



consultation@hcpc-uk.org

RESPONSE TO THE CONSULTATION ON CHANGES TO THE PROFESSION-SPECIFIC STANDARDS OF PROFICIENCY FOR PARAMEDICS

Objects of Patients' Forum Ambulance Services (London) Ltd

The Company was formed by members of the statutory Patients' Forum for the London Ambulance Service as a not-for-profit company with exclusively charitable objects. The statutory Patients' Forum was abolished on March 31st 2008.

The Company is committed to act for the public benefit through its pursuit of wholly charitable initiatives comprising:

- (i) The advancement of health or the saving of lives, including the prevention or relief of sickness, disease or human suffering; and
- (ii) The promotion of the efficiency and effectiveness of ambulance services.

The company is dedicated to the pursuit of its objects as a small unregistered charity with a view to registration with the Charity Commission as and when appropriate.

Vision Statement

The Patients' Forum is an unregistered charity that promotes the provision of ambulance services and other health services which meet the needs of people who either live in London or use services provided in London.

The Charity will influence the development of better emergency health care and improvement of patient transport services by speaking up for patients and by promoting and encouraging excellence.

Mission Statement

- (1) We shall optimise existing working arrangements with London Ambulance Service and other ambulance services.
- (2) We shall work with existing networks that champion patients' and users' groups.
- (3) We shall continue to develop our campaigns for better and more effective ambulance services by approaching all stakeholders and petitioning for generic, effective and consistent approaches to service provision that reduce deaths and disability.

- (4) We shall work to put in place effective systems for all patients and carers to communicate their clinical conditions effectively to ambulance staff and receive effective and timely responses.
- (5) We shall promote the development of compulsory quality standards for Patient Transport Services.
- (6) We shall promote research to assess the clinical outcomes for the 25% of those who call 999 and were allocated a Cat A (life threatened) response, but did not get an ambulance within eight minutes.
- (7) We shall work with partners to develop services for the care and transport of people with severe mental health problems and their carers that respect their wishes. The Forum will be sensitive to their vulnerability, safety, culture and the gravity of their situation.
- (8) We shall campaign to convince the Commissioners for the London Ambulance Service and the Board of the London ambulance Service to develop further the clinical effectiveness, assessment and care provided by London's ambulance services for people who suffer from cognitive impairment and dementia.
- (9) We shall work with the LAS to develop effective protocols, to respect the wishes of patients with Advance Directives, to ensure that their care is provided in accordance with their prior decisions.
- (10) We shall work with LAS Diversity and Equality groups to develop a work force which reflects the ethnic diversity of communities across London, and provides care based on culturally and ethnically based needs where this is appropriate e.g. in relation to sickle cell and mental health problems.
- (11) We shall work with the LAS Diversity and Training Departments to promote effective training of all LAS front line staff in diversity and the protected groups identified in the Equality Act 2010.
- (12) We shall work with the LAS, other Ambulance Services, NHS, Trusts and developing countries to promote access to resources that will assist countries to achieve their Millennium Development Goals.

Draft standards of proficiency for paramedics - suggested profession specific standards
New generic standard: be able to practise safely and effectively within their scope of practice

We find the tone of the Consultation to be reactive rather than proactive. Both approaches are important especially as the role of paramedics is changing rapidly. The development of the paramedic's professional role is likely to gather pace over the next few years as pressure on all elements of the NHS increases. The Paramedic role will need to change so that they are better able to anticipate and adapt to changes in the NHS and social care environment and the needs of patients.

2.1 understand the need to act in the best interests of service users at all time.

This standard should specifically include the following changes:

Include a focus on protecting the public through the duty to inform senior colleagues if a paramedic observes:

- poor or harmful practice
- situations which are dangerous to individual patient and services for patients
- any lack of essential or safe equipment
- unsafe services or conditions in which patients are cared for.

It should be the responsibility of paramedics to contribute to dealing with actual or potential harm which they observe, and contribute to reducing that harm and thereby improve services and patients. This should include serious and moderate harm and should include where necessary whistleblowing as a duty. The paramedic should recognise their proactive duty to alert, report and whistleblow where necessary and appropriate.

