



London Ambulance Service **NHS**
NHS Trust

Emergency Care Practitioner (ECP) Policy

DOCUMENT PROFILE and CONTROL.

Purpose of the document: is to be an overarching policy which directs all Emergency Care Practitioners to more detailed policies/procedures. It should therefore be read in conjunction with all of the policies/procedures listed on the front cover.

Sponsor Department: A&E Operations – Urgent Operations Centre

Author/Reviewer: ECP Programme Manager. To be reviewed by Sep 2010.

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22/02/10	1.2	ECP Programme Manager	Reformatted
12/12/08	1.1	Assistant Head of Clinical Audit and Research	amended 12.5.1 , 12.5.3
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***Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

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Links to Related documents or references providing additional information		
Ref. No.	Title	Version
	Trust Recruitment & Selection Policy	
HR/08/09	Emergency Care Practitioner Personal Development Portfolio & Clinical Competency Log	
TP/008	Policy for the Supply and Administration of Medicines under Patient Group Directions	
OP/011	Procedure for Transporting Patients to Minor Injuries Units / Walk-in-Centres and referring patients to other health & social care services	
TP/017	Procedure for Health Records Generated, Stored & Used by the LAS	
TP/009	Policy for Access to Health Records, Disclosure of Patient Information, Protection & Use of Patient Information	
TP/005	Risk Management Policy	
TP/006	Serious Untoward Incidents Policy	
TP/018	Safeguarding Children Procedure	
TP/019	Suspected Abuse of Vulnerable Adults Procedure and Recognition of Abuse Notes	
	JRCALC Guidelines 2006	
	Trust Job Descriptions	

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled nor substantive.

1. Introduction

The London Ambulance Service NHS Trust is committed to the active management of staff and risk. This policy has been developed in order to reduce the risks, and inform ECPs of the documents and policies relevant to their scope of working.

The view of the LAS NHS Trust Board is that the management of risk is the business of everybody in the organisation. It is recognized that risk management is an integral part of good management practice and as such it should be embedded in the organization's culture.

2. Scope

This policy is intended to be an overarching policy which directs all Emergency Care Practitioners to more detailed policies/procedures. It should therefore be read in conjunction with all of the policies/ procedures listed on the front cover.

3. Objectives

1. To provide a consistent approach to the functioning and scope of practice for ECPs.
2. To ensure that the LAS meets its legal obligations
3. To be an overarching policy for ECP staff to be directed to more detailed policies/procedures
4. To ensure that the LAS achieves its strategic aspirations and objectives, specifically:
 - Accessible to patients and partners
 - Responding appropriately
 - Delivery focussed
 - Engaging with partners
 - New options for patients
 - Culture & behaviour

4. Responsibilities

- 4.1 The **Chief Executive** has overall accountability for having an effective Operational and Risk management system in place and an effective system of internal control within the Trust. The day to day responsibility for risk and operational management is delegated to Nominated Directors.
- 4.2 The **Medical Director, assisted by the Assistant Medical Director (Primary Care)** has delegated responsibility for managing the strategic development and implementation of clinical management, clinical governance, and including infection prevention and control.
- 4.3 The **Director of Operations** has overall responsibility for core Ambulance Operational Services (A&E and PTS)
- 4.4 The **Assistant Director of Operations** has delegated responsibility for managing risks associated with practice of ECPs and responsibility for the development of operational strategy in order to meet national performance and clinical targets.
- 4.5 **Area Operations Managers (AOMs) and Duty Station Officers (DSOs)** have responsibility for the day to day delivery of core services and any associated risks with ECP scope of practice.
- 4.6 **Team Leaders** have the responsibility supporting clinical practice of front line staff; **ECP Clinical Leads** specifically supporting the practice of ECPs.
- 4.7 **Operational Staff** are responsible for the day to day delivery of core services. This includes (but is not limited to) Emergency Care Practitioners (ECPs), Paramedics, Emergency Medical Technicians, A&E Support, Control and Patient Transport Services staff.
- 4.8 It is the responsibility of **all staff** to identify risks and to highlight these to the appropriate manager, usually via the Incident Reporting Procedures. Employees also have a responsibility to cooperate with managers and to contribute to the process of identifying areas of developments and reducing risks.
- 4.9 **ECPs** are required to work across primary, pre-hospital and secondary care, providing a primary clinical intervention within an integrated service model aimed at improving the patients experience by:
- Reducing time to diagnosis/ treatment and fast-tracking the patient through the emergency care pathway.
 - Reducing demand for hospital admissions through access to appropriate care at the point of need.

