

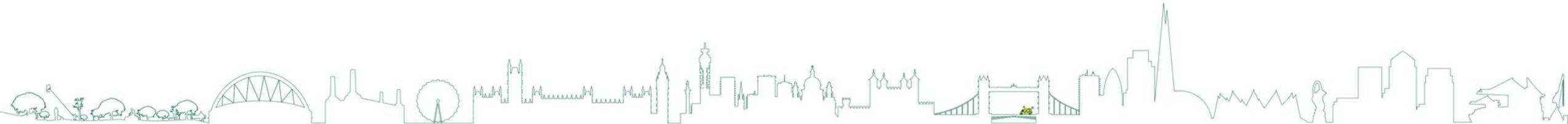


London Ambulance Service
NHS Trust

Paramedics in Primary Care

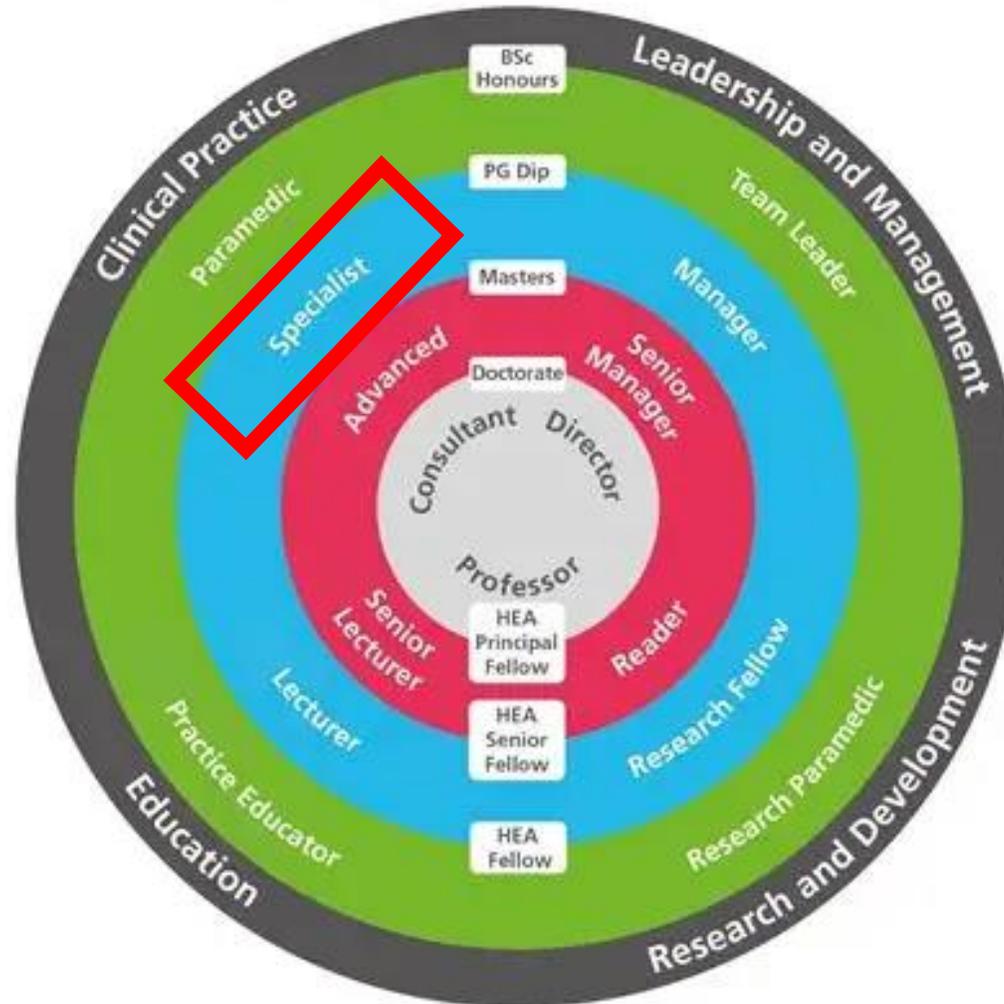
Hannah Russell (Clinical lead - Specialist Paramedics in Primary Care)

Amy Wakefield (Special Paramedic in Primary Care)



We are the capital's emergency and urgent care responders

College of Paramedics Career Framework 2018



© College of Paramedics, 2018



Specialist Paramedics - Overview



Established in 2020



20 PCNs pan-London



50 paramedics



50/50 split



0.5WTE funded via ARRS



Specialist Paramedics – how does it work?

● Experienced Paramedic (5 years min experience)

- Successful into LAS trainee FCP secondment
- Initial LAS induction to Primary Care

● Trainee FCP Paramedic

- Start PCN rotation
- 12-month PGCert : First Contact Practice
- Supervised practice (GP or ACP)

● Qualified FCP Paramedic

- Autonomous practice
- Continues within PCN



- Supported by LAS clinical supervisors in PCN and LAS
- Start at band 6, upto band 7



What do they do?



- Acute clinics
- Home visits
- Long term condition review
- Telephone triage/consultation
- QOF support



- Solo responder, targeted dispatch
- Frailty, admission avoidance, paediatrics >1, palliative care and much more....



