SOUTH CENTRAL AMBULANCE SERVICE NHS FOUNDATION TRUST

CLINICAL SERVICES POLICY & PROCEDURE (CSPP No. 8)

EMERGENCY CARE PRACTITIONER POLICY AND PROCEDURES

June 2014

DOCUMENT INFORMATION

Author: Mark Ainsworth-Smith
Consultant Pre Hospital Care Practitioner

Consultation & Approval:
Staff Consultation Process: (21 days) ends:
Clinical Governance Committee:
Board Ratification: N/A

This document replaces:
Review and Implementation of Clinical Guidance Policy

Notification of Policy / Strategy Release:
All Recipients e-mail:
Staff Notice Boards – Intranet:

Original Date of Issue: June 2014
Next Review: June 2016
Version: 6
## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0 Scope of The Policy</td>
<td>3</td>
</tr>
<tr>
<td>2.0 Policy Statement</td>
<td>3</td>
</tr>
<tr>
<td>3.0 Accountability</td>
<td>3</td>
</tr>
<tr>
<td>4.0 ECP Duties</td>
<td>4</td>
</tr>
<tr>
<td>5.0 Recruitment</td>
<td>4</td>
</tr>
<tr>
<td>6.0 Scope of Practice</td>
<td>5</td>
</tr>
<tr>
<td>7.0 Patient Assessment, Diagnosis, Treatment and Referral</td>
<td>5</td>
</tr>
<tr>
<td>8.0 Prescribing Arrangements</td>
<td>5-6</td>
</tr>
<tr>
<td>9.0 Process for Collaboration</td>
<td>6</td>
</tr>
<tr>
<td>10.0 Monitoring</td>
<td>7</td>
</tr>
</tbody>
</table>

## APPENDICIES

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix 1</td>
<td>Review and Implementation Flow Chart</td>
<td>8</td>
</tr>
</tbody>
</table>
1.0 SCOPE OF THE POLICY

1.1 The scope of this policy is to formalise the arrangements within South Central Ambulance Service NHS Foundation Trust for the recruitment, training, clinical practice and monitoring of the Trust's Emergency Care Practitioners.

2.0 POLICY STATEMENT

2.1 South Central Ambulance Service NHS Foundation Trust is committed to the development of the role of the Emergency Care Practitioner as a model to deliver health care to the patient as outlined in Taking Healthcare to the Patient (Bradley Report). The Trust is committed to providing the best and safest care for patients by providing the best education, clinical practice and monitoring in order to maintain and improve the role of Emergency Care Practitioners.

3.0 ACCOUNTABILITY

3.1 Accountability for compliance with this policy is ultimately with the Trusts Chief Executive; however this can be devolved within the Trust Board to a clinical director if appropriate.

3.2 Director of Quality and Patient Care

The Director of Quality and Patient Care has Board level responsibility for compliance of this policy within South Central Ambulance Service NHS Trust. The Director of Quality and Patient Care also chairs the Patient Safety Group with all Medical Directors as membership which forms the Committee with responsibility for ensuring that this policy represents best practice.

3.3 Consultant Pre-Hospital Care Practitioner

The Consultant Pre-Hospital care Practitioner has senior management responsibility for ensuring this policy is implemented throughout the Trust. The role also has a coordinating function between departments to ensure the policy is embedded into practice.

3.4 Patient Safety

The Patient Safety group will monitor the effectiveness of this policy and produce a gap analysis and action plans for the Clinical Governance Committee to resolve any highlighted issues.

3.5 Clinical Governance Committee

The Quality & Safety Committee will monitor the implementation and effectiveness of the policy via the Clinical Review Group, and the implementation of action plans, within the Trust's clinical governance structure.
4.0 ECP DUTIES

4.1 Consultant Pre-Hospital Care Practitioner

The Consultant Pre-Hospital Care Practitioner has delegated responsibility for managing the strategic development, clinical development and monitoring of the Emergency Care Practitioner service. He / She will advise the Director of Quality and Patient Care to ensure safe clinical practice in diagnosis, treatment and appropriate referral or discharge of patients. He / She will be able to operate as a fully functional Emergency Care Practitioner, providing mentorship and clinical supervision 50% of the time.

4.2 Emergency Care Practitioner

An Emergency Care Practitioner may be defined as a healthcare professional who works to a medical model, with the attitude, skills and knowledge base to deliver holistic care and treatment within the pre-hospital, primary and acute care settings with a broadly defined level of autonomy.

The settings where an Emergency Care Practitioner could be employed include:

- Minor Injury/Illness Units
- Walk-in-Centres
- General Practice
- Primary Care
- Out-of-Hours provision
- Ambulance Service (frontline duties)
- Ambulance Service (Clinical Support Desk and ECP desk)
- Custody Suites
- Emergency Departments
- Urgent Care Centres

Emergency Care Practitioners are jointly answerable to their immediate line manager (ECP Team Leader) and the Consultant Pre-Hospital Care Practitioner.

5.0 RECRUITMENT

5.1 ECPs are recruited in line with the Trusts recruitment policy and procedures.

5.2 Emergency Care Practitioners (ECPs) may be selected from either a Paramedic or Emergency Nurse background, but must have successfully achieved an approved ECP qualification.

5.3 It is the aim of SCAS to ensure that all pre-existing and new ECPs employed within the Trust should have, or be working towards, an Emergency Care Practitioner degree level qualification. This is in line with the Quality Assurance Agency (QAA) for Higher Education and Department of Health (DH) recommendations for Band 6 Practitioners.

