



ParAid delivery of end-of-life care (ParAid Study)

We would like to invite you to participate in a brief online survey evaluating registered paramedics' current practices and experiences of attending patients who are in their last year of life. Your views will contribute to a picture of practice in England, and help shape policy and service delivery improvements for people at end-of-life.

If you are a HCPC registered paramedic employed by one of England's NHS ambulance services/Trusts, please consider completing the survey. This should take you less than 15 minutes and your responses will not be identifiable.

If needed you can save your responses part way through and return to them later by using the *finish later* option at the bottom of each page. This provides you with a URL to return to the survey where you left, you can bookmark the URL or ask for the URL to be emailed to you.

For more information please see the study information sheet for details:

If you have any queries please contact Dr Natasha Campling, ParAid Study Chief Investigator, via email at: n.c.campling@soton.ac.uk

Thank you in advance for your views



Are you a registered paramedic, employed by one of England's NHS ambulance services/Trusts?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Add filter, if no:

Thank you for your time but you are not eligible to complete the questionnaire.

Add filter, if yes:

Please tick this box to indicate that you have read and understood the information in the study (participant) information sheet, are aged 18 or over and agree to take part in this survey.



SECTION 1: CURRENT PRACTICES

1. On average, how often do you attend patients in their last year of life?

Every shift	Every 2-3 shifts	Every 4-7 shifts	Every 8-14 shifts	Other (please state):
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. On average, when attending patients in their last year of life, what proportion are living in a care/nursing home (as opposed to their own home)?

10% or less	11-24%	25-49%	50% or more	Don't know:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. When attending patients in their last year of life, how often do the following occur:

	Always	Often	Sometimes	Rarely	Never
End of life status is recorded in information supplied to you prior to arrival	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is recorded in information available upon arrival (e.g. ReSPECT/advance care plan documents and patient/family/carer narrative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You access this information remotely when on scene (i.e. shared records supplied to you by your Trust)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This information is not recorded but you suspect the patient is within the last year of life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. When attending patients in their last year of life, how frequently do you encounter the following advance care planning documents? Please rank these with 1 being the most frequently encountered and 5 the least (using each rank only once):

	1 Most frequently encountered	2	3	4	5 Least frequently encountered
Do not attempt cardiopulmonary resuscitation (DNACPR) form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment escalation plan (other than ReSPECT form)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ReSPECT form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advance care plan (ACP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advance decision to refuse treatment (ADRT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. For this patient group, how likely are you to be required to:

	Always	Often	Sometimes	Rarely	Never
Provide support and advice to family/friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide support and advice to care/nursing home staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administer medicines for symptom control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convey the patient to hospital (Emergency Department)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convey the patient to a hospice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Refer to other healthcare providers for ongoing patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support arrangements for care after death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Where you are required to administer medicines for symptom control, how are these supplied and authorised:

	Always	Often	Sometimes	Rarely	Never	N/A
Supplied via:						
Patient's own just-in-case (anticipatory medicines) supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines administered as per JRCALC guidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Core palliative care medicines carried on Trust vehicles (in addition to JRCALC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorised via:						
Patient group directions (PGDs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your own prescribing authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The prescribing authority of another professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Where the patient requires conveyance to hospital, please state the likelihood of this for each of the following reasons:

	Always	Often	Sometimes	Rarely	Never
Treatment related reasons					
Symptom control management e.g. pain, nausea and vomiting, urinary retention, ascitic drainage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment of palliative care emergencies e.g. spinal cord compression, hypercalcaemia, haemorrhage, neutropenic sepsis, superior vena cava obstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare professional recommendation					
GP recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other healthcare professional recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family related reasons					
Family unable to cope/requesting conveyance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safeguarding issues					
Safeguarding risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other reasons					
Other (please state):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



8. When attending in-hours and out-of-hours, which of the following referral pathways are you able to access for patients in their last year of life:

	Always	Often	Sometimes	Rarely	Never	N/A
When attending in-hours						
GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community nursing team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist palliative care team (hospice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oncology team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advanced/specialist paramedic (in service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist palliative care team (in service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urgent community response team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When attending out-of-hours						
GP out of hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community nursing team out of hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist palliative care team (hospice) out of hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oncology team out of hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advanced paramedic out of hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist palliative care team (ambulance service) out of hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapid response team out of hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urgent community response team out of hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2: EXPERIENCES

