BACKGROUND

Front-line ambulance service staff routinely make critical decisions about the most appropriate care to deliver in a complex system characterised by variation in service configurations, patient care options and staff roles. The aim of this study was to explore system influences on decision making by ambulance service staff to identify potential risk factors.

METHODS

An exploratory mixed methods qualitative study in three Ambulance Service Trusts
- Observation of 34 shifts (n=57 staff)
- Digital diaries (n=10 staff)
- Three focus groups (n=21 staff)
- Paramedic & advanced paramedic roles

They’ve [service users] given up accessing some other avenues, GPs, NHS Direct, and that makes the decision more complicated. From the outside, if you don’t work in here, the hardest decisions are heart attacks and road traffic accidents and cardiac arrest when in actual fact if you’re a paramedic, en route you know that if someone’s crashed their car, having a heart attack, been shot or whatever, they probably are going to go to hospital and 90% of the decision is already made.

Trouble is I’ve also had times where by trying to keep the patient at home, I’ve just spent ages on scene and they’ve ended up going in anyway. ‘Cos I’ve exhausted so many avenues trying to keep them at home, like the lady that just needs someone to sit. Ringing the GP, ringing intermediate care, the lady that just needs someone to sit. They’ve [service users] given up accessing some other avenues, GPs, NHS Direct, and that makes the decision more complicated. From the outside, if you don’t work in here, the hardest decisions are heart attacks and road traffic accidents and cardiac arrest when in actual fact if you’re a paramedic, en route you know that if someone’s crashed their car, having a heart attack, been shot or whatever, they probably are going to go to hospital and 90% of the decision is already made.

CONCLUSIONS

The study highlights the need for greater consideration of how the ambulance service can best function within the wider NHS system of urgent and emergency care. Failure to do this may have potential negative impacts on patient care.

The findings have implications for healthcare at the level of individual Ambulance Service Trusts (e.g. ensuring an appropriately skilled workforce, supportive culture) and at the wider urgent and emergency care system level (e.g. ensuring access to appropriate patient care options).

Full report available at:

ACKNOWLEDGEMENTS

Study Team – Professor Sue Mason, University of Sheffield, Professor Tom Quinn, University of Surrey, Professor Niro Siriwardena, University of Lincoln, Enid Hirst, Sheffield Emergency Care Forum.

East Midlands, South East Coast & Yorkshire Ambulance Service NHS Trusts
Staff and service user participants
This project is funded by the National Institute for Health Research Health Services and Delivery Research Programme (project number 10/1007/53) The views and opinions expressed are those of the authors and do not necessarily reflect those of the HS&DR Programme, NIHR, NHS or the Department of Health.

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