



1.0 Title:	Appropriate referral / transport policy		
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22/6/15	V1.0.1	CMK	Minor alterations taking into account feedback from staff side and approved by MD. Equality impact assessment outcome changed.
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1/12/16	V1.1	CMK	Approved by Trust Board
23/05/2018	V1.2	CMK	Second review

1.0 Introduction

This policy is aimed at supporting the vision of “Transforming Your Care” by ensuring patients receive the right care in the right place at the right time.

The demand for emergency ambulances is increasing every year and the range of conditions and clinical presentations of patients continue to challenge both the Emergency Medical Dispatcher (EMD) and the attending paramedics / EMTs. Sir Bruce Keogh (2013) has recognised that “current services are unsustainable”. Traditionally the only option for attending ambulance crews was to transport patients to the Emergency Department (ED). However, the Keogh Report (2013) identified from their analysis that 50% of 999 calls did not need ED attendance. The ED should now be regarded as just one of a range of pathways that can be utilised to ensure the patient receives the most appropriate care. Success in combating the increasing workload will rely on our ability to accurately assess, treat and refer patients to the most appropriate care providers. Our ability to adapt to this new way of working will see patients receive more timely and appropriate care, with the overall patient experience being enhanced. It will also improve the availability of ambulances for genuine emergency calls.

The policy supports the concept of reform, modernisation and improvement as described in the NIAS Comprehensive Spending Review (CSR) paper in February 2009. This paper discussed and consulted on the following principles:

- Supporting service development
- Implementation of clinical triage in the control room to provide clinically appropriate alternatives to non-urgent 999 calls. This is known as “hear and treat” and “hear and refer”.
- Treat and leave
- Treat and refer
- Implementation of Appropriate Care Pathways (ACPs)
- More efficient use of the intermediate care vehicles (ICV) to transport non urgent patients

1.1 Purpose

It is widely recognised that not every patient who contacts the ambulance service requires an ambulance response. A proportion of patients can be safely managed by telephone triage which is known as “hear and refer”. This service is currently provided by Clinical Support Desk Paramedics within the Emergency Ambulance Control room. When an ambulance does attend to a patient, it is also recognised that not every patient will require transport to the ED. Paramedics can now safely manage patients in the community by utilising “see and treat” and “see, treat and refer” Appropriate Care Pathways (ACPs). Examples of ACPs include referral to:

- The General Practitioner (GP)
- A district nursing team
- A minor injury unit
- A respiratory nurse
- A frail elderly assessment unit
- A diabetic specialist nurse

Accessing these referral pathways will therefore ensure the patient receives the most appropriate care in the right place at the right time.

1.2 Objectives

This policy is designed to assist paramedics with their clinical decision making. By supporting paramedics to safely refer patients to the most appropriate care, patient experience is enhanced, paramedic confidence is increased and patient safety is maintained. Utilising appropriate care pathways will also ensure ambulances are available for genuine life threatening emergencies. Demand on local EDs will also be reduced.

2.0 Scope

2.1 The policy applies primarily to all NIAS Doctors and NIAS Paramedics who are responding to both emergency and non-emergency calls. However, Emergency Medical Technicians (EMTs) and Ambulance Care Attendants (ACAs) should have an understanding of the policy and how the changes to operational practice will impact on their roles, especially in relation to safeguarding.

2.2 Emergency Ambulance Control (EAC) and Non-Emergency Ambulance Control (NEAC) staff should have an understanding of this policy and how the changes to operational practice will impact on their roles.

3.0 Responsibilities

3.1 Chief Executive / Trust Board

The Chief Executive and the Trust Board has overall accountability for the service provided to all patients.

3.2 Assurance Committee

The Assurance Committee is responsible for the implementation and monitoring of this policy and associated guideline.

