Independent evaluation of the North East Hampshire and Farnham Vanguard

Fleet 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 Fleet RHV service.

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Executive Summary

This report describes the findings of an independent evaluation of the Fleet 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 findings from cases 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 24 themes were identified from the combined analyses of cases study and interview findings. Furthermore, 7 staff (including 4 GPs) completed the staff survey about RHV. Survey findings about staff views of the RHV service across 5 sites (Farnborough, Aldershot, Farnham, Yateley and Fleet) were included to support the Fleet evaluation.

Overall, the RHV service in Fleet was valued by the RHV team and other community health professionals. Some disengagement by GPs and practices remains and would benefit from further investigation, particularly as to the reasons for disengagement.

Importantly, perceptions of the Fleet RHV service indicated a range of patient impacts. Paramedic practitioners reported patients were satisfied with the RHV service, as did the patients themselves in their interviews, as it provided improved access to rapid home visiting, improved access to the 'Making Connections' service, meant they could be cared for and kept safe at home, and receive an improved package of care via the coordination activities of paramedic practitioners. This was further evidenced in the staff survey, whereby 100% of staff thought patients received home visits quicker and 100% 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.

System benefits included strong perceptions the RHV service had avoided conveyances / hospital admissions, reduced 999 calls by patients, support for local care home by conducting visits, and establishing an advice relationship with ambulance crews. This was supported by the staff survey, whereby 71% of staff thought the service had avoided hospital admissions. Similarly, 57% of staff thought the service had avoided A&E attendances.

Paramedic practitioners strongly believed, during the interviews, the work of the RHV service was saving GPs time. This was somewhat supported by staff survey findings across 5 sites operating a RHV service, but was less convincing in the Fleet RHV staff survey. For example, 62% (across 5 sites) and 43% (Fleet) of staff thought they now have more time to undertake routine appointments. In addition, 44% (across 5 sites) and 29% (Fleet) of staff thought GPs were able to offer patients with complex health issues longer appointments. Also, 51% (across 5 sites) and 43% (Fleet) of staff thought they'd seen an improvement in patients' ability to access routine GP care. Importantly, paramedic practitioners did caveat their views with the knowledge that GP appointments and time were filled with other relevant work, thus not saving but redistributing GP workload overall.

Importantly, 100% of surveyed staff reported the RHV was an efficient use of staff skills. Similarly, 100% of surveyed staff stated they now work in a more positive working environment due to RHV.

The patient and system impacts reported were likely due to the key elements of the paramedic practitioner role, as outlined in the qualitative findings. In particular, the coordinating role offered

by the RHV service would appear to be an important factor in the successes reported. The active ingredients (key elements) and challenges identified would warrant further attention. The former to ensure successes as sustained and the latter to potentially enhance the successes identified in this report.

1. The Fleet Locality

The Fleet locality is made up of the following four practices:

Table 1: Fleet GP practices

Practice	Registered persons
Richmond	12,962
Crondall New Surgery	4,997
Fleet Medical Centre	14,701
Branksomewood	12,828
Total	**45,488**

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.

In general, Fleet is healthier and wealthier than Hampshire and England as a whole. It has a large proportion of working age adults and a relatively small elderly population, though this is projected to rise over the coming decade (47% more over 85's). Rates of diagnosed dementia are higher than the Hampshire and England average and the burden of this disease is likely to increase as the population gets older. In general, the residents of Fleet report levels of health better than that in Hampshire and England. For example, the proportion of the population with a limiting long-term illness or disability is 12.1% compared to 15.7% in Hampshire and 17.6% in England.

2. The Fleet 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 Fleet. 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 Fleet 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 qualitative findings

Ten case studies were provided by the Fleet RHV team, both paramedic practitioners in the Fleet RHV team were interviewed, and four patients/carers were interviewed (2 were patients, 2 were carers). Both the case studies and the interviews were very detailed. The staff interviews lasted 1 hour and the patient/carers interviews lasted 30mins. Using these methods ensured a good coverage of important issues relevant to the RHV service.

