ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

CARE CLOSER TO HOME | ARTICLE SERIES

Ambulance services and palliative / end-of-life care:

specialist leadership, education and partnership to support people at the end of life

Association of Ambulance Chief Executives | 2026

Every year, ambulance services across the UK attend many thousands of people who are approaching the end-of-life. These patients, along with their families and carers, often reach out in moments of crisis - a sudden deterioration, uncontrolled symptoms, a fall, or distress at a time when they may have clear wishes about where and how they want to be cared for. Whether those wishes are respected, and whether the crew attending has the knowledge, confidence and pathways to act on them, depends substantially on how well the ambulance service has prepared its workforce and its partnerships.

The ambulance service's role in end-of-life care is not peripheral. It is a regular attendee for this patient group, often reaching people in their homes when other services are unavailable, and often the decisive moment in whether a person is conveyed to an emergency department or supported to remain in their preferred place of care. Getting that decision right requires more than clinical instinct: it requires education, advance care plan access, clear referral pathways and strong relationships with hospices, community teams and specialist palliative care services.

This article profiles three ambulance service approaches to palliative and End-of-Life Care (EoLC) improvement:

London Ambulance Service (LAS) – MacMillan EoLC programme
Scottish Ambulance Service (SAS) – national palliative and EoLC programme

Welsh Ambulance Services NHS University Trust (WAST) – whole system palliative and EoLC programme, including rotational Advanced Paramedic Practitioners in Palliative Care

Together, they illustrate how dedicated specialist leadership, workforce education, system partnership and innovative rotational practice can improve care for one of the most important and often overlooked patient groups that ambulance services serve.

What these models tell us: common themes and transferable learning

Despite the significant differences in their design and scope, the LAS, SAS and WAST models share a set of consistent findings and transferable principles. These are set out below.

Dedicated specialist leadership is the essential foundation

The single most consistent message across all three models is that improving palliative and EoLC within an ambulance service cannot be achieved as an add-on to existing functions. It requires dedicated specialist resource - clinicians with protected time, clear accountability, and a mandate to work across professional and organisational boundaries. LAS's Macmillan-funded programme

demonstrated this at scale: staff confidence in EoLC rose from 50% to 65% trust-wide, and from specialist-trained staff to 78%. SAS's programme educated more than 4,400 staff and established approximately 30 alternative pathways. In both cases, the dedicated team was the mechanism that made everything else possible. WAST reflects the same principles through dedicated specialist leadership, whole workforce education, clinical pathways and access to specialist palliative care advice. This work was already established before the rotational Advanced Paramedic Practitioner in Palliative Care model was introduced. The rotational model builds on these foundations by developing a specialist workforce that works across ambulance and Specialist Palliative Care Team settings, while also bringing additional knowledge, experience and clinical support back into the wider ambulance service.

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Education alone is not sufficient - pathways and information must follow

All three models identify the same limitation of education-only approaches: a crew that is better informed about EoLC but has no alternative pathway available, no access to a care plan and no route to specialist advice cannot convert that knowledge into a different outcome. LAS's development of 27 Appropriate Care Pathways alongside its education programme, and SAS's establishment of around 30 alternative pathways including hospice and cancer support access reflect this. WAST has similarly combined workforce education with well-established pathways and links across Wales. Palliative and EoLC education is delivered across the workforce and is mandatory for all new starters, while 24/7 remote access to specialist palliative care advice supports ambulance clinicians with clinical decision making when required. The rotational Advanced Paramedic Practitioner in Palliative Care model builds on these established foundations by strengthening links with Specialist Palliative Care Teams and bringing additional pathway knowledge and specialist expertise back into the ambulance service.

Across all three models, education must be supported by clear pathways and access to specialist advice, with access to relevant patient information developed wherever the wider digital infrastructure allows.

Macmillan partnership has been transformative - but sustainability requires trust investment

All three models have benefited from partnership with Macmillan Cancer Support, although the timing and nature of that support differed across the three services. For LAS and SAS this included Macmillan funding - an external partnership that provided not just financial resource but clinical credibility, governance infrastructure and the institutional backing to make the case for change. Both services have faced the same challenge at the end of that funding: demonstrating sufficient impact to secure internal or statutory recurring investment. LAS succeeded in making the case for a permanent, part-time Trust team following a formal evaluation. SAS, having had a successful business case to cover funding for 2025-26, awaits the outcome of a further business case to the Scottish Government seeking recurring funding for 2026-27. In the meantime they are only able to operate a reduced team with internal funding. In WAST, work to improve palliative and EoLC was already under way before Macmillan funding was secured. This investment provided dedicated leadership and project support, enabling a greater and more sustained focus on palliative and EoLC and accelerating the development of the programme. When the Macmillan funding ended, WAST retained the dedicated palliative and EoLC role and embedded the work within business as usual. The model is included in their Integrated Medium-Term Plan and continues to grow year on year.

The lesson is clear: external funding can establish or accelerate a model and generate the evidence base, but sustainability requires organisational ownership from the outset - securing recurrent internal funding and strategic alignment before the initial external funding expires. Both LAS and SAS identify this as the thing they would do differently with hindsight.

