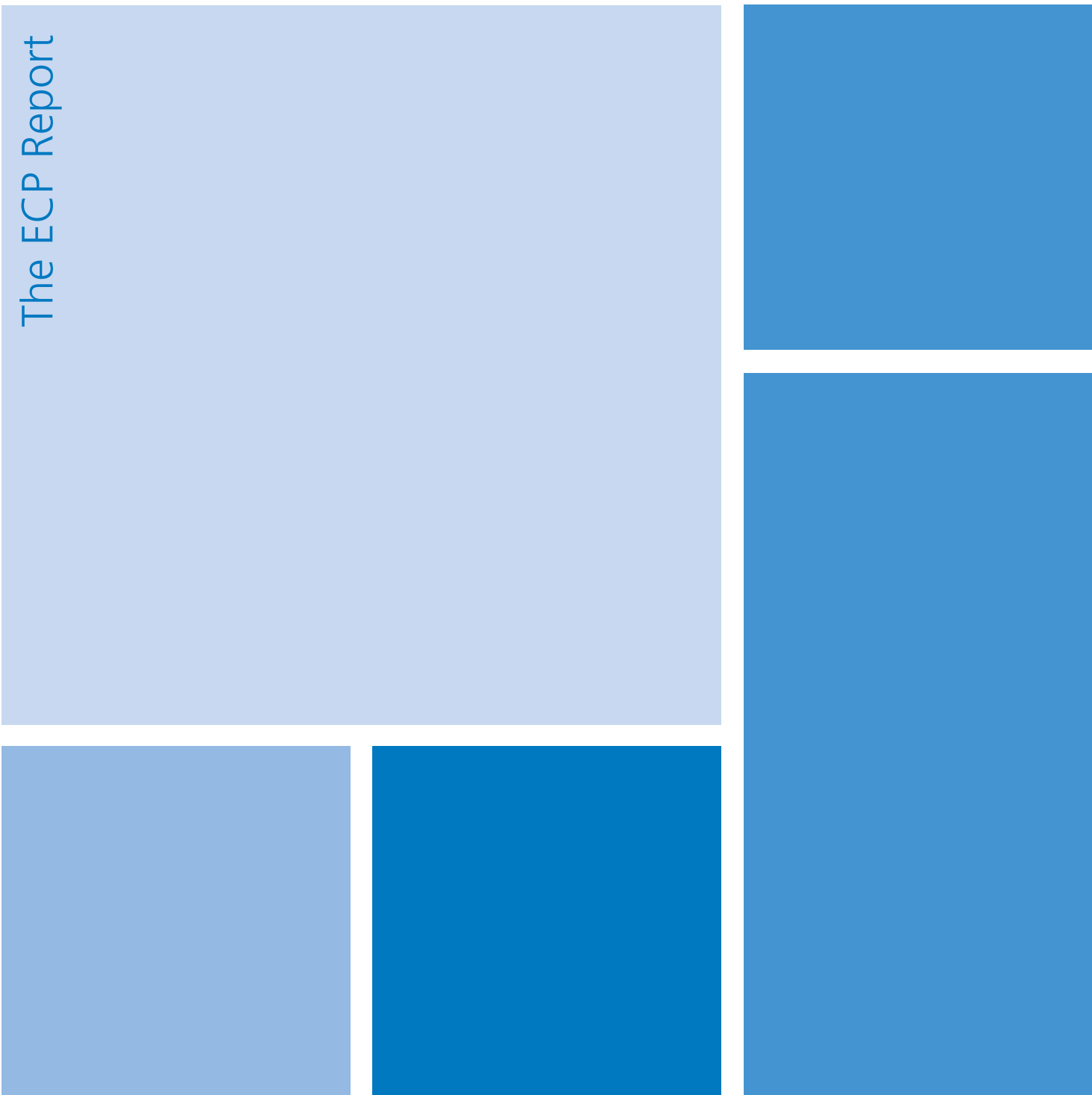


Right Skill, Right Time, Right Place

The ECP Report



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FOREWORD BY THE NATIONAL CLINICAL DIRECTOR FOR EMERGENCY ACCESS

In 2001, the Reforming Emergency Care publication highlighted the need to modernise the delivery of fast, responsive and effective emergency care services.

Providing a wider range of services appropriate to patients' needs and therefore completely transforming the way emergency care services are delivered.

Since taking up the post of National Clinical Director for Emergency Access two years ago, I can honestly say there has been great change with greater access and improved services for patients. However, many of these improvements have only been possible because of major changes in the workforce, through new ways of working, role expansion and the development of new professional roles.

A flexible workforce and a flexible approach to skill mix – breaking down professional and traditional boundaries is central to modernising emergency care, whereby patients receive the highest standard of care, by an appropriately trained person, at an appropriate time, in the most appropriate setting. The development of Emergency Care Practitioners (ECPs) aims to do just that. They are not only meeting the urgent care needs of patients by providing *the right skill at the right time in the right place*, but they are complementing existing practitioners/clinical teams that work in the many NHS providers of unscheduled care and bringing them together.

Emergency Care Practitioners can definitely make an impact, demonstrated by the rapid spread of the role; therefore, we need to ensure that they are part of the whole systems approach. They are not only meeting the needs of patients, but they are providing excellent career opportunities for staff. I believe that they represent one of the many significant developments in emergency care and will prove to be successful in supporting our common goal of improved urgent care for all who need it.

