PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

# THE DEVELOPING ROLE OF PARAMEDICS IN PRIMARY CARE

**Report on Public Meeting**
**Monday, 19 June 2023**

**Speaker**

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## Patients' Forum for the LAS

Meeting Hosted by Healthwatch Hackney

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## PATIENTS' FORUM FOR THE LONDON AMBULANCE SERVICE

The Patients' Forum has monitored the LAS and other urgent and emergency care services across London for 20 years. Its members are local people who examine services both as users and active lay people. It obtains the information it needs to monitor health services from many sources including the LAS, the Commissioners and NHS service providers across London. The Forum raises awareness of the needs and views of patients and the public and attempts to place them at the centre of health service decision-making.

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## HEALTHWATCH HACKNEY

Healthwatch Hackney is the local health and care watchdog, with statutory powers to monitor the NHS and adult social care. Its vision is for a Borough where health and social care provision is of the highest quality and equal and accessible to all, and where residents are at the heart of the design, delivery and improvement of health and adult social care services.

The ambition of Healthwatch is to improve health and social care provision and outcomes for people in Hackney by working to ensure that both treatment and care are of the highest quality, and are provided with respect and dignity, valuing diversity, encouraging participation and working together. It does this by being the independent champion for residents and people who use services, ensuring the voices of people across the Borough are heard, in order to influence decision makers.

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# INTRODUCTION

The Patients' Forum has worked with Paramedics operating in many different roles over the period it has been monitoring the London Ambulance Service. Working with and monitoring the LAS has involved Forum members spending 12 hours with Paramedics in either ambulance cars or ambulances, observing their work with patients in many different scenarios.

We have also worked with Paramedics in the Emergency Operations Centres, at meetings of Policy Committees and in the Education Centres operated by the LAS for the training of staff.

The NHS Long Term Plan promotes the use of Paramedics in Primary Care and the 5-year framework for the General Practice Contract, providing support for 'first contact community Paramedics' to be employed within Primary Care settings from 2021.

Over the past few years, we have heard much more about the growing role of Paramedics in General Practice, and the new focus of NHS England and Health Education England on the scope of practice for Paramedics working in General Practice.

We know little about how the Paramedic role in General Practice is supporting the development of Primary Care services at a local level and what educational development and supervision is required.

An understanding of the different Paramedic roles is also important to Forum members, e.g. enhanced, first contact and advanced level practitioners.

Georgette has wide experiences of ambulances services, is pursuing a career in both the LAS and academically and has important roles with the College of Paramedics and is a Doctoral Research Fellow at the University of Oxford.

# GEORGETTE EATON

## THE DEVELOPING ROLES OF PARAMEDICS IN PRIMARY CARE

Paramedics have been operating in Primary Care for approximately ten years – although some Paramedics have been working in Primary Care since 2000. Paramedic Science became a profession, with State Registration in 2001.

Thus, Paramedics have been leaving Ambulance Services (which many considered to be their 'professional home') and taking up posts in Primary Care for many years.

There are a couple of reasons why Paramedics leave ambulance services. Paramedics are 'generalist clinicians' meaning they have to be able to see anybody who telephones 999 – with issues ranging from a heart attack, being in labour, being close to death/dying or with a cut finger, cough, breathing difficulties or stomach pains.

Because Paramedics are 'generalists', as are GPs, they can jump from working in ambulance services, to working in urgent care and in Primary Care. For them this jump is not that enormous, as they are used to seeing a very wide range of conditions in the populations they serve. The main difference is the mechanism by which the patients are seen – a 999 telephone call verses an appointment via a receptionist or online.

Over the last 20 years – and particularly during the last 10 years – emergency calls to the ambulance services have decreased. Approximately 8% of 999 calls are considered to be a genuine 'life-threatening' emergency, whilst the remaining calls include a plethora of health and social care needs, and Paramedics have had to adapt to meet the needs of these patients.

Paramedics are able to do this because of their formal education in Paramedic Science (the Paramedic Undergraduate Curriculum reflects this) and also in terms of day-to-day exposure in the job. For Paramedics in the UK, working in Primary and Urgent Care, is a natural progression.

