Paramedic perceptions of barriers and facilitators to the use of ambulance service appropriate care referral pathways in Northern Ireland: a qualitative study.

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HSC Northern Ireland Ambulance Service
Health and Social Care Trust

Ulster University

N.I.A.S.

Introduction

- Historically, convey all patients, regardless of clinical need, to an emergency department (ED)
- Not every patient who contacts the ambulance service requires ED conveyance
- Utilising "hear / see and treat" and "treat and refer" pathways
- Acceptance that a figure of 35% can be safely managed without conveyance
- Northern Ireland Ambulance Service (NIAS) discharged or referred 25% of patients using pathways

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Aim

- To explore paramedic perceptions of barriers and facilitators to the use of these pathways

Setting

- NI population 1.9 million
- Six Health and Social Care Trusts (HSCT) in NI
- NIAS provides emergency and urgent care
- 1700 staff
- 46 stations
- 5345 square miles
- Research a new function

Northern
Western
Southern
S.Eastern
Belfast

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Setting

- Previously vocational training in NI
- Institute for Health and Care Development (IHCD) qualification
- Paramedic Science BSc at Ulster University
- Started in the academic year 2021-2022
- First graduates at end of 2024

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Methods

- Recruitment
  - Volunteer sampling - a study invitation circulated Trust-wide via the Daily Bulletin announcement
  - Staff were able to self-select by replying to an email to register their interest

- Eligibility criteria
  - Participants > 18 years of age
  - Willing and able to give informed consent for participation
  - HCPC registered paramedics employed within NIAS for at least six months
  - Working in patient-facing operational duties

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Methods

- Data collection
  - Online semi-structured interviews
  - Topic guide was developed and piloted
  - Audio was recorded

- Data analysis
  - Recordings transcribed verbatim
  - Coding was carried out independently by two members of the team using NVivo 12 software
  - Thematic analysis

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Findings

- May 2022 and October 2022
- 11 interviews
- Average time 33 mins 13 secs

- Participants
  - 8 male, 3 female

Sex		Age (years)		Length of NIAS service (years)	
Male	8	26–35	5	1–5	5
Female	3	36–45	3	6–10	3
		46–55	3	11–15	3

Findings

Cultural issues

Risk

Operational infrastructure

Inter-professional communication

Person centred care

Theme 1: Risk

- Concern around the potential harm that may come to patients if staff made the wrong decision

- Potential for patient to deteriorate between the time of referral and the desired follow-up

  #4: *If we're not overly comfortable…with a particular condition and the potential for that condition worsening between me referring and this team arriving…I think clinicians become concerned about leaving those individuals unsupervised, as it were, for any period of time because if a patient requires intervention of any degree, then… there's ultimately the risk of deterioration…*

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Theme 1: Risk

- Some participants perceived the inclusion and exclusion criteria of some of the pathways to be too risk adverse

    #6: The criteria is too restrictive compared to other services I've worked for before. They are too rigid, it's too risk averse.

Theme 1: Risk

- Conversely, some participants felt that the clinical criteria in some ACPs facilitated referral, rather than acting as a barrier

- Reduced ambiguity

#3: I do think it gives a lot more elbow room for… maybe a sense that there's a distinct pathway and if there's criteria that's very easy for us to follow…

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Theme 2: Cultural issues

- Several participants alluded to the ambulance service being historically thought of as a transport service, with some discussing how this may impact on the utilisation of pathways

#6: There's also… the cultural aspect of the ambulance service…of we are just a vehicle, we go and pick them up and take them to hospital. There's that side of the cultural aspect you have to deal with

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Theme 2: Cultural issues

- Participants cited a lack of training around the ACPs as a barrier, with one highlighting that the change in educational requirements required for practice may have an impact on changing this culture

  #7: It's a culture thing…and I know that it's getting much better and I genuinely believe that we're in a progressive service now. I really think the BSc…is a silver bullet because I think those students are starting their career, they're excited, they're happy…to push on…

Theme 3: Person centred care

- Overwhelmingly, participants wanted to see the most appropriate and holistic clinical outcome for individuals.