Professor Sir George Alberti

**National Clinical Director for
Emergency Access
Chair of Emergency Care Practitioner
Reference Panel**

INTRODUCTION

The Changing Workforce Programme (CWP) is a key component of workforce modernisation. Its aims are to pioneer and mainstream role redesign, and to enable the better use of the talents and skills of the health and social care workforce. In doing this, CWP is fundamentally changing traditional and long-standing barriers to change, such as professional boundaries, team structures and hierarchies, existing care processes and established divides between organisations.

We have continued to challenge the myths that maintain the gaps between health and social care and strived to support new roles that bridge this gap and improve services to users. We are working closely with professional, regulatory and educational bodies to develop new ways of working which improve services for patients and for staff, without compromising safety, and we have made significant progress in addressing regulation and accountability issues.

We have also been working with colleagues in Agenda for Change, Skills for Health and the Department of Health to further develop the *Career Framework for the NHS*, which first appeared in the *CWP Pilot Sites Progress Report*, published last year. The framework is a guide for NHS and partner organisations on the implementation of a flexible career, skills and education escalator concept. The aim is to enable an individual member of staff with transferable competency-based skills to progress in a direction, which meets workforce, service and individual needs.

The aim of this document is to:

- Raise awareness of the ECP role and its potential impact on whole systems unscheduled care reform
- To disseminate key lessons from the trial sites about the process of role redesign for practitioner roles
- To correct common misconceptions and issues relating to regulation, accountability and fitness for purpose
- To outline the knowledge, skills and competencies and any educational curricular requirements for this role
- To provide examples of successful integration of the ECP role into service delivery frameworks with contact details (sites, CWP, lead SHAs etc.)
- To facilitate transfer of responsibility for development of ECP roles from CWP, to various strategic health authorities (SHAs).

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BACKGROUND

In November 1999, a document *“The Future of Ambulance Services in the United Kingdom”* was published by The Ambulance Service Association, which concluded that practitioners in emergency care *“could bring A&E doctors, nurses and paramedics together in providing emergency care in a way which current organisational models could not. Breaking down professional boundaries and raising the clinical skills of paramedics could lead to new ways of working, closer partnerships and better outcomes for patients”*. This was supported by the Joint Royal Colleges Ambulance Liaison Committee (JCALC) document entitled *“The Future Role and Education of Paramedic Ambulance Service Personnel”* (Jan 2000) which recommended the development of Practitioners in Emergency Care (PEC). However, to maintain consistency with other professional groups and new roles, it was decided to change the title of the role from Practitioner in Emergency Care (PEC) to Emergency Care Practitioner (ECP).

The Changing Workforce Programme (CWP), part of the NHS Modernisation Agency, was asked by the Department of Health and the Access Care Group Workforce Team (ACGWT) to lead this work. These developments were supported by the Workforce Numbers Advisory Board (WoNAB) recommendations, and in August 2004, WoNAB recommended the promotion and support for the training of the new ECP role.

Development of the ECP role by the CWP began with the Emergency Care pilot based in the Coventry and Warwickshire Health Community. The CWP encourages the use of competency-based training in all its work so therefore the first stage in the development of the ECP role was to determine the competencies required for this new role to ensure it would meet with patient needs. This was supported by the ACGWT

commissioning Skills for Health to develop and publish the Emergency Care Competency Set.

Six post registration students in emergency care were employed to assist with this process – three were experienced paramedics and three were experienced A&E nurses. The six students accessed an educational pathway, which allowed the nurses to gain paramedic registration and the paramedics to gain some of the skills and competencies of the emergency nurse practitioner (ENP). The students were actively involved in a continuous review of their skills and competency development and they were instrumental in the development of the ECP educational requirements. As part of this educational process, the students helped to create a skills development package. This educational programme, followed by a recommended minimum six-month consolidation period, allows a registered health professional to practice as an ECP. The students started their degree programme in May 2002 and started working as ECPs in June 2003, following completion of the competency based educational package.

Since the start of the ECP role development, the CWP has been engaging with the wider health community and has held a number of events (March 2002, November 2002, and March 2003) to share information and determine the best way of testing and spreading this role. These events were facilitated by the CWP with the assistance of colleagues from Greater Manchester Workforce Development Confederation (WDC), Department of Health (DH) Emergency Care Strategy Team and the Access Care Group Workforce Team (ACGWT).

During this time, it was apparent that there were a number of similar initiatives throughout England that needed to be

brought together. This was achieved by the commencement of the Emergency Care Practitioner Trials, whereby in April 2003, funding was secured from the Department of Health to test this role on a larger scale using the competency development package as a tool to assist service and workforce redesign across the following 17 health communities in two waves.

Wave One

Greater Manchester
London
Essex
Norfolk, Suffolk and Cambridgeshire
County Durham and Darlington
Devon and Cornwall
Coventry, Warwickshire, Hereford and Worcestershire

Wave Two

Hampshire
Bedfordshire and Hertfordshire
Kent, Surrey and Sussex
Staffordshire
South Yorkshire
Mersey Region
Teeside, East and North Yorkshire
Lincolnshire
East Midlands
Dorset

Funding was allocated to each trial site to support a Project Manager and an Emergency Care Practice Facilitator. The Project Manager was responsible for recruitment, ECP line management and operational issues. The Practice Facilitator was responsible for clinical placements, clinical supervision and audit. Funding was also provided to meet the educational and backfill costs for the programme. Each trial

site was expected to test the role in three environments:

1. Acute setting (A&E department, Minor Injury Unit, etc)
2. Pre-hospital (Ambulance response)
3. Primary Care (GP home visits etc)

Although a flexible approach was taken to ensure that any previous work within the trial sites was capitalised upon, the remit of the trials was to determine the effect of the role across the whole of the emergency care pathway.