This is also happening in Australia and Canada – not just in the UK. Paramedic knowledge and skills are very similar across these three countries, in terms of their registration – with a BSc Degree, and the system of regulation.

# THE ROLES THAT PARAMEDICS UNDERTAKE IN PRIMARY CARE

## GP Practices - Urgent Care / Treatment Centres - Hospices

Paramedics are now working in an increasing variety of Hospices – in support and care for people who are nearing the end of life.

On the urgent/emergency side of the spectrum, we are seeing Paramedics working in Emergency Departments, and taking up Surgical and Theatre roles. These roles are underpinned by specialist training programmes.

Part of this move for this profession is clear from the name of Paramedic:

- Para … from the Greek meaning 'alongside'
- Medic … medicine

Therefore, wherever you find medicine being practised, you will find paramedicine being practised alongside. It is important to recognise that it is not 'instead of' a doctor or physician, it is 'alongside' them.

# HOW IS PRIMARY CARE BEING TRANSFORMED BY THE INCREASING NUMBER OF PARAMEDIC PRACTITIONERS?

My research has been looking at how Paramedics are working in Primary Care:

Survey – A cross-sectional survey in 2021 of how Paramedics are working in Primary Care … the type of patients they saw, the skills they employed, the patient presentations that they observed and treated, and what impact they felt they had.

Internet Research – Researching what Paramedics were saying to each other in online social spaces about their job.

Visiting Primary Care Practices – Observing the Paramedic role in Primary Care. I interviewed them, as well as the patients they saw, the GPs they worked alongside, and other Health Care Professionals, as well as non-clinicians such as receptionists.

Based on this research, it appears that the employment of Paramedics in GP Practices has increased workforce capacity. This means that more patients can access Primary Care services when needed, and it follows that there could be a reduction in the number of patients seeking urgent and emergency care in the acute medicine sector.

The survey indicated that prior to working in Primary Care, most Paramedics gained a great deal of experience – average 8-10 years as a Paramedic in the ambulance service, before moving into Primary Care. They have high levels of education as well – starting with a BSc degree, but the most common level of education for Paramedics working in Primary Care was a post-graduate qualification, followed by a master's degree.

My research found that when Paramedics have a lot of experience, are highly educated and can prescribe medicines, then they have enhanced clinical capacity in Primary Care - these are the Paramedics that are able to cope with and contribute to the workforce capacity and clinical need and, therefore, significantly enhance patient access.

## Regarding the expansion of the Primary Care Team,

Paramedics best known for their work in ambulance services. Patients I interviewed, when asked if they were expecting to see a Paramedic, often said 'no'. Some were unaware that they were seeing a Paramedic, although aware they were not seeing a doctor.

## USP – Unique Selling Proposition

> *USP is a feature/characteristic of a service that distinguishes it from others of a similar nature and makes it more appealing.*

If you telephone 999 in an emergency, Paramedics are able to think dynamically, about what is needed in this emergency. Paramedics are very good at building rapport, and inter-personal relationships and have excellent communication skills with patients. This is considered to be a little different from other Health Care Professionals.

This could be because when Paramedics are working in emergency care and visiting patients in their own homes, they must adjust to being in the patient's own space, the patient's domain. This means that there is a different relationship than going to a Primary Care clinic or hospital, which is a very clinical space – it even 'smells' clinical as opposed to anywhere else!

The USP of Paramedics is their inter-personal skills. The fact that they are 'generalist' and able to work dynamically enables them to work effectively with the Primary Care workforce … and to do the things that we want them to - increasing clinical capacity and patient access in Primary Care.

# QUESTIONS, STATEMENTS AND COMMENTS TO GEORGETTE EATON

## ALAN ALEXANDER

What is the difference between a Paramedic and a Doctor's Associate?

### Georgette Eaton

A role that is emerging, known as a Physician Associate, was once known as a Physician Assistant. They are usually professionals who have taken a Biomedical Degree and then go on to do clinical training.

Clinical training might be through a formal programme at university, or it might be ad hoc 'on the job' training, depending upon the clinical setting that they are working in.

