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# Train Where You Work and Prescribing Questionnaire

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## Background

The project team sought to investigate two areas from the Advanced Paramedic Practitioner (APP) section of the Pacesetter evaluation framework; train where you work (relating to APPs working in the same area for Primary Care and WAST shifts), and prescribing. Neither had been explored previously in data collection undertaken with the APPs.

## Methods

The questionnaire was intentionally kept short, with the aim that APP would give considered answers if there were fewer questions. The content was agreed by Information Governance, translated into Welsh and uploaded to Smart Survey internet platform. The questionnaire and reporting have been undertaken within the principles of a service evaluation.

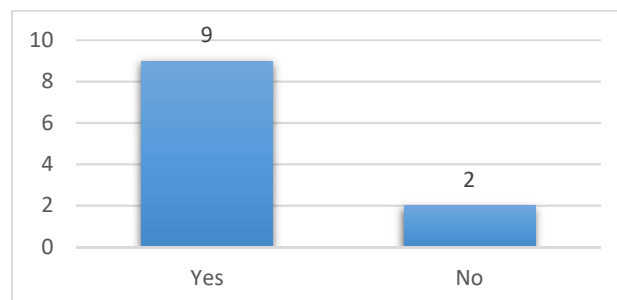
The questionnaire was available to the APPs for four weeks, and received 11 responses. Not all APPs answered every question. One response was received in Welsh, which was translated into English. The verbatim responses are reported within this document.

## Results

### Train Where You Work

#### Do you work in the same area for WAST shifts and the Primary Care Rotation

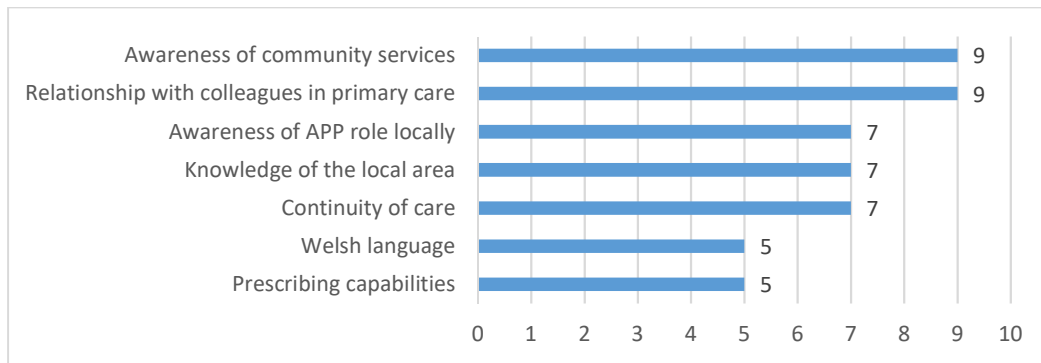
Most respondents (9) reported that they worked in the same area for WAST and Primary Care shifts.



#### If you have, or were to train where you work, what do you perceive to be the main benefits?

Of the options available, awareness of community services and relationships in Primary Care were the options selected most frequently. Welsh language and prescribing capabilities were chosen by fewer than half of respondents.

Ten APPs selected three or more options, one APP did not select any (full responses can be found in Appendix 1).



### What benefits to patients can you identify from APPs working and training in the same area?

- Knowing what services that are available, having the confidence of the staff working around you.
- Awareness of what local community pathways are available. Relationships with surgeries would mean more access to discuss with GP's as they would know it was an APP they know.
- Invaluable to be regard by PC as a team member, having early access to GPs who trust the APP's autonomous judgement when working for WAST for enhanced patient care.
- Continuity of care for the patient from one service provider to another i.e.; from WAST to PC and vice versa. Having APPs in PC with more relevant patient medical records can only be a good thing in the patients management when they call 999 in the OOHrs setting. APP's have the luxury of more time for individual patients, can undertake a holistic view regarding patient care, to fully understand their concerns, expectations and ideas.
- Good relationship with patients, known more about their medical history, communication to see how they are if needed, continuity of care.
- Easy to get to know the area and the range of services available for patients.
- Understanding of the local community health care facilities. Networking with other local clinicians. Mutual respect between local practices and clinicians working on ambulance.
- continuity of care and referring / accessing appropriate services in the area that meet patient care needs
- Awareness of different community services and pathways in the area resulting in reduced ED referrals and greater patient satisfaction. The most obvious being alternative care pathways instead of ED, or if admission is required then admission to medical assessment/surgical assessment. Knowing the MIU and DN staff in the area, knowing their backgrounds, having a better rapport, so know what the clinicians are and aren't happy doing and also they learn how the ambulance service works and learn the different role in the service (UCS/tech/paramedic/APP etc.). There are also the non-clinical services which I have learnt about during Primary Care which can be very beneficial, for example community befriending/activity services, it is quite frequent that patients that I attend during the ambulance APP shifts describe feeling lonely and by referring to these services can improve their mood, mobility, and general quality of life, multiple patients I have attended have been very thankful for these details. By increasing their general wellbeing they may result in less ambulance calls in the future. Knowing the GPs, their protocols, so that I can safely refer through their pathway or refer directly to the GP if appropriate, increasing knowledge and increasing safe discharges. It is easier to refer and have a clinical conversation with GPs if we have a good prior rapport, which this is causing. If calls are seen during shifts in CCC in the

