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Ambulance response times — improved communication between clinical teams may offer a solution

Nada Khan¹ articulates familiar difficulties facing colleagues in the ambulance service that have a direct impact upon GPs and their patients. We believe that improved communication between clinicians at the point of contact between the ambulance crew and the patient in the community can lead to different care pathways that do not necessitate conveyance to hospital.

During the COVID pandemic, Suffolk GP Federation (a not-for-profit owned by 57 GP practices) created a 'Hub' within the out-of-hours service, manned by a senior clinician with access to GPs' clinical records. Clinicians working with the ambulance service were able to access advice, often providing an alternative clinical pathway for the patient to the usual conveyancing to the

Emergency Department. Electronic transfer prescriptions, referral to community services, and other interventions became possible.

We are aware that accessing the patient's own GP for similar advice during normal working hours can prove difficult or impossible. Digital communication solutions such as 'Medic bleep' used at West Suffolk Hospital have been demonstrated to improve communication within clinical teams, saving time and money.²

What perfect communications between clinical teams in the community look like we do not yet know. We plan to undertake a project to answer this question and find the right technology. In time we hope that we can redesign care pathways in ways that improve care for patients, help ambulance crews to create timely solutions for the individuals they are called to see, and ultimately provide a gateway into virtual community wards for selected patients.

Simon V Rudland,
*GP; Chair, Suffolk GP Federation Boards;
Visiting Professor of Integrated Digital
Health, University of Suffolk.*
Email: s.rudland@nhs.net

Ruth Bushaway,
*GP; Medical Director, Suffolk GP
Federation.*

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parkrun unintended benefits

I started parkrun¹ in 2014. My son who was 12 years old was a good runner and was keen for us both to try it. The experience was uplifting. Each week we would embark on the 5 km course with friendly camaraderie among our fellow runners. My times improved over 18 months and I passed the 50 parkrun milestone fitter than I had ever been.

However, I then found that my times plateaued at around 26 minutes. I couldn't improve. My son who attended parkrun with me regularly commented that I wasn't moving my left side properly when I ran. My left arm was not swinging and my left leg was dragging. I had not noticed.

I went to my GP, who referred me for a neurological opinion following a normal MRI scan. The neurologist diagnosed Parkinson's disease and a dopamine scan (DaT scan) confirmed the condition with sparse take-up of dopamine in the basal ganglia. So parkrun aided in identifying my early symptoms of Parkinson's.

The parkrun, a 5 km timed run, is a good challenge for everyone and can, as well as improving long-term health conditions, unmask conditions such as Parkinson's disease.

Tim P Newson,
*Retired doctor, formerly East Kent
Hospitals NHS University Foundation Trust.*
Email: Tim.newson@yahoo.co.uk

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