In terms of the Fleet context, the paramedic practitioners reported approximately 95% of people they visit had complex multiple long-term conditions, were often house bound or in nursing or residential homes, and under multi-disciplinary teams. Common conditions supported by the RHV were skin, UTIs, minor health issues (predominately this type of work) and minor injuries from accidents such as falls. The remaining 5% of people visited were younger people living with a long-

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

term condition, such as Multiple Sclerosis, and/or had socially complex situations at home alongside their health conditions. Home visiting requests largely come from GPs and the paramedics spend their day conducting GP-directed visits and follow-up visits to those requiring additional support. The paramedic practitioners interviewed estimated, at the point of reaching a home visit, approximately 90% of cases could be positively helped by the RHV service. Often, 5% needed more detailed GP support and another 5% were inappropriate referrals to the RHV service. 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 24 themes were identified from the combined findings. These were organised into 4 higher order themes.

Table 2: Synthesised findings from case studies, paramedic practitioner interviews, and patient interviews

Higher order theme	**Themes**
Key elements of the Paramedic Practitioner role (active ingredients)	1. High level of motivation for the role
	2. Filling a gap in primary and community care
	3. Trusted autonomous practitioner
	4. Assessment and identification
	5. Improving access to medication
	6. Coordinating with GPs and community services
Patient impacts	7. Improved access to home visits
	8. Improved access to medications
	9. Improved access to 'Making Connections' support
	10. Coordinator role improved package of care
	11. Kept safe at home
System impacts	12. Avoiding hospital admissions
	13. Saving GPs time
	14. Supporting care homes
	15. Advice relationship with ambulance crews
	16. Reduction in 999 calls
	17. Paramedic practitioner skills development
Challenges to implementation	18. Poor GP engagement at the start
	19. GP practices want to work in different ways with the RHV service
	20. Service awareness of Paramedic Practitioners
	21. Developing a holistic style of working
	22. Working with end of life patients
	23. Differentiating the paramedic practitioner role from district nursing
	24. Poor infrastructure and I.T. to support the RHV service

Key elements of the Paramedic Practitioner role

The first higher order theme described six key elements of the paramedic practitioners' role. Firstly, a **high level of motivation for the role** existed in the RHV team, as described by this paramedic practitioner:

"It's only 3 or 4 months in but so far I'm really enjoying it, the role is flexible and I'm learning a lot. It's like a breath of fresh air. I think it's a no-brainer. I could see what the project was trying to achieve

and when the role came up I thought it would be an excellent opportunity." (Paramedic Practitioner 2)

Secondly, it was clear paramedic practitioners thought they **filled a gap in primary and secondary care** and their role was sufficiently different and defined, as described by these paramedic practitioners:

"In the ambulance service, the only avenue of action was to contact a GP or take them to hospital so we're plugging a gap and it's really nice to do something positive and the patient receives the community based service they often want and need." (Paramedic Practitioner 2)

"The strength of the role is being able to put the patient at the centre of everything and being able to tap into everything [health services] they need without having to go to hospital services. We've been able to refer to OTs and PTs and district nurses for wound care, so we've been that point of first contact." (Paramedic Practitioner 1)

The third key element of the role involved being a **trusted autonomous practitioner**. Paramedic practitioners preferred this style of working and believed this was the way to operationalise the RHV service and maximise benefits for patients and the wider system.

"You run your own diary, you prioritise your own workload, you feedback to the doctors. The model works well. It has been great to develop our role with the wider integrated community team and be part of that team, rather than an outsider like we were as part of the ambulance service." (Paramedic Practitioner 2)

"We are proactive, we keep an on our list of patients which are high risk of admission. We pop in and visit them regularly." (Paramedic Practitioner 1)

The fourth key element of the role was conducting a range of **assessments and identifying problems** during home visits. This theme emerged strongly from the case studies. Paramedic practitioners frequently assessed patients' home situation during a visit. They frequently assessed for fall risk, fractures and injuries already sustained, took and collected urine samples to encourage further investigation, and assessed pain.

