

# A multi-centre community intervention trial to evaluate the clinical and cost effectiveness of Emergency Care Practitioners

<b>Submission date</b> 19/12/2006	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
<b>Registration date</b> 08/05/2007	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
<b>Last Edited</b> 23/02/2012	<b>Condition category</b> Other	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

Not provided at time of registration

## Contact information

### Type(s)

Scientific

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## Additional identifiers

### Protocol serial number

SDO/98/2005

## Study information

## **Scientific Title**

### **Acronym**

NEECaP (National Evaluation of Emergency Care Practitioners schemes)

### **Study objectives**

Aims:

1. To evaluate the appropriateness, quality and safety of care of Emergency Care Practitioners (ECPs)
2. To evaluate patient satisfaction and health outcomes after care given by ECPs
3. To examine the impact of ECP schemes on existing staff in emergency and unscheduled care services by assessing the impact of the new role on ECPs, other health care providers and managers
4. To evaluate the costs associated with integrating ECPs into the existing workforce
5. To examine the service level impact of ECPs on emergency and unscheduled care service performance

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

Multicentre Research Ethics Committee (MREC) for Scotland on 23/03/2006 (ref: 06/MRE00/20)

### **Study design**

Pragmatic multicentre community intervention trial (using mixed methods).

### **Primary study design**

Interventional

### **Study type(s)**

Other

### **Health condition(s) or problem(s) studied**

Emergency Care

### **Interventions**

Emergency care practitioner schemes intended to provide alternative care for patients in emergency and unscheduled care settings, versus care as usual.

### **Intervention Type**

Other

### **Phase**

Not Specified

### **Primary outcome(s)**

**Patient outcomes:**

1. Experiences and satisfaction
2. Patient health status
3. Quality and safety of care

**Workforce outcomes:**

1. Impact of the ECP roles on self and others

**Key secondary outcome(s)**

1. Effect of ECPs on overall performances of local service, strategic impact and economic evaluation
2. Consolidation of research methodologies for evaluating role substitution in health care, costs and system level impact

**Completion date**

01/07/2007

## Eligibility

**Key inclusion criteria**

All patients who are eligible to be seen by an ECP and present to the appropriate service with a clinical condition that the ECP either actually manages or would manage if there was an ECP available will be included.

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Not Specified

**Sex**

Not Specified

**Key exclusion criteria**

Patients who are not eligible to be attended by an ECP.

**Date of first enrolment**

01/07/2006

**Date of final enrolment**

01/07/2007

## Locations

**Countries of recruitment**

United Kingdom

England

**Study participating centre**  
**Health Services Research**  
Sheffield  
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## Sponsor information

### Organisation

NHS Service Delivery and Organisation Research and Development programme (UK)

### ROR

<https://ror.org/02wnqcb97>

## Funder(s)

### Funder type

Government

### Funder Name

NHS Service Delivery and Organisation Research and Development programme (UK) (ref: SDO/98/2005)

## Results and Publications

### Individual participant data (IPD) sharing plan

### IPD sharing plan summary

Not provided at time of registration

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	01/04/2007		Yes	No
<a href="#">Results article</a>	results	01/01/2012		Yes	No
<a href="#">Results article</a>	results	01/04/2012		Yes	No

