Chapter 1

Introduction

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Contemporary healthcare is complex. Since the National Health Service (NHS) was established in 1948, the three initial core principles have expanded, with seven principles that underpin the modern healthcare system. Evolving from the financial themes of the 1940s, today's core principles focus on access to services, quality of care received and patient safety.

Then and Now: The Core Principles of the NHS (Department of Health 2015)

The NHS was created with the ideal that good healthcare should be available to all, regardless of wealth. On 5 July 1948, Aneurin Bevan (Minister for Health) outlined three core principles to underpin the NHS:

- That it meets the needs of everyone.
- That it be free at the point of delivery.
- That it be based on clinical need, not the ability to pay.

In October 2015, the Department of Health updated the NHS Constitution for England, which sets out the guiding values of the NHS and the evolution of the initial concepts to seven core principles:

- The NHS provides a comprehensive service available to all.
- Access to NHS services is based on clinical need, not an individual's ability to pay.
- The NHS aspires to the highest standards of excellence and professionalism.
- The NHS aspires to put patients at the heart of everything it does.
- The NHS works across organisational boundaries and in partnership with other organisations in the interests of patients, local communities and the wider population.
- The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.
- The NHS is accountable to the public, communities and patients that it serves.

Over the last 70 years, the NHS has seen an unprecedented rise in demand across its services (Wankhade 2010), a situation that has been compounded by a reduction in funding and a population which has a greater awareness of their rights and services as patients. Within this change is encapsulated the ambulance service and the role of the paramedic. The paramedic profession has evolved considerably since its inception some 20 years after the founding of the NHS (Collen 2017) and with many NHS ambulance services now positioned as mobile healthcare providers, the paramedic role has consequently evolved. Paramedics increasingly provide clinical assessment and management, using a variety of delivery methods both remotely (using a hear-and-treat approach) or face to face (using a see-and-treat or see-and-refer model) (NICE 2017). Paramedics are no longer confined to four wheels and the modern paramedic has the opportunity to practise in diverse clinical areas, such as acute hospital trusts, forensic healthcare, primary care practices, critical care services, minor injury units and urgent care centres (Evans et al. 2013; Williams et al. 2013; O'Meara 2014). Paramedics are also not limited to clinical practice, with an emerging presence within the academy as well as research. Leadership posts across a range of NHS and private services also boast paramedics. The changing demands on the ambulance service have birthed a twenty-first-century paramedic who is expected to be nothing if not a generalist (Eaton et al., 2018).

A key driver of the transformation of paramedics in care provision has been their level of autonomy as allied health professionals. Unlike other parts of the world, UK paramedics are required to register with the Health and Care Professionals Council (HCPC). Registration changed many aspects of paramedic practice, with the professional standards becoming central to professional practice and underpinning patient care. It also ensured that paramedics became accountable for their actions and, whilst this is discussed in more detail in Chapter 2, it is worth noting that this accountability reflects the professional identity of the profession. As well as ensuring that the modern paramedic acts competently, this registration also outlines ethical standards that paramedics must comply with in order to ensure both quality of care and patient safety.

Quality of Care

The quality of care provided by healthcare organisations is overseen by different bodies in England, Northern Ireland, Scotland and Wales.

England

Established as part of the National Health Service Act 2006, the Care Quality Commission (CQC) and Monitor regulate the quality of health and social care in England by ensuring that all providers meet their requisite standards (CQC 2018). Under their duties provided by section 2 of the Health Act 2009, both are still required to regard the quality of care provided to patients (as well as the principles outlined by the NHS Constitution) in undertaking their organisational regulatory responsibilities.

Each NHS body is required to monitor and put arrangements in place to improve the quality of care provided to service users (Health and Social Care (Community

Health and Standards) Act 2003). The Health Act 2009 further requires all NHS organisations (including Foundation Trusts) to provide information relevant to the quality of their service provision. All providers (whether NHS or private) must be registered with the CQC, and a failure to meet the necessary standards may result in a compliance notice, fine, remedial order or prosecution.

