WHAT ARE THE BARRIERS AFFECTING THE FULL UTILISATION OF PARAMEDICS WITHIN HOSPICE CARE, IS A ROTATIONAL MODEL THE ANSWER?

Sarah Langridge. St Helena Hospice, Colchester, UK

10.1136/spcare-2023-HUNC.281

Background With increasing demand for community based palliative and end of life care, paramedics are being recognised as a potentially valuable asset to a multidisciplinary workforce (Lord, Andrew, Henderson, et al. Palliat Med. 2019; 33(4):445–51). But there are barriers that prevent paramedics from being routinely found within the multidisciplinary teams in hospices. These barriers include; lack of specialised training, lack of confidence in leaving dying patients at home (Blackmore. Palliat Med. 2022; 36(3): 402-404) and concerns of losing the unique acute skills gained in paramedicine.

Aim Can we combat the barriers hindering full utilisation of paramedics in palliative and end of life care by applying a rotational model where paramedics retain employment with the ambulance service and split their working hours between frontline ambulance shifts and integrating into a rapid response hospice team?

Method Four paramedics commenced a rotational role with East of England Ambulance Service and St Helena hospice SinglePoint team. We undertook a comprehensive training programme followed by a period of joint working with registered nurses (RNs) and non-medical prescribers (NMPs) leading to a blend of dual and autonomous rapid response visit and telephone triage, mainly focusing on presentations suggestive of reversible causes, chest pains, neurological symptoms and traumatic injuries from falls including wound closure.

Outcomes The application of a rotational model has allowed the paramedics to practice paramedicine in an acute setting ensuring they maintain their acute skills. The integrated working with the SinglePoint and training team has provided specialised training, increasing the paramedics’ skills and confidence in palliative care.

Conclusion A rotational model can help overcome some of the hurdles faced when integrating paramedics into hospice care and has additional positive outcomes in staff retention for the ambulance service, increased hospital avoidance, opportunities in disseminating learning to other frontline paramedics and providing specialist learning and development pathways. However, the pilot is in its infancy and development of the role should continue to evolve and be regularly evaluated.

SUPPORTING PARAMEDICS WITH END OF LIFE DECISIONS

Duncan Fleming. Mountbatten Hospice Group, Newport, UK

10.1136/spcare-2023-HUNC.283

Background At the end of 2022 Mountbatten Hampshire met with the South Central Ambulance Service (SCAS) to discuss how the two organisations could work collaboratively to