Part of the difference is in the name. Physician Associate is 'associated with' whereas a Paramedic is 'working alongside'.

Paramedics are autonomous. They are registered clinicians whereas a Physician Associate is not, so they cannot act independently, and they work remotely and have to 'report back'… so they are working under the supervision of a doctor. Because they are not registered, they also cannot prescribe medicines. There is a limit to what they can do.

However, it has been shown in clinical research, that they increase health care access for patients. If you were to have a blood test, a Physician Associate would be able to review that blood test result because they have a biomedical background. In particular, they know about bloods, rheumatology, and other complex clinical conditions, so they are a great addition to a Primary Care team. Where they might not have much experience is in terms of clinical assessments, for example for abdominal pain.

Primary Care needs to change. It is not working well and has not worked well for a while. So, increasing the range of professionals contributing to Primary Care increases the workplace clinical capacity and that increases the patients' access. There is a bit of an overlap between these roles, but they are quite distinct, and that is a positive thing.

## CHELLIAH LOHENDRAN

1. If a Physician Associate is not qualified to sign anything, can a Paramedic sign a Prescription?
2. Are they enough Paramedics to join GP Practices?

### Georgette Eaton

1. Paramedics can undertake an Independent Prescribing course. It is not part of basic Paramedic training. I, myself, am an Independent Prescriber.

2. It is a bit of problem. All healthcare professions are struggling to recruit to maximum numbers. There are vacancies in all ambulance services for Paramedics. At the moment, it is fairly balanced in terms of workforce between Primary Care and ambulance services, which continue to be the biggest employers of Paramedics.

   It could be a problem if we do not see new Paramedic students coming through to fill the gaps … and this is something that NHS England have been looking at.

## ELSIE GAYLE

As a midwife working in the community, I appreciate appropriate team working with Paramedics. Has your research shown any increase in Paramedics working within the maternity spaces, transfers, community, or GP Clinics?

### Georgette Eaton

My research has not shown any increase in work within the maternity spaces, transfers or working within the community with pregnant women and newborn babies.

Midwifery is a very specialist profession and, generally, escalation from most of the professionals, like nurses, Paramedics and physiotherapists is to midwifery care.

My research has shown that, in Primary Care, Paramedics do not see women who are pregnant as often as they see most other presentations.

## MIKE ROBERTS

What about the financial pressures that all of us, including the NHS, are under to support Paramedics in their role?

### Georgette Eaton

How we measure 'cost effectiveness' is quite nebulous. In initial research, from a health economics point of view, Paramedics working in Primary Care do represent a cost saving, as do Paramedics who have additional levels of education working in ambulance services.

This is a good thing for the NHS because there are highly trained Paramedics making an economic difference. However, there is still ongoing research about that. Nothing is conclusive.

## CAROL ACKROYD

I am concerned about Paramedics and Physician Associates and similar roles in the NHS, diluting clinical skills, and the NHS potentially using people who have far less clinical training and clinical experience.

You mentioned that your research asked Paramedics what they thought their impact was … and that was 'positive'. I remember research asking receptionists who were triaging patients, and they said that they thought they had 'really good triaging skills'.

I am afraid that I do not feel that is a sound basis to be asking those individuals whether they are skilled enough to know that somebody with a headache just needs some Paracetamol and to go home and rest - or has a brain tumour.

I should like to have people with far more clinical skills involved. It is great if they are dynamic, have good communications and inter-personal skills, but if I had to choose, I would rather see somebody with appropriate clinical skills and expertise, rather than somebody who has a great 'bedside manner'.

I can appreciate that it is cheaper for the NHS, and people can be trained more quickly, but I am concerned that the NHS is potentially diluting essential clinical experience by having Paramedics and Physician Associates roles.

What I should like to know is what evidence there is that patient safety is not being compromised by using people who have a less clinical education or training, than doctors?

## Georgette Eaton

Thank you for your statement and question – these are really important points. To clarify, as well was asking Paramedics what they thought, I also asked patients, GPs, PCN Leaders and NHS Board Leaders, which is important from a research point of view.