#5: The pathways to me have made a massive difference to patient care, and the patient care now is above and beyond…We just need to be able to get more patients in, because they're so good at doing what they do, if they could just take more.

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Theme 4: Inter-professional communication

- Recounted occasions where they had experienced communication challenges with other health care professionals (HCPs)

- Other HCPs were often reluctant to accept referrals, hesitant to take responsibility for a patient, were unaware of how the pathways were supposed to function, or were unreachable

#8: I would sometimes phone if they [the patient] didn't need to go to hospital but they're still really adamant. They don't really take what you've said, or even if you give them a full assessment, history or your observations they don't really want to listen to you basically.

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Theme 4: Inter-professional communication

- Conversely, several participants noted that pathways opened up opportunities for communication with other HCPs, and that this facilitated shared decision making, potentially leading to better patient care.

#3: I made a GP referral for a gentleman who was very reluctant to travel to the hospital with a high clinical facility score…and I had asked for very specific things from the GP. And then, after discussion the GP was able to suggest particular medicines or prescriptions that the son could actually go to retrieve from pharmacy. That worked. That worked well, actually.

Theme 4: Inter-professional communication

- Participants also identified the ease of communication with staff in Emergency Ambulance Control (EAC) as a positive factor influencing referral making.

#4: It seems to work relatively well. Communication between us and the control room staff that are taking the information in relation to a particular pathway, it does seem to be pretty fluent you know.

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Theme 5: Operational infrastructure

- Pathway variation and availability across the five different HSCTs, NIAS divisions, and the geographical areas covered by NIAS was perceived as a challenge, and participants cited a need for universal pathways
- Particularly a problem when working outside of their normal area of operation

#8: I know the pathways really well because I use them all the time. But when you're obviously sent to a call out of division . . . you've to try and figure out if the same care pathway applies, or if they've a different system.

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Theme 5: Operational infrastructure

- One participant who previously worked in an area where the NHS 111 service was operational commented that it seemed to create additional demand for ambulances, and that calls originating from the 111 service tended to be for less acute presentations.

  #7: 111 was a big issue, just in my experience, we would spend an entire shift just cleaning up, you know, or doing 111 calls. And so when I came over here and we didn't have 111, I definitely found that we were going to more appropriately ill patients, appropriately categorised patients…So in terms of utilisation of care pathways, while there were a lot more in England that I could utilise, over here patients are, I find, a bit sicker.

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Limitations

- Study was carried out at one moment in time and within a set time period
- Volunteer sampling bias
- Researcher positionality
  - Inductive
  - Semantic
  - Experiential
  - Realist, essentialist

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Conclusions

- Frustration evident when clinically appropriate referrals could not be completed due to perceived barriers

- The need for universal pathways across the province

- Identifying a feeling that paramedic's professional knowledge was undervalued by other HCPs

- Findings demonstrate a profession determined to get the best and most clinically appropriate outcomes for people who call on their services

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Background

- Prehospital safeguarding goes beyond responding to immediate abuse concerns. It is about proactively supporting individuals and preventing harm. For the Northern Ireland Ambulance Service (NIAS), identifying welfare concerns is a key part of engagement with vulnerable adults.
- The Connected Community Care (CCC) Service is a partnership between Belfast Health and Social Trust and GP Federations to deliver social prescribing. . It seeks to provide a timely and comprehensive response to patients, particularly those who are often underrepresented.
- In March 2023, a co-designed improvement initiative was designed to test a new pathway which enabled ambulance staff to make direct referrals to the CCC Hub for individuals with welfare needs.
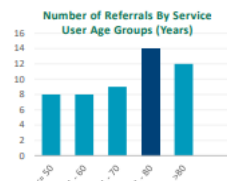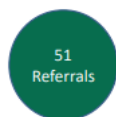
Aims

- To evaluate if a collaborative approach between NIAS and BHSCT in developing a single point of referral into the CCC Hub would improve the wait time for patients with welfare needs between 1st April 2023 and 31st March 2024.

