### Research into decisions by paramedics

This leaflet will tell you about the main findings from a recent research study. The study looked at the types of decisions made by paramedics when they attend 999 calls (e.g. whether or not to take a patient to A&E). It also looked at the safety of decisions made and researchers asked the public about any concerns they had about ambulance service care.

The team was made up of University and Ambulance Service staff and a representative from Sheffield Emergency Care Forum (SECF). SECF is an independent group of members of the public interested in helping with emergency care research. This leaflet was written by SECF members to tell the public about the main research findings.

### Background to the research

There has been a large increase in 999 calls to the ambulance service. Many calls are about lifethreatening emergencies that need a quick response. However, many calls are for less serious conditions that may not need transport to hospital. The patient may be given other options such as being cared for by local community services or treatment at home or at the scene of the problem.

All paramedics responding to 999 calls are highly skilled and can deal with a wide variety of health problems. Some have special training to assess and give medical treatment at the scene (or at home). Paramedics may arrive alone in a car (solo responder) or in an ambulance with another member of staff.

#### What did the study involve?

Paramedics in three different Ambulance Services were observed at work. The paramedics were asked about the decisions they make and what may affect the safety of decisions they make. Researchers had group discussions with some members of the public to find out about their concerns.

## What did the study find out about paramedic decisions?

- → Paramedics have to consider whether taking a patient to A&E or another option would be best for the patient.
- Most 999 calls are now for conditions that are not life-threatening. Because of this paramedics worry that they may be losing skills needed for critical emergencies.
- Being taken to A&E is not always the best option, but more suitable options (e.g. local community services) were not always available.
- → Paramedics need high skill levels to help them make difficult decisions, but the high number of 999 calls makes it harder to find time for training.
- → The very high number of 999 calls puts a strain on paramedics, their vehicles and equipment.
- → Paramedics attending calls get relevant information, but do not usually have access to patient records.
- ♦ 999 calls that appear to be life-threatening get the fastest response. 999 calls can turn out to be less serious when the crew arrives.
- ❖ Direct handover of patients to other services such as A&E or community services was seen by paramedics as the best way to avoid any risk for paramedics and their patients.

### What the public said:

- → People felt that the staff handling 999 calls need good skills in order to get the information needed to provide the correct care for each patient.
- → They thought that allowing access to patient records was acceptable if it allowed better decisions to be made by call handlers and paramedics.
- → They would prefer a fast response rather than waiting for the most appropriate one.
- ♦ Alternatives to going to A&E were acceptable as long as appropriate care was available or follow up on referrals could be guaranteed.
- → The public lacked knowledge about paramedics' roles and skills. This was a concern when patients were not taken to A&E.
- ♦ Not everyone knew that they had a choice about being taken to hospital.
- → Handover delays at A&E were a concern. There was concern for the patient, but also for other 999 callers as the ambulance would not be available due to the delay.
- There was concern about the limited number of suitable vehicles for some patients (e.g. wheelchair users).
- → The public partly blamed the increase in 999 calls on difficulties in finding out about and getting other NHS care (e.g. GPs and of hours services).
- People thought that more help should be given to help patients manage their own long-term health conditions because this could reduce their need for emergency care.
- → The public had concerns about the effect of high demands on paramedics; their health; their time for training and the decisions they make.

### What does this mean for you?

- → Try to find out about urgent and emergency care services in your area that may be more suitable than calling 999 (see back page).
- ♦ If you do need to call 999, don't expect that an ambulance and transport to A&E is your best option.
- → Paramedics are highly skilled and some have advanced training so they can provide treatment at the location they are called to if this is the best option. Don't be afraid to ask any questions.
- → Paramedics may need to ask you for the same information that you gave the call handler.
- → Joining a service user advisory group such as the Sheffield Emergency Care Forum (SECF) or NHS public/patient involvement groups can make sure that patient views and concerns are heard.



Images courtesy of Yorkshire Ambulance Service NHS Trust

To find out more and to see the full report visit: <a href="http://www.nets.nihr.ac.uk/projects/hsdr/10100753">http://www.nets.nihr.ac.uk/projects/hsdr/10100753</a>

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Contact <a href="www.secf.org.uk">www.secf.org.uk</a> if you would like to learn more about public/patient involvement.

If you want to get the 999 response you need, please use this service sensibly.

There are alternatives to making a 999 call if your need is not life-threatening or an emergency.

If you need health care or advice you should consider whether one of the following services can help:

- ♦ NHS 111 (telephone advice service which could call an ambulance if necessary)
- Pharmacy (for self-care or advice on other services)
- ♦ Your GP
- Your GP Out of Hours service
- ♦ NHS Walk in Centre
- ♦ Minor Injuries Unit

# Ring 999 or go to A&E only if you really need emergency care.

Pick up a similar leaflet to this at your GP surgery or pharmacy.



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