

# Why is the Ambulance Service key to Palliative Care Delivery?

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## Background

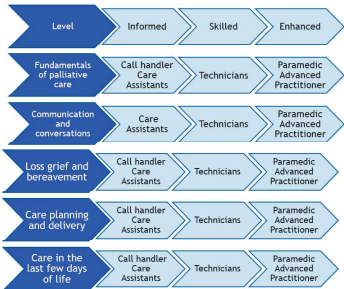
Historically, ambulance clinicians have focused on life-saving and curative care.[1] Today a growing body of evidence suggests many patients seek support from the ambulance service for Palliative and End of Life Care.[2] This has resulted in ambulance services globally embracing new paradigms of care to include Palliative and End of Life.[3] In Scotland around 95% of people in the last year of life contact unscheduled care services.[4] Therefore, Scottish Ambulance Service (SAS) have partnered with Macmillan Cancer Support to form a project team to maximise the Palliative and End of Life Care provision offered by the service.

## De-escalating a crisis

SAS are equipping their clinicians with the required skills to manage end of life situations. This is delivered through a range of education sessions, held face to face, virtually and in collaboration with other healthcare professions. The subjects covered include:

- Communication skills
- Symptom control
- Just in Case Medications
- Managing an End Of Life crisis
- Grief and Bereavement
- Confirmation of Death

## Role Contribution of SAS clinicians Delivering Palliative and End of Life Care



Mapped to NES PEOLC Educational Framework: Enriching and Improving Experience [7]

## Symptom Management

Informed crews are able to deliver both patients own just in case medication or SAS stock medication when indicated, to help relieve symptoms at end of life.

Patients highly value the extended care paramedics can provide when addressing unexpected issues at home.[6]



## Unlocking pathways for patient care

Working with SAS colleagues, NHS Healthboards and other organisations the project is developing an ever growing range of pathways for the SAS clinicians that include:

- Clinical decision support
- Hospice Helplines
- Palliative care Helplines
- Care Home Pathways
- Bereavement Support
- Out of Hours Access
- Community Nursing

For more information scan the QR code or email



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[1] COLLIER, A., ET AL. (2023). "THE PALLIATIVE CARE AMBULANCE": A QUALITATIVE STUDY OF PATIENT AND CAREGIVER PERSPECTIVES OF AN AMBULANCE SERVICE." PALLIATIVE MEDICINE 37(6): 875-883.  
 [2] MURPHY-JONES, G., ET AL. (2021). "INFUSING THE PALLIATIVE INTO PARAMEDICINE: INTER-PROFESSIONAL COLLABORATION TO IMPROVE THE END OF LIFE CARE RESPONSE OF UK AMBULANCE SERVICES." PROGRESS IN PALLIATIVE CARE 29(2): 66-71.  
 [3] JUHRMANN, M. L., ET AL. (2022). "PARAMEDICS DELIVERING PALLIATIVE AND END-OF-LIFE CARE IN COMMUNITY-BASED SETTINGS: A SYSTEMATIC INTEGRATIVE REVIEW WITH THEMATIC SYNTHESIS." PALLIATIVE MEDICINE 36(3): 405-421.  
 [4] MASON, B., ET AL. (2022). "INTEGRATING LIVED EXPERIENCES OF OUT-OF-HOURS HEALTH SERVICES FOR PEOPLE WITH PALLIATIVE AND END-OF-LIFE CARE NEEDS WITH NATIONAL DATASETS FOR PEOPLE DYING IN SCOTLAND IN 2016: A MIXED METHODS, MULTI-STAGE DESIGN." PALLIATIVE MEDICINE 36(3): 478-488.  
 [5] MURPHY-JONES, G., LAVERTY, D., STONEHOUSE, J. (2021) INFUSING THE PALLIATIVE INTO PARAMEDICINE: INTER-PROFESSIONAL COLLABORATION TO IMPROVE THE END OF LIFE CARE RESPONSE OF UK AMBULANCE SERVICES. PROGRESS IN PALLIATIVE CARE.  
 [6] COLLIER, A. DADICH, A. JEFFS, C. NOBLE, A. CRAWFORD, G. (2023) 'THE PALLIATIVE CARE AMBULANCE': A QUALITATIVE STUDY OF PATIENT AND CAREGIVER PERSPECTIVES OF AN AMBULANCE SERVICE PALLIATIVE MEDICINE VOL. 37(6) 875-883  
 [7] NES (2018) PALLIATIVE AND END OF LIFE CARE: ENRICHING AND IMPROVING EXPERIENCE: PAGE 12