- Providing an innovative new service, utilising the appropriate skills and knowledge of a range of healthcare professionals across the whole health system, offering the first point of contact at the appropriate place and time.
- Act as a resource for learning and development of colleagues, offering structured support and facilitation in clinical practice education, and continuous professional development.

5. Definitions

5.1 Emergency Care Practitioner (ECP)

For the purposes of this policy and ECP is:

“A healthcare professional who works to a medical model, with the attitude, skills and knowledge base to deliver holistic care and treatment within the pre-hospital, primary and acute care settings with a broadly defined level of autonomy.”

Document - Better Skills, Better Jobs, Better Health
Skills for Health, Department of Health

6. Recruitment and Selection Arrangements

- 6.1 The ECPs are recruited based upon the recruitment guide, and are selected against their job descriptions and person specification which is updated annually.
- 6.2 The recruitment process consists of 3 stages:
- Application
 - Assessment centre
 - Interview

7. Scope of Practice Reflecting an Educational Pathway

- 7.1 The educational pathway which each ECP is expected to complete has core content agreed between the LAS and its education providers. This education is modular with clinical competencies attached, whereby each individual ECP is certified competent to practise specific clinical assessments and skills by a mentor, usually within an external acute care setting.

- 7.2 The LAS is represented on a panel reviewing autonomous pathway education on an annual basis. At this time module content feedback is provided which enables future development and improvement of pathway options.
- 7.3 The ECP Clinical Development Group, chaired by the Assistant Medical Director, Primary Care or ECP Programme Manager, works openly to resolve problems and develop new ideas. The learning from this group is used to inform operational procedures and the ECP education programme.
- 7.4 Each Emergency Care Practitioner is also provided with a copy of the 'ECP Personal Development Portfolio and Clinical Competency Log', which provides a benchmark for LAS ECP Practice. This enables each ECP in conjunction with their Clinical Lead to continually scrutinize and update their competencies on a regular basis. From this an agreed action plan/ pathway can be agreed on through the process of PDR (Performance Development Plan).

8. Process for Assessment, Diagnosis, Treatment & Referral Decisions

- 8.1 Emergency Care Practitioners receive university based education to enable them to perform in-depth holistic patient assessments. It is expected that every patient that is attended by an ECP will be questioned thoroughly to obtain a full medical history. The ECP will subsequently undertake a structured and methodical physical examination of the patient to reach a greater understanding of the patient complaint as well as reviewing all other relevant medical systems. The observations taken and examinations completed are documented according to the recognised medical model. The ECP is then able to reach a clinical decision relating to the patient's possible diagnosis and from there constructs an appropriate treatment and referral/discharge plan.
- 8.2 The individual responsibility rests with the practitioners to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and / or guardian or carer.
- 8.3 The Trust makes use of the **PRF (Patient Report Form), and PRF continuation sheets**. A Patient Report Form will be completed by the ECP for each patient attended, with continuation sheet(s) used as required. A form should be generated whenever a vehicle arrives on scene at an incident. For more details ECPs should refer to the PRF User Guide/Policy for Health Records Generated/Stored & used by the LAS.
- 8.4 The Patient Report Form is made up of two self-carbonising sheets. The original of the completed form is sent to archives and stored electronically, a copy is audited on station by Team Leaders and ECP Clinical Leads, and another) copy is handed on to medical staff at the receiving hospital, or left with the patient.

9. Prescribing Arrangements

- 10.1 All ECPs have access to **ECP Patient Group Directions (PGDs)** for the Supply and administration of Medicines. Since December 2004, a legal framework has been in place that enables supply and administration of a medicine directly to a patient without a prescription from a doctor or another independent prescriber. Current definition and guidance on the use of Patient Group Directions can be found in HSC 2000/026. These PGDs have been developed to assist healthcare professionals to provide the treatment required by patients. They are intended to support the decision making process and do not substitute for sound clinical judgement.
- 9.2 Each PGD lists the details of the medication that can be prescribed by the ECP, gives details on the side effects and drug interactions for each of the drug.

