Independent evaluation of the North East Hampshire and Farnham Vanguard

Aldershot Rapid Home Visiting Service

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Disclaimer
The findings of this independent evaluation are those of the author and do not necessarily represent the views of the Aldershot RHV service.

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Executive Summary

This report describes the findings of an independent evaluation of the Aldershot Rapid Home Visiting (RHV) Service, one of several new care models developed as part of the Happy, Healthy, at Home Vanguard programme. The RHV service aimed to free up GP time by reducing the GP home visiting caseload. This in turn should allow GPs more time with patients with complex health issues.

This evaluation brought together data from case studies, paramedic practitioner interviews, patient interviews and a staff survey. All the data was collected between October 2017 and February 2018. A wide range of issues were identified in the case studies and interviews. A total of 30 themes were identified from the combined analyses of case study and interview findings. Furthermore, 3 staff (all practice managers) completed the staff survey about RHV. Survey findings about staff views of the RHV service across five sites (Aldershot, Farnborough, Farnham, Yateley and Fleet) were included to support the Aldershot evaluation.

The evaluation identified the Aldershot RHV service was widely valued and demonstrated a range of patient and system impacts. This was evidenced in the case studies, paramedic practitioner interviews, patient interviews and staff survey findings.

Paramedic practitioners and patients were highly satisfied with the RHV service as it provided improved access to rapid home visiting, got the right care to the patient at the right time, improved access to and timeliness of medication, kept people at home and safe in their homes, and improved access to Making Connections support. This was further evidenced in the staff survey, whereby 67% of staff thought patients received home visits quicker. Also, 77% of staff thought they'd seen an improvement in patients' ability to access routine GP care. Furthermore, 67% of staff reported improvements in patients' ability to access urgent primary care.

An important benefit to patients and the system was improved access to medication for patients. Paramedic practitioners worked, in collaboration with GPs, to assess medication regimes, organise and collect medication, and deliver medication in a timely manner for those often on the borderline of being conveyed or admitted to hospital.

The patient impacts reported were largely due to the nature of the paramedic practitioner role, as outlined in the qualitative findings. In particular, the time the RHV service could offer was an important factor in the successes witnessed. Having time was appreciated by patients and permitted paramedic practitioners to engage in a holistic approach, communicate with other community health professionals, raise awareness of services amongst health professionals and contribute toward a shared community working ethos in the area. This was supported by the staff survey, whereby all surveyed Aldershot staff (100%) stated RHV was an efficient use of staff skills.

System benefits included strong perceptions the RHV service had avoided conveyances / hospital admissions (by using the use of the IBIS system to intercept ambulance crews and support their decisions to convey). This was further supported by the staff survey, whereby 67% of staff thought the service had avoided hospital admissions and all surveyed staff (100%) thought the service had avoided A&E attendances.

The advice relationship between paramedic practitioner and ambulance crews was of particular interest as their combined working was likely the cause for reductions in conveyances and potential hospital admissions. Paramedic practitioners also contributed to better service awareness amongst health professionals as they navigated through their relationships with the Integrated Care Team, district nursing team, GPs, and the Enhanced Recovery and Support at Home service.

Two GP benefits were perceived by paramedic practitioners, in giving time back to GPs and creating more time for them to focus on complex patients. However, these were caveated with the knowledge that GP appointments and time were filled with other relevant work, thus not saving but redistributing GP workload overall. This was somewhat supported by the staff survey findings, whereby 33% of staff thought they now have more time to undertake routine appointments. In addition, 33% of staff thought GPs were able to offer patients with complex health issues longer appointments. However, the Aldershot findings are biased toward the views of practice managers and this may explain the differences compared to the average scores from respondents across all five RHV sites.

An important broader finding, identified in the survey, indicated all surveyed Aldershot staff reported they now work in a more positive working environment due to RHV.

The nature of the role was clearly described from the interviews and several key facilitating factors or 'active ingredients' were identified. These are of particular importance to those considering starting or modifying a RHV service as they will likely influence the successes described in this report. Ensuring active ingredients of the RHV service are addressed and developed will likely ensure the successes described in this report are optimised.

1. The Aldershot locality

The Aldershot Locality is made up of the following five practices:

Table 1: Aldershot GP practices

Practice	Registered persons
Border	8,973
Princes Gardens	8,766
Victoria	8,740
Southlea	14,273
Wellington	3,302
Total	**44,054**

These practices are members of Salus Medical Services, a federation that brings together the 23 practices across North East Hampshire and supports the delivery of primary care services on a larger scale.