The fifth key element of the role involved **improving access to medication** for patients. This was viewed as a core activity of the RHV service and numerous examples were provided about the organisation, collection and delivery or medications in a timely manner for those on the borderline of being conveyed and potentially admitted to hospital.

"We saw an elderly man in a residential home with severe constipation and in severe pain, the home was on the verge of calling an ambulance but they contacted us instead. We did an assessment, spoke to the GP and sped up the process of getting antibiotics and suppositories. I went to the dispensary and took them to the residential home myself." (Paramedic Practitioner 1)

The sixth key element of the role was **coordinating with GPs and community services**. Numerous examples were provided in the case studies and interviews of paramedic practitioners engaging with and responding to colleagues in other parts of the system. These examples demonstrate this important part of the RHV service:

"We've engaged in joint working with GPs to help them with flu vaccinations at their practice, helping with their goals. If we come across someone who might be at risk we check with the GP, then go and

get the flu jab for the patient and deliver it to the patient as part of our follow-up process. We've done a handful, maybe 5 or 6 so far." (Paramedic Practitioner 2)

Perceived impacts on patients

Overall, it was clear from the patient interviews, they were very impressed with paramedic practitioner visits, as described by this patient:

"It was great…first impression is positive…was so pleased at the home visit…and very satisfied with everything being done." (Patient 3)

The second higher order theme describes a range of specific patient impacts. Five patient impacts were identified from the case studies and interviews. Firstly, patients benefited from **improved access to rapid home visits**, as reported by this paramedic practitioner:

"In the early days of the RHV service, one GP practice told us they didn't do a lot of home visits, so I feel we've had a huge impact on housebound patients linked to that surgery. Recently, they acknowledged the value of our work and now we receive about one referral a day from that GP practice." (Paramedic Practitioner 2)

This was also reported in the patient interviews; from their point of view RHV was fast, effective and avoided unnecessary contact with GP practices and other services, as described by this patient:

"The response was very rapid…much easier than getting GP visits…without this, I would have continued calls to surgery and husband has spent time just standing at surgery counter to get noticed. [Paramedic practitioner] came quickly in response to my call about infection…and was very thorough. If I hadn't had a paramedic visit, I would have definitely phoned 111." (Patient 2)

Secondly, paramedic practitioners **improved access to medications** for patients:

"We saw an elderly man in a residential home with severe constipation and in severe pain, the home was on the verge of calling an ambulance but they contacted us instead. We did an assessment, spoke to the GP and sped up the process of getting antibiotics and suppositories. I went to the dispensary and took them to the residential home myself." (Paramedic Practitioner 1)

This was also reported in the patient interviews. Patients were happy to discuss any change in medication with the paramedic practitioner, knowing it would be discussed with their GP too, as described by this patient:

"[Paramedic practitioner] went and got my medicine and brought it back…did a blood test through finger pricking…but it needed GP approval…but the results were used to change my drug dose." (Patient 1)

Thirdly, the case studies highlighted the 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 introduced by paramedic practitioners during their home visits.

The fourth patient benefit came from paramedic practitioners' **coordination** with other health professionals and in doing so provided an **improved package of care**:

"I remember one lady who was forgetful and confused, we organised the mental health practitioner to see her and support her low mood problem, asked ERS@H to support her medication in the evening and asked the GP to tackle UTI problem. We referred her onto the ICT for further follow-up assessment as needed. I'm pretty sure she avoided a hospital visit because we were able to coordinate this support for her." (Paramedic Practitioner 1)

The fifth patient benefit was being **kept safe at home**, as reported by this paramedic practitioner:

"I asked the district nurses to visit to the check bandages on her legs, I got ERS@H involved to check her care arrangements and daily needs. We did follow-up visits on two consecutive days, something we have the flexibility to do, and her situation had settled down and she was feeling much better. We managed to manage her wishes to stay at home." (Paramedic Practitioner 1)