10. Process for Collaboration with Other Health Care Professionals

- 10.1 All ECPs can refer to the Policy of Transporting Patients to Minor Injury Units/Walk-in-Centres, and referring patients to other health and social care services. Apart from giving details on referral criteria, assessment and diagnostic protocols, it directs staff to collaborate/refer patients to the most appropriate healthcare professionals/ set-ups (e.g. GPs, Community Nurses, Walk-in Centres, Out-of-hour GP Services, Falls prevention team, Intermediate Care Team, Community Rehabilitation teams, Practice Nurse etc.)

11. Monitoring

11.1 Responsibilities:

11.1.1 The Job description and Person specification for an ECP are reviewed and monitored annually to ensure that the key responsibilities of an ECP are maintained up-to date. The responsibility of this review lies with the Human Resources Directorate in the Trust.

11.2 Recruitment and Selection Arrangements:

11.2.1 The recruitment guide for the Trust is reviewed annually. Also as mentioned above the job-description and person specification of an ECP is also monitored and reviewed annually.

11.3 Scope of Practice reflecting an educational pathway:

11.3.1 ECP practice is monitored by the ECP Clinical Leads by undertaking structured, measured observational shifts with each

ECP. At this time, not only is practice observed and assessed, but using the 'ECP Personal Development Portfolio and Clinical Competency Log' discussion and support can be provided identifying areas of practice which are recognised as of high standard, as well as those requiring development.

11.4 Process for assessment, diagnosis, treatment and referral decisions:

11.4.1 ECP Clinical Leads on behalf of the Clinical Audit and Research Unit undertake clinical review of ECP practice. This is done by the use of **Clinical Performance Indicators (CPIs)** which review ECP assessment and treatment of each patient – based on the documentation completed for each patient episode. There are 5 CPIs of which 3 are core (Documentation, PGD use and Paediatrics), with the final 2 being on a rotation but covering such patient/illness-types as 'confusion in the elderly', 'back pain' or 'abdominal pain'.

11.4.2 Line Managers (usually an Ambulance Operations Manager, AOM) will provide structured feedback (at least annually) to the ECP, this will include achievements and development areas linked to CPI information.

11.4.3 ECPs should attend a minimum of 2 Clinical Review Days annually where peer review of PRFs forms part of the programme.

11.4.4 Twice a year, an **ECP PGD group** meets comprising the Medical Director, Senior Clinical Advisor, ECP Programme Manager and Lead Pharmacist (on a consultation basis) to review PGD usage – issues arisen and note any changes/additions required.

11.4.5 The **ECP Strategy Group** meets quarterly, lead by the Assistant Director of Operations (Urgent Care) and comprises a representative of the Medical Directorate, Clinical Education and Training Manager, and Managers from HR, Operations and A&E Departments. This group reviews ECP Performance Trust-wide and develops strategy for future development of the role that can be proposed to all stakeholders.

11.5 Review of prescribing arrangements

It is our intention that:

11.5.1 The **ECP Patient Group Directions usage** will be monitored by the ECP Clinical Leads using a Clinical Performance Indicator (CPI) designed by the Clinical Audit & Research Unit. The data obtained is used to support practice and any stand-out results are flagged up

during the process, documented and feedback is provided to the individual practitioner.

11.5.2 All ECPs will have access to PGDs for the Supply and Administration of Medicines. The PGDs will be reviewed annually through the ECP Clinical Development Group. This group will meet bi-monthly and discuss the prescribing arrangements and Patient Group Directions. All prescribing alerts and updates will be discussed and implemented through this group to ensure that results are being reviewed and ensuring that improvements in performance occur.

11.5.3 Information and data collated from the PGD CPIs and from the ECP Clinical Development Group will then be shared with the Clinical Governance Committee through the Medical Director.

11.5.4 Once a year each individual ECP will be required to attend a PGD update/study day led by the Assistant Medical Director. The format of the day will be to review all current PGDs, particularly focusing in any new medications that have recently come into service, as well as providing further clinical support via case study discussions.

12. Acknowledgements

This policy was developed in conjunction with the documentation kindly provided by The East Midlands Ambulance Service.

IMPLEMENTATION PLAN	
Intended Audience	All staff
Dissemination	Available to all staff on the Pulse
Communications	New Policy to be announced in the RIB and a link provided to the document. Controlled copies to be circulated to all ECPs
Training	Annual CPD sessions for current ECP and as part of the education programme for new ECP.
Monitoring	See Section 11