3.3 Medical Directorate

The Medical Director and Assistant Medical Director are responsible for ensuring that paramedics follow evidence based best practice and that all clinical standards are met. While numerous evidence bases exist, paramedics predominantly adhere to:

- The Association of Ambulance Chief Executives (AACE) Joint Royal Colleges Ambulance Liaison Committee (JRCALC) UK Ambulance Service Clinical Practice Guidelines 2016 and 2017.
- National Institute for Health and Care Excellence (NICE) guidelines which are relevant to Ambulance services.
- Local Northern Ireland Ambulance Service specific guidelines.

The medical directorate will monitor all incidents and feedback arising from any aspect of non-transport and referral of patients. They will provide reports to the Assurance Committee as and when required.

Reporting of incidents can occur in a number of ways:

- Serious Adverse Incidents (SAI's)
- Untoward Incident Reports (UIR's) / Datix reports
- Compliments
- Complaints
- Direct communication from operational staff to their line management via phone call / email

3.4 Operational Directorate

The operational directorate are responsible for the implementation of this policy. They will promote and support all operational personnel with the use of this policy. The policy will have varying degrees of impact depending on the member of staff using it.

3.4.1 Operational Managers

Ambulance Service Area Managers (ASAMs) and Station Officers (SOs) will be required to adhere to this policy when carrying out their paramedic duties. In addition, they will oversee the implementation of this policy and support their staff with the interpretation and application of the policy. They will offer support and feedback to ensure that appropriate and safe decisions are made relating to patients who are referred to another destination or who decline transport.

3.4.2 Paramedics

Paramedics will be the primary users of this policy and have a duty to follow it. They should recognise and work within the limits of their professional competence by undertaking duties and responsibilities which they are able to perform in a safe and skilled manner and for which they have appropriate training, education and experience. Paramedics must always be able to clinically justify what they have / have not done and must always act in the best interests of the patient.

Paramedics are reminded of their responsibilities under the Health and Care Professions Council (HCPC) Standards of Proficiency and the Standards of Conduct, Performance and Ethics. Paramedics should be able to account for their clinical decision making and demonstrate evidence based best practice. They have a professional duty and obligation to maintain a high standard of practice.

The Health and Care Professions Council (2014) state in their paramedic standards of proficiency that paramedics should be able to refer patients appropriately. In addition the HCPC also state that paramedics are also expected to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines. Failure to refer patients / refer appropriately and

/ or failure to maintain accurate and comprehensive records may be regarded as a failure of that paramedic being able to carry out their duties.

Ultimately, as an autonomous and accountable professional, the paramedic will be responsible for the decisions they make and may be asked to justify them.

Paramedics are required to appropriately use the Mobile Data Terminals (MDTs) in order to accurately record ACP use.

3.4.3 Clinical Support Desk Clinician

The Clinical Support Desk clinician will have the same responsibilities as those outlined above. A primary function of the clinical support desk clinician will be to identify suitable calls for telephone triage and employ “hear and refer” pathways where appropriate and utilising the Manchester Triage System (MTS) decision support software. Following the initial AMPDS triage, a predefined selection of calls will be passed to the CSD clinician for further assessment. The clinician supported by MTS will undertake a thorough telephone consultation with the patient. Based on the outcome of this consultation, the clinician will offer advice on the most appropriate treatment or referral pathway suitable for the patients’ needs.

The clinician will also identify and suggest appropriate care pathways for the attending paramedics.

Attending paramedics may also contact the Clinical Support Desk for advice and / or guidance. While the Clinical Support Desk clinician will be able to offer advice and / or guidance to the attending paramedic, the attending paramedic will have the final decision in regards to patient treatment / transport / referral.

