

Purpose of Pack: To provide advice and guidance to Commissioners and Providers

Role of Trusted Assessor: To adopt best practice to enable and improve appropriate flow.

Initiative: please see letter 170309 Simon Stevens + Jim Mackey. Gateway Ref. 06600 below.

Document



Simon Stevens Jim
Mackey UEC letter 09

Ambulance Model: (Definitions listed at the end of this document).

For SCAS implementation of 'trusted assessor' can be as outlined in the examples given below in an effort to bring about best and appropriate treatment for patient and which does not necessarily include attendance at hospital + ED and is reflected in the three models below:-

1. For SCAS, non-conveyance. Paramedic and ambulance technician on hand, patient assessed, found safe to leave at home (as example fall but assessed as robust afterwards) needs no further treatment or follow up.
2. Paramedic and/or ambulance technician assess patient + will need to speak to GP, triage service – "Voice to Voice". It is expected that the GP can be called out of hours.
3. The patient is assessed as safe to leave at home, but needs follow up. Call can be put through to out of hours GP and this will be followed up by GP contacting patient.

Paramedic and/or ambulance technician performs role of 'trusted assessor', as in 'trusted' of assessment of patient, and 'decision' of what is the best treatment and place as outcome of this assessment.

Rather than automatically conveying [via ambulance] to ED [hospital] the decision can be one of the three above options. The 'assessment' is the responsibility of ambulance [SCAS] staff and as defined as 'trusted assessor'.

This would only be paramedic or ambulance technician at SCAS. The proposed model does not involve those trained in other areas such as occupational therapy. It is important that the GP sees the paramedic as 'Trusted Assessor'.

Another situation may be the 'trusted assessor' contacting and referring to a mental health worker. The ambulance crew (paramedic, ambulance technician) will be seen as Trusted Assessor by mental health worker.

Excerpt: House of Commons Health Committee

Winter in accident and emergency departments. Third Report of Session 2016-17

(3) Ambulances—Dispatch on Disposition and code review pilots; Health Education England increasing workforce.

The aim is to help the system move towards the best model to enhance patient outcomes by ensuring all those who contact the ambulance service receive an appropriate and timely clinician and transport response. The aim is for a decrease in conveyance and an increase in 'hear and treat' and 'see and treat' to divert patients away from the ED.

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Document:



HoC. Re Trusted
Assessor.pdf

‘Trusted Assessor’ of course is not only relevant to the Ambulance Service.

From paper NHS Improvement: *Rapid improvement guide to trusted assessors. March 2017.*
Don't assume the assessors must come from a certain staff group. Consider ward staff, therapists, social workers, discharge co-ordinators, integrated care team staff, etc.

Local Authority –Model

Organisations such as Carers UK run courses for Trusted Assessor.

Trusted Assessor - Carrying out assessments under the Care Act 2014

Overview

This is an essential course for anyone who needs a thorough understanding of the duties on local authorities when carrying out carer's assessment under the 2014 Care Act.

This is an essential course for anyone who needs a thorough understanding of the duties on local authorities when carrying out carer's assessment under the Care Act 2014. Whether you are supporting carers through the assessment process or will be carrying them out yourself, this course will equip you with the knowledge you need to carry out care act compliant assessments that are fit for purpose.

Includes:

- *Who needs to be assessed*
- *How to carry out assessments*
- *Wellbeing, outcomes and the impact of caring*
- *How to determine eligibility*
- *What should the support plan include*
- *The duties around information and advice*
- *How to deliver support to carers*

The course is suitable for those either in the voluntary or statutory sector who will be carrying out assessments, supporting carers through the assessment process or advocating on behalf of carers”.

Other examples such as Lincolnshire Care Home Trusted Assessor project:



lincolnshire-care-hom
e-trusted-assessor-pi

And Surrey Independent Living Council Strategic Plan 2015-18

Action 1B: *We will work with Surrey County Council to develop a Trusted Assessor role under the Care Act, which has the potential to allow many people to live independently.*

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April 2017

Please see:

<http://www.nhs.uk/NHSEngland/keogh-review/Documents/quick-guides/Quick-Guide-Improving-hospital-discharge-into-the-care-sector.pdf>

https://improvement.nhs.uk/uploads/documents/ECIP_RIG_Trusted_assessors_March2017.pdf

Conclusion statement:-

Systems that have adopted the trusted assessor model show that it can improve the experience for the patient and reduce delayed transfers of care. When delivered well, it is likely to be more personal as the assessor may be already known to the patient. It is also likely to be more timely and more appropriate to the patient's care journey as the assessor is usually located on site and can respond quickly to the request for assessment.

Definitions below from Appendix to SCAS

Future Opportunities and priorities to further improve patient care in the community

<p>Definitions</p> <p>Trusted Assessor: A clinician undertaking assessments in the community.</p> <p>A. Trusted Advisor: A professionally accredited and experienced primary or secondary care clinician with responsibility for and access to specific health and social care pathways, who will offer expert advice on further clinical management after a telephone/ telemedicine referral from a trusted assessor based in the community.</p> <p>Principles:</p> <ol style="list-style-type: none"> 1. Clinical assessments, undertaken either over the telephone or in person, will be underpinned by current best practice evidenced based clinical practice guidelines. 2. A Trusted Assessor will develop a care plan based on a personalised assessment of clinical need. 3. These assessments will be undertaken in a clinically appropriate time frame 24/7. 4. A Trusted Assessor will have direct access to decision support from a Trusted Advisor when required, and will have authority to transfer patients to any appropriate healthcare setting when required. This would ordinarily be the patient's GP/OOH unless the patient's problem was already being actively managed in an alternative care setting (i.e. secondary/tertiary hospitals /community and mental health/dental health/social care services). 5. Trusted Assessors will be able to directly access locally agreed alternative urgent care pathways and Emergency Care Networks 24/7 when clinically appropriate to do so. 	<ol style="list-style-type: none"> 6. Trusted Assessors will have direct access to Local Summary Healthcare Records/National Summary Care Records so that they will no longer have to make important decisions without access to clinically relevant information to ensure that patients receive the right care first time. 7. Trusted Assessors will be able to request further assessment by other health/social care professionals working in in primary care, community health trusts and secondary care when required, following a telephone or face to face assessment. 8. Trusted Assessors will undertake healthcare assessments in a range of health care settings, including the scene of acute illness or injury, including at home or at work, or in residential accommodation, or other health care facilities (including community/acute hospitals and Day or Urgent Care Centres), when clinically appropriate to do so. 9. Trusted Assessors will also be able to access and escalate social care support for patients in the community, via increasing integrated Health and Social Care Clinical Coordination Centres. 10. Trusted Assessors will be equipped with modern clinical monitoring systems when required, clinical equipment and emergency drugs, and will be able to undertake a range of bedside diagnostics (urine and blood) if necessary to determine the most appropriate location/setting for further care. <p>Trusted Clinical Assessors and Advisors in Emergency and Urgent Care</p>
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