Firstly, when I said that Paramedics are 'cost effective', they are not cheaper than doctors. They are cost effective in terms of being able to provide patients with appropriate treatment, and that the patient does not then get admitted to Hospital or deteriorate. This is one element of how health economics measures costs.

Research suggests that Paramedics are safe and clinically effective when they are clinically trained with a post-graduate qualification. To do a post-graduate or master's degree, Paramedics will have 5-years clinical experience – a master's degree is 3 years part-time, so by the time a Paramedic is working in Primary Care, they would have had at least 8-years of clinical practice, which is a substantial amount.

We also found that some of the most experienced Paramedics are leaving ambulance services to work in Primary Care and also in Emergency Medicine. This represents a workforce problem.

I do not believe that the Advanced Practitioner roles represent clinical dilution. At the top of the hierarchy is still a doctor, whether that is a GP or a Consultant of any speciality. There is always an option, therefore, to escalate care, so I do not believe that there is 'clinical dilution'. This does represent safe patient access, because Paramedics are autonomous and clinically competent clinicians, who would not be able to progress to this level without that competence.

This should be reassuring to patients, but I think that we need to do more to explain the Paramedics role. I work with a Patient Group, as part of my research and this is something they are passionate about too. Hopefully, we might be seeing something published in the future regarding this issue.

## KEVIN JASPER

Do you get any negative kickbacks from doctors within GP Surgeries about the employment of Paramedics, and how is a Paramedic appointed to a doctor's surgery?

## Georgette Eaton

Primary Care is in crisis, and needs to increase its workforce capacity, so there is a general view that 'all hands to the rigging' are required … and all those hands must be safe and competent – and very importantly fit the ethos and the values of the Practice.

There are some negative kickbacks, but not really a great number.

Paramedics integrated into the Primary Care workforce through team development, and deeper understanding of the Paramedic role, have less negativity from GPs than those who are not well integrated. It is essential that GPs understand the Paramedic role and Paramedics understand the GP's role. So, it works both ways. And it is GPs who are advertising for Paramedics to join their practices.

However, for the most part, the transition to these new roles is positive. There is a recognition that more clinicians are needed to see patients, as new GPs are not coming through quickly enough.

It might not be this way for ever. We may have more medical students choosing to go into Primary Care, in which case we may have more GPs in the future.

At the moment, Paramedics in primary and urgent care represent an important opportunity to increase workforce capacity, without diluting the clinical quality of services that patients receive.

It is important we make sure that this development continues with effective governance, on-going training and education, and standardisation of the Paramedic role. NHS England also provides practices with additional funding if they employ Paramedics. This will not last forever as it is a 'kick-starter'.

## CYNTHIA WHITE – Chair, Older Persons' Reference Group – City and Hackney

The experience I wish to share pre-dates Covid by just a few weeks. I do not wish in any way to denigrate the good services provided by GP practices in City and East London.

I should like to ask whether through your research, you have investigated and been able to report upon the effectiveness of 'line management' of the teams who work within GP practices?

I was a full-time carer for my husband who had pancreatic cancer and during that time I met a number of Paramedics – several through the surgery – and had very good experiences.

However, the experience I had which was worrying, was when my shoulder was used 'to cry on' by a Paramedic who said that she was desperate about the way in which she was being managed within her particular Practice.

This included the way she was being managed by a senior member of staff – a senior nurse. She was consequently contemplating leaving the profession.

My husband and I were referred to this senior nurse who had been named by the Paramedic - we did not share confidences - but we drew our own conclusions as the consultation we had was, frankly, awful.

So, training, inter-personal and clinical skills and empathy matter so much. How, in a single practice, does one begin to unify into a holistic approach all the different clinical experts and Paramedics from different areas of practice who are now coming into Primary Care?

Is there a good human resources element to help these new clinical roles in Primary Care integrate and relate amongst themselves, as well as to patients?

## Georgette Eaton

I have found that we need better standardisation within and between clinical roles. The Paramedic who you might see at your GP practice in London, should be of the same standard to one that provides care to a family in Northumberland. One should go to a Primary Care appointment expecting the same level of clinical competence, holistic and inter-personal approach.