area that APPs are working and it is likely to be appropriate for GP but requires face-face assessment first, we can pass the call to the APP on their pacesetter shift in that area, and they will organise for their surgery to add it to their list of patients. This is especially useful for confirmation of life extinct for an obvious death when there is lots of other outstanding calls (it's a green call and is often waiting many hours). Increase in ability to refer through alternative care pathways due to increased knowledge and awareness, therefore providing the right care in the right place at the right time to patient and reducing ED waits for patients that require ED.

- Familiarity with local services, Build relationships with local Primary Care and community teams.
- You have a greater awareness of the local services available to patients; such as the CRT and what the remit and scope is, and third sector organisation such as those that offer social prescribing. I have seen patient whilst working for WAST that have been registered with the surgery that I am currently with so have been able to book them in for follow-up.
- Understanding what services are on offer locally is of great value for the APP to utilise when seeing patients. Having an understanding of which GP practices patients belong to and how that may help if you (APP) already has a working relationship with the practice. The GPs and community services can build rapport with their 'local' APP, which will benefit patients. Continuity of care for patients to see the same APP/APPs who work within their Cluster

**Have there been, or would you expect any challenges or barriers from train where you work?**

- No (5=45%)
- Pressure of work at times has been a hindrance, however can't really complain in the midst of a pandemic. Can be difficult to address the needs of X4 surgeries at one time.
- Lack of GP support.
- Not really. I've been welcomed by all the surgeries. A qualification in prescribing is almost an essential for Primary Care, not having this qualification inhibits productivity and restricts learning. It causes ++ delays in consultations due to requiring to find a GP for a signatures, it means that currently I'm guessing which medication the GP would want to prescribe instead of using my own clinical judgement/nice guidance/micro guide. It also restricts the treatment I can give to patients during ambulance shifts as a lot of medications I would feel comfortable prescribing I am unable to, and there is no PGDs available. For example: PPIs, 15/500 co-codamol, Ciprofloxacin etc.
- Working in same practice that you or friends are registered.
- Being able to transfer the knowledge of available services in the community to be utilised by WAST.

**Do you have anything else to add not covered by the above questions?**

- All GP's have been excellent and approachable, fully valuing this service. They have also been more than willing to share their knowledge and skills along the way. In fact made to feel welcome and part of the team in all four surgeries.
- Working in Primary Care hugely helps with managing 999 patients in the community. I suspect working in pc and on ambulance car in the same area would be very beneficial.
- Working in Primary Care has improved my practice significantly, particularly since I moved base station to central.

## Summary

The benefits centred on knowledge of local services (particularly scope and remit), alternative care pathways and community social support systems which can reduce emergency calls and ED admissions. One APP used the example of referring CCC calls to their APP colleagues working in Primary Care. The APPs also valued relationships with Primary Care staff and mentioned mutual respect, rapport, and some of the benefits of better understanding of WAST roles. Several APPs linked these factors to improved clinical outcomes and increased patient satisfaction.

From a patient perspective, some APPs perceived that an understanding of a patient's social and medical background, and building a good relationship means they can deliver holistic care and better meet patient needs and expectations. The link between the two services has meant that APPs can follow-up WAST cases back in Primary Care.

