

opportunity to develop my career was fantastic, I am so grateful'.

Conclusion The cohort of apprentices was a learning curve. Allowing six staff the opportunity, during a pandemic, was a challenge and required hospice-wide commitment. However, vacancies have been successfully filled and the apprenticeship levy utilised. Watching the trainee nursing associates learn has been rewarding.

P-214 LAST RESPONDERS: PARAMEDICS IN HOSPICES

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Background Paramedics routinely attend palliative and end of life (EoL) patients within the ambulance service (Murphy-Jones, Laverty & Stonehouse, 2021. *Prog Palliat Care*. 29:66). Despite projects within some ambulance services to develop lead roles for EoL, opportunities for Paramedics to have a career within the hospice sector are few and far between, and often overlooked by those establishing services (Long, 2019. *Prog Palliat Care*. 27: 289).

Aims Whilst there is a small cohort of Paramedics already working in hospices across the country, there is potential to utilise their unique skillset to support the wider MDT to improve patient care and experience (Blackmore, 2022. *Palliat Med*. 36:402) especially in triage, assessment and urgent response.

Methods In order to do this effectively, a number of key objectives need to be recognised at local, regional and national level;

- A shared understanding of the Paramedic skillset and potential scope of practice.
- A national framework for Paramedics working in end of life.
- A need for the College of Paramedics and other relevant bodies to support a growing movement, incorporating it within relevant policies and guidelines.
- A need to lobby for amendments to prescribing laws for Paramedics, to facilitate their prescribing in palliative care.
- Advancement in undergraduate, postgraduate education and training in palliative and end of life care for Paramedics.

Results The College of Paramedics have put a call out for those interested to be part of a palliative and end of life care special interest group; they have also advertised for a new speciality Paramedic to lead the developing group and influence the College of Paramedics, steering their national direction on this emerging specialty.

Conclusion It is important to understand that, whilst a Paramedic workforce may help the needs of some hospice patients, they are not a 'silver bullet' for fixing the extensive national shortages in the nursing workforce. Paramedics should be used for the additionality they provide, strengthening the MDT and improving patient experience.

P-215 CHALLENGING THE STATUS QUO – ARE PARAMEDIC PRACTITIONERS A HIDDEN GEM FOR TACKLING THE HOSPICE WORKFORCE CRISIS?

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Background With increasing demand on community palliative care services, combined with ongoing difficulty recruiting palliative CNSs, working models of care need to change. Paramedics have holistic skills beyond those involved in immediate life-saving, with knowledge of a wide variety of medical, surgical and mental health presentations. Paramedics are adept at physical assessment, symptom management, signposting and advanced communication, often in crisis situations. Recognising that these skills are transferable, our organisation set out to employ paramedics within band 6 development posts.

Aim To employ a paramedic to integrate within the community team, develop the role of a Clinical Specialist Practitioner (CSP) in palliative care, and alleviate the future anticipated workforce crisis.

Method The Band 6 CSP Development post was created to give opportunity for paramedics to develop the required specialist palliative care skillset. The post holder followed a 1-2 year programme of development (dependent on experience) to attain levels of knowledge and skill through a set of competencies working alongside Band 7 Clinical Nurse Specialists and the medical team.

Results The hospice has successfully employed two paramedics. Not only have they progressed clinically into Band 7 roles, but they demonstrate excellent leadership skills, both having taken on locality caseload team leader positions. Their skillset allows them to work across roles from new referrals received in Hospice Point of Contact, telephone triage, OOH weekend work, to routine and responsive community visits.

Conclusion Multi-disciplinary working in hospices is well established, but has not traditionally included paramedics. The specialist skillset paramedics bring lends itself well to working within the hospice community team. While the role of the paramedic is still in its infancy, we hope our adoption of bespoke CSP roles will help to inspire other palliative organisations struggling with workforce crises to consider expanding their workforce through the employment of paramedic colleagues.

P-216 THE ROLE OF A SPECIALIST PARAMEDIC PRACTITIONER IN PALLIATIVE CARE

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Background The paramedic profession was fundamentally based on the provision of out of hospital critical care, intubation and infusion. Since then the profession has grown with a structured career development framework from undergraduate to PhD level education, forming Specialist, Advanced and Consultant Practitioner roles. We report on a paramedic's role and evaluation of their work by colleagues in a hospice setting.

Methods St Clare Hospice employed its first Paramedic and Specialist Paramedic Practitioner undertaking triage and community caseload management for patients living with a palliative diagnosis in West Essex. The roles involve the interrogation of referrals to identify specialist palliative care needs whilst building relationships with patients, their families and carers, from the moment of referral until after their death. Specialist Paramedics work amongst Clinical Nurse Specialists and constantly assess patients for disease progression and the impact of disease on every aspect of their lives. Their