Unlike NHS Trusts, Foundation Trusts have a little more autonomy (particularly concerning financial matters). Derived from the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), Monitor has the regulatory responsibility for Foundation Trusts.

Northern Ireland

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services.

In 2001, the Northern Ireland Executive's Programme for Government included a commitment to raise the quality of public services. *Best Practice, Best Care* (2002) was published by the Department of Health, Social Services and Public Safety (DHSSPS), calling on health and social care organisations to fulfil a statutory duty of quality for the first time. The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 created the enabling legal framework for raising the quality of health and social care services in Northern Ireland. The RQIA was established in 2015 as a non-departmental public body of the DHSSPS. Under the Health and Social Care (Reform) Act (Northern Ireland) 2009, the RQIA also began to undertake functions previously carried out by the Mental Health Commission. Unlike in Wales, the RQIA undertakes both health and social care reviews.

The RQIA has various enforcement powers, including non-compliance notices, conditions of registration and prosecutions.

Scotland

Created in 2011 following the Public Services Reform (Scotland) Act 2010, Healthcare Improvement Scotland (HIS) took over from NHS Quality Improvement Scotland to implement the healthcare priorities of the Scottish Government, in particular the Healthcare Quality Strategy of NHS Scotland (Scottish Government 2016). As part of this, HIS:

- develops evidence-based advice, guidance and standards for effective clinical practice
- drives and supports the improvement of healthcare practice
- provides assurance about the quality and safety of healthcare through scrutiny and reporting on performance.

As part of the programme of work, HIS incorporates several organisations:

- The *Healthcare Environment Inspectorate* (HEI) inspects the safety and cleanliness of healthcare services across NHS Scotland and also ensures that the required standards of care are met and areas for improvement are addressed.
- The *Scottish Health Council* improves how NHS Scotland involves patients and the public in decisions about their health.
- The *Scottish Health Technologies Group* provides evidence on the clinical and cost-effectiveness of existing and future technologies to NHS Scotland boards when they consider using health technologies.
- The *Scottish Intercollegiate Guidelines Network* develops and disseminates evidence-based clinical practice guidelines to improve quality of care for patients in Scotland.
- The *Scottish Medicines Consortium* provides advice to NHS boards and Area Drug and Therapeutics Committees (ADTCs) about all newly licensed medicines.
- The *Scottish Patient Safety Programme* launched in 2008 as a five-year programme to reduce hospital standardised mortality ratios to 20%, with the most recently available data indicating a 16.1% reduction in December 2015.

Wales

Healthcare Inspectorate Wales (HIW) inspects NHS services and independent healthcare providers in Wales against a range of standards, policies, guidance and regulations to highlight areas requiring improvement (HIW 2017). Working in a similar way to the CQC and Monitor, HIW reviews services to ensure that they comply with regulations, meet healthcare standards, and that individuals meet their legislative and professional standards and guidance as applicable. Where providers fail to meet the required standard, HIW has various enforcement powers, including non-compliance notices, intensified monitoring, mandatory action plans and criminal prosecutions. It also has the authority to place NHS providers into special measures; however, it can only take this action with the authority of the Welsh Government.

Care and Social Services Inspectorate Wales (CSSIW) regulates social care and social services in Wales, also aiming to provide independent assurance on the quality of services. Where social care providers fail, CSSIW can issue non-compliance notices, suspension of services, suspension of registration and prosecution.

Towards the end of the Fourth Assembly (May 2016), a Welsh Government Green Paper consulted on the need to reconsider the regulation and inspection of healthcare settings in light of a review of Healthcare Inspectorate Wales and the changes proposed by the Regulation and Inspection of Social Care (Wales) Act 2016. This included whether HIW should be merged with CSSIW. However, at the time of writing (February 2019), there is no set plan for this merger in place.