



TRIM File No: 10/998 TRIM Doc No: D17/6628

12 May 2017

**Dear General Practitioner** 

I would like to inform your practice of changes within NSW Ambulance paramedic protocols. These changes will benefit and streamline patient care through greater collaboration with local health care providers, primarily the patients' General Practitioner (GP). During the past 18 months, paramedic protocols have been strengthened to provide paramedics with an intuitive and realistic treatment and referral framework to support clinical decision making for managing patients with low acuity conditions presenting through a Triple Zero (000) call.

The profile of patients accessing unplanned healthcare through a Triple Zero (000) call continues to evolve from its traditional focus on acute care and transport to one of ever-increasing out-of-hospital care provision. This is due primarily to the changing demographics of our patients and an increasing demand on emergency ambulance resources to attend Triple Zero (000) cases where the patient is considered to have a non-emergency medical or minor injury presentation.

There are many cases where it is more appropriate for a patient who has called Triple Zero (000) to be treated by their regular GP. This recognises the specialist role GPs have in the ongoing care of their patients' and in areas such as chronic disease where a GP has a good understanding of their patients baseline presentation. Previously, and in the absence of formalised referral arrangements, paramedics have been required to transport patients to the hospital Emergency Department (ED) despite recognising that this may not be the most appropriate care destination for the patient.

Within the new referral framework, should a paramedic assess a patient who is deemed appropriate for follow up and treatment by their regular GP, the paramedic may call the practice and request to speak to the GP to discuss the patient presentation and referral option as well as provide a verbal clinical handover. On occasions where a verbal clinical handover has not taken place, a Paramedic referral letter will be left with the patient to give to their GP at their subsequent appointment, outlining any clinical assessment findings, treatment administered and advice given.

NSW Ambulance is focused on improving integration and patient connectedness through support of new and already established low acuity pathways (models of care) with other health and social service providers, Primary Health Networks (PHNs) and non-government organisations within and across Local Health Districts (LHD) boundaries.

NSW Ambulance together with Sydney North PHN aims to further enhance primary health care in the community by strengthening links between paramedics and General Practice. This will encourage greater collaborative decision making between the patient, paramedic and GP to potentially refer patients to their GP, where assessment and treatment within the ED is not clinically required.

GPs are recognised as an important stakeholder by NSW Ambulance and we would like the opportunity to further engage. If you require any further information do not hesitate to contact Claire Walker Coordinator, Primary and Community Care <u>claire.walker1@health.nsw.gov.au</u> or Debra Clark, After Hours Program Manager, Sydney North PHN <u>dclark@snhn.org.au</u>

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