

# What is the perceived impact of paramedics working in primary care teams on the working practices of other professionals in primary care and the experiences of patients?

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# A Few Definitions

- **Paramedic**
  - BSc(Hons). Generalist practice
- **Specialist Paramedic/Paramedic Practitioner**
  - PGCert. Scope focused on primary/urgent care
- **Advanced Paramedic (Practitioner)**
  - MSc in Advanced Clinical Practice.
  - General practice within clinical setting
  - 5 years clinical experience
- **Primary Care = Family Health**
  - A multidisciplinary team of physicians, nurses and other health care professionals
- **General Practitioner = Family Physician**



# Focused observations & interviews of paramedics, patients & primary care staff

## UK: 15 sites

- 15 paramedics
- 15 patients
- 15 GPs
- 5 Nurses
- 1 Pharmacist
- 3 Receptionist
- 4 Practice managers
- 1 Admin staff
- 1 Health Care Assistant



# Focused observations & interviews of paramedics, patients & primary care staff

## Renfrew: 3 sites

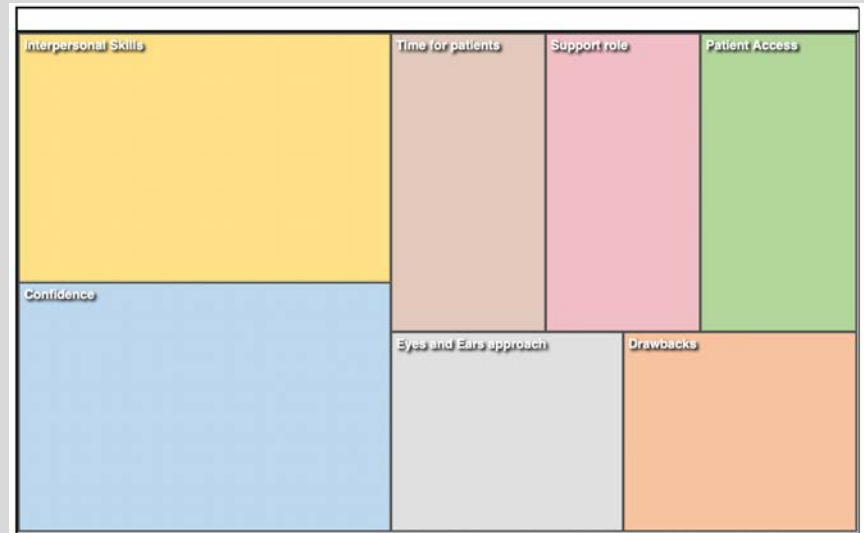
- 3 Community Paramedics
- 3 Patients
- 1 Nurse Practitioner
- 1 Medical Director
- 4 CP Managers



# Canadian Patients

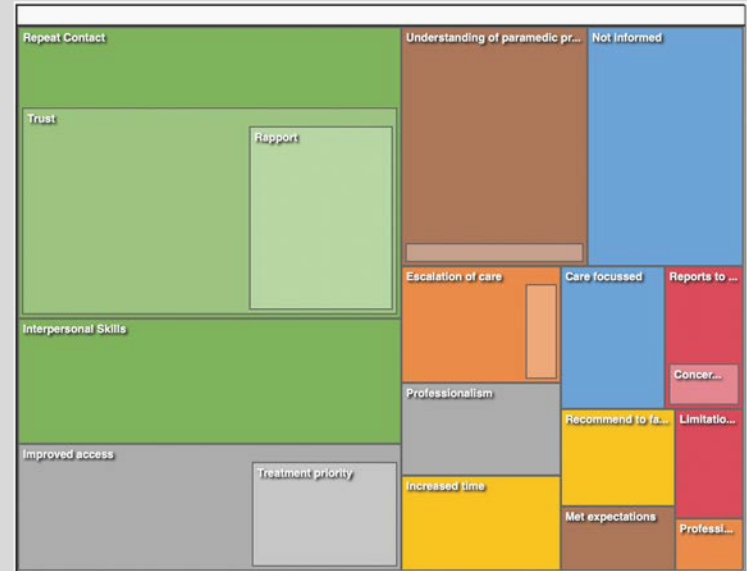
I have faith in them coming and I have faith in what they say – I trust 'em, because they're very well educated – what they do – and they're kind, and they put up with an old fart like me – that's something.