Methods

- Data were collected and analysed to explore the impact on referral times for service users.
- Online surveys were also used to measure the effect on ambulance crews.

Results

- 51 referrals made with 43 individuals successfully supported.
- Most referrals came from within the 100 most deprived areas.
- Most common referral reason was for practical support (e.g., food, heating, financial or housing), followed by addiction and chronic disease management.
- In the least deprived areas, referrals were mostly for dementia and loneliness.
- Nearly all referrals (78%) were dealt with within 20 days, which was faster when compared with routine referrals to social work teams.
- 18 individuals were connected with a key worker for further support, 27 received a Holistic Needs Assessment and 32 people were connected with local community groups.
- The pathway also identified unknown carers who required support in addition to the service user.

51 Referrals

Females 39%

Males 61%
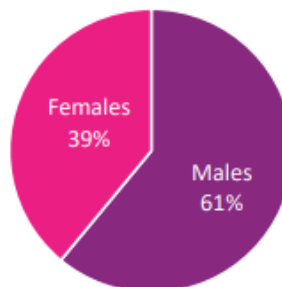
Number of Referrals By Service User Age Groups (Years)
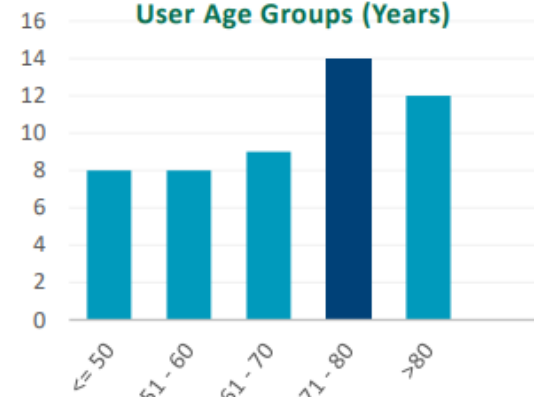
Safeguarding referrals actioned within 20 days

- NIAS 78%
- New Unallocated Social Care 22%
- Community Carer 10%
- Community Social Work 4%
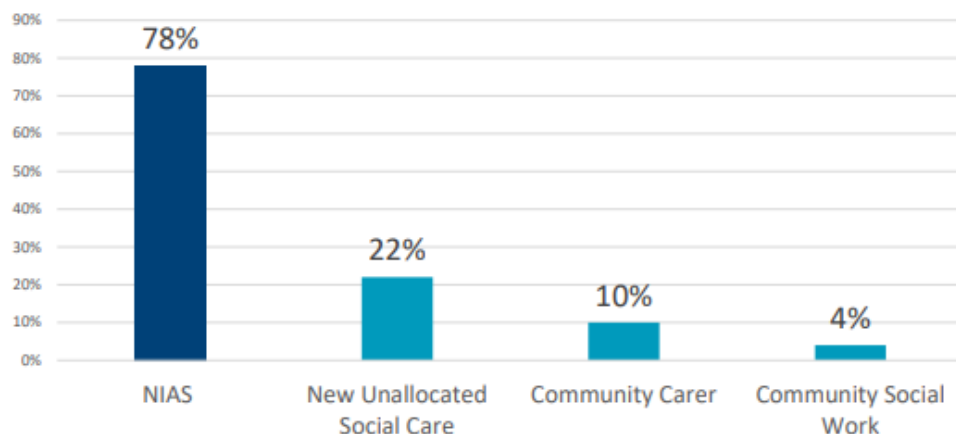
"Having this referral pathway means we can give better support services to our vulnerable patients"

"Allows for quicker referral to a more appropriate service. Reduces time spent on scene attempting to make contact with correct team"

NIAS Staff Views

Conclusions

This collaborative improvement project demonstrates that effective integration and navigation of services across the system reduces barriers and enhances the quality of care provided to patients.

Questions?

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