Identifying palliative patients at the point of 999 contact remains a structural challenge

All three services flag the same data quality problem: ambulance calls are coded by presenting symptom rather than underlying care need, making it systematically difficult to identify the full population of patients with palliative and EoLC needs who contact the ambulance service, to monitor care quality for this group, or to quantify the scale of impact. LAS estimates attendance to in excess of 16,000 identified palliative and EoLC patients annually - a figure acknowledged to be a significant undercount.

As part of its Macmillan funded programme, WAST undertook a significant analysis of ambulance service use among people in Wales who were likely to have had a palliative condition before death. Using linked national datasets, the study identified that, on average, 9% of WAST's annual 999 incidents related to patients with a palliative condition who were in their last year of life. It also found that these patients were most likely to access the ambulance service during their final seven days of life. The findings have since been published in the Journal of Paramedic Practice. (https://www.paramedicpractice.com/content/research/how-many-end-of-life-care-patients-access-unscheduled-care-via-999)

Addressing coding quality, supporting access to shared care records and developing fields on electronic patient care records that capture palliative care status are priorities identified across all three models.

Just-in-Case medication access is a significant enabler

Access to Just-in-Case (JIC) medications is identified as one of the factors that most distinguishes what is possible for ambulance clinicians attending EoL patients. Where paramedics can administer appropriate anticipatory medications, they can manage symptoms at home and avoid an otherwise inevitable conveyance. This requires local governance, prescribing arrangements and medication access to be established alongside any workforce development programme, and it is a key area of variation across the UK that affects what ambulance services can clinically achieve for this patient group.

Common facilitators and barriers

Common facilitators	Common barriers
• Dedicated specialist leadership with protected time and clear mandate	• Sustainable funding beyond initial external or project support
• Macmillan Cancer Support partnership providing resource and credibility	• Identifying palliative patients at the point of 999 contact (coding quality)
• Strong executive and organisational sponsorship from the outset	• Variation in community, hospice and out-of-hours service availability
• Multidisciplinary team combining paramedic and palliative care expertise	• Variation in access to Just-in-Case medication in some areas
• Established relationships with hospices, community and specialist palliative care	• Part-time team capacity against a broad trust-wide portfolio of need

• Alternative care pathways developed alongside education	• Staff wellbeing and emotional demands of complex EoLC
• Digital access to advance care plans and shared records	• Data quality and attribution challenges in demonstrating patient-level impact
• Formal evaluation generating evidence for sustainability business case	• Specialist palliative care supervision capacity for rotational models

In 2023/24, the SAS programme was associated with approximately 1,600 fewer conveyances and 1,451 fewer ambulance attendances, with estimated wider system savings of £3.6–£5.6 million through reduced emergency department use – SAS/Queen's University Belfast

Staff confidence in EoLC at LAS rose from 50% at baseline to 65% trust-wide following the Macmillan programme, with 78% of those receiving specialist education rating themselves as confident. Coordinate My Care plan viewing by ambulance clinicians increased by 39% – LAS Macmillan Programme Evaluation

WAST's rotational palliative care paramedic model enabled Specialist Palliative Care Teams to respond to more urgent and unplanned patient need, supporting more people to remain in their usual place of care, and reducing hospital admissions and demand on wider services – WAST Rotational Palliative Care Paramedic Model Evaluation, 2021-2024

London Ambulance Service: the Macmillan EoLC Programme

LAS model at a glance
• Area covered: Greater London, serving a large and highly diverse urban population
• Model type: dedicated multidisciplinary specialist team providing strategic leadership, clinical governance, education, service improvement and system partnership
• Patient group: people with palliative and EoLC needs in the final 12 months of life, including cancer, organ failure, neurological disease, advanced frailty and dementia
• Launched: August 2018 (Macmillan-funded programme); permanent Trust team from April 2021
• Hours: part-time strategic service; staff can contact the team via shared mailbox for advice, debrief and queries
• Workforce: 0.8 WTE Macmillan Paramedic Lead; 2 x Macmillan Paramedic Associates (0.8 and 0.4 WTE); 0.4 WTE Macmillan Clinical Nurse Specialist
• Funding: Macmillan Cancer Support (August 2018–March 2021); permanent Trust substantive funding thereafter
• Key outcomes: staff confidence 50% → 65% (trust-wide); 78% of specialist-trained staff rated confident; CMC care plan viewing up 39%; ED conveyance reduced by median 18%; 18 new Appropriate Care Pathways developed

The model

LAS estimates attendance to in excess of 16,000 identified palliative and EoLC patients per year - a figure likely to significantly understate the true volume due to coding limitations. In August 2018, Macmillan Cancer Support fully funded a dedicated Macmillan EoLC team within LAS for 2.5 years, providing a structured programme designed to influence change at system, workforce and patient levels simultaneously.