Perceived system impacts

The third higher order theme describes a range of perceived system impacts. Six system impacts were identified from the interviews. Firstly, paramedic practitioners reported they believed they were **avoiding unnecessary conveyances to hospital / potential admissions**. This paramedic described why they thought they were avoiding ambulance and hospital activity:

"If they get admitted they can get stuck in the system and it's not where they want to be. It obviously saves costs by managing their care at home and that's what we try to do." (Paramedic Practitioner 2)

The second system benefit was **saving GPs time**, as described by this paramedic practitioner:

"One GP told me it's [RHV service] saving him about two hours a day...another GP with a young family said instead of finishing at 9.30pm at night he's finishing at 7.30pm…it's nice that it [RHV service] created a job for me and [paramedic practitioner] but does seem to save GPs time as well." (Paramedic Practitioner 2)

Importantly, this impact was often caveated by indicating any GP appointments or time saved did not mean they were less busy. It was believed GPs total workload was unchanged and any appointments/time saved had been filled with other relevant work. It was not possible to determine the nature of GPs workload as a result of the RHV service and this should be further investigated.

The third system benefit was **supporting care homes**. The RHV service was welcomed by local nursing and residential homes, as described by this paramedic practitioner:

"Lots of nursing and residential homes have welcomed us too, they appreciate our ability to do visits at the homes." (Paramedic Practitioner 1)

The fourth system benefit has been paramedic practitioners' **advice relationship with ambulance crews**.

"I've had several colleagues in the ambulance service call me for advice about a patient I'm aware of. Especially from the point of view of telling them what 'normal' is for particular patients, especially the nature of some dementia patients we support with follow-up visits."

The fifth system benefit emerged from the case studies, whereby a number of cases reported a **reduction in 999 calls** from individual patients had been achieved. These were high users of phone services and paramedic practitioners worked to help patients understand what could be done by

other health professionals prior to making a 999 call. Often, this involved discussing at length patients' anxieties about their health and care.

The sixth system impact was related to **paramedic practitioner skills development**. It was apparent in the interviews paramedics benefited from the ongoing close working relationships with community staff and GPs.

"I'm learning absolutely loads every day and the GPs have really supported my learning. Especially around the assessment area of things and treatment work." (Paramedic Practitioner 1)

Challenges to implementation

Paramedic practitioners highlighted seven challenges to operationalising the RHV service. More significant challenges were identified in the Fleet locality compared to Farnborough and Aldershot, but Fleet was the last one to set up RHV and their implementation stage should be acknowledged. A major challenge for RHV in the Fleet locality has been limited GP engagement. **Poor GP engagement at the start** of the initiative limited the ability of RHV to develop and realise successes seen in other localities.

"The mangers were having trouble engaging with the GPs and we [paramedic practitioners] were thrown in at the deep end. The Fleet area was the last to get running, we cover 4 surgeries and there was some resistance to between the surgeries to accepting the idea and trusting the paramedics to do assessments for the GPs." (Paramedic Practitioner 1)

But the situation did improve to some degree, as described by these paramedic practitioners:

"The focus for the first few months was to do thorough assessments, speak to all the doctors, and as soon as they realised the scope of practice and skill level and how thorough the assessments were, then they used us more and more…one GP took the time to contact us and say they were initially against this idea but now he couldn't live without us." (Paramedic Practitioner 2)

"We still get some negative feedback from GPs for not accepting home visit requests, but we are genuinely really busy. But that's it at the moment, all the other feedback in recent weeks and months has been good." (Paramedic Practitioner 1)

Invitations to GPs and practices less involved in RHV were made by the research team, however, none took the opportunity to express their views on RHV and reasons for their lack of engagement. One possible reason may be the independent outlook of the practices in the Fleet area. This was brought up by the paramedic practitioners when discussing RHV working practices. The latter issue was raised to highlight **GP practices wanting to work in different ways with the RHV service**. This was another challenge for paramedics, aside from engagement, to logistically manage different working arrangements and expectations of GPs and practices:

"The four GP practices are all independent so they all have their own agenda and ways of wanting to work with us. Hopefully, once we've worked with them for a while we'll get to know the best way of working with them and managing their preferences for how to work." (Paramedic Practitioner 1)

The third challenge was **paramedic practitioners' service awareness** in the area and how to link with other health professionals in a timely manner.