Aldershot has a large proportion of working age adults and a relatively small elderly population, though this is predicted to change with large increases in older people over the coming decade. There is also a substantially larger proportion of non-white ethnicities (22.5% compared with 8.2% in Hampshire). Although the proportion of people living with long term illness is similar to Hampshire and lower than England, mortality from a number of diseases such as stroke, respiratory and cancer is higher than the national average. Despite the relatively young population, the rate of diagnosed dementia is higher than England and the other localities in North East Hampshire and Farnham. While Aldershot is mostly made up of areas with lower deprivation, there are pockets which are in the most deprived in country.

2. The Aldershot Rapid Home Visiting Service

The aim of the service is to free up GP time by reducing the GP home visiting caseload. This in turn should allow GPs more time with patients with complex health issues.

The RHV service, provided by Salus, employs two Paramedic Practitioners. They are seconded to GP practices in the locality and based at Aldershot Centre for Health.

Structure of the service:

- The service availability is aligned to GP surgery hours.
- All patients are triaged by a GP and then an email is sent to the Paramedic Practitioner with details of the patient to be visited.
- Following the home visit, the Paramedic Practitioner updates the patient records via EMIS.
- The Paramedic Practitioner use Salus issued I.T. equipment and access the GP surgery EMIS systems with it. This equipment is password protected at the hardware level and built and issued by South, Central and West CSU to their specification.

3. Qualitative synthesis of case studies findings, interviews with paramedic practitioners, and interviews with patients

Introduction

Three qualitative methods were employed to explore the role and impact of the Rapid Home Visiting (RHV) paramedic practitioner service in Aldershot. A range of case studies were collected by staff, and qualitative semi-structured interviews were conducted with paramedic practitioners currently involved in the RHV service, and patients receiving RHV support. Findings from case studies and interviews were synthesised into a single set of themes to describe and evaluate the work of the Aldershot RHV service.

Approach to interviews and analysis

Paramedic practitioners were invited to participate in interviews by the AHSN researcher after discussions with the relevant leadership teams. To recruit patients, Salus were asked to purposely identify people supported by RHV service. Several patients were identified and asked to participate in an interview with the researcher to gain insights about their care via the RHV service.

All participants were informed of the purpose of the evaluation, provided with a participant information sheet and provided written consent. All participants consented to being audio-recorded during their interview, so their views could be thematically analysed. All interviews were conducted at one time-point only and took place in November and December 2017. All interviews were semi-structured and promoted open-ended responses to allow room for divergence to expand on topics that were not pre-judged to be relevant. Semi-structured interview questions were based on the aims of the RHV service.

A recognised process of thematic analysis[1] was used and sought to identify themes from the interviews, the goal being a table of well-defined and described themes after data saturation was reached. It was important to investigate contextual factors, processes, and perceived impacts to determine any active ingredients of the RHV service. Factors were considered active ingredients if they were discussed as important and in the context of a described impact. Findings from the interviews and case studies were brought together in a single synthesis (see Table 2). Triangulation of the findings enriched the overall conclusions and enhanced the understanding of the service.

Synthesised findings

Ten case studies were provided by the Aldershot RHV team but only one of the two paramedic practitioners in the Aldershot RHV team was interviewed. The second paramedic practitioner consented to participate but it was not possible to organise the interview before the evaluation ended. Two patients were recruited and interviewed. Both the case studies and interviews were very detailed. The staff interview lasted 1 hour 10mins and the patient interviews lasted 30mins each. The combined dataset ensured a good coverage of important issues relevant to the RHV service.

In the Aldershot context the paramedic practitioner reported, and case studies indicated, approximately 70% of people they visit have complex multiple long-term conditions and are under multi-disciplinary teams. Another 20% of people they visited were considered acutely unwell and likely to go into hospital in any event, and 10% were considered to be living with socially complex

[1] Braun V and Clarke V (2006) Using thematic analysis in psychology. Qualitative Research in Psychology. Vol 3: 77-101

home situations as well as their health conditions. The majority (90%) of home visiting requests came from GPs, and paramedics spent the rest of their time conducting adhoc visits to support ambulance service colleagues and follow-up visits to those requiring additional support. Approximately 12 home visits were conducted per day. The paramedic practitioner interviewed estimated, at the point of reaching a home visit, approximately 90% of cases could be positively helped by the RHV service. Often, 10% needed more detailed GP support, with only a fraction (2%) of patients stating they would prefer to see their GP the next time a home visit is required. Common activities reported by paramedic practitioners were a range of assessments, referring to the Integrated Care Team, encouraging patient self-care/self-management, collecting patient samples and organising and delivering medication for patients.

A wide range of issues were identified in the case studies and interviews. No conflicting themes were identified which suggested the different sets of data validated each other. A total of 30 themes were identified from the combined findings. These were organised into 5 higher order themes.

