

Background: The role of ambulance services in providing high quality end of life care (EoLC) is developing nationally. Yet their role in contributing to the timely identification of patients with potential EoLC needs remains underdeveloped.(1,2) Timely identification of people approaching the end of their life is a quality standard for EoLC with evidence supporting both its cost effectiveness and benefit to subsequent care provision.(3) However, there are inequalities in access to EoLC related to morbidity and socioeconomic variables.(4) Developing the timely identification of patients with EoLC needs within ambulance paramedic clinical practice may improve access for patients not benefitting from these services currently.(1)

Aims: The Gold Standards Framework Proactive Identification Guidance (GSF PIG) is an example of assessment guidance supporting the timely identification of patients within the last year of their life and it is specifically referenced in United Kingdom (UK) ambulance service clinical practice guidelines.(5,6) This study has three aims:

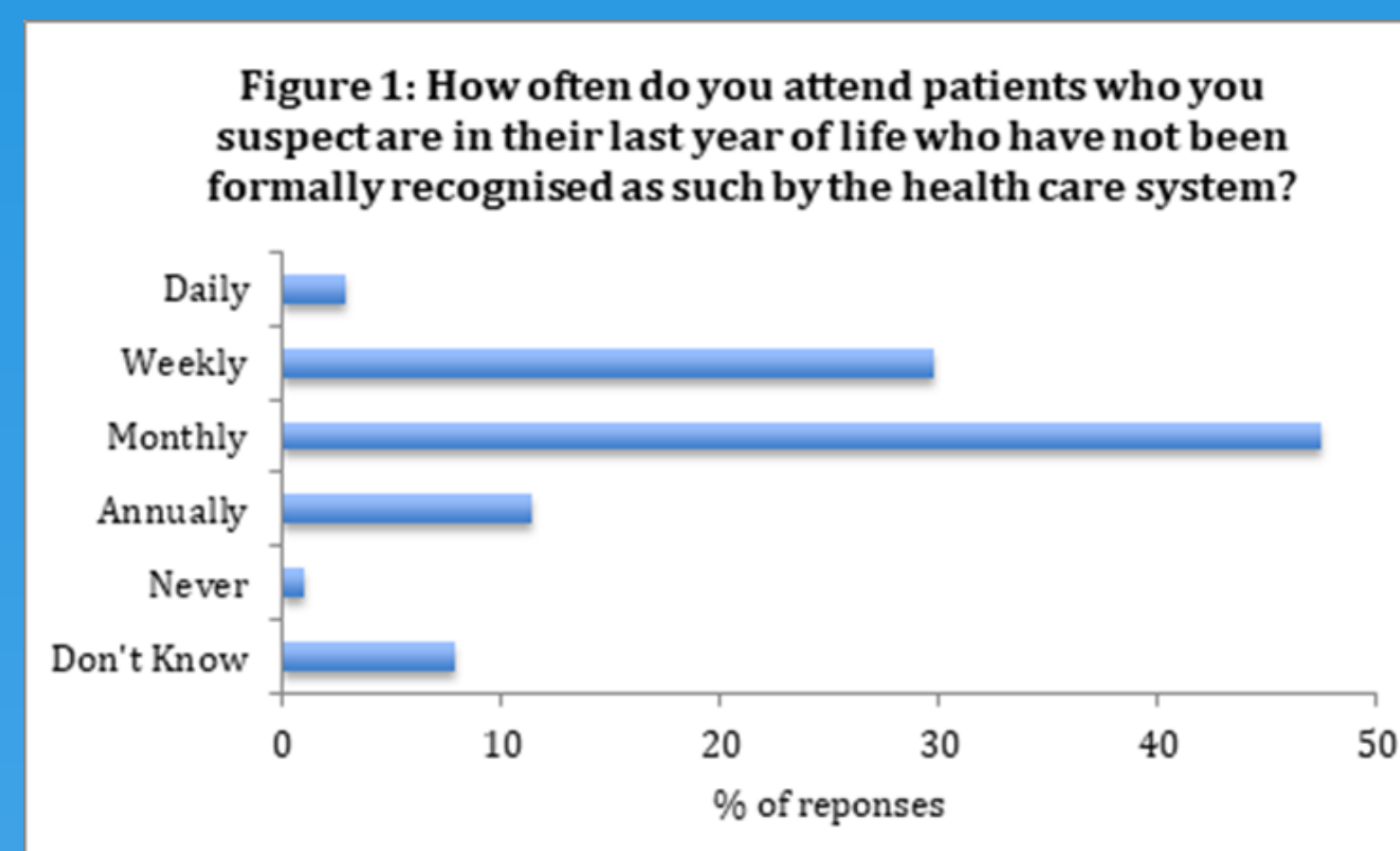
- ❖ To learn if ambulance paramedics report that they are currently identifying patients within the last year of their life for subsequent referral to their primary care provider for EoLC needs assessment.
- ❖ To gauge current levels of awareness and utilisation of the Gold Standards Framework Proactive Identification Guidance (GSF PIG) amongst ambulance paramedics.
- ❖ To identify ambulance paramedics' attitudes towards utilisation of the GSF PIG in their clinical practice.