"A challenge has been learning about everyone's [community-based] roles and knowing what we can and cannot refer to. We've had to find out what exactly are the referral criteria for physiotherapy and

district nursing team, and knowing how to engage the ERS@H team. So far we haven't met with any resistance and they are all willing to help." (Paramedic Practitioner 2)

Developing a holistic approach to their RHV was the fourth challenge identified, as described by this paramedic practitioner:

"It's been a challenge clinically, we're trying to get into looking at a person and what's going on overall on the day. We're learning about risk management and what we need to tackle first but also keep an eye on the other issues a patient is living with. We've had to adapt our practice from when we worked in the ambulance service." (Paramedic Practitioner 2)

Paramedic practitioners also highlighted, as the fifth challenge, difficulties and concerns about **working with end of life patients**.

"Working with end of life patients has been difficult, it's not something I've been used to and it has taken some time to understand how to manage those patients and families…because of the people we see, they're all elderly, it is more challenging as an elderly person might have ten things going on." (Paramedic Practitioner 1)

The sixth challenge was **differentiating the activities of the paramedic practitioner role from district nursing**, as described by this paramedic practitioner:

"In some ways we offer similar support as the district nurses, but we are different and we know they are different too. Not just in training, but we are more assessment focused and use tools for that and provide a level of medication support, whereas the district nurse team are more about chronic management of specific conditions. But it has been difficult to work all that out and sometimes it's made relationships a bit tense." (Paramedic Practitioner 2)

The seventh challenge highlighted **poor infrastructure and I.T. to support the RHV service**. It was considered sub-optimal in the Fleet locality. A range of issues were reported, including limited I.T. support, no access to a printer, and poor mobile phone reception in the Fleet area meaning paramedics often used their own home phone to make early morning phone calls to patients. Paramedics reported they had no mobile phone signal at their medical centre base. Considering the key elements of the role outlined earlier in the report, i.e. coordinating home visits with GPs, liaising with community health professionals, and improving access to services via autonomous action to fill a gap in existing services – a solid basis of telecommunications would seem vital. One paramedic practitioner summed up the RHV service I.T. situation in the Fleet locality:

"We've wasted so much time due to communications and I.T. problems. A lot of our time is wasted having to physically go back to a GP practice rather than calling them to organise and discuss tasks. It really needs to be sorted out." (Paramedic Practitioner 1)

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 Fleet, Farnham, Yateley, Farnborough, and Aldershot. In the interests of providing an overview of the RHV service, the overall findings and local findings are both 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 Fleet site, 17 survey respondents did not provide their locality, so were excluded from the local analysis below.

In total, 7 staff in the Fleet area stated their locality and completed the survey. These included 4 GPs, 2 practice nurses and 1 practice manager.

The main findings from the 7 surveys were:

- 100% stated they now work in a more positive working environment due to RHV (Similar)
- 100% saw improvements in patients' ability to access urgent primary care (Higher)
- 100% thought patients received home visits quicker (Similar)
- 100% stated RHV was an efficient use of staff skills (Similar)
- 71% thought the service had avoided hospital admissions (Lower)
- 57% thought the service had avoided A&E attendances (Similar)
- 43% of staff thought they now have more time to undertake routine appointments (Lower)
- 43% thought they'd seen an improvement in patients' ability to access routine GP care (Lower)
- 29% thought GPs were able to offer patients with complex health issues longer appointments (Lower)

