

Evaluation of 'Urgent Community Care' ambulance pilots



What we were asked to do	<p>Sapere was asked to evaluate the effectiveness of two 'Urgent Community Care' (UCC) pilots being run by St John and Wellington Free Ambulance in the Horowhenua and Kapiti districts respectively.</p> <p>The pilots involved the dispatch of single paramedics (instead of a traditional double crewed ambulance), who were highly skilled, had some prescribing rights, and were able to make follow-up appointments and refer patients to other clinical services. The pilots were funded by the New Zealand Ministry of Health and it was hoped that by providing integrated care in the community the new services would reduce Emergency Department (ED) attendances.</p>
How we approached the project	<p>Our approach to the project included:</p> <ul style="list-style-type: none">• A literature review of the use of paramedic services internationally• Interviews with policy makers, paramedics, ED clinicians, and GPs• A patient survey• A clinical peer review of paramedic decision making in a sample of cases (patient focused)• A 'clinical pathway' peer review to determine whether the pathway used by patients in a sample of cases was appropriate (health system focused)• Econometric analysis to monitor the impact the pilots had on 111 volumes, incidents, priority levels, transports to ED, inpatient admissions, and time of the day / day of the week activity, and• Financial analysis to determine whether the pilots were delivering value for money. <p><i>continued over</i></p>

Our findings

We concluded the pilots were having a positive impact on the delivery of healthcare in Horowhenua and Kapiti. The pilots were reducing transports to ED by an average of 35 and 31 per month in Horowhenua and Kapiti respectively. The services were also providing treatment to lower socio-economic members in the community where ailments would otherwise have gone untreated.

However, we concluded the services were not delivering the best value for money in their current form:

- The availability of the free UCC service prompted a marked increase in demand for ambulance services from patients who should have been seen in a primary care setting.
- The preference for some patients to contact the UCC service instead of their GP had the potential to create a 'second tier' health service.
- The cost per patient contact was too high compared to alternative pathways.
- Deployment decisions needed improving, as 45% of UCC cases still resulted in the dispatch of an ambulance.

Sapere made a number of recommendations for how the delivery of the services should be improved.