Methods: Between the 4th November 2019 and 5th January 2020, registered paramedics from nine English NHS ambulance service trusts were invited to complete an online questionnaire. The questionnaire initially explored current practice and awareness employing multiple-choice questions. The GSF PIG was then presented as an example of EoLC assessment guidance and further questions, permitting free text responses, explored attitudes towards performing this role. Descriptive statistics were employed to analyse multiple-choice responses and content analysis, quantifying the number of times that a subject is submitted, was applied to free text data in order to enrich exploration of participants' attitudes.

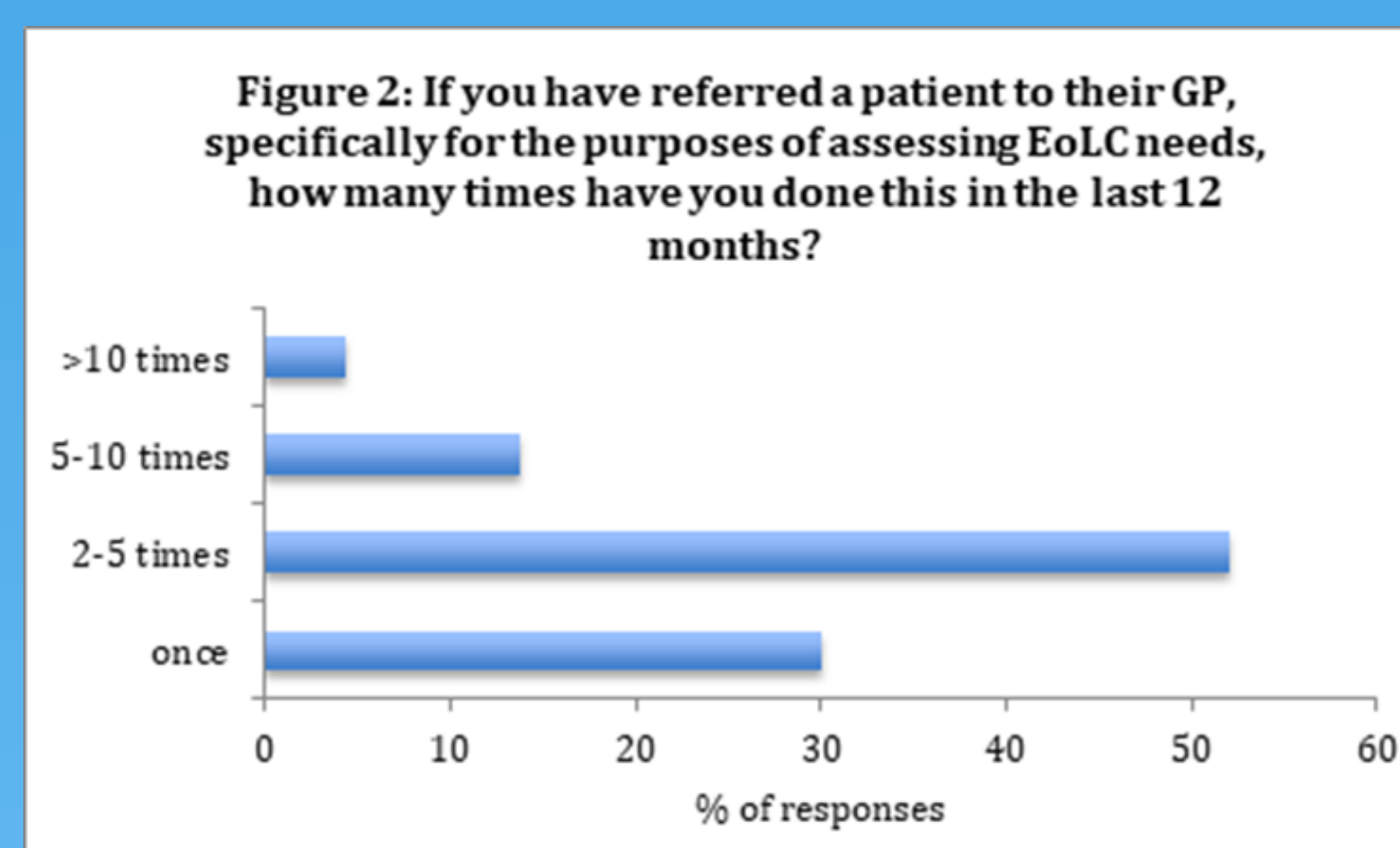
Results: 1643 questionnaires were analysed, representing an 11% response rate.

