South Western Ambulance Service NHS
NHS Foundation Trust

Harmonising pre-hospital care across South West England

The acquisition of the Great Western Ambulance Service by South Western Ambulance Service NHS Foundation Trust in February 2013 provided an opportunity to harmonise and advance clinical practice. NICE guidelines were central to the process.

The Trust successfully brought together clinical expertise from the two organisations with a focus on delivering evidence based care from day one, resulting in consistent and enhanced care for patients across the South West.

"Changing the clinical practice of so many clinicians across a large area is challenging: effective communication is vital."

Adrian South, Deputy Clinical Director, South Western Ambulance Service NHS Foundation Trust

Finding a way through guidance

The ambition was to harmonise clinical practice from day one – a challenge with 4000 staff working across 120 sites. Both Trusts had previously used a system of Clinical Notices to disseminate NICE guidelines to staff. It was difficult to keep up with over 30 annual updates, and memorise the detail of many of the guidelines. Over 450 clinical documents had been published by both organisations in the last 6 years. The information was also difficult to remember; the safe application of the paediatric fever traffic light system for example, required clinicians to memorise 46 criteria.

Applying guidelines in a fast-moving and unpredictable pre-hospital environment presents unique challenges for ambulance services in the UK. A radically new approach was needed to ensure that ambulance clinicians on the frontline had quick access to key clinical information. A standard, concise and easy to access resource written by ambulance clinicians, for ambulance clinicians, has resulted in a range of benefits, including better availability of guidance out in the field, a higher profile of evidence based practice, improvements in the implementation of guidance and most importantly, improved care.

Smart access on the move

In December 2012 every ambulance clinician was issued with a clinical guidelines folder, developed by the senior clinical teams working together to review guidance. Baseline assessment identified 24 areas where further guidance was required. Six senior paramedics combined the best clinical practice from both organisations with the latest evidence base. The guidelines had to be accessible, concise and provide practical support to ambulance clinicians of all grades. During January 2013 staff reviewed the guidelines to ensure that they could be fully implemented from day one.

The guidelines were published on the Trust's intranet and websites, with staff encouraged to download the documents onto their smartphones. Where available on ambulances, existing ruggedised laptops were used to further enhance access, with officers also using an iPad App. A key challenge for staff working remotely across sites was to be able to rapidly access advice and clarification. The implementation was supported by the senior clinical team spending a week in the field providing information sessions at 11 main ambulance stations. An on-call advice email service provided access to a member of the senior clinical team to answer questions within an hour, 08:00-23:00, seven days a week.

Monitoring improvement in outcomes

The successful implementation of the guidelines will be monitored using a combination of clinical audit, incident report review and analysis of serious incidents. An analysis of the serious incidents reviewed over the past year demonstrated that had the new clinical guidelines been available and applied at the time of the incident, all applicable cases would have been averted. It is hoped that the project will further improve patient safety, and further decrease the number of serious incidents.

A wide range of relevant NICE guidance is now firmly embedded across the organisation, with an accompanying increase in the profile of NICE resources. The project demonstrated the advantage of aiming for harmonised clinical care from day one, when previous ambulance mergers have used the approach of harmonising care over the first 1-2 years. The use of multiple implementation methods has also contributed to the success of the project, which took just six months from start to completion.

Although focused on pre-hospital services, this learning may be relevant to other organisations or services that are anticipating merger or reconfiguration.

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