9. How often do you encounter the following challenges when attending patients in their last year of life:

	Always	Often	Sometimes	Rarely	Never
Lack of information and/or access to it					
Lack of available patient medical history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of prior advance care planning discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of existing advance care planning documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear/knowledge related					
Fear of doing the wrong thing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not feeling confident with medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of awareness of care after death process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulties distinguishing between active dying/terminal agitation and potentially reversible causes e.g. infection/sepsis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anticipatory medicines related					
Restrictive PGDs (patient group directions) authorising the administration of medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not having access to a specific medicine needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not having access to MAAR (medication authorisation + administration record) alongside patient's own just in case medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of routes to advice/referral					
Lack of availability of healthcare professionals/teams for advice (in hours)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Lack of availability of healthcare professionals/teams for advice (out of hours)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of availability of healthcare professionals/teams for immediate referral/hand over (in hours)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of availability of healthcare professionals/teams for immediate referral/hand over (out of hours)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of specialist palliative care team (hospice) input	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community service pressures					
Insufficient general practice service support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient community nursing team support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conflicting views					
Difficulties challenging conveyance recommendations of other healthcare professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conflicting views between different parties e.g. crew, family, GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family conflict and/or conflict between patient and family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other reasons					
Other (please state):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. How often do the following influence your ability to meet the needs of patients in their last year of life?

	Always	Often	Sometimes	Rarely	Never
Paramedic training (life preservation focus) conflicting with the ethos of palliative and end of life care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of end of life care training/education pre-registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of end of life care training/education (continuing professional development) post-registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Communities of practice and continuing professional development (CPD) - are you currently or have you previously:

	Yes	No
Been part of a community of practice for paramedics in end of life care?	<input type="checkbox"/>	<input type="checkbox"/>
Undertaken any CPD end of life care training/education specifically for paramedics?	<input type="checkbox"/>	<input type="checkbox"/>
Undertaken any CPD end of life care training/education for healthcare professionals (not specifically for paramedics)?	<input type="checkbox"/>	<input type="checkbox"/>

12. Overall, how competent and confident do you feel in your ability to support patients and their families in the last year of life?

	Not at all	Slightly	Somewhat	Very	Extremely
I feel competent in my ability to support patients and families in the last year of life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident in my ability to support patients and families in the last year of life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



SECTION 3: SERVICE PROVISION

13. What service initiatives exist in your area?

	Yes	No	Don't know
Specialist palliative care team embedded within an ambulance service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rotational palliative care paramedic posts (e.g. across the community, hospital and hospice settings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anticipatory (just in case) medicines carried on vehicle and administered via PGD (patient group directions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospices employing paramedic staff and/or having their own ambulances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. What would help most to develop paramedic delivered services, for both paramedics and patients in their last year of life?

SECTION 4: AND FINALLY

15. Please tell us how old you are:

<20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	>65
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. How many years have you been a registered paramedic?

<5	6-10	11-15	16-20	21-25	26-30	>30
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. What role(s) do you perform for your employing Trust (tick all that apply):

999 Emergency Operations Centre role	<input type="checkbox"/>
111 Operations Centre role	<input type="checkbox"/>
Frontline clinical operations paramedic	<input type="checkbox"/>
Specialist/advanced operational role (extended scope of practice)	<input type="checkbox"/>
Leadership role	<input type="checkbox"/>
Rotational role including palliative care teams	<input type="checkbox"/>
Other (please state):	<input type="checkbox"/>

18. For participation to be added to the NIHR Clinical Research Network portfolio and your Trust informed of overall recruitment, please select which NHS Trust you are currently employed by:

East Midlands Ambulance Service NHS Trust	<input type="checkbox"/>
East of England Ambulance Service NHS Trust	<input type="checkbox"/>
Isle of Wight Ambulance Service (Isle of Wight NHS Trust)	<input type="checkbox"/>
London Ambulance Service NHS Trust	<input type="checkbox"/>
North East Ambulance Service NHS Foundation Trust	<input type="checkbox"/>
North West Ambulance Service NHS Trust	<input type="checkbox"/>



South Central Ambulance Service NHS Foundation Trust	<input type="checkbox"/>
South East Coast Ambulance Service NHS Foundation Trust	<input type="checkbox"/>
South Western Ambulance Service NHS Foundation Trust	<input type="checkbox"/>
West Midlands Ambulance Service University NHS Foundation Trust	<input type="checkbox"/>
Yorkshire Ambulance Service NHS Trust	<input type="checkbox"/>

Please select 'finish' for your responses to be collected.

Thank you for your time completing this survey.