My research - across England, Scotland, Wales and Northern Ireland - shows that this is not happening across the board. There is a general lack of standardisation, but that does not mean that I found a practice that was so poor as to be 'clinically incompetent'.

I always found 'clinical competence', but I found a divergence in the way that competence was manifested and applied.

In terms of why Paramedics choose to work in Primary Care, my research shows that, generally, Paramedics sit alongside the GPs and not the nursing team. So, the nursing teams, health visiting teams and social prescribing would sit on one corridor, and Paramedics and GPs would sit on another.

## Cynthia White

If Paramedics working in different specialities across the country do not share the same level of clinical skills, empathy and understanding, some will fail to provide the level of care and treatment needed by patients? When my husband was being seen by a senior nurse, who was a diabetic specialist, he was treated like a 'piece of meat; rudely and unsympathetically and, worst of all, we heard no more from her after the initial consultation.

She disappeared for six weeks, during which time my husband was diagnosed with terminal pancreatic cancer. That was the cause of the diabetic symptoms. This was not picked up and, indeed, the GP had no knowledge of what was going on at that particular area of patient contact.

## ALAN ALEXANDER

Is there just one type of Paramedic or is there a range of different Paramedic with different level of skills?

## Georgette Eaton

There are different types of Paramedics! There are Paramedics in the ambulance services who have got their degree, operate within a scope of practice that is autonomous, but are at a low threshold in relation to the escalation of care.

There are also specialist Paramedics, called Paramedic Practitioners or First Contact Practitioners - dependent upon where they work in the UK. This is the same role with different names. They benefit from an enhanced level of clinical skills and will be educated to a higher level, so will be supervised to undertake additional clinical skills.

Above this level there are Advanced Paramedics. I am an Advanced Paramedic with a master's degree, and I am an Independent Prescriber.

I had five years of clinical experience before taking my master's degree. The master's degree takes three years and then training to be an Independent Prescriber take another year – so that's nine years of clinical exposure and education.

There are also Consultant Paramedics, but not many in Primary Care. They tend to operate in a strategic position within ambulance services. There are three in the LAS, and there were a few working across the UK in Primary Care (according to my survey), but they are mainly employed by ICBs in a leadership role and might see patients one day a week – so not a Consultant Paramedic in a clinical sense; not like seeing a Consultant Dermatologist.

In my Patient Group we are exploring how we can talk about these different titles and convey understanding. It changes quite a lot, and it is difficult enough for a professional to keep up with, let alone patients seeing these roles in practice.

As Paramedics go through these roles – Paramedic to Specialist Paramedic, and then Advanced Paramedic, their scope of practice increases, as does their ability to be autonomous. Also, their 'safety' as a practitioner will increase, because they have had more clinical training, more clinical experience, and a higher degree of education. All of these things contribute towards Paramedics being effective and safe practitioners.

## GRAEME CRAWFORD

New research has been published, which found that about 75% of GP practices are refusing to register homeless people. How are Paramedics impacted by those who are homeless and cannot access GPs?

### Georgette Eaton

Paramedics in Primary Care probably would not be impacted, as they would only see patients who are registered. If people who are homeless cannot register with a practice, they will not be seen by a Paramedic in Primary Care. However, this does impact on ambulance services, in terms of patient access.

If you do not have a registered address, you might seek healthcare through other means and that might include attending an Urgent Treatment Centre or an Emergency Department or calling 999 or 111.

What we are planning to do within the London Ambulance Service, is look at how we can ensure that patients who are homeless, have no fixed abode, or have difficulties accessing health care perhaps due to migration status, can access health care. This is in the very early stages.

### Malcolm Alexander

There is another issue here. GPs do not have the right to refuse access and have no right to demand proof of residence. They also have no right to demand photo ID or other forms of ID. So, GPs who are refusing to register homeless people are actually breaking their own contract.

We had a project in Hackney where Hackney Healthwatch went round every GP to ask them about their registration procedures. We carried out three investigations into the situation and now, gradually, we are in a situation where I think that there is only one or two GPs who are causing problems regarding registration.

