Delivering world-class stroke care: The pivotal role of the UK ambulance services and paramedics

Traditionally, there has been limited understanding of the important roles that the UK ambulance service and the paramedic profession can have in delivering healthcare outside of transportation. This is reflected in an ambulance performance measurement system that focuses on time-based targets as the primary measure of clinical care. The present time-based system can see ambulance trusts ‘pass’ or ‘fail’ with limited consideration for the quality of clinical care and ultimately outcomes delivered to patients in any given episode of care from the NHS ‘system’. For many conditions, although an emergency response goes hand in hand with good clinical quality, it is as important to access the right care for patients as purely focusing on ‘stopping the clock’. The recent National Audit Office report on stroke commented that upgrading the category of ambulance response did not necessarily correspond to getting a patient to definitive care more quickly.

With existing arrangements in the country, it is generally not possible to follow a patient from the time of 999 call through to discharge by linking the pre-hospital and in-hospital clinical records; this means that individual paramedics do not get feedback on their clinical practice and more widely the NHS cannot measure the clinical quality performance of the systems as a whole or ensure patient safety. This is a matter that the college feels requires urgent attention.

The role of paramedics in quickly identifying stroke and ensuring access to the right service is now widely recognised, however this is just the tip of the iceberg. Paramedics can also play a vital role in public awareness, primary and secondary prevention together with direct access to scanners, acute stroke units and TIA services.

South East Coast Ambulance Service NHS Trust has received national commendation from the Stroke Association in its Getting Better report for implementing a stroke care pathway that aims to take patients directly to the specialist care that they need. In addition, the Trust has also been praised for its pro-active and innovative approach for raising awareness with local communities; last year the trust wrapped a number of its ambulances in FAST campaign branding, the first of a kind in the country, ensuring that the public health agenda is supported in this unique way. David Davis, Stroke Lead for the College of Paramedics and South East Coast Ambulance Service NHS Trust and Adrian South from South Western Ambulance Service NHS Trust, have worked in partnership with the Stroke Association and all of the UK’s ambulance trusts to deliver a national blood pressure and atrial fibrillation testing day, which took place on the 17th April 2010; this is an example of how the paramedic profession and ambulance services can contribute to preventing disease.

However, certain areas still require support and development, in particular the implementation of a national acute stroke training course, as agreed at the September 2009 Department of Health Stroke Programme Board meeting, to ensure that paramedics can be trained alongside specialist, emergency care and primary healthcare clinicians. Such a course would ensure the capability to deliver the reality of TIA referrals, from the earliest point of contact, a 999 call, already recognised as a best practice that must be implemented in the country.

Other initiatives being led by paramedics in the UK are direct stroke unit access for paramedics and the ordering of CT scans before the patient even arrives at the hospital, thereby reducing critical minutes to get to definitive treatment. Ambulance trusts and paramedics have worked in partnership with other clinicians to push back the boundaries for stroke patients, developing the FAST test (North East), implementing pathways to ensure maximum access to thrombolysis (South East/ South West / East of England) and undertake clinical studies to investigate the implementation of diagnostic tools into the pre-hospital setting (London).

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