

What we did

- Having worked closely with local paramedics we saw that their skills (e.g. urgent assessment, risk assessment, knowledge of the urgent care system) could apply to some urgent home visits.
- So we tested out employing one paramedic to undertake urgent home visits – this went extremely well
- We recognised that the same skills could equally apply to some of the same day, urgent needs of patients presenting at the practice. We tested this out and it also worked extremely well.
- We now employ 4 part-time (2 whole time equivalent) paramedics who run all same day demand as *sit and wait* clinics and provide home visits. We have called the posts Primary Care Practitioners (PCPs). In total 2 PCPs are on duty each day and cover 5 days per week, one is roving for home visits and the other is practice-based
- We have now completely changed the arrangements for managing same day demand. All patients are seen as sit and wait and all are initially seen by the PCPs.
- GPs at the practice provide support throughout the day to the PCPs at planned and ad hoc times
- GPs see any patient whose needs require the knowledge, skills and experience of the GP
- Professional Indemnity is organised through Greybrooks. It applies to the individual paramedics and is not part of a group scheme.

Primary Care Practitioners (PCPs)



Main outcomes so far

- A high proportion of same day demand is now managed by PCPs (over 95%)
- Patient feedback is very positive
- GP morale has improved, GPs are going home at a more civilised time each day, PCPs are enjoying the roles
- Home visits are managed earlier in the day, admissions to hospital are also arranged earlier
- Having 4 PCP posts allow for cover and continuity of the service

What we plan to do next

- Discuss options for delivering same day demand with other local practices and provided as a hub
- Discuss with GP Education Trust development of generic training and package of Continuing Professional Development (CPD)

Advice for others

- Introduce the roles incrementally
- Have a good induction to Primary Care (EMIS, how the practice works, who does what, practice culture, build in more support at the beginning)
- Build in planned debriefing time throughout the day between GPs and PCPs. This provides support to the staff, clinical oversight, builds trust and confidence
- Do not assign a set timeframe in which PCPs have to manage patients – allow clinical discretion
- Change same day bookable appointments to sit and wait, no triage. (Appointments with a GP remain bookable)
- Select the right people, not just anyone
- Approach training and CPD on an individual basis

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