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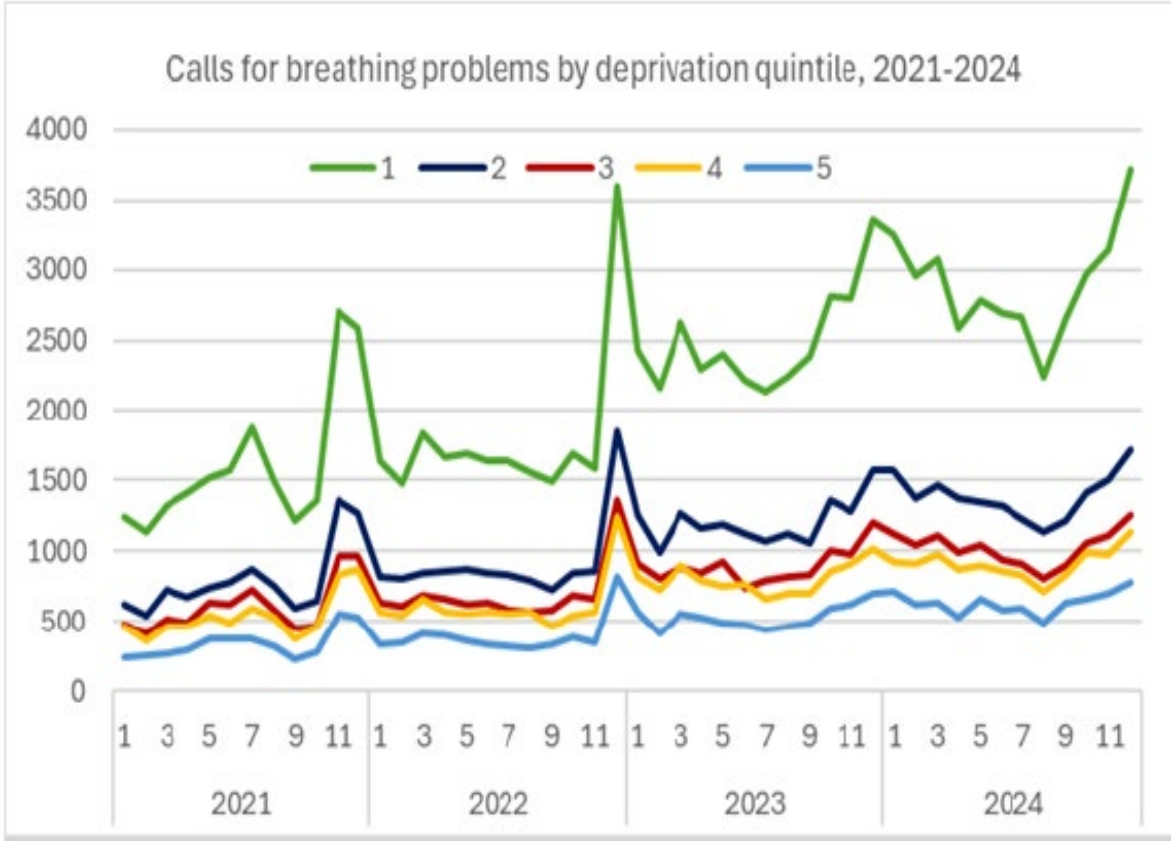
Care closer to home:
The role of Specialist Practitioners in Urgent Care in managing Category 2 breathing difficulties

Tim Millington and Claire Marsh
YAS

Ambulance services face increasing demand

- ~10-15% of ambulance calls = respiratory pts
- Exacerbated by seasonal pressures
- Ambulance respiratory workload a population-health inequality phenomenon
- ↑ ED attendances, ↓pt low & ↑handover



Urgent Care (UC) provision in YAS

- YAS has teams of Specialist and Advanced Paramedics & Nurses
  - enhanced / advanced skill set
  - Rotate into primary care
  - Rotate into EOC to review cases and re-triage / dispatch colleagues

- Audit revealed higher rates of safe non-conveyance in certain patient presentations.