If GPs are breaking the rules, we have to stop them, so please let me know if you come across a GP practice which is refusing registration to any patients.

If you would like a copy of the Registration Report, please contact me and I can send it to you. This Report actually got a National Award from Healthwatch England.

GP Registration Report: https://tinyurl.com/4ktwduea

## DAVID

Is there a Deanery for Paramedics?

### Georgette Eaton

There is no Deanery for Paramedics. However, there is a professional body – the College of Paramedics - which has a distinct group for Paramedics in Primary Care. It has been looking at some of the issues that I have found in my research about standardisation of Paramedic service provision. The College acts in a similar way to a Deanery.

## JULIA THOMSON

What paediatric training do Paramedics have.

### Georgette Eaton

As part of their undergraduate degree, Paramedics do not do a specific module on paediatrics, but it is a core component throughout the training. At master's level, Paramedics have to do a clinical module to enable them to undertake paediatric care in Primary Care, urgent care and emergency care.

At a Postgraduate level, there are distinct modules for paediatrics. My research showed that Paramedics do not often see children under the age of two years.

One of the reasons might be because ambulance services have for a long time had a policy where children had to be referred immediately to a hospital paediatrician or to a GP.

Paramedics who have moved from ambulance services to Primary Care probably take that ethos with them.

## MALCOLM ALEXANDER

I have had a number of 'ride-outs' with Paramedics – spending 12 hours with Paramedics across London. I think that it is important to know that the range of different sorts of clinical situations that Paramedics find themselves in, is very wide.

When a Paramedic arrives at somebody's house, he/she does not know what to expect. What you discover is that there are sometimes very complex cases and I have always been very impressed by the work I have seen Paramedics doing.

Paramedics may work in particular environments where, for example, a Paramedics is teamed up with a mental health nurse or teamed up with a GP.

In Hackney, there is a service called Paradoc, in which a Paramedic is teamed up with a GP and I have been out with them as well and been extremely impressed by the work that they do.

I think that it is really important to understand that Paramedics are highly trained people doing very complex jobs – and the impact and understanding of mental health work is really profound.

I have also been involved in the training of Paramedics, and one of things that I noted was the 'fear' of complaints. This is an important issue because, for a number of years, we have been trying to get complaints to the point where they are seen as an opportunity for learning and advancement of the profession.

However, whenever I have raised the issue of complaints investigation with Paramedics or trainee Paramedics, I see fear in their faces. This issue needs to be addressed.

## Georgette Eaton

That is a good point about inter-professional working. In London, you mentioned that we have Mental Health Care response teams, and there is also the Urgent Care response where a Paramedic is 'crewed' in a car with a nurse, and this is currently in distinct areas of London.

There are also First Contact Practitioners in London, where they rotate between Primary Care and working in an ambulance with another clinician.

So, there are several different models in which Paramedics can be deployed and who they can be deployed with. This is absolutely about enhanced patient access.

It is also about ensuring that if Paramedics are retaining and developing skills in one area, they can pass these skills on to their colleagues.

## POLLY HEALY

At my GP Practice, we currently have two Paramedics. The Practice is the largest in North West Surrey with over 19,000 patients. The Paramedics have changed the Practice immensely for the better. They have also given GPs more time to see other patients. They also undertake many of the home visits – and the patients who get those home visits really appreciate this because they generally see the same Paramedic and, therefore, do not have to keep explaining their symptoms to different doctors.

I believe that the Practice might be employing more Paramedics in the future.

## JAMES GUEST

When we are looking at GP Surgeries and the proliferation of support being provided for medical staff, one of the worries that I have is how do they ensure that patients' have continuity of care?

As patients get older – thinking of my late mother who passed away at nearly 101, we were caring for her in her own home but when we looked at the death Certificate, it said advanced dementia. We were not aware of that and the GP who wrote the death certificate was not the GP of regular contact.

How, with all these different clinical interventions, do we capture things about people close to us, as we age and deteriorate - how can there be a single point of clinical access to clinical finding with the wide range of medical interventions?

With London Ambulance Service Paramedics, what interaction is there with the community District Nursing Service for example?