Current Practice

79.9% (n=1,313) of participants perceived that they encountered patients unrecognised as within the last year of their life on at least a monthly basis. (Figure 1)

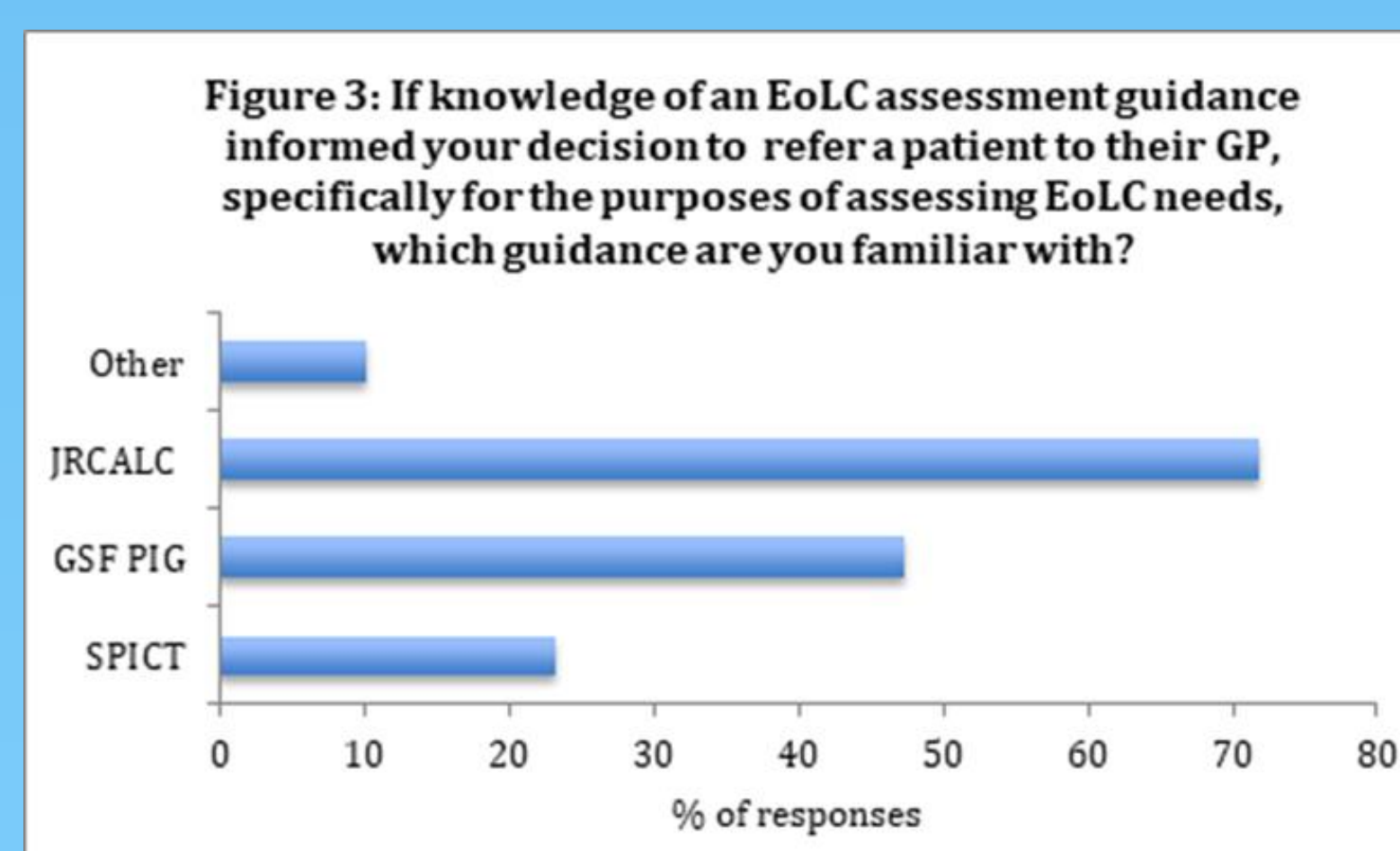


72.0% (n=1,183) of participants indicated that they had previously referred a patient to their General Practitioner (GP) specifically for the purpose of EoLC needs assessment. Estimated frequencies of referral are shown in Figure 2.



Current Awareness

Of all participants, only 30.5% (n=501) were aware of the GSF PIG and of those only 25.9% (n=130) had received training in its use. 62.0% (n=733) of the paramedics who had made an EoLC referral indicated that their decision to do so had not been informed by knowledge of a specific EoLC assessment guidance. Of the 38.0% (n=450) who reported that knowledge of guidance did support their referral assessment, guidance awareness is shown in Figure 3.



Current Attitudes

Participants overwhelmingly believed that they can effectively use guidance, such as the GSF PIG, to refer appropriate patients to their GPs for assessment of end of life care needs (94.4%; n=1,551) and believed that they should perform this role (97.0%; n=1,594).

Content Analysis: The three most common reasons given for why paramedics cannot effectively use the GSF PIG were that more training was required (n=30), it was too complicated (n=17) and that paramedics had limited access to a patient's medical records (n=14). The most common reason given explaining why paramedics should not perform this role was a perception that this was a community health care provider role rather than one suitable for emergency medical services (n=25).

587 free text responses were submitted by participants in a final 'further comments' box. The three themes relating to the most common subjects submitted are presented:

- > A need for further EoLC clinical education (n=139)
"Consider online bespoke training package, equivalent of level 5 study to give staff the level of understanding required to put this into practice."
- > Provision of responsive EoLC referral pathways, accessible at all hours (n=97)