However…

- Urgent Care (UC) typically associated with lower acuity incidents (Cat. 3 – 5)
- Breathing difficulties were categorised as an emergency (Cat. 2)
- The UC desk had small numbers of clinicians working remotely to appropriately downgrade calls and despatch colleagues
- Limited time to assess emergencies remotely plus sheer volume of patients meant default stance of ambulance despatch

The pilot…

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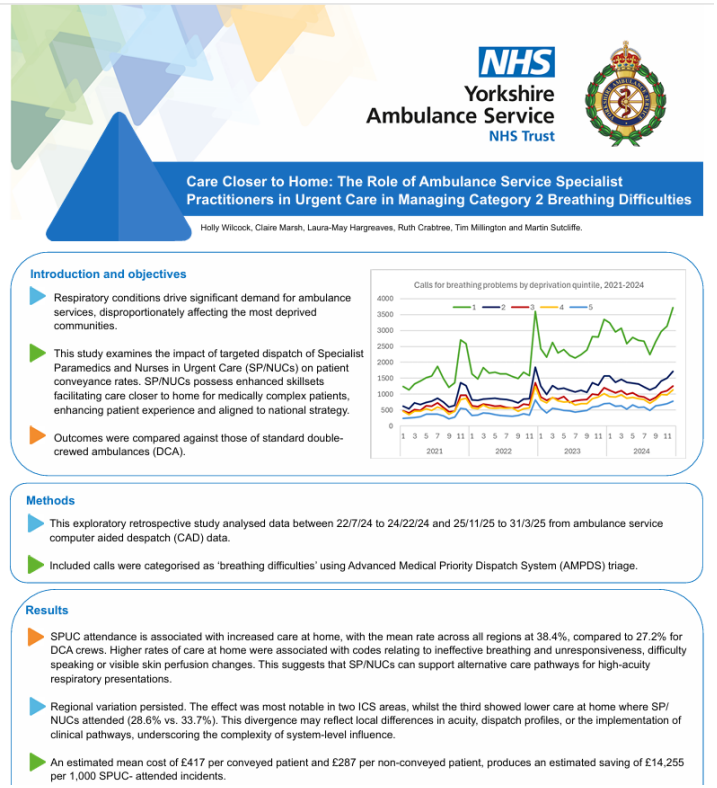
Auto despatch of SPUCs to select AMPDS code sets relating to DIB

Mobile access to C3 to empower clinicians to target cases.



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Care Closer to Home: The Role of Ambulance Service Specialist Practitioners in Urgent Care in Managing Category 2 Breathing Difficulties

Holly Wilcock, Claire Marsh, Laura-May Hargreaves, Ruth Crabtree, Tim Millington and Martin Sutcliffe.

Introduction and objectives

- Respiratory conditions drive significant demand for ambulance services, disproportionately affecting the most deprived communities.
- This study examines the impact of targeted dispatch of Specialist Paramedics and Nurses in Urgent Care (SP/NUCs) on patient conveyance rates. SP/NUCs possess enhanced skillsets facilitating care closer to home for medically complex patients, enhancing patient experience and aligned to national strategy.
- Outcomes were compared against those of standard double-crewed ambulances (DCA).

