**Paramedics in Primary Care- Irnham Lodge Minehead**

**Brief description of the initiative or project**

Paramedics employed in a primary care setting as Primary Care Practitioners to deliver same day acute care to patients in clinics and in the community. We have deliberately marketed them as Primary Care Practitioners rather than paramedics because we do not want the public to confuse us with the emergency care service.

**The objective of the scheme**

To reduce demand on GPs

**Do you have approximate costs? How is it funded?**

Our practice has directly employed 2 WTE paramedics (4 part-time) so 2 are available each day in-hours. The practice has met these costs. Our GP sessions have reduced due to recruitment difficulties. We have therefore adopted an alternative approach using some of the funds released through less GP sessions and locum usage.

**We expect it will be Cost Neutral**

It was an expense in its first year but we anticipate that this will change. As the team settles there will be less requirement for locum cover. We also anticipate a further reduction in GP sessions which will fund costs.

**What benefits have you experienced/do you expect?**

The recruitment of these paramedics immediately met the objective of reducing demand on our GPs. We have been able to move our GPs to 15 minute appointment slots focussing purely on routine and complex care with time allowed for assisting paramedics as and when necessary. The time freed up from acute home visits is now used for paperwork, audit and CPD. Unintended benefits arose in relation to the amount of time our Primary Care Practitioners are able to give to patients and the fact that they assess situations more holistically, taking into account social and domestic circumstances rather than trying to identifying a medical root to a problem. Patients have accepted our model as they appreciate being seen quickly when needed and being given time. When emergencies have taken place in the surgery, our paramedics have been invaluable and GPs have been able to carry on with their surgeries.

**Any downsides or unexpected problems?**

Our PCPs proved popular with patients to the extent that we had to put in measures to stop patients requesting home visits when they were not really needed! We quickly put in a process for GP oversight of patient cases and the PCPs hold de-briefing sessions with a named GP at the end of every morning and afternoon session. This is not a downside but something which we would recommend to others pursuing a similar model. There are challenges in introducing a new team to the practice; it is very different to the doctor/nurse relationships which we are all used to, paramedics come from a hierarchical organisation with strict structures and systems and so there is a need to understand and manage their expectations to integrate them into a practice culture, there is a need to manage the expectations of other team members and to ensure other clinicians do not feel threatened or side-lined.

**Are the net benefits such that other practices should consider adopting something similar?**

Yes. Others have started adopting similar models and our practice has been happy to support practices and federations in learning from our experience.

**Would you be willing to talk to The LMC other practices directly about it?**

**Please give Practice/federation details and a contact e mail address**

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