After completion of the trials and a positive first phase evaluation from the School of Health and Related Research, University of Sheffield, a strategy was developed to spread the ECP role nationally. Further funding was secured from the Department of Health to support this second phase rollout, and was offered to all Strategic Health Authority Chief Executives and allocated on a 'fair share' basis.

DRIVERS FOR CHANGE



'An opportunity to develop a new way of providing unscheduled care that meets the patients' needs but in an appropriate setting. A move away from the traditional hospitalist or provision of solely doctor based care.'

**Mr D P Walker – Clinical Director,
South Manchester University Hospital**

The role of the ECP was developed with regard to the following issues in emergency/unscheduled care:

- Services should be designed from the point of view of the patient (Reforming Emergency Care October 2001)
- Patients should receive a consistent response wherever, whenever and however they contact the service (Reforming Emergency Care October 2001)
- Patients needs should be met by the professional best able to deliver the service needed (Reforming Emergency Care October 2001)
- Information obtained each stage of the patients journey should be shared with other professionals who become involved with their care (Reforming Emergency Care October 2001)
- Assessment and treatment should not be delayed through the absence of diagnostic or specialist advice (Reforming Emergency Care October 2001)
- Emergency Care should be delivered to a consistent, clear and measurable standard (Reforming Emergency Care October 2001)
- No patient should spend more than four hours in a A&E department from arrival to admission to hospital, transfer or discharge (NHS Plan July 2000)
- There are major bottlenecks in obtaining early senior clinical assessment of patients with Emergency Care needs (Emergency Care Group Workforce Team September 2002)
- Considerable work will need to be undertaken around utilising skill mix, linked to the development of skills and competencies in emergency care if sufficient capacity is to be considered (Emergency Care Group Workforce Team September 2002)
- Skills and competencies developed should transcend traditional professional boundaries. There is the growing recognition that many of these skills and competencies can be acquired by those members of the emergency care workforce who have not undergone formal pre-registration education and training (Greater Manchester WDC August 2002)
- Paramedics, based on their experience, informally advise the patient when they do not need to attend hospital, and obtain a self-discharge agreement. Although a number of trusts are piloting schemes to enable paramedics to discharge patients, most paramedics do not have the underpinning knowledge and skills required to do this. Generally, they are therefore able only to respond to the 999 calls by returning the patient to the nearest A&E department (Emergency Care Group Workforce Team September 2002)

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- There is very little scope for paramedics to develop their careers outside the ambulance service. Large numbers retiring early due to stress and ill health demonstrates this. There is a great deal of interest in having more diverse career opportunities, especially amongst more experienced paramedics (Emergency Care Group Workforce Team September 2002)
- A more flexible approach to skill mix is needed throughout the emergency care network, allowing staff to work in different environments to ensure any peak and demand is met by the appropriately skilled staff (Emergency Care Group Workforce Team September 2002)

The Emergency Care Group Workforce Team supported the development of Emergency Care Practitioners based on the following principles:

- The ECP role should be designed to complement existing clinical teams
- The ECP should ultimately be in a position to make autonomous clinical decisions within their scope of practice
- The ECP should work across traditional boundaries of emergency care
- The ECP role should aim to have an impact on the pathway and throughout the patient journey
- Reduce A&E attendance's by treating patients at the scene
- Reduce waiting times in A&E and acute care as only those patients needing treatment in this environment would attend hospital
- Reduce waiting times in primary care by visiting patients for GPs

- Reduce the number of handoffs by broadening roles by providing ECPs with the skills needed to treat patients at the scene
- Reduce referrals to acute hospitals by referring patients with social problems directly to social services, rather than admitting to hospital
- More appropriate use of skills of staff in other settings by appropriate streaming of patients
- Help maintain and improve response to critical emergencies by appropriate streaming of patients;
- More appropriate referrals to appropriately skilled staff by appropriate streaming of patients
- Reduce waiting times through earlier discharge with greater support in a community setting
- Fast tracking of patients through the ECP having enhanced diagnostic skills

'Our Emergency Care Practitioners are making a real difference in improving care to emergency patients in Essex. They are providing more appropriate care to patients and reducing hospital admission rates... we are also using Emergency Care Practitioners to take forward Patient Choice initiatives for patients suffering emergency and unscheduled care needs.'

Anthony C Marsh – Chief Executive Officer, Essex Ambulance Service

IMPACT OF THE ROLE

'A catalyst bringing the different unscheduled care providers in Primary Care, the Emergency Department and Out of Hours together in cooperation. An effect far wider than just extra bodies on the front line.'

Mr D P Walker – Clinical Director, South Manchester University Hospital

The Emergency Care Practitioner role has been developed to support the first contact needs of patients throughout the unscheduled care arena. This will include responding to emergency/urgent situations, maintaining associated patient records, and carrying out all appropriate interventions as necessary, within the ECPs scope of practise.

999 response

ECPs responding to 999 calls provide more timely care for patients with fewer transfers & unnecessary handoffs, reduced use of ambulance and reduced attendance at A&E. ECPs are only transporting 45% of patients to A&E, compared to a traditional ambulance response, which transports 70%-77% of patients to A&E. Note ECPs also refer a further 10% of patients directly to the most appropriate care pathways.

Out of Hours

ECPs are supporting GPs in Out of Hours (OOH) services by carrying out home visits and increasing workforce capacity in Drop-in Centres. Data from current ECPs undertaking home visits suggest that only 15% of home visits require an OOH GP. Typical response times for home visits are 1 hour 10 minutes for ECPs compared with 3 hours 7 minutes for GPs. ECPs are also being used to increase capacity for in-hours home visits, and in rural sites they may be involved in Chronic Disease Management Programmes; this typically does not affect their availability to respond to 999 calls.