Table 2: Synthesised findings from case studies and a paramedic practitioner interview

Higher order theme	**Themes**
Nature of the paramedic practitioner role	1. High level of job satisfaction
	2. Has time to take a holistic approach
	3. Communicating to promote an integrated care approach
	4. Developing relationships with other services
	5. Facilitating better service awareness among health care staff
	6. Skills development
Key facilitating factors (Active Ingredients)	7. Building trust with GPs
	8. Flexible partnership working approach in the RHV team
	9. Good working relationships with district nurses
	10. Integrated working with ERS@H
	11. Community working ethos
	12. GP clinical lead support
	13. Good IT set up
Patient impacts	14. Improved access to rapid home visiting
	15. Appreciated the time given by RHV service
	16. Getting the right care at the right time for the patient
	17. Improved access to medication
	18. Kept safe at home
	19. Improved access to ‘Making Connections’ support
System impacts	20. Avoided hospital admissions
	21. Advice relationship with ambulance crews avoided hospital conveyances
	22. Giving time back for GPs
	23. GPs have more time for complex patients
	24. Better service awareness overall
Challenges	25. Earning the trust of GPs
	26. Managing GP expectations
	27. Fluctuating referrals
	28. Multiple-person model of RHV
	29. Infrastructure needed prior to start
	30. Access to RiO system

Nature of the paramedic practitioner role

In the context of the RHV service in Aldershot, the nature of the paramedic practitioner role was discernible. This higher order theme comprised six different themes or elements, each contributing to the understanding of the role. Firstly, it was clear the paramedic practitioners were highly motivated and this was due to a **high level of job satisfaction**, often discussed in comparison to his previous role in the ambulance service:

"I'm really enjoying this work, I get to use the skills I've developed from training. As a paramedic practitioner I'm trained to assess limbs and cardiovascular and can use them in this role. I couldn't do that when I worked for the ambulance service." (Paramedic Practitioner)

Secondly, it was apparent the paramedic practitioner **had time to take a holistic approach.** The paramedic practitioner highlighted his ability to spend time with patients when needed. In addition, to use that time to holistically view the patient and their situation. A good example of this type of working was:

"I saw a man with long-term ulcers on legs, he was upset about the way his legs were dressed but I got into a longer discussion with him, which he appreciated, about why he still needs dressings for this legs and the wider picture. I spent about an hour with him explaining why dressings are done in a certain way and when to expect support for them. Later he went to his GP for another appointment and made a point of saying he wanted to thank me for taking the time to explain. It's all about the holistic picture and helping the patient to look after themselves and address their concerns." (Paramedic Practitioner)

The third theme in this section indicated paramedic practitioners were **communicating to promote an integrated care approach** with other health care professionals.

"We work with, receive and exchange information with various health care professionals, we appreciate knowing as much as possible and they do too. This helps us understand what input has been given to each patient. For example, the district nurses might be due to visit a patient and so we often let them know if a patient's situation or medication has changed in the last few days, just so the whole integrated care team are aware of what's going on. They also tell us about patients we're going to see, the more information we have the better we can plan to support that patient." (Paramedic Practitioner)

The fourth element of the role involved developing relationship with other health services. This was seen as an important part of their work and was an ongoing challenge. It was clear the role sought to continually evolve and adapt the needs of patients on their caseloads.

"We've been developing links with frailty unit which has beds on it. We will soon meet the Sister at that unit to see if how we can involve them in our work with the plan of avoiding admissions to A&E. They have seemed receptive so far. The benefit of working with this unit is it's somewhere we can go if we've seen a patient and they need more help than ERS@H can offer, and still avoiding an expensive A&E admission." (Paramedic Practitioner)

The fifth theme about the paramedic practitioner role highlighted they **facilitated better service awareness among health care staff**. The origin of the paramedic practitioner role being based in the community has provided a basis to improve service awareness amongst staff.

"Because we're working alongside community staff all the time, we have a good idea of what can and cannot be done in the community. This has been really helpful in discussions with ambulance crews

and GPs, particularly describing the depth of what those community staff can do, rather than simply what is out there. It's helped us too as sometimes we haven't heard of services, like the consultant led community assessment unit we heard of really. They do a CT scans, X-rays, basically do a top to toe assessment of the patient and get quite a holistic look at the patient. It's a two-way learning process." (Paramedic Practitioner)

The final theme about role highlighted paramedic practitioners in the RHV service are on an educational journey. They highlighted a range of **skills development** during their work with GPs, community staff, and ambulance crews. The generally increased contact between health professionals has likely facilitated this important outcome.