To me, they're like a doctor

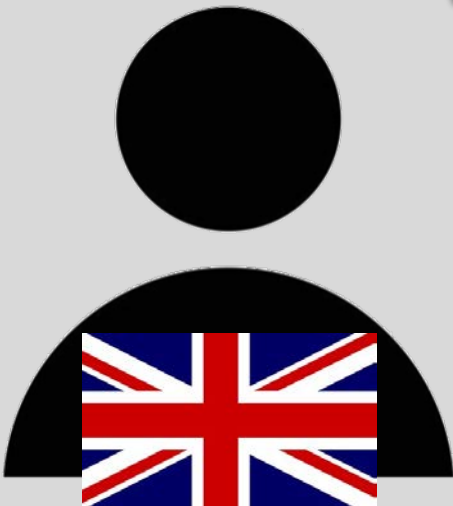


# UK Patients

it's that emergency, you know that they're highly trained, you know that they see horrific things and yeah, it's like you say, when a paramedic comes out to you it's usually a really serious matter, isn't it, usually? So you know that they can deal with, well I think it was Strep A that I had, so you wouldn't even question it



I'd just like to say he's a real gentleman, a great paramedic, a great people's person, he's got great people skills and I hope he's at [the primary care practice] for a long, long, long time.

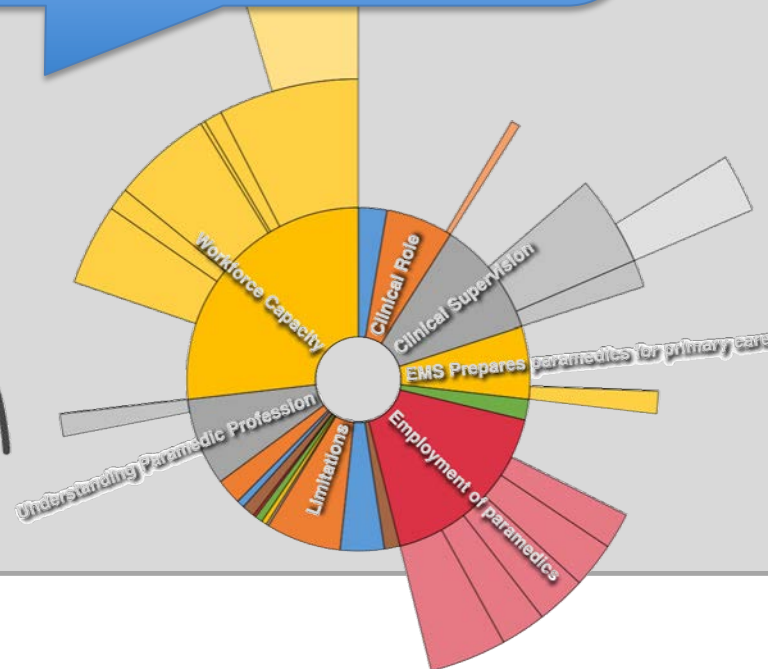


# UK Physicians

The government are using it as a sticking plaster to replace GPs and I don't think that works. They should be there to complement the role we do and obviously over time they can deal with as many complex cases as a GP can with the right training. They can be as good as. But I don't think they're a replacement. I think patients would probably agree with me as well.

we value them, and they're obviously cheaper and, as long as they give good care to the patients, they have good work ethic... you know, as long as our patients aren't suffering, which I don't believe they are, then great

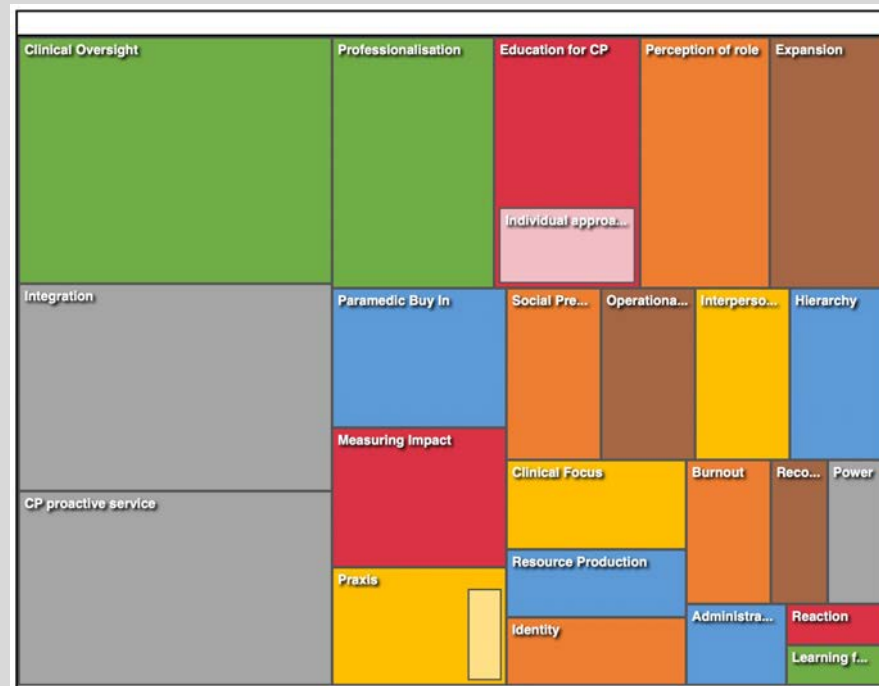
...he does the same number of consultations every day as a GP does and yes it is minor illness but that was something that the GPs were doing previously.



