



Yorkshire Ambulance Service   
NHS Trust

## Standard Operating Procedure for GP Triage (YAS Clinician referral to in hours GP)

# 1. SOP Statement

- Ambulance clinicians attend many patients that may not need attendance or admission to hospital.
- Currently ambulance clinicians have limited options for their patients
- This gives the patient and GP the opportunity for home based care delivered by a variety of clinicians or services, if appropriate to need, in preference to the patient being presented at the emergency department.
- This procedure applies to all ambulance clinicians including technicians, Paramedics and extended role practitioners.

## 2. Objectives:

- Direct conversation and clinical discussion with a GP by the attending ambulance clinician can ensure an appropriate care plan or suitable pathway for the patient

## 3. Scope:

- This procedure applies to referrals that are made to the in hours GP service.
- This procedure applies to calls that were YAS emergency calls and **not** to GP urgent calls. Ambulance clinicians can consider referrals from calls that originated from NHS Direct /111 if the patient meets the referral criteria and consents to the referral.
- This procedure relates to patients that are in a home environment or in their normal community setting.
- This procedure relates to patients who are registered at a local GP practice and for those who reside in the Clinical Commissioning Group (CCG) area.

### **Exclusion criteria**

- Where a patient expresses a wish to be transported to hospital and does not agree to referral to a GP.

## 6. Duties/Responsibilities:

- If the GP accepts a referral from the ambulance crew, then they will accept clinical responsibility for the on-going care of the patient from this point onwards.
- YAS must complete a non-transport form which details the name of the paramedic.
- The GP will conduct a home visit where appropriate, and is responsible for recording the clinical outcome code following the consultation.
- If the GP does not accept the referral then responsibility for the patient remains with the ambulance clinician.

## 7. Methodology:

- Assess and treat the patient in line with your current practice and protocols.  
If the patient's condition:
  - **is non-life threatening**
  - **does not involve trauma that can only be managed in an emergency department**
  - **has no requirement for an X-ray**
- Contact and discuss with the GP to determine who the most appropriate care provider is and the care location, which will best meet the patient's needs – before a conveyance decision is made.

# How to contact GP

- Ring GP practice on normal practice number and use the standard phrase '**Ambulance to GP Triage Call**'. Request to speak directly to a GP or agree that GP will aim to call you back within 10 minutes
- If you don't get through to GP practice after 2 minutes hang up and ring YAS Clinical Hub and request the bypass number / health professional's number as an alternative if this is available.
- In all cases after 10 minutes of attempting to ring a GP and not getting through then consider alternative care plan for the patient.
- When waiting for ring-back from GP, if you are not called back within 10 minutes then you should make one re-contact attempt, wait no more than 5 minutes then consider alternative care plan for the patient.

# How to contact GP - continued

- Provide GP with information using SBAR communication tool:
  - **S**ituation
  - **B**ackground
  - **A**ssessment
  - **R**ecommendation
- If the GP accepts the patient, the YAS non transport form should be completed and the care plan explained to the patient or relative so that they understand the continuing care plan. If the GP accepts the patient it may be agreed in certain or limited circumstances that it is appropriate for the attending ambulance to convey the patient to the GP's surgery. If this is the case, then YAS must explain to the patient that although they are happy to take them to the GP surgery, the patient will subsequently have to make their own arrangements for transport home. If this occurs then the YAS clinician should inform the YAS Emergency Operations Centre.
- If GP declines the patient, reassess and consider an alternative care plan for the patient and/or follow the GP's advice.
- For all attempts at GP Triage all relevant fields should be completed on the Patient Report Form.



## 8. Monitoring & Review

- All details of the patient's agreement to accept referral to a GP, name of GP spoken to and agreed care plan will be documented on the ambulance patient report form.
- GP and ambulance clinicians to flag, report and review any incidents, concerns or complaints through their own internal procedures
- All significant incidents, concerns or complaints to be jointly reviewed by the CCG and YAS on a regular basis. Details of complaints will be shared with individual GP practices via email to the Practice Manager.
- It is important that YAS involve the patient in decisions about their care; YAS will evaluate patient experience / satisfaction with regard to this referral process.

### **YAS to monitor and audit:**

- Total number of referrals by YAS clinicians

### **GP's to monitor:**

- Total number of referrals by YAS clinicians
- Clinical outcomes
- Numbers after home visit that were subsequently referred for hospital admission

# Benefits

- Appropriate clinical pathway is opened up
- Patient and Family / Carer
- 999 Response Times locally
- Financial – A&E Tariff / Admission
- Ambulance Turnaround times
- Hospital A&E Departments when added to other operational initiatives.

# Activity Numbers:

- Population of North Yorkshire = circa 780,000
- North Yorkshire Activity FOT 2012 / 13 = 94,540 incidents
- North Yorkshire Estimated Primary Care 2012 / 13 = 5,200 incidents
- North Yorkshire Estimated Primary Care Activity / 1000 population 2012 / 13 = 6.5 incidents (both in and out of hours)

# Next Steps

- North Yorkshire LMC – December
- CCG Operationalise
  - Collate Practice Numbers
  - Brief YAS crews
  - Brief GP Practices

# Questions