"I learn something new every day, working with a knowledgeable GP and asking questions about conditions I've not heard of or know what to do with is great. Having that high clinical oversight and having my questions answered straight away has been really useful. My knowledge has increased massively in this role." (Paramedic Practitioner)

Key facilitating factors for the RHV service

The second higher order theme consists of seven themes reported as key facilitating factors. These were all considered 'active ingredients' of the RHV service in Aldershot. The first factor was the need to **build trust with GPs**. Their contribution to and collaboration with the RHV was vital and paramedic practitioners acknowledged this required time and energy.

"We accepted every request from GPs in the early days, except for those which were really inappropriate. We wanted GPs to know the [RHV] service was ready to use. This helped build the trust between us and for them to understand what the service can provide. Later, as GPs talked to other GPs about the [RHV] service, it seemed like that helped to build trust as well. They were sharing their experiences and that helped a lot." (Paramedic Practitioner)

The second factor was the need for a **flexible partnership working approach in the RHV team**, as described by this paramedic practitioner:

"We work in a flexible way, this is helped by our software system, we can decide as we go through the day who [paramedic practitioner] is best to respond to each home visit request or planned follow-up. We also share a lot of learning between us if systems or teams have changed." (Paramedic Practitioner)

The third active ingredient was the need for **good working relationship with district nurses.**

"We work closely with district nurses, sometimes we do joint visits to make the most of everyone's time. Or we'll see someone and see they have a nasty wound that's getting worse and let the district nurse know and make sure the patient is seen by them as soon as possible. We're definitely saving some time there." (Paramedic Practitioner)

Similarly, the fourth active ingredient was to develop **integrated working practices with the Enhanced Recovery and Support at Home (ERS@H) service**. All indications from the case studies and interview were good working practices exist between the RHV and ERS@H services.

"We might speak to enhanced recovery service and we've given her [patient] medication, but we need some help for the lady at home whilst the medication starts to do its job. In this case we explained if they [ERS@H] can't help then we'd have to admit as she wouldn't be safe to be at home without support whilst she's unwell and waiting for the antibiotics to work." (Paramedic Practitioner)

The fourth active ingredient was the general **community working ethos of the RHV service**. Paramedic practitioners engaged in good communication with other community teams when there was an "urgent need to avoid an admission" to the benefit of both the patient and the system.

The fifth facilitating factor was the **value of the GP clinical lead** and support provided by that role.

"[GP clinical lead] helps us understand how the service can be best operated, helps us with complex cases and supervises any challenges we have, like work volume and building trust with GPs." (Paramedic Practitioner)

The sixth active ingredient was the vital need for a **good I.T. set up** to support the RHV service.

"We have a good I.T. system which means we don't miss anyone on our lists. All our notes are added to patients' notes on GP's individual EMIS systems. But there is still room for improvement though." (Paramedic Practitioner)

Perceived impacts on patients

The third higher order theme describes a range of perceived patient impacts. Six patient impacts were identified from the case studies and interview. Firstly, the case studies and paramedic practitioner interview indicated patients were benefiting from **improved access to rapid home visiting,** with significantly reduced waiting times for support. Secondly, patients **appreciated the time given by the RHV service** to support their health conditions.

"After we'd explained we have more time and could help them navigate the system and their options, they relaxed and appreciated the half an hour we spent with them. They were more certain they were going to get their medication on time and get the referral to physiotherapy for their bad knees. They realised the time we had for them meant they got a lot out of our visit, sometimes covering more issues than if they'd seen their GP." (Paramedic Practitioner)

This was also reported in the patient interviews. They stated they appreciated the time paramedic practitioners had for them and highlighted their satisfaction with RHV:

"I've never had this kind of attention to me…time was of no consequence… he spent time finding out about me." (Patient 2)

"I was very reassured about my existing conditions…I felt so comfortable and at ease." (Patient 1)

"It's an excellent service…they are absolutely ace…I couldn't fault him in any way." (Patient 2)

Thirdly, patients benefitted by **getting the right care at the right time**. The case studies indicated paramedic practitioners often spoke to other services, such as ERS@H, to organise support if the need was identified during the paramedic home visit. Fourth, getting the right treatment to patients at the right time was also an important benefit. **Improved access to medications for patients** was reported in the case studies and interview.

"We often go and see the GP to arrange antibiotics for patients who are at home very unwell and have no other way of getting out the house. So we deliver the medication to the patient and that works well to keep people out of hospital if they're on our list as borderline admission." (Paramedic Practitioner)

The fifth patient benefit was being **kept safe at home**, as reported in two examples by the paramedic practitioner:

"I met a lady with infection, with a query of sepsis and didn't want to go to hospital but needed investigation. She was 95 years old, mobile with a stick, had capacity, so I got antibiotics organised for her. During our time with her we realised she couldn't open bottles so we arranged for liquid antibiotics which saved a lot of time knowing that before we organised them. I was glad to keep her at home where she wanted to be." (Paramedic Practitioner)

The case studies highlighted the sixth patient benefit of **improved access to 'Making Connections'**. This service for adults registered with GP practices in North East Hampshire and Farnham provides several months support from a Making Connections coordinator to help with personal health and wellbeing goals, find local activities and services, and socially connect people across the area. This service was regularly mentioned by paramedic practitioners during their home visits.