'Darlington PCT are innovators in developing ECPs and using them from April in our Out of Hours Service, but the real benefits are still unfolding as we use their multitude of skills in a variety of settings – a real systems approach to unscheduled care.'

**Colin Morris – Chief Executive
Darlington PCT**

'I was sceptical at first at how useful ECPs would be in primary care, but over the last twelve months the ECPs have clearly excelled and achieved much more than I would have thought possible. We've had them working here seeing 'emergency' patients and doing home visits and they made a real difference in helping the practice to work more effectively and delivering quality care to patients....bring on more please.'

Dr David Russell – GP, Darlington

Self-Present Situations (Urgent Care Centres)

ECPs are currently working in all types of urgent care centres, increasing workforce capacity in both the minors and majors work streams. Staff traditionally find that working in urgent care centres is very stressful. The ECP role allows staff to rotate between this environment, responding to 999 calls and undertaking primary care home visits, which has proven to assist in reducing staff's stress levels and improve morale. ECPs in some trial sites can respond to 999 calls and requests for home visits from the urgent care centre, thereby increasing the workforce capacity and reducing patient waiting times in all three work streams.

Workforce Implications

ECPs are recruited from a variety of professional backgrounds and all trial sites have reported a benefit from a multi professional approach. One result has been improved and more appropriate clinical pathways which reduce replication and waiting for patients. Traditionally a large percentage of paramedics have retired early due to ill-health (>90%); the development of the ECP role will increase retention and career opportunities for paramedics who would otherwise retire, and also for other health professionals. The Ambulance service has been able to recruit paramedics without the challenges facing other parts of the NHS; developing these staff into ECPs will increase the workforce capacity across all of unscheduled care.

'There are significant career opportunities associated with offering extended training for Paramedics by training as Emergency Care Practitioners.'

**Anthony C Marsh – Chief Executive
Officer, Essex Ambulance Service**

Financial Implications

London Ambulance Service (Urban model) have calculated that the cost of an ECP 999 responder is £101 compared to £138 for an ambulance response. The difference equates to a cost saving to the ambulance service of £26,600 per ECP per year. By treating patients at scene ECPs reduce the number of patients transferred to A&E – current models show a reduction in A&E attendance in London of 358 patients per ECP which calculates as a cost efficiency to A&E departments of £31,700 per ECP. An alternative model based on a rural environment (East Anglia) yields similar figures (saving £27,300 for 999 responses, A&E attendances down by 100 = £8,817 saving *per ECP*).

Using the out of hours models, ECPs could reduce cost by £72,000 (Urban) and £62,000 (Rural) per ECP.

These models require Ambulance Service investment of £24,250 (on average) per ECP for training and equipment. As a direct result, the Ambulance Service will take 3 – 4 years to reach positive cash flow. This contrasts with each regional health economy, which will typically see efficiency savings from the investment within the first year. Note that due to increasing demand on the service, the savings achieved by introducing ECPs may not reduce the total service cost, but could reduce the level of investment needed.

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ORGANISATION DEVELOPMENT



'ECPs have an opportunity to work as an integral part of the wider healthcare community, demonstrating the best elements of the team concept in providing the appropriate care at the appropriate time and in the appropriate environment.'

**Mike Killoran/Nicole Casey,
West Country Ambulance Trust**

All organisations involved in emergency and unscheduled care need to work in partnership to develop a patient centred model. This will facilitate a whole systems approach to planning, helping to meet the linked objectives of improved performance and a coherent local service framework. ECPs working across traditional organisational and professional boundaries will provide the maximum benefit for patients, staff and service.

The following key points have been identified during this development as fundamental steps that should be taken prior to the introduction of this role:

- Utilise Emergency Care Networks to ensure all local stakeholders are engaged
- Executive sign up
- Commissioner buy in
- Flexible workforce modelling – right people, right skills, right place
- Robust clinical governance arrangements

- Integrated HR support
- Engagement with education and training providers

The clinical skills and competencies the ECPs have are the same countrywide. However, the way this is delivered will vary upon local need. For example, an ECP could be based within a walk-in-centre dealing autonomously with minor injuries/illness, but also respond to any 999 call received, dependant on the needs of the service at that time.

Alternatively, ECPs can rotate through an acute A&E setting; Ambulance Service, Primary Care In Hours Service and Primary Care Out-of-Hours Service in order to ensure patients receive the most appropriate care in the most appropriate place. This rotation also facilitates continuing professional development and whole system understanding.

The generic nature of this role allows individual health economies to adopt and adapt its principles to help deliver local service reform.

Examples of how ECPs are being utilised in two healthcare communities can be found in appendix 2

CORE SKILLS AND COMPETENCIES FOR ECPs



The following primary competencies are a basic requirement for all ECPs.

- Demonstrate an understanding of the four key assessment skills of inspection, palpation, percussion and auscultation and recognise the importance of history taking as a key component in any patient assessment situation
- Demonstrate knowledge of the relevant applied anatomy and physiology pertaining to the body systems covered within the course, including variations across the lifespan
- Develop and apply history taking skills and the four key assessment skills of inspection, palpation, percussion and auscultation, in order to undertake a comprehensive patient assessment, or the assessment of a particular body system
- Identify and articulate 'normal' and 'deviation from normal' in the physical assessment of patients, including variation in normality across the lifespan
- Demonstrate sensitivity to patients, professional colleagues and peers in undertaking physical examination and maintain respect for privacy, dignity and confidentiality at all times

- Demonstrate accurate and effective documentation of findings from the history taking and physical assessment process in such a way that this can be understood by all members of the multi-disciplinary team
- Understand the legal, professional and ethical issues pertaining to emergency care and to Emergency Care Practitioners (ECPs)
- Understand the expanding scope of ECP practice in the arena of physical assessment and the impact of these new roles to professional practice
- Reflect upon the contribution which the acquisition of these new skills will make to their holistic care delivery and recognise the importance of carrying out these skills in the context of evidence-based practice
- Develop skills and confidence in being able to challenge the rationales behind current emergency practice and explore alternatives using the best available evidence
- Develop an understanding of the processes required to change practice.

