

Ambulances are bringing care closer to home

 Community services

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Earlier this year, The King's Fund called for a complete shift in focus for the health and care system - a shift towards [care closer to home](#). It seems the new government is thinking along the same lines and is ready to make its [neighbourhood health service](#) a reality.

While it's obvious how primary and community care providers fit into this change of focus, it's perhaps less obvious how it relates to urgent and emergency care (UEC) providers. How can providers whose primary purpose is to deliver life-or-death care help the health and care system deliver more preventive and holistic care nearer to people's homes? Well, there's a lot the government and systems can learn from the ambulance service.

Delivering care close to people's home is not new for the ambulance service. Behind the flashing blue lights, it delivers a large proportion of its care in the community. In 2023, 31% of incidents resulted in a 'see-and-treat' response, which is when an ambulance crew responds to a call face to face but the patient is not conveyed to A&E. And an additional 12% of incidents resulted in a 'hear-and-treat' response, where patients are given support or referred to other services over the phone.

What is new, though, is the approach to delivering care closer to home. UEC providers are skilled in rapidly assessing the root cause of a person's health issue and identifying what that person really needs from the health and care system. And out of all the urgent and emergency care providers, the ambulance service is in the best position to do this. Paramedics often see people in their usual day-to-day setting and so get a glimpse into their holistic needs. A clinician in A&E can't see the asthma patient's house covered in mould or the hidden caring responsibilities of a person with a chronic condition, but a paramedic might be able to. This opens up opportunities for the ambulance service to bridge the gap between primary, community and social care and UEC providers, either by providing preventive, person-centered care there and then or by referring a person to a care provider with better resources to deliver this type of care (for example, a district nurse, GP, local authority or community group).

There are plenty of examples where this work is already happening. [South East Coast Ambulance Service](#) has been working with asthma networks in Surrey and Sussex to expand the range of services provided to children and young people (such as advice and guidance on the use of asthma medication) and reporting any environmental triggers in that person's home to local housing authorities (for example, mould in social housing). The [Welsh Ambulance Service](#) is expanding its use of advance paramedics who work across primary care and the ambulance service and who are able to provide more advance care, prescribe medicines, and book people into a follow-up appointment with the same paramedic at a GP surgery. And South Central Ambulance Service has a frailty and falls response team in Reading made up of specialist practitioners and occupational therapists who are able to treat people who have fallen and prevent future falls (for example, by providing equipment there and then).

But this is only the start. There are many opportunities to expand and spread these types of initiatives across the country, and for other UEC providers to take inspiration. Even if UEC providers are not the ones directly providing care closer to home, they still have opportunities to link people to services that do. And this is not just a nice to do. It's a necessary shift in how the whole health and care system delivers care in order to create a sustainable solution to rising demand, a system that can reduce health inequalities, and a system that has individual people's needs at the heart of it.

With winter fast approaching and everyone strapped for cash, the government, national bodies and integrated care boards need to work differently and recognise the role UEC providers play in moving care closer to home. There are some relevant actions in the [urgent and emergency care recovery plan](#), particularly around reducing conveyance and maintaining urgent community response services. However, as demonstrated by the ambulance service, there is much more that could be done, and more that national bodies could be doing to enable these initiatives to flourish. We cannot just keep encouraging UEC providers to continue doing the same thing over and over again and then expecting different results.

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