How does this work in reality?



Specialist Paramedic Role

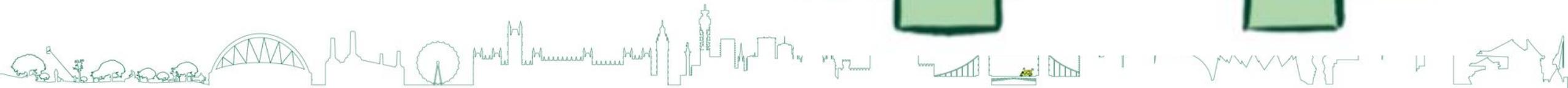
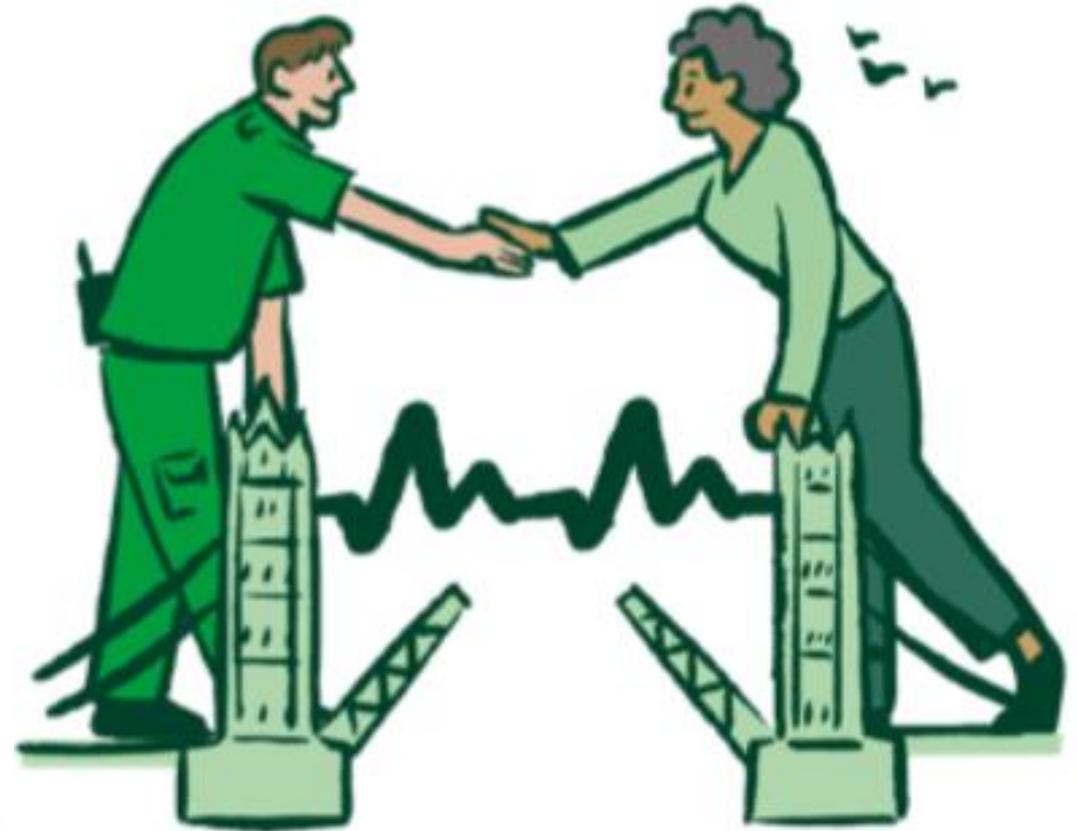
- Dynamic
- A mix of reactive and proactive patient care
- Clinic time
- Triage
- Home visits
- IDS meetings

Paramedic Fri 30 Jan	
Acute Home Visit Session	
09:00 15m	Patient Clinical Admin
09:15 15m	Patient Clinical Admin
09:30 15m	Patient Clinical Admin
09:45 15m	Patient Clinical Admin
10:00 60m	Home Visit Paramedic
11:00 60m	Home Visit Paramedic
12:00 60m	Home Visit Paramedic
13:00 60m	Lunch
14:00 60m	Home Visit Paramedic
15:00 60m	Home Visit Paramedic
16:00 60m	Home Visit Paramedic



Benefits and Achievements

- NO NIGHT SHIFTS!
- Career progression
- Frailty care, social support
- Care planning housebound patients (QOF support)
- Relieving pressures on colleagues
- Ongoing learning
- Transition of knowledge and skills into the prehospital setting - reducing pressure on GP services where appropriate



Challenges

- Banner's (1984) Novice to expert



- Prescribing restrictions
- Initial integration of role
- Patient perception



Outcomes



The capital's emergency and urgent care responders.

- Success within Hammersmith and Fulham Central PCN
- 1 > 4
- QOF – Diabetic foot checks
- Growing independence
- Ongoing development
- ACP > Prescribing



Any questions?

Hannah.russell6@nhs.net – SPPC clinical lead

For more information visit
londonambulance.nhs.uk

London Ambulance Service NHS Trust
Headquarters
220 Waterloo Road
London. SE1 8SD

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