There are further specific competencies, which should be adapted to suit local service requirements. These can be found in appendix two.



REGULATION

Emergency Care Practitioners will need to be registered with an appropriate professional body in order to undertake autonomous clinical work.

There are currently three possible registering bodies:

- the Health Professions Council
- the Nursing and Midwifery Council
- the General Medical Council

The competencies for the Emergency Care Practitioner will be the same regardless of which registering body they are registered with.

The competencies needed by the Emergency Care Practitioner have been developed by the CWP, working closely with Skills for Health.

A Register for ECPs?

In the early stages, the workforce that we envisage taking on Emergency Care Practitioner roles will already be registered, typically as a paramedic or a nurse. These individuals will maintain their primary registration.

We need however to consider where entrants without current registered status would apply for registration. This would cover a range of individuals, from students new to healthcare to mature entrants (for instance, from the armed forces) without formal registration.

Dual registration

Dual registration is unnecessary and is not supported by the DoH. As well as being expensive for the individual (dual registration involves dual payment) it is administratively cumbersome and can lead to complex bureaucracy, for instance where an alleged error leads to parallel investigations by the two bodies.

From the experience gained by the CWP in developing Paramedics and Nurses into Emergency Care Practitioners. Paramedics were unable to obtain nurse registration and the Nurses felt that a great deal of technician and paramedic education was inappropriate, and a duplication of previous training. Therefore, joint registration was inappropriate.

Moving Forward

It is necessary for the protection of the public and to prevent altered versions of the ECP role being developed for the role to be regulated. The advised way for this to occur is for the regulators to work collaboratively and agree the standards needed to be an ECP. This would allow ECPs to maintain their primary registration but add the title Emergency Care Practitioner to the register in a similar fashion to that of a specialist nurse.

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PRESCRIBING

Due to current legislation, the only way ECPs can supply or administer medication in a comparative way across the professional groups is by the use of Patient Group Directions (PGDs). However, this is seen as an interim step and is not appropriate if ECPs are to become autonomous and reach their full potential. It may be more appropriate for the ECPs to become independent prescribers. However, under current arrangements, before this could take place the ECP would need to become a registered and regulated profession.

ACCOUNTABILITY

The standardisation of the Emergency Care Practitioner programme, with clearer definitions and expectations, will help to reduce operational risk

Emergency Care Practitioners will work within protocols and guidelines that have been designed and agreed to comply with national standards on best practice, and which have been confirmed by the clinical governance processes of their employing organisation.

The working practices of Emergency Care Practitioners needs to be reviewed regularly as part of the ordinary clinical governance and audit processes of a health economy. Clear lines of accountability and responsibility need to be defined and made transparent before inception of the role.

The ECP trial sites have been working closely with the local Clinical Governance Support team to ensure that patient outcome can be audited and evaluated.

All registered healthcare professionals are accountable for their actions to their regulatory body. Their employer, the organisation with whom they have their contract, will hold the vicarious liability. This does not change regardless of whether they are working across organisational boundaries.

'I've always been an advocate of Emergency Care Practitioners working in primary care, but the Darlington PCT experience since April 2004 of using our ECPs working in out of hours, in A&E and in practices (home visits and clinics) show that they have a real contribution to make in improving access and care for patients. Our next developments include ECPs working back into the Ambulance Service and in our Walk in Centre which will be coming on stream in October/November and it's really moving the integration agenda forwards.'

Nonnie Crawford – Director of Public Health, County Durham and Darlington

CONCLUSION

The current demand for emergency and unscheduled care has risen considerably. To meet this demand it is essential that new ways of working are adopted and that all models of delivery, cross traditional, organisational and professional boundaries. There is a consensus view that the development of ECPs will dramatically improve the provision of unscheduled and emergency care services. ECPs will ensure that patients receive the most appropriate care at the most appropriate time and in the most appropriate place.

APPENDIX 1

The contributors listed below have been central to the success of the ECP trials. Please feel free to contact them for further information on the development and implementation of the role.

Contributors**Bedfordshire & Hertfordshire Ambulance Service**

Dean Ayres ECP Student Point of Contact
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Gary Venstone ECP Practice Facilitator

Coventry and Warwickshire Ambulance Service

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Department of Health – Emergency Care Strategy Team

Paulette Clarke Policy & Project Manager
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APPENDIX 2**Case Study One*****Warwick Service Deployment Proposal (In Brief)***

Following negotiation with the PCT and the Hospital Trust, part of the OOH's service has been contracted to Coventry and Warwickshire Ambulance service.

The service went live on the 10th May 2004. Six ECP's were ring fenced to work as a South Warwickshire Team and were tasked to provide a roster. They are located in Warwick A&E department working with a GP. When patients phone the OOH service the GP assesses the nature of the call and determines the appropriate response.

If a visit is required, the ECP responds from the A&E department. The ECP undertakes the visit and calls the GP to discuss the findings and decide the best course of action for the patient.

Patient Group Directions and guidelines have been agreed by the local healthcare community for ECP use.