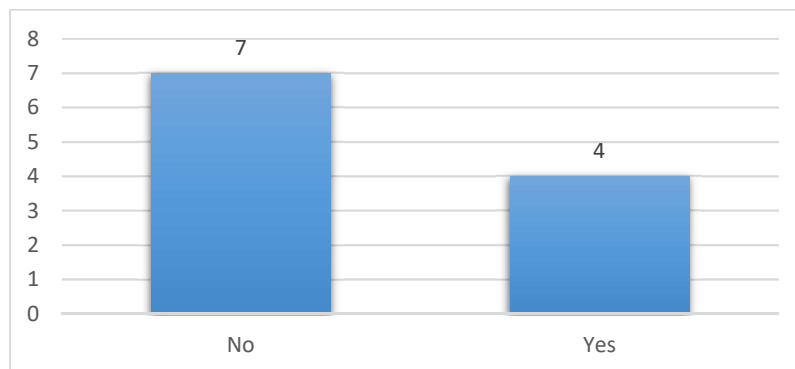
Around half of respondents did not identify any challenges to training where you work. One APP cited having family and friends or being registered themselves in the practice they worked in, and another, difficulty transferring some of the knowledge back to WAST. All other comments were generic difficulties such as being split between different practices, and the perceived need to prescribe.

In the general comments, APPs praised GPs and stated that working in Primary Care improved their practice and care of patients in the community.

## Prescribing

### Are you currently a prescriber or completing your qualification?

Of the respondents, just 4 were undertaking or had completed the qualification.



### If no, are you interested in undertaking the qualification in future?

All respondents who weren't currently undertaking the qualification, would like to do so in future.

### What benefits do you perceive a prescriber brings to an organisation (WAST and Primary Care)?

- The knowledge that you need to support patient care and giving advice on medication to patients which I have been confronted with many times, that is patients asking about their medication, in which I have to answer that I am not qualified to answer. The understanding of the pathophysiology and pharmaceutical interventions would truly be fascinating and a

natural progression for an Advanced Practitioners. Most Advanced Nurse Practitioners have this qualification.

- There is doubtless benefits in Primary Care as much of the workload is meds reviews etc. For WAST, they receive a much more well-rounded practitioner who practices safer and has a much better knowledge of medications and how they can benefit or cause harm to patients.
- Not prescribing for Pacesetter, but I am a qualified prescriber. Having additional knowledge regarding pharmacology and the effects drugs have on the body has enhanced the way I approach patient care, often stopping a drug can be more valuable than giving a drug, only as a prescriber can I do this. PGD's are good but are often restrictive and are very specific to specific condition, patient often loose out due to these strict guidelines. Working as a prescriber give me autonomy allowing for improved patient work flow, without having to knock on a GP's door for a prescription. Enhances patient care within WAST, makes the APP on par with an ANP. Moulds the APP into an all-round practitioner with sound and safe medicines management with safe and appropriate prescribing at the heart of patient centered care. Prescribing is the last part of the jig-saw for the APP's journey to evolve into an effective practitioner in PC and a senior clinician within WAST.
- Change medications if they are not working, increase or decrease medications, also taking them off the medications.
- 999 consultations could be wrapped up more quickly and more concisely and something's without the need to phone around and chase up other clinicians for prescriptions. In Primary Care it is simply crucial, it would save hours each week opposed to having to find and wait and go through each consultation with a the prescribing clinician.
- Being an overall Practitioner with better understanding of care in its entirety.
- Having access to a broader variety of medications as well as having the underpinning pharmacological knowledge of non-medical prescribing to undertake autonomous decisions is invaluable in developing appropriate and safe management plans. Patient Group Directions (PGDs) often 'pigeon hole' patient with particular presentations. However, with an ageing population and the ever increasing complexities of polypharmacy and multi-morbidities non-medical prescribing inevitably gives the clinician the skill and knowledge needed to treat patients with appropriate prescriptions in the community.
- More patients able to treat outside of ED.
  - Reduce time on scene while working as APP amb shifts and reduced time per consultation in Primary Care.
  - Increased the pathways that can be used.
  - Provide the patient with the right care in the right place at the right time.
  - Allows me to complete a consultation without involving another service (often when unnecessary and causes delay).
  - Prevents duplication of work.
  - Provides continuity of care.
  - Improves patient satisfaction
  - Improves job satisfaction
  - Reduce the amount of calls to GPOOH (/waiting for GPOOH to call back)
  - Reduce the amount of calls to GPs (/waiting for GPs to call back)
  - Improves staff retention.
  - Improves patient care.
  - Less antibiotic resistance as we can treat with recommended first line abx as per local micro guide.