Perceived system impacts

The fourth higher order theme describes a range of perceived system impacts. Five system impacts were identified from the case studies and interview. The findings indicated paramedic practitioners believe their work meant they were **avoiding hospital admissions**. The reasons for this were related to their frequent investigative and timely medication work - organising and delivering medications. Two examples below highlight this system impact:

"There was a patient with a chest infection who was deteriorating and on the border of going into hospital. If they didn't get antibiotics that day the likelihood was they would get worse the next day or the day after, when their antibiotics would turned up, and be too ill to take oral medication or for it to work and end up in hospital. So we saw the GP and explained our plan and get the medication organised and bring it to the patient. We also booked them in for a follow-up visit with us in a couple of days to check on their situation." (Paramedic Practitioner)

"We arranged antibiotic intervention within hours for a COPD patient with infections. The observations said he was a borderline admission, he was safe but needed to improve to avoid an admission. We got antibiotics and an inhaler from the GP and went to the pharmacy and got him started on those. We arranged to follow-up the next day and the day after, at which point he observations were better and we knew the speed of our help meant he avoided a worse situation and maybe a hospital admission." (Paramedic Practitioner)

The second system benefit was the **advice relationship with ambulance crews avoided hospital conveyances**, the former being a vital working relationship to reduce unnecessary hospital conveyances.

"We've given them [ambulance crews] our contact numbers and they can ring us and discuss the patient or maybe we can pop round and see the patient whilst they are there. We can take questions from the crews like 'what would you like to know about this patient' and 'how can we help', to try and avoid transporting the patient to hospital. We offer that service to the crews. We know the crew needs answers quickly or they will just take them to hospital so we try and help them as soon as we can. They can't often get quick answers from the GPs so we're helping to avoid conveyances by offering our help…we can also tell the ambulance crews what is 'normal' for a patient we often deal with, so their decisions are made with that information in mind. When you don't have a history about the patients the ambulance crews will think on the balance of risk, 'I'll just take this person in [hospital]'." (Paramedic Practitioner)

Three GP-related benefits were identified from the case studies and interview. It was reported that the work of the RHV service was **giving time back to GPs**.

"As time has gone on, now we're [paramedic practitioners] doing most of the home visits, they've realised the duty doctor still has the same volume of work but other GPs in the practice have more time to review patients bloods, do patient referral letters, and do follow-up work with more complex cases are their books. So they've realised they're gaining time back for themselves." (Paramedic Practitioner)

In addition, there was a perception that **GPs now have more time for complex patients.**

"I think our work has given GPs more time to focus on patients who are more complex, or just on patients who are in front of them. With our help, if GPs are running late with their appointments they don't still have two patients to contact or visit at lunchtime. I think GPs will hopefully feel less rushed and can provide better care." (Paramedic Practitioner)

Finally, it was apparent the RHV service was facilitating better GP integration with community teams and a **better service awareness overall**.

"I've had discussions with GPs whereby I've said passing on the patient to ERS@H or the district nurse has been done by me because they can provide this, this and this. The GP has sometimes said that's great, I didn't realise they can do that." (Paramedic Practitioner)

Challenges to implementation

Paramedic practitioners highlighted six challenges to operationalising the RHV service in Aldershot. Due to a high degree of initial scepticism by GPs towards the RHV service, paramedic practitioners worked to **earn the trust of collaborating GPs** and informed them what paramedic practitioners could and couldn't do. In particular, in the beginning, highlighting the potential benefits to practices. Broadly, paramedic practitioners had to **manage GP expectations about what the RHV service could provide** in order to embed the RHV service in existing community services. As the scheme has progressed, GPs in the area saw benefits and engaged fully. The paramedic practitioner reported GPs now use the service as much as they can, to such an extent that the service is at risk of being overrun and in some ways a victim of its own success.

The challenge of **fluctuating referrals** was raised during the interview. Some GPs have been more proactive than others, giving paramedics the maximum they can in the morning and then, if paramedics manage these visits quickly, will receive more referrals from the GPs that day. Other GPs have been adhoc in their requests for home visits. The requests arrive at any various times of the day. Paramedics have asked to receive home visit requests as early in the day as possible so plans can be made to make the most of their time and avoid unnecessary travelling.

The paramedic practitioner interviewed indicated the RHV service must definitely be based on a **multiple-person model of RHV**, particularly if the benefits outlined in this report are to be realised.