Calls for breathing problems by deprivation quintile, 2021-2024

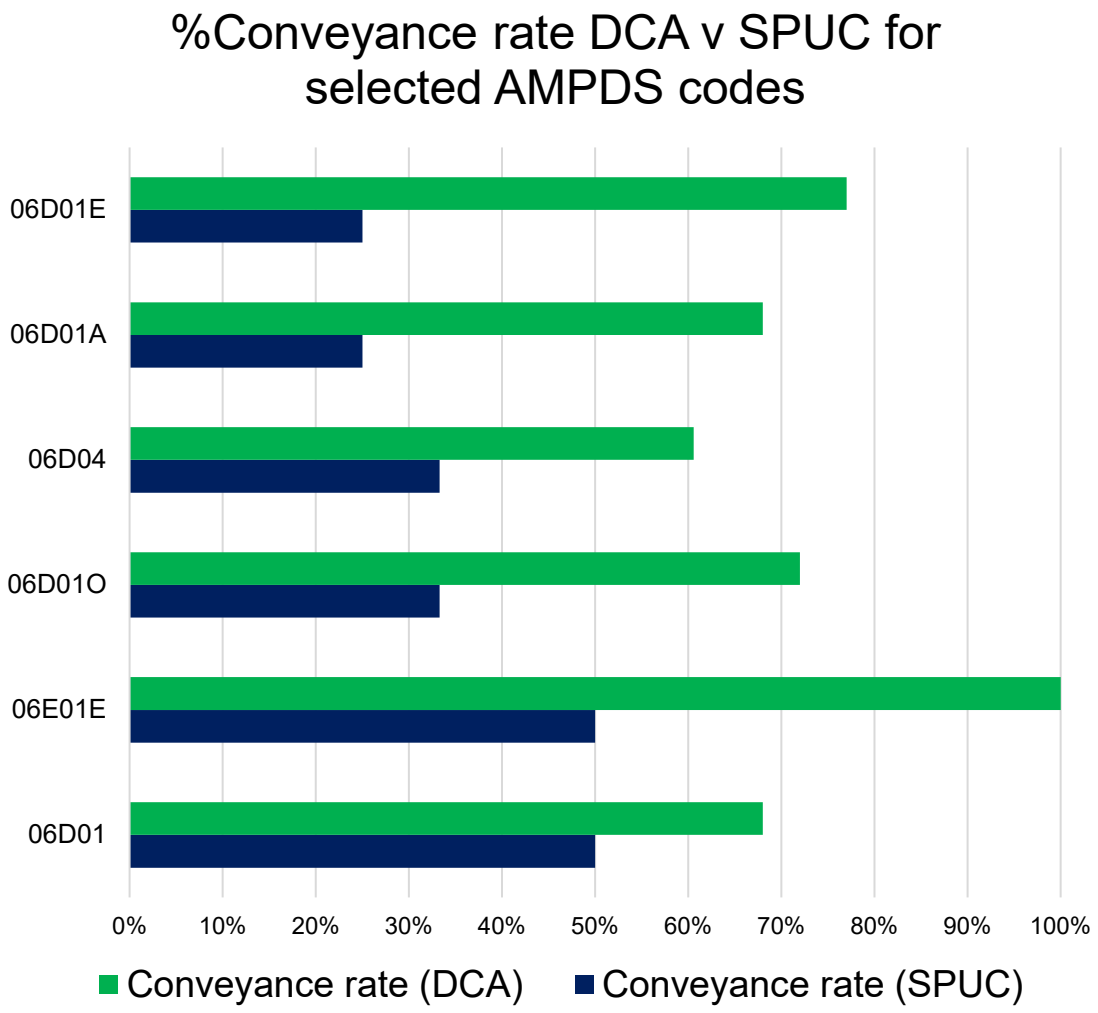
Methods

- This exploratory retrospective study analysed data between 22/7/24 to 24/22/24 and 25/11/25 to 31/3/25 from ambulance service computer aided despatch (CAD) data.
- Included calls were categorised as 'breathing difficulties' using Advanced Medical Priority Dispatch System (AMPDS) triage.

Results

- SPUC attendance is associated with increased care at home, with the mean rate across all regions at 38.4%, compared to 27.2% for DCA crews. Higher rates of care at home were associated with codes relating to ineffective breathing and unresponsiveness, difficulty speaking or visible skin perfusion changes. This suggests that SP/NUCs can support alternative care pathways for high-acuity respiratory presentations.
- Regional variation persisted. The effect was most notable in two ICS areas, whilst the third showed lower care at home where SP/NUCs attended (28.6% vs. 33.7%). This divergence may reflect local differences in acuity, dispatch profiles, or the implementation of clinical pathways, underscoring the complexity of system-level influence.
- An estimated mean cost of £417 per conveyed patient and £287 per non-conveyed patient, produces an estimated saving of £14,255 per 1,000 SPUC- attended incidents.

The result…



↑ RATES OF NON-CONVEYANCE: SPUC: 38.4%, DCA 27.2%

GREATEST IMPACT IN HIGHER ACUITY RESPIRATORY CODES EG INEFFECTIVE BREATHING

FINANCIAL IMPACT: ≈£14255 SAVED /1000 PTS

ICB LEVEL VARIATION ?PATHWAY PROVISION, ?PATIENT DEMOGRAPHY

So what? Informing the future…