3.2 understand the importance of maintaining their own health

This should include a duty to only work hours that are consistent with the health of paramedic and the patient. Research on the impact of shift work suggest short and long term harm from persistently working long (12hour) shifts without adequate rest during and between shifts.

6. be able to practise in a non-discriminatory manner

This section is far too general. The term non-discriminatory mean different things to different people and requires some knowledge of culture, human and legal rights. For some people discrimination may be part of their of their culture or belief system. Detail is needed in relation to compliance with legal requirements in relation to protected categories, as a basic norm.

7.3 be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public

This section need to make explicit the need for paramedics to always report incidents, accidents and lapses in practice by paramedics and other members of clinical teams. Current research shows that lapses in practice are frequently picked up through analysis of PRFs (patient records), which have not been reported by paramedics. Collection of risk data of this sort and reporting to clinical risk departments and to the NRLS is essential to raise the standards of clinical practice.

8.3 understand how communication skills affect assessment of and engagement with service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability.

8.6 be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs.

8.8 understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible.

These standard should be developed to include an active knowledge of the community in which the paramedic practices, to ensure they work within the context and understand dignity in relation to culture, language, gender, the needs of protected categories, and other values, which underpin the lives of people assessed and treated by paramedics. This might include in certain circumstances a need to ensure effective communication with patients whose language differs from that of the paramedic, e.g. through the use of interpreting services (whenever appropriate), or in some cases learning basics of the language of ethnic communities who do not speak the same language as the paramedic.

This includes the need for paramedics to use pictures, models and assistive technology to communicate as effectively as possible in all situations.

10.2 recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines

Paramedics should comply with local health and legal protection policies, e.g. safeguarding, where people are vulnerable - children and adults. This includes recording and sending vulnerable adult or child notifications and drawing attention to any factors noted during clinical examination, which may impact on the health and general vulnerability of the patient.

11.2 recognise the value of case conferences and other methods of review

Paramedics should recognise the need to engage in case conferences across professional boundaries, e.g. with nursing and medical staff in A&E and with social work staff in social services, to develop seamless multi-disciplinary boundaries and learning from the experiences of other health and social care professionals.

12.1 be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures. 12.2 be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care.

12.6 be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user.

These essential characteristics of professional paramedic practice are infrequently carried out by paramedics in our experience. This section is written passively and we believe that much more emphasis needs to be placed on the duty of the paramedic to be involved in evaluation, reflective practice, and working with the clinical team and with audit teams to improve practice. The goals in section 12 need to be at the heart of the practice of every paramedic, not just the rare and exceptional paramedic.

13. understand the key concepts of the knowledge base relevant to their profession.

This section is very weak on mental and emotional illness. Many paramedics have a poor understanding of the determinants of mental health and mental illness. A section is needed to ensure that paramedics are required to fully understand the characteristics of mental health problems, the fear sometimes suffered by people with mental health problems when faced with paramedics, police and people from other agencies, and the best methods of achieving access to appropriate mental health care.

14.2 be able to change practice as needed to take account of new developments or changing contexts.

This section should include the need to contribute actively to developing better practice based on experience and observations obtained during clinical practice.

A few final points

Paramedics need to ensure that they actively participate in the 'duty of candour', i.e. to be open and honest with patients (or families) when they have made a mistake in their clinical practice that has caused moderate or severe harm or death.

Paramedics must always be aware of how to raise issues of concern to senior staff in a way that is constructive. They must also be confident about how to deal with bad practice.

Paramedics should participate in continuous improvement in their clinical practice, especially as the role of paramedics is expected to change considerably over the next 10 years.

Paramedics should be able to produce evidence of continuing education and training in respect of new knowledge, safe practice, changing roles and their ability to perform to a high standard clinical practice.

Paramedics need to develop the role of health educator as especially as they are the only interface with the NHS for many people in a time of crisis and increasing participate in advice services, e.g. the 111 service.

Forum Forum Officers in 2013

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