

Unscheduled & Urgent Care Service: Piloting the use of Paramedics in Remote & Rural Dumfries & Galloway

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Background

The new GMS contract recognises that GP workload has become unmanageable. Unscheduled urgent care as home visiting, and in surgeries contributes significantly to workload and within a remote and rural location, the impact of this is greatest felt.

Our Problem

An audit in 2018 within the Wigtownshire locality of Dumfries & Galloway identified the 8 practices carried out 121 house calls per week, a total of 50 hours GP time.

The impact of this is more heavily felt in the most rural sector of the locality, “the machars” where GP numbers have fallen from 14 to 9, covering 3 practices and 6 surgery sites with further GP losses expected in the next year.

Machars practices spent 19 hours per week visiting – the equivalent of 4 GP sessions.

Rurality also means we are often the first contact for chest pain and minor trauma.

Our Objective

To demonstrate the use of paramedics for unscheduled care is:

1. Safe and effective
2. Acceptable to patients
3. Directly positively impacts on GP workload

Challenges to success

1. Attracting paramedics to work in a new role
2. Sustainability of SAS paramedic provision to support primary care
3. Attracting over stretched GPs to be involved as mentors
4. Acceptability to patients
5. Ensuring patient safety

What we did

- 2 practices in The Machars were selected based on rurality / high demand / ability to offer peer support.
- 3 paramedics rotated through a 4-week induction in practice.
- 1 paramedic each week on a 3-week rota, attached to a single practice each day.
- Rotational model ensured no skills atrophy for acute and trauma care for the paramedics
- House calls triaged by GP and allocated to paramedic.
- GP consulted for advice as appropriate and if needed patient reviewed. Prescriptions issued by GP.
- Unscheduled urgent presentations to the practice also seen when required.

What we learnt

- After just 6 weeks 45% reduction in GP time spent visiting
- In practice the impact on our workload feels much more than this.
- Working alongside paramedics for unscheduled care is effective / acceptable to patients / and is safe with no significant events.
- Local paramedics have the kind of local knowledge of patients and their families GPs have – this is important.
- Prof to Prof mentoring and relationship building is crucial for an effective service to develop.
- Paramedics have skills and knowledge easily transferable to primary care
- Paramedics developed their assessment skills for lower acuity patients which is applied in the pilot and their wider role.

What next?

The pilot still has 6 weeks to run and we plan to trial afternoon emergency appointments where patients will be reviewed in the surgery by the paramedic, another element of unscheduled care. The impact on GP workload of having paramedics in practice has been significant. This model fits with Scottish Ambulance Service vision for 2020 and we plan to work together to determine the resource requirements for a model to roll out across the region.

We need your feedback to help us improve. Let us know your thoughts on this case study by completing our [online form](#).