"It needs to be set up as a two-person model, or more, otherwise I lack the ability to bounce ideas of team members and have flexibility. Also, if I visit a patient and they're on the border of being admitted and need following up, maybe because a medication change has led to patient feeling unwell, and so we've asked to arranged repeat bloods, I'll add the patient to our system and then either [other paramedic practitioner] or myself will decide who is best to follow that one up." (Paramedic Practitioner)

Importantly, all RHV service **infrastructure should be set up prior to the service starting**. I.T. was the main focus of comments on this issue. The I.T. set up was developed alongside the RHV service and home visits began without all the necessary systems in place. An example being paramedic practitioners do not have **access to the RiO system** which the district nurses and hospital system use. They reported information governance issues stop them from utilising that system for the needs of the RHV service. Earlier in the report, I.T. systems were described as an active ingredient to the successes of RHV in Aldershot, however, several I.T. issues remain challenges and would warrant early attention.

4. Staff survey about RHV

The evaluation team also supported the analysis of a survey of health care professionals and allied staff about the RHV service. The surveys were developed and administered by five sites independently, those being Farnham, Yateley, Farnborough, Aldershot and Fleet. In the interests of providing an overview of the RHV service, the overall findings and local findings are reported here.

Overall, across all five sites, 71 surveys were completed between October 2017 and February 2018. More GPs (n=37) completed the survey than non-GPs (n=17). Another 17 respondents did not provide their job role or locality; however, findings linked to those respondents were included in the overall analysis below.

Taking all the surveys into account, the main findings from the 71 surveys were:

- 96% thought patients received home visits quicker
- 94% stated they now work in a more positive working environment due to RHV
- 94% stated RHV was an efficient use of staff skills
- 89% saw improvements in patients' ability to access urgent primary care
- 83% thought the service had avoided hospital admissions
- 65% thought the service had avoided A&E attendances
- 62% of staff thought they now have more time to undertake routine appointments
- 51% thought they'd seen an improvement in patients' ability to access routine GP care
- 44% thought GPs were able to offer patients with complex health issues longer appointments

The findings above combined 'strongly agree' and 'agree' percentages for each question.

For the Aldershot site, 17 survey respondents did not provide their locality, so were excluded from the local analysis below.

In total, only 3 Aldershot staff (all practice managers) stated their locality and completed the survey.

The main findings from the 3 surveys were:

- 100% stated they now work in a more positive working environment due to RHV (Similar)
- 100% thought the service had avoided A&E attendances (Higher)
- 100% stated RHV was an efficient use of staff skills (Similar)
- 77% thought they'd seen an improvement in patients' ability to access routine GP care (Higher)
- 67% saw improvements in patients' ability to access urgent primary care (Lower)
- 67% thought the service had avoided hospital admissions (Lower)
- 67% thought patients received home visits quicker (Lower)
- 33% thought GPs were able to offer patients with complex health issues longer appointments (Lower)
- 33% of staff thought they now have more time to undertake routine appointments (Lower)

The findings above combined 'strongly agree' and 'agree' percentages for each question. Importantly, the small number of survey responses means the findings should only be treated as an indication of wider staff perceptions.

Table 3: Survey of health care professionals and allied staff about RHV service

Question	Response options	Overall findings across 5 sites (N=71 responses) % (Frequency)	Aldershot findings (N=3 responses) % (Frequency)
As a result of the Paramedic Practitioner Service, do you think patients receive home visits quicker than they did before?	Strongly agree Agree Neutral Disagree Strongly disagree	71.8 (51) 23.9 (17) 2.8 (2) 1.4 (1) 0	33.3 (1) 33.3 (1) 33.3 (1) 0 0
As a result of the Paramedic Practitioner Service, do you think GPs are able to offer patients with complex health issues longer appointments?	Strongly agree Agree Neutral Disagree Strongly disagree	26.8 (19) 16.9 (12) 40.8 (29) 14.1 (10) 1.4 (1)	0 33.3 (1) 66.7 (2) 0 0
As a result of the Paramedic Practitioner Service, have you seen improvements in patients' ability to access urgent primary care?	Strongly agree Agree Neutral Disagree Strongly disagree	53.5 (38) 35.2 (25) 8.5 (6) 1.4 (1) 1.4 (1)	0 66.7 (2) 33.3 (1) 0 0
As a result of the Paramedic Practitioner Service, have you seen improvements in patients' ability to access to routine GP care?	Strongly agree Agree Neutral Disagree Strongly disagree	21.1 (15) 29.6 (21) 38.0 (27) 8.5 (6) 2.8 (2)	0 66.7 (2) 0 33.3 (1) 0
As a result of the Paramedic Practitioner Service, have you seen any avoidance in hospital admissions?	Strongly agree Agree Neutral Disagree Strongly disagree	47.9 (34) 35.2 (25) 16.9 (12) 0 0	0 66.7 (2) 33.3 (1) 0 0
As a result of the Paramedic Practitioner Service, have you seen avoidance in A&E attendances?	Strongly agree Agree Neutral Disagree Strongly disagree	33.8 (24) 31.0 (22) 35.2 (25) 0 0	0 100 (3) 0 0 0
As a result of the Paramedic Practitioner Service, do you feel you work in a more positive working environment?	Strongly agree Agree Neutral Disagree Strongly disagree	64.8 (46) 29.6 (21) 5.6 (4) 0 0	33.3 (1) 66.7 (2) 0 0 0
As a result of the Paramedic Practitioner Service, do you think there has been more efficient use of staff skills?	Strongly agree Agree Neutral Disagree Strongly disagree	67.6 (48) 26.8 (19) 4.2 (3) 1.4 (1) 0	33.3 (1) 66.7 (2) 0 0 0
As a result of the Paramedic Practitioner Service, have you had more time to undertake routine appointments?	Yes No	62.0 (44) 38.0 (27)	33.3 (1) 66.7 (2)