3.4.4 Emergency Medical Technicians

This policy is to be used primarily by paramedics; however, Emergency Medical Technicians (EMTs) should have an awareness and understanding of the policy and the impact it will have on their role. The policy will also have an impact on their role in relation to safeguarding

3.4.5 Ambulance Care Assistants

This policy is to be used primarily by paramedics who will utilise appropriate care pathways and refer patients to appropriate destinations. Ambulance Care Attendants (ACAs) should have an awareness and understanding of this policy as they will be required to transport patients to appropriate destinations. The policy will also have an impact on their role in relation to safeguarding

3.4.6 RRV Control Officers / Ambulance Control Officers

RRV and Ambulance Control Officers should have an awareness and understanding of this policy. The officers should be aware that crews may transport patients to

destinations other than the ED. The officers should “Stop” the call with the appropriate code or utilise the “call plus” function in order to ensure accurate data capture. The officers should identify and suggest appropriate care pathways to paramedics.

3.4.7 Emergency Medical Dispatchers (EMDs) / Regional Pressures Coordination Centre (RPCC) call takers

EMD’s and RPCC call takers should have an understanding of this policy in order to identify and suggest appropriate care pathways to attending paramedics. They should “Stop” the call with the appropriate code or utilise the “call plus” function in order to ensure accurate data capture.

3.4.8 Information Analysts including Clinical Audit Functions

Staff within the Finance and ICT Directorate, Information Department will be responsible for the extraction and collation of emergency and non-emergency datasets to facilitate the monitoring and usage of referral pathway to support the Trust with the implementation of this Policy. Datasets extracted will be shared with internal and external stakeholders to ensure effective monitoring and reporting. The Clinical Audit functions will also analyse and extract PRF datasets as required, supporting other internal stakeholders with trend analysis, review, monitoring and audit of referral processes and pathways. They will also contribute to the Quality Improvement programme

Information analysts will require an understanding of the policy in order to ensure correct data capture and reporting.

3.5 Clinical Training Team

The NIAS training team consists of the Clinical Training Manager (CTM); Divisional Training Officers (DTOs); Regional Training Officers (RTOs) and Clinical Support Officers (CSOs) under the direction of the Assistant Director of Education, Learning and Development.

The DTOs, RTOs and CSOs will support staff with the interpretation and application of the policy.

The DTOs, RTOs and CSOs will offer support and feedback to staff to ensure that appropriate and safe decisions are made around patients who are referred to another destination or who decline transport.

The CSOs under the direction of the DTO will be responsible for patient report form (PRF) clinical audits including quality improvement audits. They will give feedback to staff following these audits and offer guidance on best practice where necessary.

4.0 Key Policy Principles

This policy supports the practice of referrals to appropriate care pathways. This can either be via attending paramedics or via a “hear and refer” pathway. The policy also

covers the wider practice of patients who do not travel to hospital which may be for a number of reasons:

- The patient refused
- A&E Transport not required / Patient making own way
- A&E Transport not required/ Patient referred to non-emergency ambulance for transport
- Patient referred to an appropriate care pathway
- No further clinical intervention required following assessment

4.1 The Appropriate Referral and Transport guideline provides guidance relating to consent, mental capacity and clinical assessment. This guidance explains the effective patient assessment required in order to enact this policy and this should be followed by paramedics and documented appropriately on the PRF.

4.2 A patient may refuse to travel to hospital or to be referred to an Appropriate Care Pathway. Full assessment of these patients should be carried out by an attending paramedic as described in the Appropriate Referral guidance. The appropriate documentation should be completed regarding this.

4.3 An operational paramedic or clinical support desk clinician may determine that A&E transport is not required to convey a patient to the appropriate service e.g. a Minor Injury Unit or ED or Pharmacy. Once the clinician has established that no clinical intervention or further assessment/monitoring is required during transport it is acceptable for alternative means of transport to be suggested. Staff should not get involved in confrontation and if the patient has no other form of transport available, then the crew should transport by ambulance.

4.4 An operational paramedic or clinical support desk clinician may determine that A&E transport is not required to convey a patient to the appropriate service e.g. a Minor Injury Unit or ED or Pharmacy. Once the clinician has established that no clinical intervention or further assessment/monitoring is required during transport it is acceptable for alternative means of transport to be suggested. It may be appropriate for a non-emergency vehicle to convey the patient or for other transport options to be suggested.