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

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)	Fleet findings (N=7 responses) % (Frequency)
As a result of the Paramedic Practitioner Service, do you think patients receive home visits quicker than they did before?	Strongly agree	71.8 (51)	85.7 (6)
	Agree	23.9 (17)	14.3 (1)
	Neutral	2.8 (2)	0
	Disagree	1.4 (1)	0
	Strongly disagree	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	26.8 (19)	28.6 (2)
	Agree	16.9 (12)	0
	Neutral	40.8 (29)	57.1 (4)
	Disagree	14.1 (10)	14.3 (1)
	Strongly disagree	1.4 (1)	0
As a result of the Paramedic Practitioner Service, have you seen improvements in patients' ability to access urgent primary care?	Strongly agree	53.5 (38)	71.4 (5)
	Agree	35.2 (25)	28.6 (2)
	Neutral	8.5 (6)	0
	Disagree	1.4 (1)	0
	Strongly disagree	1.4 (1)	0
As a result of the Paramedic Practitioner Service, have you seen improvements in patients' ability to access to routine GP care?	Strongly agree	21.1 (15)	14.3 (1)
	Agree	29.6 (21)	28.6 (2)
	Neutral	38.0 (27)	42.9 (3)
	Disagree	8.5 (6)	14.3 (1)
	Strongly disagree	2.8 (2)	0
As a result of the Paramedic Practitioner Service, have you seen any avoidance in hospital admissions?	Strongly agree	47.9 (34)	42.9 (3)
	Agree	35.2 (25)	28.6 (2)
	Neutral	16.9 (12)	28.6 (2)
	Disagree	0	0
	Strongly disagree	0	0
As a result of the Paramedic Practitioner Service, have you seen avoidance in A&E attendances?	Strongly agree	33.8 (24)	14.3 (1)
	Agree	31.0 (22)	42.9 (3)
	Neutral	35.2 (25)	42.9 (3)
	Disagree	0	0
	Strongly disagree	0	0
As a result of the Paramedic Practitioner Service, do you feel you work in a more positive working environment?	Strongly agree	64.8 (46)	85.7 (6)
	Agree	29.6 (21)	14.3 (1)
	Neutral	5.6 (4)	0
	Disagree	0	0
	Strongly disagree	0	0
As a result of the Paramedic Practitioner Service, do you think there has been more efficient use of staff skills?	Strongly agree	67.6 (48)	85.7 (6)
	Agree	26.8 (19)	14.3 (1)
	Neutral	4.2 (3)	0
	Disagree	1.4 (1)	0
	Strongly disagree	0	0
As a result of the Paramedic Practitioner Service, have you had more time to undertake routine appointments?	Yes	62.0 (44)	42.9 (3)
	No	38.0 (27)	57.1 (4)

5. Reflections on the RHV service logic model outcomes

Reduced A&E attendance and avoided hospital admissions

The evidence suggested this outcome was being achieved. The paramedic practitioner interviews and staff survey perceived the RHV service had avoided hospital attendances and admissions. Theme 12 (see Table 2) was an important system benefit from the RHV service, 71% of surveyed staff thought the service had avoided hospital admissions, and 57% of surveyed staff thought the service had avoided A&E attendances. The perceived reasons for this were, firstly, developing an advice relationship between paramedic practitioners and ambulance crews to reduce conveyances and hospital admissions. Secondly, paramedic practitioners coordinated frequently with other health professionals such as 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 in the interviews.

A third possible reason for avoided admissions and attendances emerged from the case studies, whereby a number of cases reported a reduction in 999 calls from individual patients had been achieved. These were high users of phone services and paramedic practitioners worked to help patients understand what could be done by other health professionals prior to making a 999 call. Often, this involved discussing at length patients' anxieties about their health and care. 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. All surveyed staff (100%) reported they saw improvements in patients' ability to access urgent primary care. The paramedic practitioner interviews supported these findings, which indicated patients were benefiting from improved access to rapid home visiting (Theme 7 in Table 2).

A likely reason for this perception of success was identified in Theme 10, whereby paramedic practitioners often coordinated with GPs and community services. Numerous examples were provided in the case studies and interviews of paramedic practitioners engaging with and responding to colleagues in other parts of the system.

