


Agenda Item: xxx

<p>Governing Body <i>held in public</i></p>	<p>Report</p> <p>Date of Meeting: 6 September 2018</p>
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Report Title	<i>Patient Story – Early Intervention Vehicle (EIV)</i>		
Report Author	Presented By	Responsible Director	
<i>Sarah Frisby, Senior Communications and Engagement Manager</i>	<i>Michelle Summer, Head of Communications and Engagement</i>	<i>Alan Streets</i> Signature: 	
Purpose for presenting report	<i>As a patient story. BCCG have recently commissioned the EIV following a successful pilot. The service received a timely thank you letter from a patient who had a good patient experience when they fell and needed an EIV.</i>		
Action Required:	For information only		
Approval Route:	N/A		
Further Assurance:	No		
Which Strategic Objectives does this report provide evidence for?			Please Tick ↓
We will commission high quality, safe and sustainable models of care that deliver effective clinical outcomes and patient experience using evidence based decisions and best practice			√
We will ensure that there is a financially sustainable and affordable healthcare system in Bedfordshire.			
We will lead, engage and operate as an effective place based and STP wide system partner to achieve greater integration of care delivery.			
We will support local people and stakeholders to have an influence on services we commission to ensure our decisions are informed and shaped by local views and insights.			
We will operate and manage our Governing Body to the highest standards of accountability and transparency.			
Implications/Assessments	Yes	No	N/A
Have any financial implications been signed off by the Chief Finance Officer?			
Have any quality implications been signed off by the Director of Nursing & Quality?			
Have any privacy implications been signed off by the Head of Information Governance?			
Have any conflicts of interest implications been signed off by the Corporate Office?			
Have any public engagement implications been signed off by the Head of Communications & Engagement?			
Has an Equality Impact Assessment been carried out?			
Key Risks	N/A		
Executive Summary	<i>Following a successful pilot of an EIV at the start of 2018, BCCG has now commissioned 2 EIV's – one which is</i>		

	<i>already up and running and the second which will be operational from September. As we move towards having two EIV's, the service received a thank you email from a very grateful patient.</i>
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Background

During February and March 2018, BCCG began a pilot in Bedfordshire for an Early Intervention Vehicle (EIV), the vehicle and staff were provided by EEAST and EPUT. Following the success of the pilot, both in terms of the patient experience and outcomes together with the financial savings, BCCG's Financial Recovery Board have agreed to commission the roll out of two EIVs. One started in mid-June and the second will be on the road from 1st September 2018.

The EIV model supports patients to remain in their own place of residence, reduce unnecessary attendances to A&E and subsequent admissions.

It is recognised that calls to 999 which are emergencies but not life-threatening illnesses or injuries can generate lengthy ambulance delays. These delays increase the likelihood of hospital conveyance and subsequent admission, particularly for older people who have fallen and have to wait for a blue light ambulance for assistance. The EIV model is already proven and in place in East & North Hertfordshire and Norfolk, and other East of England CCGs are in the process of commissioning similar service provision with EEAST and their community health providers and/or local authority providers.

The vehicles are provided by EEAST and staffed by a Paramedic/ECP (Specialist Paramedic) and a Health Care Professional from ELFT. The crew jointly attend urgent calls referred to them directly from the ambulance control centre who are not high acuity calls for patients 60 years and older, living in their usual place of residence (own home, care/residential/nursing) and have requested an ambulance response for a fall related incident.

The EIV crew jointly undertake a clinical assessment to provide safe treatment whilst not taking the patient to A&E. A typical assessment process would be holistic and assess clinical, functional, environmental and personal care elements, with recommendations for any future requires. The process is supported via telephone advice from senior clinical support and the patient's GP, who will be involved in any treatment decisions. The EIV crew also work closely with the local authorities' falls services.

The EIV enhances existing services and will improve patient outcomes, reduce delays in clinical attendance, reduce unnecessary non-elective conveyances to hospital and admissions, and enable patients to remain in their own home.

Patient Story

On the 17 July this year, EEAST received a thank you email from a patient who had received treatment from the EIV team. Due to the care and attention provided, the patient was not conveyed to hospital and they were very appreciative of the crew members. Please see the thank you below:

I hope that I am contacting the correct bit of the ambulance service as I want to thank and compliment the crew that came to me this morning.

I have MS and due to the severe heat, a stressful situation in life and probably my own carelessness I fell as I came out of the shower. I am a wheelchair user so once I am on the floor am virtually helpless especially as I bumped into the towel rail on my way down.

The team were contacted via my emergency pendant at about 8.10 and were here within 10 minutes maybe less. They were Emma and Dan who are part of the falls team. I cannot tell you how impressed I was by their professionalism at getting me off the floor and checking me over thoroughly to ensure I had done no lasting damage. It was one of those occasions when the score was 15 out of 10. However they were also pleasant, caring and reassuring. I felt so stupid and that I was causing so much fuss and they would have none of that. Two lovely people.

Please do pass on my thanks to them but also ensure that their manager is aware of this. People are too quick to moan and forget to compliment; I hope I may redress the balance a little.