4.5 An operational paramedic or clinical support desk clinician may refer a patient to an Appropriate Care Pathway (Treat and Leave and Refer, or Treat and Refer) depending on patient assessment, referral criteria and availability of services. The pathway-specific referral guidelines should be used for guidance.

4.6 Following assessment in person or via phone an operational paramedic or Clinical Support Desk clinician may determine that no further clinical intervention is required. Thorough clinical assessment and robust documentation is required. The

patient and their family/responsible person should be included in this and all decision making processes.

4.7 In line with the Appropriate Referral Guideline, if there is any doubt about a patient's condition then the patient should be encouraged to travel to hospital.

5.0 Definitions

Appropriate Care Pathway

An Appropriate Care Pathway (ACP) is either referral to another healthcare provider or appropriate service or referral to a destination other than an Emergency Department. The decision to use an ACP is made by the NIAS paramedic after discussion with the patient. Examples of ACPs are given in section 1.1

6.0 Implementation

The primary users of this policy will be paramedics, however; it is relevant to all directorates within the Trust. The Operational Directorate will ensure policy implementation supported by the Clinical Training team. The Human Resource Directorate and Information Department will also require an awareness of the policy.

The policy will be issued to the above staff groups via multiple communication channels. All the above staff will require awareness raising as a minimum. The requirement for training in relation to this policy will be assessed at the monthly Education Learning and Development meeting with representation from the Medical Directorate, Operational Directorate, Clinical Training Department and Transformation and Modernisation team.

7.0 Monitoring Compliance and Effectiveness of the Policy

There will be a number of ways in which compliance with this policy and guideline will be monitored. These are as follows:

- Clinical Support Officers will audit a selection of all patient report forms where the patient did not travel to ED. The audit will ensure that best practice has been followed and Patient Report Form documentation is robust. Feedback will be given to the paramedic on each PRF audit. Information collected from this process will be reviewed by the DTOs and fed back to the Medical Director for the information of the Assurance Committee.
- There will be peer review of any incidents / complaints / serious untoward incidents (UIRs and SUIs) arising out of this policy.
- Review, monitoring and audit of referral processes and pathways will be conducted by the Clinical Audit Team on an on-going basis. Patient experiences will be sought in order to ensure our processes meet both the patients' needs and

their expectations. As the Transformation and Modernisation programme evolves, further ACPs will be added which will also be reviewed and audited as part of an ongoing Quality Improvement (QI) programme.

- The Manchester Triage Tool used to by the CSD paramedics will undergo evaluation

8.0 Approval of Policy Documents

This policy and attached guideline has been approved by the NIAS Assurance Committee and ratified by the Trust Board.

9.0 Review and Revision Arrangements

This policy should be reviewed every 2 years or sooner if appropriate.

10.0 Evidence Base

Appendix 1 contains the reference list for the evidence base that was used in the design of this policy.

11.0 Consultation Process

The following groups of staff were consulted with in the development of this policy:

- Medical Directorate
- Senior Executive Management Team
- Operations Directorate
- Human Resources Directorate
- Clinical Training Team
- Ambulance Service Area Managers
- Trade Unions

Focus groups were used to consult with a range of operational staff including Station Officers; Station Supervisors; paramedics; emergency medical technicians, ambulance care assistants and both EAC and NEAC staff.

12.0 Appendices

Appendix 1: Reference List

13.0 Equality Statement

13.1 In line with duties under Section 75 of the Northern Ireland Act 1998; Targeting Social Need Initiative; Disability Discrimination Act 1995 and the Human Rights Act 1998, an initial screening exercise, to ascertain if this policy should be subject to a full impact assessment, has been carried out.

13.2 The outcome of the screening exercise for this policy is:

Major impact

Minor impact

No impact.

14.0 SIGNATORIES

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Lead Author

Date: 23/05/2018

Dr N Ruddell
Lead Director

Date: 23/05/2018

Appendix 1: References

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