# Other Primary Care Staff

- 1 Nurse Practitioner
- 1 Medical Director
- 4 CP Managers

I don't want to come across as being arrogant or anything, but I would rather have a CPRU paramedic looking after my parents at home than a family physician, because they have good care, on the whole, and when they don't know something, they go to people to find out how to do it

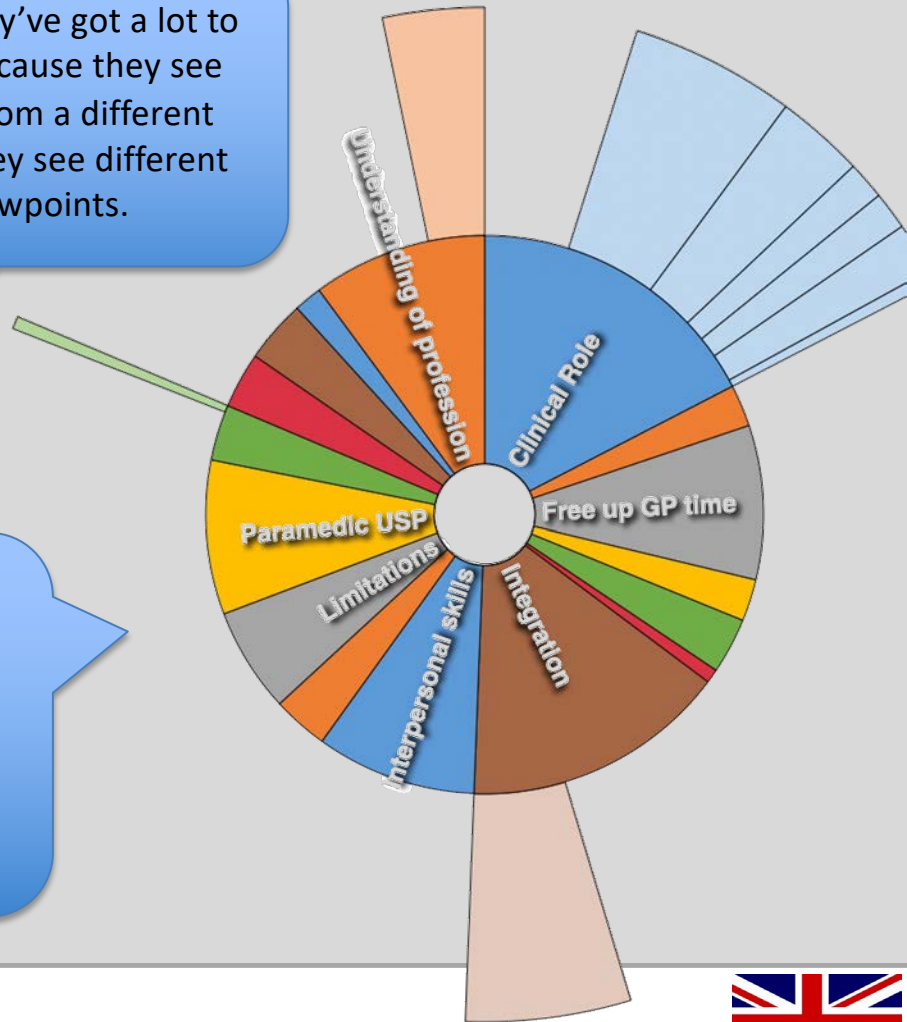


# Other Primary Care Staff

- 5 Nurses
- 1 Pharmacist
- 3 Receptionist
- 4 Practice managers
- 1 Admin staff
- 1 Health Care Assistant

I think they've got a lot to bring, because they see things from a different angle; they see different viewpoints.

I trust his clinical judgement because I've worked with him for so long and he's professional with his patients, he knows what he's talking about... He is very knowledgeable. He's got a massive amount of experience behind him that goes with that.



# Theory Relating to Integration

- The longer paramedics work in primary care/community, the more integrated they become.
- There is a relationship between the extent to which paramedics are able to achieve integration within the health system and the local community

# Theory Relating to Physicians

- Learning in practice is important for physicians to build up trusting relationships with paramedics.
- Other professionals in primary care do not understand the role of the paramedic, and so do not appreciate what the profession can contribute to primary care. This affects integration of paramedics in the primary care team and the utilization of paramedics in the workforce.

# Theory Relating to Patients

- Patients trust paramedics because they are employed by the primary care provider
- Paramedics are trusted in an emergency, and so patients trust paramedics about their primary care concerns.

# USP of Paramedicine

- The broad utility of paramedicine is viewed to be the uniqueness of paramedics operating in community/primary care spaces.
- Paramedics must be able to develop rapport in an emergency. The interpersonal skills of paramedics make them unique. This facilitates patient trust and engagement with the paramedic.

# Experience & Personality

In Canada, community paramedics facilitate patient access to health and social care.

In the UK, paramedics are used to fill gaps in the primary care workforce

The extent to which this can be achieved is dependent on the experience of the paramedic and their interpersonal skills.

# Thank You!

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