INTRODUCTION

- A study examining systemic influences on conveyance decisions by paramedics and potential threats to patient safety identified seven overarching systemic influences.
- Feedback workshops were conducted with stakeholders [n=45] across three Ambulance Service Trusts in England. Ambulance Service staff = 28; Service Users = 17.
- A paired comparison approach generated an ordinal ranking of the systemic influences in terms of their perceived importance for action [1] and allowed the relative rankings to be transformed to z scores and presented on an interval scale [2].
- Workshop attendees discussed areas for future research and intervention, which have been grouped into common themes. Suggested areas for intervention were considered feasible to undertake but also have implications for research.

AREAS FOR RESEARCH

- Training & development
  - Impact of variations in skill mix on staff and patient care
  - Impact of variations in paramedic experience & training
  - Impact of increased urgent care training/skills
  - The diagnostic process and error
- Access to care: cross-service relationships
- Other healthcare professionals perceptions of the AS
- Resources
  - Strategies for reducing sickness absence
  - Staff perceptions of how they are valued by the AS
  - Scope for increasing the use of technologies
  - The impact of ‘make ready’ ambulances
- Communication
  - Why communication isn’t working and how to improve it
- Demand
  - Define demand and predict changes – resources needed
  - Efficient and safe ways of improving telephone triage
  - Why are the public calling 999 [e.g. expectations]
  - How to increase public awareness of care options
  - Empowering the public to access appropriate services
- Performance priorities
  - Alternative quality outcomes and performance measures
  - Patient input on commissioning & service development

AREAS FOR INTERVENTION

- Training and development
  - Identify different models of training
  - Sustainability assessment to protect training
  - Invest in advanced paramedic roles for non-conveyance
  - Utilising advanced training to avoid skill degradation
- Access to care: pathways
  - Improve access [e.g. 24 hrs, direct hospital admission]
  - Reduce variation & changes in referral protocols/criteria
  - Monitor & streamline pathways [business intelligence]
  - Single point of staff information and access
  - Improve options for mental health, alcohol abuse, elderly
- Access to care: cross-service relationships
  - Raise awareness of AS roles for other health professionals
  - Joint training on emergency simulations and scenarios
  - Improve two-way information sharing
  - Support challenging resistance to pathway referrals
- Resources
  - Ensure AS and service user representation on CCGs
- Communication
  - Positive, not just negative feedback [e.g. peer, supervisor]
  - Feedback to support reflective practise [diagnosis, treatment, admissions]
  - Better access to decision support [incl. peer, supervisor]

CONCLUSIONS

The workshops facilitated discussion between a variety of Ambulance Service staff and service user representatives. This appears to have been appreciated by both groups of stakeholders. The workshops were effective in the validation of findings as well as providing an opportunity to suggest areas for future interventions and research. The paper based paired comparison approach was an efficient way to explore perceived priorities.

[1] Ranking of systemic influences

<table>
<thead>
<tr>
<th>Higher priority</th>
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<tbody>
<tr>
<td>Education, training and professional development for crews</td>
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<tr>
<td>Gaining access to appropriate care options</td>
</tr>
<tr>
<td>Ambulance Service resources (staff, vehicles &amp; equipment)</td>
</tr>
<tr>
<td>Communication of information and feedback to crews</td>
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<tr>
<td>Meeting the increasing demand for emergency care</td>
</tr>
<tr>
<td>Disproportionate risk aversion</td>
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<tr>
<td>Impacts of performance regime and priorities on service delivery</td>
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[2] Relative prioritisation of influences

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