

### **Calls to GP by Scottish Ambulance Service Clinicians**

We are aware of an increase in calls from SAS Clinicians asking to speak to the on-call Doctor about a patient they are attending.

There are a number of instances where this can be helpful to avoid further attendance at the practice, hospital admission, or a GP house call. We felt it would be useful to highlight a few key points for you and your practices to consider when having interactions with SAS Clinicians. These points may also apply when speaking to any other HCP who is not directly employed or working directly with your practice.

#### **For Admin;**

If the On-call Doctor is not available to take the call, please try to provide a reasonable estimate of likely time when a Doctor may be available. If there is likely to be a significant delay (>10 mins) then suggest they will need to make a clinical decision to prevent them waiting at the person's house.

#### **For GP;**

- You are not a clinical advisor for SAS. Calls should primarily focus on information sharing not clinical decision making. SAS do have internal resources available for decision support
- You are not aware of their training and clinical capabilities
- You should avoid taking on clinical responsibility for their decisions - if they are not sure if it's safe to leave the patient at home, they should convey to hospital
- If SAS want the patient seen urgently they should convey to ED
- You can offer to review the patient routinely provided SAS are happy they are safe to wait
- Often after discussion with SAS you may be willing to offer a prescription but be aware that if you do this, the clinical responsibility rests with you
- If the SAS Clinician thinks routine GP review is appropriate, the patient can re-contact the practice to arrange
- If they don't convey, the onus is entirely on the patient/carer to re-contact if increased concern (SAS/NHS24 or practice).
- The demands of the Front Door of the hospital should not affect a clinical decision of whether to convey or not
- Updating KIS or ePCS with current relevant information and any agreed plans may prevent the need for this contact and benefit SAS, patients & GPs.