Prior to going live and following the initial education package the ECPs worked in GP surgeries, where they underwent clinical facilitation until they and their mentor felt confident in their competence.

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Case Study Two

EMERGENCY CARE PRACTITIONER ROTATION SCHEME SOUTH MANCHESTER HEALTH ECONOMY

1. INTRODUCTION

- 1.1 Greater Manchester, one of 17 Changing Workforce Programme national trial sites, will complete the first cohort of Student ECPs at the end of June 2004. These individuals have undertaken a 27-week programme (15 weeks core training and 12 weeks work placement) in association with Manchester Metropolitan University.
- 1.2 The individuals will be available for employment as Emergency Care Practitioners at the Practitioner level grade appropriate to Agenda for Change Band 6. (i.e. £20,300 to £27,500 at 2003/4 rates)
- 1.3 Greater Manchester Ambulance Service, on behalf of the G.M Strategic Health Authority, has managed the ECP Programme through a multi professional and Agency Steering Board.
- 1.4 The Steering Board wish to ensure a consistent and co-ordinated introduction, employment and working of this new role of ECP into the Greater Manchester Health Economy. It is intended; therefore, that the Steering Group seeks to establish rotational employment schemes with protocol led working, administered by Greater Manchester Ambulance Service with the ECPs managed as determined and appropriate in operational areas.

2. SOUTH MANCHESTER SCHEME

- 2.1 Following a series of meetings and discussions, the following has been agreed:
 - South Manchester University Hospitals will fund 2 posts.
 - South Manchester Primary Care Trust will fund 2 posts.
 - Greater Manchester Ambulance Service will fund 2 posts.
 - Preferred out-of-hours provider. The specification for the OOH provider includes the commitment to 2 posts.
- 2.2 A 6/8 place Emergency Care Practitioner Rotation Scheme is to be operated in South Manchester. Commencing in July 2004, for a fixed term of 2 years. The rotations will be of 3 or 4 months duration.

3. RECRUITMENT

- 3.1 Letters, outlining the scheme, will be sent to all 23 ECPs, asking for expressions of interest.
- 3.2 All positive responders will attend for selection through an interview process, which will take place in South Manchester.
- 3.3 Composition of the Selection Panel is to be agreed.

4. EMPLOYMENT TERMS

- 4.1 The individuals will be employed on GMAS contracts of employment as Emergency Care Practitioners on Band 6. It is expected that placement on the Agenda for Change Band will be on the next highest scale point in relation to the current salary point of the individual concerned.

- 4.2 The individuals will be managed by the host organisation appropriate to the rotation placement.

5. ROTATION SCHEME MANAGEMENT/MENTORSHIP

- 5.1 A case is to be submitted to the GMSHA for funding for an ECP Scheme Co-ordinator/Manager post to undertake the following areas of work:
 - Co-ordinate ECP placements and rotations
 - Ensure appropriate and continued mentorship
 - Manage the recruitment, selection and induction of the next cohort of ECP students (from November 2004)
 - Development of the project and it's integration/interface with the GMSHA delivering the workforce programme which aims to deliver large numbers of assistants and advanced practitioners into the local health economy including emergency and unscheduled care areas. All roles are aligned to and facilitate the skills escalator approach.

APPENDIX 3

Specific Competencies

Dealing with patients

- Demonstrate effective and enhanced communication and interpersonal skills when dealing with patients across the lifespan, including those with special needs
- Demonstrate the ability to ask key questions in order to obtain a comprehensive clinical history
- Undertake a holistic assessment of patients in a range of settings incorporating the elements of history taking, conducting the 'interview' and developing a therapeutic relationship
- Demonstrate a range of techniques to use in eliciting a comprehensive history from patients
- Demonstrate effective clinical assessment and examination skills including the use of a stethoscope, sphygmomanometer, auroscope, ophthalmoscope, torch and thermometer
- Demonstrate effective physical examination techniques, and in particular, the skills of inspection, percussion, palpation and auscultation
- Demonstrate effective assessment and management of patients who present with violent or aggressive behaviour
- Demonstrate understanding of ways in which violent or potentially violent situations may be managed and defused
- Undertake assessment of patients who present under the influence of drugs and/or alcohol and be able to determine normal presentations and those that deviate from normal

- Demonstrate the ability to perform a rapid assessment of patients' domestic and social support arrangements and devise appropriate action plans where necessary, including referral to others in the health and social care team.

Understanding basic biosciences

- Demonstrate a good understanding of general anatomy and physiology, particularly in relation to the upper and lower limbs and demonstrate familiarity with related terminology
- Demonstrate a good understanding of the physiological and pathophysiological processes and changes that occur in patients across the lifespan
- Demonstrate a good understanding of the anatomical and physiological differences between adults and children
- Demonstrate a basic understanding of the pharmacology and pharmacodynamics of drugs commonly used in emergency care
- Demonstrate a broad based understanding of drugs commonly used in the routine management of medical conditions and the ability to refer to appropriate information sources for further information
- Demonstrate knowledge of commonly used and misused drugs/substances and their physical manifestations
- Demonstrate the ability to interpret basic investigations including urinalysis, blood tests, glucometers and be able to identify appropriate the pathological investigations required for common conditions and to obtain appropriate specimens in relation to these.