The only evidence to throw some doubt on whether this outcome was achieved came from the staff survey. Whereby only 43% 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 29% of surveyed staff thought GPs were able to offer patients with complex health issues longer appointments. More positive findings emerged from the paramedic practitioner interviews, whereby GPs were perceived to have benefited from saved time. Importantly, this impact was often caveated by indicating any GP time saved did not mean they were less busy. It was believed GPs total workload was unchanged and any appointments/time saved had been filled with other relevant work. It was not possible to determine

the nature of GPs workload as a result of the RHV service and a quantitative assessment of GP/patient activity data is needed to explore these findings.

Patients receive home visits quicker

It was clear this outcome was achieved as 100% of the surveyed staff in the Fleet area thought patients received home visits quicker. Also, this was very clear in the interviews (Theme 7 in Table 2).

Improvement in patient experience of accessing urgent primary care

It was clear this outcome was achieved. Four findings indicated improved patient experience. Firstly, paramedic practitioners improved access to medications for patients. Interestingly, this was also reported in the patient interviews. Patients were happy to discuss any change in medication with the paramedic practitioner, knowing it would be discussed with their GP too.

Secondly, the case studies highlighted the 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 introduced by paramedic practitioners during their home visits.

Thirdly, patients benefited from paramedic practitioners' coordination with other health professionals and in doing so provided an improved package of care. Fourth, patients were supported to keep safe at home, as reported in the interviews previously.

A broader finding indicated 100% of Fleet 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 interviews, this may have translated into a better experience for patients and help explain the positive findings.

6. Conclusions

Overall, the RHV service in Fleet was valued by the RHV team and other community health professionals. Some disengagement by GPs and practices remains and would benefit from further investigation, particularly as to the reasons for disengagement.

Importantly, perceptions of the Fleet RHV service indicated a range of patient impacts. Paramedic practitioners, and patients themselves, reported patients were satisfied with the RHV service. It was perceived to provide improved access to rapid home visiting, improved access to the 'Making Connections' service, meant they could be cared for and kept safe at home, and receive an improved package of care via the coordination activities of paramedic practitioners. This was further evidenced in the staff survey, whereby 96% (across all sites) and 100% (Fleet) of staff thought patients received home visits quicker. Furthermore, in the staff survey, 89% (across all sites) and 100% (Fleet) 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.

System benefits included strong perceptions the RHV service had avoided conveyances / hospital admissions, reduced 999 calls by patients, support for local care home by conducting visits, and establishing an advice relationship with ambulance crews. This was supported by the staff survey, whereby 83% (across all sites) and 71% (Fleet) thought the service had avoided hospital admissions. Similarly, 65% (across all sites) and 57% (Fleet) of staff thought the service had avoided A&E attendances.

Paramedic practitioners strongly believed, during the interviews, the work of the RHV service was saving GPs time. This was somewhat supported by the overall staff survey findings but were less convincing in the Fleet RHV staff survey. For example, 62% (across all sites) and 43% (Fleet) of staff thought they now have more time to undertake routine appointments. In addition, 44% (across all sites) and 29% (Fleet) of staff thought GPs were able to offer patients with complex health issues longer appointments. Also, 51% (across all sites) and 43% (Fleet) of staff thought they'd seen an improvement in patients' ability to access routine GP care. Importantly, paramedic practitioners did caveat their views with the knowledge that GP appointments and time were filled with other relevant work, thus not saving but redistributing GP workload overall.

Importantly, 100% of surveyed staff reported the RHV was an efficient use of staff skills. Similarly, 100% of surveyed staff stated they now work in a more positive working environment due to RHV.

The patient and system impacts reported were likely due to the key elements of the paramedic practitioner role, as outlined in the qualitative findings. In particular, the coordinating role offered by the RHV service would appear to be an important factor in the successes reported. The active ingredients (key elements) and challenges identified would warrant further attention. The former to ensure successes as sustained and the latter to potentially enhance the successes identified in this report.

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.