We found, in Richmond upon Thames, that they were brilliant - particularly the Matrons. We were increasingly relying upon the Matrons as 'gatekeepers' to brief the GPs at weekly

Liaison Meetings. We were relying upon them to get guidance from Social Services, so that the domiciliary care provider would do things that needed to be done.

So, the wider issue of continuity of care, given the proliferation of Paramedics and nurses in various guises, and the more focussed issue about maximising the interface between Paramedics, and Community and District Nurses are both of great importance.

In our case, we were able to avoid trips to A&E at West Middlesex, and a number of times we just telephoned a Paramedic at the LAS Emergency Operations Centre, and talked through what we had done and that there was a District Nurse visit coming up in three days' time. We agreed there was no need to distress my aged mother with an 8-hour visit to A&E, including a triage procedure and then trying to get her home. This would have been eight hours of anguish for no real purpose.

## Georgette Eaton

Continuity of care is absolutely important, and it can be a problem when there is a very large Primary Care workforce, because you have a lot more people involved with one person's care, and this is why one might fall through the net.

That is why integration of the Paramedic into the Primary Care team is so important. We found that where Paramedics do not integrate because they do not have the right social skills, or understanding of the role of GPs that problems relating to the lack of continuity of care for patients do emerge.

Integration can be achieved really simply by just having specific, inclusive Team Meetings. Understanding roles should be an easy fix, but potentially one that is hard to operationalise if you are in a very busy clinical environment. There is definitely more work to be done.

Regarding the integration between Paramedics and community teams, London is actually pretty good. I have also worked with the South-Central Ambulance Service, and what I noticed in London is that we at least have the option to find out what and who is in our area, to contact those teams and undertake the best referral for the patient.

There is not normally just one team, there are a few. Paradoc was mentioned earlier which has a similar initiative that goes across City and Hackney.

London Ambulance Service has very strong community facing services, and an integrated focus in relation to the wider healthcare workforce across London.

## MIKE ROBERTS

The fallout from the Manchester Arena event will continue, but are Paramedics and other clinicians working together, to prepare strategically for major events by participating in the evaluation pre-planning?

### Georgette Eaton

I think that the enquiry from the Arena will be really important in determining how we continue to work as a team with and within other emergency services.

## SISTER JOSEPHINE UDIE

I do not fully understand how this new system of Paramedics being part of Primary Care teams in GP Practices is working. I know that during Covid, the LAS lost a lot of their staff, many of whom went to GP services and private service providers. How do they function now? Who are these Paramedics answerable to … is it to the GPs, or are they still answerable to the London Ambulance Service?

If a Paramedic works at a GP Practice and an ambulance is needed, what do they do? Do they telephone 999 or does the Doctor use the Paramedic?

### Georgette Eaton

If the Paramedics are employed by ambulance services, the decision remains with the employers.

If they have been employed directly by a Practice, then they are answerable to the Clinician who leads the practice team.

If an ambulance is required, the Practice will still have to call for an ambulance. However, the Paramedic is likely to be the clinician to support that patient until an ambulance arrives. In some cases the Paramedic might advise another course of action which could involve member of the practice's clinical team.

# RECOMMENDATIONS FROM THE PATIENTS' FORUM

## 1) ROLE OF PARAMEDICS IN PRIMARY CARE

A leaflet should be produced jointly by the College of Paramedics and NHS England, to explain and describe the role of Paramedics in Primary Care.

This should be distributed to all Primary Care practices, to ensure that patients are clear about the contribution that Paramedics are making to Primary Care services. The leaflet should also include information about the types of Paramedics working in Primary Care, e.g. in relation to areas of expertise.

## 2) INCREASING THE NUMBER OF PARAMEDICS

Health Education England should take active steps to encourage recruitment to the Paramedic profession through national advertising campaigns. The Paramedic profession is not well understood outside the NHS, and is a profession that needs to be better understood by young people choosing their careers.

## 3) ENSURING ADEQUATE RESOURCES FOR TRAINING AND RECRUITMENT

Healthwatch England should take action ensure that additional resources are available to maintain and secure adequate Emergency and Primary Care cohorts of Paramedics.

