

CHALLENGING THE STATUS QUO

ARE PARAMEDIC PRACTITIONERS

A HIDDEN GEM FOR TACKLING THE HOSPICE

WORKFORCE CRISIS?

St Raphael's
Your Local Hospice



BACKGROUND

With **increasing demand** on community palliative care services, combined with ongoing difficulty recruiting palliative Clinical Nurse Specialists (CNSs), **working models of care need to change**. Paramedics have holistic skills beyond those involved in immediate life-saving, with knowledge of a wide variety of medical, surgical and mental health presentations. Paramedics are adept at physical assessment, symptom management, signposting and advanced communication, often in crisis situations. Recognising that these skills are transferable our organisation set out to **employ Paramedics** within band 6 development posts.

AIM

To employ a **Paramedic** to integrate within the community team, develop the role of a **Clinical Specialist Practitioner (CSP)** in palliative care, and alleviate the future anticipated workforce crisis.

METHOD

The Band 6 CSP Development post was created to give **opportunity** for paramedics to develop the required specialist palliative care skillset. The post holder followed a 1 – 2 year **programme of development** (dependent on experience) to attain levels of knowledge and skill through a set of competencies working alongside Band 7 CNSs and the Medical Team.

"We incorporated Paramedics into the team through good fortune! Heather applied and it widened our thinking away from the status quo, where traditionally CNSs have dominated the community palliative care workforce – we asked ourselves 'why not?'"

When Heather joined our team, we had to gain knowledge around the Health and Care Professions Council regulations and governance for Paramedics and how this compares and contrasts with the nursing profession. Practical considerations included updating job descriptions, deciding on a job title and ensuring policy and education reflected the Paramedic profession. For Paramedics wishing to train as non-medical prescribers, current restrictions on prescribing some controlled medication also requires consideration. We aligned our Paramedics with the current CNS role rather than utilising them for urgent responsive work only, recognising their holistic skillset. We therefore made a conscious decision not to include 'Paramedic' in the job title and instead Clinical Specialist Practitioner was adopted. The addition of a Paramedic into the team has been invaluable and any challenges have been minor requiring only unpicking and clarity.

Our Paramedic colleagues complement the existing workforce, bringing a broad depth of clinical experience. This is evident in systematic assessment, clinical reasoning, telephone triage, handover and finding practical solutions to reach a goal. The Paramedic skill set would be transferable across other areas of the hospice and has provided an invaluable opportunity for upskilling for the team and mutual learning, so the whole organisation benefits"

