and third sector. Since 2002 we've been working with employers to get the right people, with the right skills, in the right place at the right time. We are the authoritative voice on skills issues for the health sector and offer proven workforce solutions and tools - with the expertise and experience to use them effectively. To find out more about our unique competence-based approach to workforce transformation and how we can help you drive up productivity and quality visit www.skillsforhealth.org.uk

Tel: 0117 922 1155

E-mail: info@skillsforhealth.org.uk

www.skillsforhealth.org.uk