## 3) THE ROLE OF COMPLAINTS IN IMPROVING THE QUALITY OF CARE

The College of Paramedics should investigate how the culture in ambulance services and amongst Paramedics can be developed, to enable complaints from patients to be seen as an opportunity for effective learning and clinical enhancement. The opportunity for Paramedics to meet with people who have made complaints them can also ensure that the Duty of Candour is carried out effectively.

# QUESTIONS AND ANSWERS THAT WOULD ENHANCE KNOWLEDGE AND UNDERSTANDING OF PARAMEDIC ROLES

## A) Do Paramedics tend to work with GPs directly, or do the working arrangements differ across Practices in England?

Research I have undertaken shows a mixture of working arrangements, across England the wider UK.

Paramedics can be employed directly by primary care practices, by Primary Care Networks (PCNs) or Integrated Care Boards (ICBs) (where Paramedics will work across several primary care practices), or in a rotational model between the ambulance service and individual primary care practices or primary care networks.

## B) Are Paramedics expected to routinely carry out home visits, because of their emergency care experience?

Sometimes! There is an idea that Paramedics who have worked in Emergency Ambulance Services are well placed to undertake home visits because they are more used to working outside of specific clinical environments.

However, it doesn't mean it's the only work Paramedics will undertake in Primary Care, and most Paramedics in Primary Care undertake a variety of telephone and face-to-face appointments, as well as home visits.

## C) Do Paramedics participate in on-line Primary Care consultations?

Yes, they can do.

## D) How do Paramedics become Prescribing Paramedics?

To undertake independent prescribing of medicines, Paramedics need to complete a Level 7 (same level as a Master's Degree) Practice Certificate in Independent Prescribing. These courses typically consist of two modules:

The first module covers the theoretical underpinning for prescribing practice (including pharmacology) and the second module requires the clinical application of prescribing practice, which requires the Paramedic to complete 90 hours in supervised practice with a

clinical supervisor (who is typically a GP). On successful completion of this course, Paramedics have their prescribing status annotated on their Registration with the Health and Care Professions Council.

E) Do patients have a choice whether or not to have a Primary Care consultation with a Paramedic?

This will typically depend on the individual primary care provider. Primary care providers do try to ensure that patients see the 'right' professional for their needs.

What is important is that patients should be told in advance who their consultation is with – whether that is a GP, a Paramedic, a Nurse or another health or social care professional.

F) Will more clinically diverse Primary Care teams improve care for patients? Or might some patients feel confused about the wide range of new roles available to them?

Clinical diversity in Primary Care Teams should improve patient access to primary care services, whether these are appointments, screening or overall health care management.

However, if the new roles aren't effectively communicated with patients, then it is inevitable that confusion will occur.

Part of the work I am undertaking with the Patient and Public participation group in my research focusses on this, and we've previously produced recommendations for primary care providers, which you can read here: https://tinyurl.com/4upt5cc9

G) What methodology is being used to assess the clinical effectiveness and safety of Paramedics in Primary Care?

There's quite a bit of research in this area, with a range of methodologies which are complementary.

You can read about the methodologies I've been using in this link here: https://www.fundingawards.nihr.ac.uk/award/NIHR300681

A team from Bristol have also done some other work in this area, which you can read more about here: https://tinyurl com/3twnsbrr.

## H) How will better standardisation between clinical roles in Primary Care be achieved?

For Paramedics, the first thing that needs to be done to achieve standardisation is to see how Paramedics are firstly being used in Primary Care, and from this understand where they can be used best – and make the most impact.

When we can understand this, which is what I hope my research can highlight, we can make recommendations to support intelligent policy on this subject.

# REFERENCES


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# GLOSSARY

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| A&E | Accident and Emergency Department |
| DTA | Decision to Admit |
| ED | Emergency Department |
| G&A | General and Acute Beds |
| GMC | General Medical Council |
| NMC | Nursing and Midwifery Council |
| OOH | Out of Hours |
| SDEC | Same Day Emergency Care |
| USP | A characteristic of a service distinguishing it from others of a similar nature and which makes it appealing. |