- Able to complete a patient consultation completely without need for further input from another prescriber- patient would experience a quicker smoother consultation and not require time to be taken out of colleagues schedule. Encourages to become more thorough practitioner as prescribing requires improved attention to comorbidities and polypharmacy. Ability to de-prescribe those medications no longer required or potentially harmful. Provide patient with individual care with most appropriate treatment/medication and not limited to those within APP PGD formulary.
- It allows for improved patient choice, access to health advice and appropriate treatment leading to an improved patient experience; for example there may be a wait to see the GP where an APP could see someone in a more timely manner with the same outcome including an episode of care by prescribing. Appropriate use of a skilled workforce, leading to improved efficiency by avoiding the need for multiple contacts. Increased capacity within the wider healthcare system.
- Patients are prescribed medicines swiftly without need to wait for the GP, TIMELY ACCESS TO medicines reduces delay in care. Patients will be treated at the right time and the right place - enabling care closer to home. Preventing unnecessary trips to secondary care. Through utilising APPs as independent prescribers WAST enables the skill set of the ACP to be used most effectively, the demand on other services is reduced and the NHS as a whole should benefit as this reduces cost. IMPROVING PATIENT EXPERIENCES.

**If you were no longer working in Primary Care, how would you maintain prescribing competencies?**

- I would take direction from my peers, and clinical leaders.
- Working already as a prescriber in PC on a bank contract. Opportunities within WAST are evident, such as advice re telephone triage re de-prescribing. Re-looking at PGD's as a prescriber. Writing prescriptions instead of issuing PGD's would be cost effective, reducing the cost re out of date drugs. PGD's still have a place as we are a 24hr service, but should only be used when the patient cannot access a pharmacy.
- It would be impossible doing that working on the road for wast.
- I'm not entirely sure what they would entail so not best placed to answer the question. However personally I would want to do the odd shift in pc to maintain my skills so that they could be applied the community and 999 setting.
- Operational shifts for WAST.
- I don't know.
- Through the ambulance service, through my role as an APP. CPD. Update courses.
- Use of prescribing during WAST shifts. Supporting crews at scene with medication queries. Working closely with SICAT GP team and Primary Care teams.
- As a prescriber you practice within your area of knowledge, competency and scope of practice. As a lot of the patients I see within WAST present with conditions that are similar to those I manage in Primary Care I don't see maintaining my prescribing competencies an issue. No matter where I work or any other non-medical prescriber for that matter has to demonstrate through an annual portfolio how they meet their competencies to continue prescribing, these are as detailed in the Royal Pharmaceutical Societies (2016) document titled ' A Competency Framework for All Prescribers'. What I see would need to be developed would be some formal communication channels to share information about any of my WAST prescribing actions with others who provide ongoing care for these patients (the wider healthcare team).



- OOH. SHIFTS. Support from a supervisor who is an experienced prescriber. Ongoing learning and reflective practice. Identify a learning plan.

**What difficulties have you encountered through the process of achieving the qualification?**

- N/A
- Covid!
- Having done this without WAST support, finding time to complete my 90 hrs competencies, additional study time and writing essays have all been challenging.
- Initial identification of DMP. WAST allocated time to develop prescribing portfolio.
- The main difficulties I have encountered through achieving the qualification has been obtaining the required supervised practice hours, however, this was due to the pandemic situation and my supervisor having to shield for some of the time. The move from face to face consultation to telephone consultations makes prescribing decision that little bit more of a challenge in terms of safety / appropriateness.

**Do you have anything else to add not covered by the above questions?**

- Most of my cohort are prescribers, I really would like the opportunity to progress to become a prescriber.

**Summary**

Two common themes in the responses were around the value of de-prescribing, and potential time savings when able to prescribe autonomously e.g. undertake medication reviews, no need for GP signature, and less time waiting for call-backs on WAST shifts. Those not currently qualified expressed a desire to have prescribing capabilities like their ANP and other APP colleagues.

PGDs were mentioned, particularly how the strict remit means patients are not always eligible to receive them, or they may not be appropriate for patients with complex care needs. Again, APPs linked these potential benefits to increased patient choice, better access to appropriate care, and ultimately improved satisfaction.

From a WAST perspective, prescribing APPs were seen as more rounded practitioners. However when asked how they could maintain prescribing competencies, responses varied. One APP stated that they wouldn't be able to and some were unsure as not currently working towards the qualification. Other suggestions included bank Primary Care shifts, time in Out Of Hours, WAST operational shifts and maintaining a learning plan.

## Appendix 1

Individual responses provided by each APP regarding potential benefits of train where you work.

	APP respondents										
	1	2	3	4	5	6	7	8	9	10	11
Prescribing capabilities	x		x			x				x	x
Welsh language	x		x	x	x						x
Knowledge of the local area	x		x	x	x				x	x	x
Awareness of APP role locally		x	x	x	x			x		x	x
Relationship with colleagues in Primary Care		x	x	x	x	x		x	x	x	x
Awareness of community services		x	x	x	x	x		x	x	x	x
Continuity of care		x	x	x	x	x				x	x