Tracy Christmas – Community Service Manager



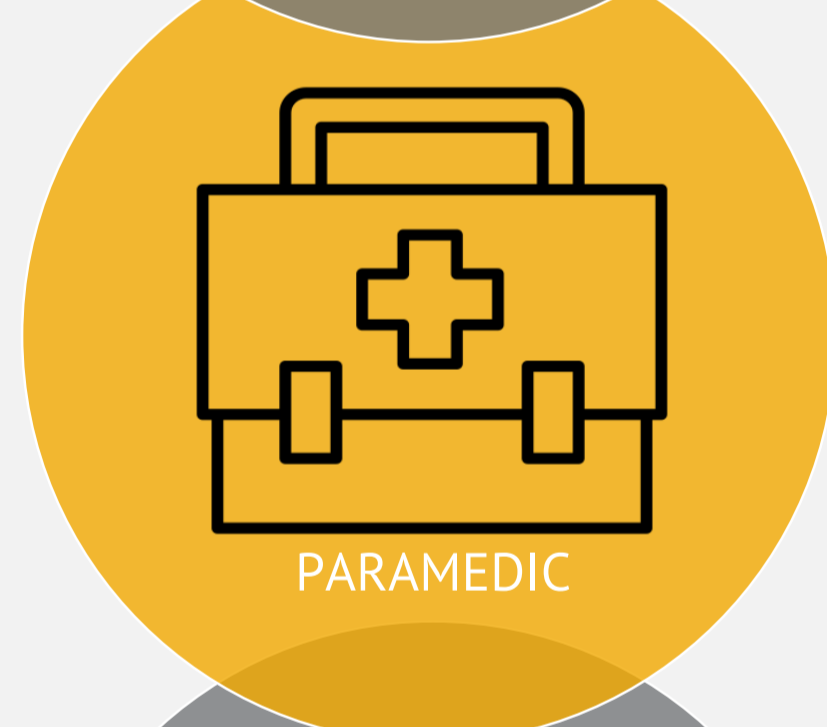
HEALTHCARE ASSISTANT



SOCIAL WORKER



DOCTOR



PARAMEDIC



NURSE



OT / PHYSIO



PSYCHOLOGICAL SUPPORT

"I started my career in the ambulance service in 2012 becoming a registered Paramedic in 2015. I went on to work in primary care in 2019, attending home visits to housebound and palliative patients before securing my first job in a Hospice. I joined the team at St Raphael's in 2021.

I had a personal experience with end of life care and discovered I was very passionate about talking about death and dying. It occurred to me at that point that palliative care is holistic, compassionate and so important to everyone and I wanted to be a part of that movement.

One of the things I value most in my role at St Raphael's Hospice is being able to work alongside and learn from my multi-professional colleagues with diverse skillsets and backgrounds. This has enhanced my knowledge facilitating my journey to becoming a specialist in the field rather than a jack of all trades! The ability to make a difference to patients' and families' lives whilst working as part of a brilliant team who support one another has been extremely rewarding.

I was very lucky to be given the opportunity to be the first Paramedic to work at my first hospice. It was a trial that was championed by the Consultant Nurse there. People were initially very unsure of my place when I joined the team and it took a while for others to see the transferrable skills I possessed to be able to undertake an equivalent role to the CNSs. Working as a Paramedic gave me a good foundation in community working, advance care planning, triage, crisis management, history taking, physical examination, listening and resilience, all of which complemented my hospice role. Since joining the hospice, I have been given the opportunity to further develop my knowledge of specialist palliative medicines and symptom control"

Naomi Stammers – Clinical Specialist Practitioner



"We considered employing Paramedics as we needed to start thinking differently as the complexities and acuity of palliative care change. Recognition of the value that other healthcare professionals can bring to the table is essential if we are to meet the needs of our patient population. The skillset of a Paramedic both echoes and complements the aptitudes of the CNS, and so can further strengthen the team.

As we move forward we need to consider other roles in the hospice which embrace Paramedic led assessment, as well as continuing to promote the leadership and management skills they bring.

Paramedics offer an added dimension to palliative care and we should recognise the valuable contribution that they bring. Their assessment skills and ability to think creatively lend themselves perfectly to an environment where a patient's condition can change quickly and quality of life challenges are many"

Rebecca Trower – Clinical Director



RESULTS

The hospice have **successfully employed** two paramedics. Not only have they progressed clinically into Band 7 roles, but they **demonstrate excellent leadership** skills both having taken on locality caseload **team leader** positions. **Their skillset allows them to work across roles** from new referrals received in Hospice Point of Contact, telephone triage, OOH weekend work to routine and responsive community visits.

CONCLUSION

Multi-disciplinary working in hospices is well established, but has not traditionally included paramedics. **The specialist skillset paramedics bring lends itself well to working within the hospice community team.** While the role of the paramedic is still in its infancy, we hope our adoption of bespoke CSP roles will help to inspire other palliative organisations struggling with workforce crises to consider expanding their workforce through the employment of paramedic colleagues.

References

Singer, M.P. (2021) 'The role of a Paramedic in a community hospice / palliative / end-of-life care team', *BMJ Supportive & Palliative Care*, 11(53). Available at: https://spcare.bmj.com/content/11/Suppl_2/A53.1 (Accessed: 10 April 2022).



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