5. Reflections on the RHV service logic model outcomes

Reduced A&E attendance and avoided hospital admissions

The evidence presented here suggested this outcome was being achieved. The paramedic practitioner interview and staff survey perceived the RHV service had avoided hospital attendances and admissions. Theme 20 (see Table 2) was an important system benefit from the RHV service, 67% of surveyed staff thought the service had avoided hospital admissions and 100% of surveyed staff thought the service had avoided A&E attendances. The perceived reasons for this were, firstly, using the IBIS system to intercept ambulance crews and support their decisions to/not to convey. Secondly, developing an advice relationship between paramedic practitioners and ambulance crews to reduce conveyances and hospital admissions. Thirdly, paramedic practitioners contributed to better service awareness amongst health professionals as they navigated their relationships with the Integrated Care Team, district nursing team, GPs, and the Enhanced Recovery and Support at Home service. Developing these relationships was viewed as a precursor to avoiding admissions. Importantly, whilst these indications of success are encouraging, a quantitative assessment of patient activity data is needed to confirm these findings.

Improved access to both urgent and routine GP care

This outcome is best considered at the broadest level, i.e. has access been improved for anyone wishing to access urgent and routine GP care. The indications are positive from the findings in this report. In the staff survey, 77% thought they'd seen an improvement in patients' ability to access routine GP care and 67% saw improvements in patients' ability to access urgent primary care.

The paramedic practitioner interview supported these findings, which indicated patients were benefiting from improved access to rapid home visiting (Theme 14 in Table 2) and getting the right care at the right time (Theme 16 in Table 2). An important reason for this perception of success was identified in the case studies, whereby paramedic practitioners often spoke to other services, such as ERS@H, to organise support if the need was identified during the paramedic home visit.

The only evidence to throw some doubt on whether this outcome was achieved came from the staff survey. Whereby only 33% of staff thought they now have more time to undertake routine appointments. This finding would suggest that any staff time saved by RHV support was being filled with other work. Whilst the indications of success are encouraging, a quantitative assessment of GP/patient activity data is needed to explore these findings.

GPs able to offer patients with complex health issues longer appointments

There is some doubt on whether this outcome was achieved. Only 33% of surveyed staff thought GPs were able to offer patients with complex health issues longer appointments. However, it is important to note the survey was based on the views of 3 practice managers and GPs/other staff may have felt differently.

More positive findings emerged from the paramedic practitioner interview, whereby two GP benefits were perceived. Firstly, in giving time back to GPs and secondly creating more time for them to focus on complex patients. However, these were caveated with the knowledge that GP appointments and time were filled with other relevant work, thus not saving but redistributing GP workload overall. A quantitative assessment of GP/patient activity data is needed to explore these findings.

Patients receive home visits quicker

There was evidence this outcome was achieved. In the staff survey, 67% of Aldershot staff (3 practice managers) thought patients received home visits quicker. In addition, the case studies and paramedic practitioner interview indicated patients were benefiting from improved access to rapid home visiting, with significantly reduced waiting times for support. Whilst the indications of success are encouraging, a quantitative assessment of GP/patient activity data is needed to explore these findings.

Improvement in patient experience of accessing urgent primary care

There was strong evidence the patient experience was a positive one. Paramedic practitioners and patients were both highly satisfied with the RHV service. They believed it provided improved access to rapid home visiting, got the right care to the patient at the right time, improved access to and timeliness of medication, kept people at home and safe in their homes, and improved access to Making Connections support. Paramedic practitioners reported patients appreciated the time given by the RHV service to support their health conditions. This was also reported in the patient interviews. They stated they appreciated the time paramedic practitioners had for them and highlighted their satisfaction.