6.0 SCOPE OF ECP PRACTICE

6.1 The Emergency Care Practitioner will:
• Work across current and future organisational and professional boundaries
• Deliver care that is patient focused
• Deliver the most appropriate care in the most appropriate place and/or ensure that the patient is referred to the most appropriate health and social care professional
• Deliver care to patients in the most convenient and appropriate place for the patient
• Provide an alternative pathway for the provision of unscheduled care
• Provide appropriate healthcare advice to both their patients and other relevant groups and individuals.
• Empower patients to take responsibility for managing their own care and treatment where safe and appropriate to do so
• Undertake physical examinations based on a whole systems approach, taking a full and appropriate patient history using a medical model
• Assess the social and mental status of a patient
• Treat less serious illness and injury in pre-hospital, primary care and acute settings
• Request appropriate investigations, including pathological and radiological investigations, in accordance with established procedures.
• Ensure fewer inter-professional transfers for patients by enhanced communication networks and cross boundary working.
• Administer and supply medication in line with local Patient Group Directions.

6.2 The scope of practice reflecting an educational pathway in Appendix 1 lists the skills sets and learning outcomes in more detail.

7.0 PATIENT ASSESSMENT, DIAGNOSIS, TREATMENT AND REFERRAL

7.1 The Trust has an ECP Clinical Decision Making Support Tool document which covers the assessment, diagnosis, treatment and appropriate referral for common conditions. All ECPs within the Trust work to these guidelines within the scope of their skills and knowledge.

7.2 The Trust has adopted the national Competence and Curriculum Framework for the Emergency Care Practitioner to provide uniformity at a national level. This document was released in July 2007 to provide a nationally recognised level of competency for all ECPs. A portfolio which has been jointly written by Skills for Health and SCAS has now been published (September 2009) and distributed to all ECP.

8.0 MEDICINE ARRANGEMENTS

8.1 Medicine Arrangements

As for all Clinical staff, Emergency Care Practitioners have a responsibility to maintain their competency in the management of medicines and to ensure their familiarity with changes to therapeutic guidelines as they are adopted by the Trust. Staff will adhere to the Trust Medicines Management Policy.

8.2 Specific arrangements for Emergency Care Practitioners

There are 3 arrangements for Emergency Care Practitioners working within SCAS:

• Paramedic Emergency Care Practitioner’s registered with the HPC use the AACE / JRCALC guidelines. In addition they may, after additional training and after
being deemed competent (see PGD exam), administer medication according to the Emergency Care Practitioner Patient Group Directions within the Trust.

- For Nurse’s registered with the NMC but without the Independent prescribing qualification, they may, after being deemed competent, use the Emergency Care Practitioner Patient Group Directions used within the Trust.

- For Nurses that have successfully completed the Independent Prescribing Course they may prescribe according to the Trust guidelines set out in the Medicines Management Policy. At the current stage there is no Central agreement to allow Paramedics to undergo the Independent prescribing course. This is under review at a National (DH) level.

8.3 **Assessment Process**

All Emergency Care Practitioners working within SCAS receive training on the use of Patient Group Directions to ensure that only fully competent, qualified and trained professionals operate within the directions. The training is performed during the Emergency Care Practitioner’s training course, with ongoing training and in yearly review. Each Emergency Care Practitioner will be assessed as competent by means of a PGD exam (see evidence). Independent prescribers prescribing behavior is reviewed by means of individualised prescribing summaries which are reviewed bi-annually by the Consultant Pre-Hospital Care Practitioner and Trust Pharmacy advisor.

9.0 **PROCESS FOR COLLABORATION**

9.1 Emergency Care Practitioner work in collaboration with other healthcare providers in environments such as:

- Minor Injury/Illness Units
- Walk-in-Centres
- General Practice
- Primary Care
- Out-of-Hours provision
- Ambulance Service Clinical Support Desks (Hear and Treat)
- Ambulance Service Frontline Duties (See and Treat)
- Custody Suites
- Emergency Departments
- Urgent Care Centres

4.8 Emergency Care Practitioners refer patients to a variety of healthcare providers collaboratively providing the most appropriate patient care.

9.3 The Consultant Pre-Hospital Care Practitioner attends Emergency Care Network meetings and other specialist care networks to establish alternative patient pathways.

10.0 **MONITORING**

10.1 For the monitoring of ECPs competence there will be regular assessments. These assessments will include:

- direct observation of the ECPs communication and interpersonal skills
- direct observation of the ECPs clinical and procedural skills in practice
- evidence provided by other healthcare practitioners regarding the performance of the ECP
- direct questioning by an assessor to check understanding of patient centred care, health and safety procedures, technological interventions and interpretation of results, in addition to demonstrating core knowledge.
- a portfolio of evidence maintained by the ECP. This will include a record of progress as well as reflective accounts of critical learning encounters. This will inform the final assessment process and its outcome. ECPs will be able to access their own notes and Portfolio by means of the Trust’s CARS skills analysis system.
- Ongoing, and random examination of individual case notes which will be evaluated using a tool devised specifically for the assessment of clinical notes constructed around the medical model.
- SCAS wide and local audit performed to assess the effectiveness of ECP initiatives within the region.

11.0 Other Related Documents

1. South Central Ambulance Service NHS Trust Risk Management Policy
2. ECP Clinical Decision Making Support Tool
3. ECP Reference Book
5. South Central Ambulance Service NHS Trust Medicines Management Policy
6. CSPP 4 SCAS Patient Clinical Record Completion Policy Final July 2012
7. South Central Ambulance Service NHS Trust Patient advice leaflets
8. CSPP 7 SCAS Care Pathway Policy Final August 2014