Clinical conditions and presentations

- Undertake assessment of the cervical spine and be able to identify any deviations from normal
- Assess, treat and refer or discharge patients with mild allergic reactions
- Assess patients who present with a range of minor injuries using a structured approach (e.g. the look, feel move approach) and treat, refer or discharge them as appropriate
- Demonstrate confidence in the assessment and management of patients with bony and soft tissue injuries of the upper limbs including the hand, wrist, forearm, elbow and shoulder
- Demonstrate confidence in the assessment and management of patients with bony and soft tissue injuries of the lower limbs including the foot, ankle and knee
- Demonstrate knowledge of and confidence in using the OTTAWA guidelines in relation to musculoskeletal injuries of the lower limbs
- Demonstrate an understanding of the importance of determining the mechanism of injury in relation to patterns of injury and clinical presentations
- Demonstrate an understanding and awareness of the differences in fractures and their management in adults and children
- Demonstrate knowledge and understanding of IRMER regulations and other ionising radiation protection issues
- Understand the indications for requesting basic radiological investigations and refer patients as appropriate

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- Demonstrate confidence in the assessment, treatment and management of wounds and lacerations and be able to provide a rationale for all actions and interventions taken
- Demonstrate confidence in wound cleansing techniques and the selection and application of a range of wound care products and dressings
- Demonstrate knowledge and understanding of the management of simple, uncomplicated dislocations in patients of all ages
- Demonstrate confidence in the assessment, treatment and management of minor injuries including animal and human bites, stings and minor burns and scalds
- Understand the indications for the use of walking aids including elbow crutches and axillary crutches, walking sticks and Zimmer frames and be able to demonstrate safe techniques for use
- Demonstrate confidence in identifying the need for and application of a range of splints and supports including slings, collars and bandages
- Demonstrate an understanding of the indications for Plaster of Paris application, the techniques involved, potential problems and instructions for ongoing care
- Demonstrate knowledge and understanding of referral processes and pathways across the health economy and the indications for referring patients
- Assess, treat and refer or discharge patients who present with minor head injuries and minor neck injuries, providing appropriate follow-up advice where necessary
- Assess patients who present with headaches including migraine headaches, identify differential diagnoses and be able to treat, refer or discharge as appropriate
- Demonstrate the ability to articulate clinical findings in relation to normal and abnormal presentations
- Assess, treat and refer or discharge as appropriate, patients who present with a range of minor illnesses including rashes, respiratory tract infections, sore throats, tonsillitis, earaches, ophthalmic complaints including irritation, inflammation, conjunctivitis and suspected foreign bodies or corneal abrasions
- Perform a simple eye assessment and be able to refer as appropriate those patients who present with a 'red eye' or as a consequence of ocular trauma
- Demonstrate familiarity with a range of common ear, nose and throat problems and assess, treat and refer or discharge patients as appropriate, providing a rationale for all actions and interventions taken
- Demonstrate knowledge of a range of dental emergencies and oral problems and be able to assess, treat and refer or discharge patients as appropriate
- Demonstrate confidence in dealing with patients presenting with minor complaints including mild allergic reactions, allergic rhinitis, pyrexias, local infections, those who have run out of their medication or who present with mild asthma attacks, urinary tract infections or constipation
- Demonstrate knowledge in assessing and managing patients who present with a range of gynaecological complaints including vaginal bleeding, bleeding during pregnancy, dysmenorrhoea, suspected ectopic pregnancy, vaginal discharge, vaginal thrush and those requiring emergency hormonal contraception
- Demonstrate a good understanding of meningitis and meningococcal disease and their related symptoms, signs and immediate treatment
- Assess, treat and manage febrile children, taking particular note of relevant past medical history
- Demonstrate knowledge of and familiarity with local child protection procedures including the Child Protection Register and the Children's Act and be familiar with indicators of non-accidental injury
- Demonstrate confidence in the assessment and recognition of the sick child and institute immediate and ongoing treatment as required including early specialist referral
- Assess and manage the crying/inconsolable child and his/her carers and demonstrate the ability to conduct a comprehensive patient assessment
- Assess, treat and refer as appropriate those children (and adults) who present as a consequence of toxic ingestion and those who present with urinary symptoms, vomiting, diarrhoea and/or dehydration

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- Demonstrate the ability to perform a thorough, systematic assessment and examination of the respiratory and cardiovascular systems, noting in particular key symptoms and signs suggestive of underlying disease processes e.g. clubbing
 - Demonstrate the ability to perform a systematic assessment and examination of the abdominal and gastrointestinal systems, in particular having the ability to recognise patients with an acute abdomen, those with acute retention of urine and other acute complaints such as renal colic
 - Understand the clinical significance of vital signs in all age ranges
 - Demonstrate the ability to assess the patient in pain using a range of assessment tools and administer analgesia using pharmacological and non-pharmacological methods
 - Demonstrate the ability to assess and examine the endocrine system and skin
 - Demonstrate assessment and examination of the nervous system, both central and peripheral
 - Demonstrate the ability to carry out a mental health assessment on a range of patients noting any deviation from normal and the ability to devise appropriate action plans taking note of others involved (e.g. depression and its severity, deliberate self harm and the degree of risk involved, anxiety disorders, phobias, acute and chronic presentations)
 - Demonstrate knowledge and understanding of the components of the Mental Health Act and their application
 - Demonstrate understanding of the issues associated with domestic violence, non-accidental injury (in all age ranges), elder abuse and those in the vulnerable groups and be able to devise action plans and/or make referrals as appropriate
 - Make sense of and assimilate clinical findings to enable working or provisional diagnoses to be established in relation to a range of presentations
 - Demonstrate the ability to assess and examine patients who present with back pain and treat, refer or discharge them as appropriate, providing a rationale for all actions taken
 - Demonstrate an understanding of the significance of red flag markers in relation to clinical findings and act accordingly.
- Whole systems working**
- Describe and explain the purpose and function of the range of settings in which emergency/unscheduled care is delivered, including the ambulance service, primary care, out-of-hours facilities, Walk-in-Centres (WICs), Minor Injury Units (MIUs), NHS Direct (NHSD) and Accident and Emergency (A&E) departments
 - Demonstrate knowledge and understanding of the roles and values of those involved in delivering emergency/unscheduled care and develop a diary of local networks across the health community, including relevant contact details, both in-hours and out-of-hours
 - Demonstrate familiarity with the prioritisation systems and processes used in A&E departments including triage, streaming and 'see and treat'
 - Demonstrate familiarity with the processes involved in delivering primary care services including booking systems and the roles of all team members, including General Practitioners, District Nurses, Health Visitors, Practice Nurses and Receptionists
 - Demonstrate an understanding of the various structures and processes underpinning the organisation of the ambulance service including communications, priority dispatch systems, radio procedures, the range of emergency response vehicles available and activation procedures
 - Demonstrate familiarity with equipment particular to the ambulance or out-of-hospital setting including: extrication devices (e.g. KED and RED), long boards, spinal immobilisation devices, carry chairs, lifting cushions, patients slides, portable ventilation systems, manual and electric suction devices, splints (e.g. vacuum, box, or traction) and the advantages and disadvantages of the various modes of transport
 - Demonstrate an understanding of scene safety, mechanisms of injury and patient extrication techniques in the out-of-hospital setting
 - Demonstrate a good knowledge of inter-service working involving all the emergency services, including collaboration and communication and understand of the role and contribution of the wider multi-disciplinary team to the delivery of emergency/unscheduled care
 - Demonstrate familiarity with referral processes in relation to the wider health community and how these may be utilised by ECPs