"A clear pathway for ambulance crews to speak to a GP both in office hours and out of office hours. Direct pathways to enable district nurses / palliative nurses to be mobilised in the case of no EOL care in place."
- > The unique opportunity provided by the ambulance clinical setting (n=95)
"Paramedics are frequently the only health care professionals to see patients in their own home environment and who spend time talking - with permission from the patient - to the friends and relatives of the patient. This puts us in a unique position to truly assess the impact of disease or deterioration on an individuals' daily life."

Limitations: Surveys employing volunteer sampling will have an inherent bias towards those with an interest in the subject and the response rate of this study demands that this is considered. As the dispatch of paramedics is generally performed irrespective of presenting complaint, the frequencies of EoLC patient encounters will likely be representative. However, if our sample represents those with enhanced sensitivity to EoLC issues, frequencies of referral may be less generalisable. Similarly, positive attitudes towards the role of performing EoLC identification may be overrepresented. Yet awareness of assessment guidance may also be overestimated and consequently the requirement for education is more strongly emphasised.

Conclusions: Ambulance paramedics frequently encounter patients that they perceive are not receiving appropriate EoLC and many are referring these patients to their GPs for further assessment. However, most referrals are currently being done without knowledge of validated EoLC assessment guidance. Predominantly, ambulance paramedics believe this is a role both appropriate to and achievable within their clinical environment. Yet the inaccessibility of comprehensive patient records, poor communication channels and a perceived lack of the required responsiveness to EoLC referrals are current barriers to effective performance. Therefore, it is likely that timely identification of EoLC patients within ambulance-based clinical practice would be facilitated by the provision of formal EoLC education and the establishment of dedicated, accessible and responsive referral pathways.

References:

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