In attempting to explain the positive findings, it's important to note the role paramedic practitioners played in facilitating better service awareness among health care staff (Theme 24 in Table 2). In addition, paramedic practitioners in the RHV service were on an educational journey (Theme 6 in Table 2). They highlighted a range of skills development during their work with GPs, community staff, and ambulance crews. The generally increased contact between health professionals has likely facilitated this important outcome.

Also, by defining a form of urgent primary care as 'timely access to medications to prevent a crisis', then this was also achieved by the RHV service. Improved access to medication for patients was a strongly reported impact in the case studies and interview. Many examples were provided about how paramedic practitioners supported the appropriate organisation, collection and review of medication with their GP colleagues. In some cases, they believed this type of action avoided an unnecessary crisis or admission to hospital.

A broader finding indicated 100% of Aldershot staff surveyed reported they now work in a more positive working environment due to RHV. Although there was no direct reference to this in the paramedic practitioner interview, this may have translated into a better experience for patients and help explain the positive findings.

6. Conclusions

Overall, the RHV service in Aldershot was widely valued and demonstrated a range of patient and system impacts. A number of active ingredients and challenges were identified and these would warrant further attention. The former to ensure successes are sustained and the latter to potentially enhance the successes identified in this report.

The nature of the role was clearly described from the interviews and several key facilitating factors or 'active ingredients' were identified. These are of particular importance to managers starting or modifying a RHV service as they will likely influence the degree of successes described in this report. Ensuring active ingredients of the RHV service are addressed and developed will likely ensure the successes described in this report are optimised.

Paramedic practitioners and patients were highly satisfied with the RHV service as it provided improved access to rapid home visiting, got the right care to the patient at the right time, improved access to and timeliness of medication, kept people at home and safe in their homes, and improved access to Making Connections support. This was further evidenced in the staff survey, whereby 96% (across all sites) and 67% (Aldershot) of staff thought patients received home visits quicker. Also, 51% (across all sites) and 77% (Aldershot) of staff thought they'd seen an improvement in patients' ability to access routine GP care. Furthermore, in the staff survey, 89% (across all sites) and 67% (Aldershot) of staff reported improvements in patients' ability to access urgent primary care.

An important benefit to patients and the system was improved access to medication for patients. Paramedic practitioners worked, in collaboration with GPs, to assess medication regimes, organise and collect medication, and deliver medication in a timely manner for those often on the borderline of being conveyed or admitted to hospital.

The patient impacts reported were largely due to the nature of the paramedic practitioner role, as outlined in the qualitative findings. In particular, the time the RHV service could offer was an important factor in the successes witnessed. Having time was appreciated by patients and permitted paramedic practitioners to engage in a holistic approach, communicate with other community health professionals, raise awareness of services amongst health professionals and contribute toward a shared community working ethos in the area. This was supported by the staff survey, whereby 94% (across all sites) and 100% (Aldershot) of staff stated RHV was an efficient use of staff skills.

System benefits included strong perceptions the RHV service had avoided conveyances / hospital admissions (by using the IBIS system to intercept ambulance crews and support their decisions to convey). This was further supported by the staff survey, whereby 83% (across all sites) and 67% (Aldershot) of staff thought the service had avoided hospital admissions. Similarly, 65% (across all sites) and 100% (Aldershot) thought the service had avoided A&E attendances.

The advice relationship between paramedic practitioner and ambulance crews was of particular interest as their combined working was likely the cause for reductions in conveyances and potential hospital admissions. Paramedic practitioners also contributed to better service awareness amongst health professionals as they navigated through their relationships with the Integrated Care Team, district nursing team, GPs, and the Enhanced Recovery and Support at Home service.

Two GP benefits were perceived by paramedic practitioners, in giving time back to GPs and creating more time for them to focus on complex patients. However, these were caveated with the knowledge that GP appointments and time were filled with other relevant work, thus not saving but redistributing GP workload overall. This was somewhat supported by the staff survey findings, whereby 62% (across all sites) and 33% (Aldershot) of staff thought they now have more time to undertake routine appointments. In addition, 44% (across all sites) and 33% (Aldershot) of

staff thought GPs were able to offer patients with complex health issues longer appointments. However, the Aldershot findings are biased toward the views of practice managers and this may explain the differences compared to the average scores across all the respondents.

An important broader finding identified in the survey indicated 95% (across all sites) and 100% (Aldershot) of staff reported they now work in a more positive working environment due to RHV.

7. Limitations of this evaluation

This evaluation was not able to include a quantitative assessment of patient activity to explore the impact on primary and secondary care use of the RHV service. The data required to undertake this analysis was not made available to the evaluation team during the evaluation period.