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- Demonstrate awareness of the roles and responsibilities of ECPs in relation to sudden death and those of the coroner, his officers, funeral directors and the preservation of forensic evidence, both at the scene and beyond.

Developing clinical judgement

- Demonstrate effective clinical decision-making skills and the application of sound clinical judgement based on clinical findings
- Make sense of clinical findings and articulate them noting any deviations from normal and develop appropriate action plans in relation to these
- Understand differential diagnoses and be able to make safe and effective decisions including referrals to appropriate specialists or other clinical team members
- Demonstrate evidence of professional development through learning diaries and personal profiles
- Demonstrate an understanding of change management processes.

Clinical effectiveness

- Demonstrate an understanding of evidence – based medicine
- Describe the importance of audit in both practice and professional development and its role in measuring and evaluating the outcomes of care
- Demonstrate a clear understanding of the practical use of clinical audit in assessing and validating clinical quality and practice
- Discuss the use of guidelines and protocols in emergency/unscheduled care
- Demonstrate effective critical appraisal skills

- Describe and explain the roles and responsibilities of the ECP in relation to Clinical Governance.

Treatments

- Demonstrate an understanding of the principles and practice underpinning the use of Patient Group Directions (PGDs) including their legal status
- Describe and explain the indications for thrombolysis in both hospital and out-of-hospital settings, the various agents involved and the associated risks
- Interpret 12 lead ECGs and react in a timely manner in relation to findings
- Describe the use and benefits of telemetry and telemedicine in the delivery of emergency/unscheduled care
- Demonstrate the ability to objectively assess pain in patients across the age continuum and to achieve effective analgesia with a range of analgesic agents and techniques
- Demonstrate an understanding of the effects of common disease processes such as renal failure and the dynamics of age have on drug effectiveness and the necessary precautions to avoid patient harm
- Describe the principles of safe prescribing and mechanisms for reporting adverse drug reactions.

Legal, professional and ethical issues/dilemmas

- Demonstrate a good understanding of the Code of Professional Conduct and scope of professional practice of ECPs and their significance in relation to the development of clinical practice

- Understand and explain what is meant by accountability, responsibility, delegation, supervision, liability, vicarious liability and professional regulation

- Demonstrate an awareness and understanding of the professional, legal and ethical frameworks within which out-of-hospital care is practised and delivered
- Understand and explain what is meant by the terms consent, capacity, confidentiality and disclosure and their application in emergency/unscheduled care settings to patients across the lifespan
- Demonstrate the ability to record and document patient histories, examination findings and treatment decisions and actions, in a succinct and consistent manner
- Demonstrate understanding of the correct handling and stewardship of confidential patient information and familiarity with the Data Protection Act and the role of the Caldicott guardian
- Demonstrate a clear understanding of the legal and prescribing rules associated with the prescribing, administration and supply of medicines
- Demonstrate understanding of the roles and responsibilities of coroners and their officials, in relation to sudden death and the legal and professional responsibilities of practitioners in relation to the preservation of forensic evidence.

Arriving safely

- Demonstrate familiarity with current ambulance service best practice regarding driving (e.g. Institute of Health Care Development (IHCD))

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- Demonstrate awareness of guidance on parking upon arrival at incident scenes
 - Demonstrate understanding of the principles of scene safety and scene protection
 - Describe and explain HAZCHEM codes and the importance of the UN number.

Clinical procedures, (Xi) Additional modular components and (Xii) Chemical, Biological, Radiation and Nuclear incidents.

In addition to those learning outcomes outlined above, students are required to have gained confidence and competence with regard to a number of clinical procedures and skills and achieved those learning outcomes stipulated in the specified modular and specialist courses, namely i.e. Advanced Life Support (ALS), Paediatric Advanced Life Support (PALS) and a pre-hospital trauma or emergency care course such as Pre-Hospital Trauma Life Support (PHTLS), Pre-Hospital Emergency Care (PHEC) or Pre-Hospital Trauma Course (PHTC).

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