The programme operated through five interconnected workstreams. An education strategy developed 17 bespoke training programmes and a network of EoLC Coordinators who delivered 39 CPD sessions at station level. An incident oversight workstream implemented systematic debriefing and learning from EoLC-related incidents across the organisation and with external partners. Patient and carer experience was explored through interviews, workshops and patient representation at steering meetings. Stakeholder engagement established representation at 14 Clinical Commissioning Group level meetings, 5 pan-London forums and 3 national groups. Consistent measures were developed, including the creation of EoLC fields on electronic patient care records to enable audit and monitoring of care quality.

Following a formal evaluation approved in February 2021, a successful business case secured substantive Trust funding for a smaller permanent multidisciplinary team. The model combines paramedic and specialist palliative care nursing expertise, maintaining strategic leadership across education, clinical governance, pathway development, digital care plan access, incident learning, staff wellbeing support and system partnership.

Key benefits for patients

- Personalised and coordinated care that reflects documented wishes and preferences, supported by improved access to digital advance care plans (Coordinate My Care (CMC) and Universal Care Plan).
- Better recognition of palliative and EoLC needs by ambulance clinicians, with improved symptom assessment and management.
- Improved access to specialist advice, referral pathways and 18 Appropriate Care Pathways developed with hospice and specialist palliative care partners across London.
- Reduced risk of inappropriate intervention or avoidable emergency department conveyance - median 18% reduction in ED conveyance for EoLC patients demonstrated during the Macmillan programme.
- Greater consideration of cultural, religious, communication and accessibility needs for London's highly diverse population.

Key benefits for the trust / system

- Specialist accountability and leadership for palliative and EoLC, with clear governance routes for incidents, risks, pathway changes and learning.
- Stronger working relationships with hospices, community services and integrated care systems across London.
- More consistent clinical governance, coding, audit and monitoring of care quality for this patient group.
- A platform for innovation, national collaboration and dissemination of learning, including contribution to national ambulance EoLC networks and guidance development.
- Staff wellbeing support and structured debrief for clinicians managing complex EoL presentations.

Outcomes and evidence

The Macmillan EoLC Programme Evaluation, completed February 2021, provided robust evidence across the programme's four outcome domains. Staff confidence in palliative and EoLC rose from 50% at baseline to 65% trust-wide, and to 78% among staff who received specialist Macmillan team education. Viewing of CMC electronic care plans by ambulance clinicians increased from 29% to 74% - a 39% increase - driven by the education programme, coordinator network and mandatory training delivered to 93% of staff. ED conveyance for EoLC patients demonstrated a progressive median reduction of 18% from programme start. Stakeholder engagement created 27 new Appropriate Care Pathways as alternatives to emergency department attendance.

The evaluation's key learning included the value of multidisciplinary credibility - combining ambulance and palliative care nursing expertise - in driving clinical and cultural change; the importance of interconnected workstreams that reinforce each other rather than operating in isolation; and the recognition that the programme's education, pathway and digital work before COVID-19 contributed to LAS being better positioned to manage EoLC appropriately during the pandemic.

Implementation challenges and lessons learned

The primary ongoing challenge is the scale of London's footprint and the part-time nature of the permanent team, which must prioritise across a wide portfolio. Variation in pathway availability, out-of-hours provision and hospice capacity across London's different integrated care systems creates inequity that the team works to address through targeted engagement. Data quality and attribution remain challenges - connecting education and pathway changes to demonstrable patient outcomes requires investment in coding quality and audit capacity.

LAS would build formal patient and carer co-production into each workstream from the outset in any replication and would invest earlier in defining a core dataset for the patient group to enable robust

impact measurement. Securing recurrent internal funding and organisational ownership before the initial external partnership expires is identified as the most important structural lesson.

> ***The work of the team has enabled us to improve patient pathways… I have seen LAS crews develop skills and confidence as a result of the team's work… The team have enabled barriers to be broken down, and seen a huge improvement in patient care – Nurse Consultant, Hospice Sector (LAS Macmillan Programme Evaluation)***

Scottish Ambulance Service: national palliative and EoLC programme

SAS model at a glance
• Area covered: Scotland-wide (population ~5.5 million; urban, rural and remote communities across all NHS Board areas)
• Model type: dedicated national PEOLC programme providing specialist leadership, education, pathway development and system partnership
• Patient group: primarily people approaching or at the EoL; extended to include frailty, care homes and multiple long-term conditions
• Launched: April 2022 (Macmillan-funded programme, 3 years); continuing post-funding with business case submitted to Scottish Government
• Hours: team operates Monday–Friday; pathways, guidance and resources support 24/7 ambulance service delivery
• Workforce: originally 3 WTE Clinical Effectiveness Leads + 1 WTE Programme Lead + 0.6 WTE Nurse Consultant; reduced to 2 WTE Clinical Effectiveness Leads + 1 WTE Programme Lead following end of Macmillan funding
• Funding: Macmillan Cancer Support (April 2022–March 2025), Scottish Government (2025-26); continuing a decreased capacity service on existing SAS resources; business case to Scottish Government for recurring funding for 2026-27
• Key outcomes: ~1,600 fewer conveyances and 1,451 fewer ambulance attendances in 2023/24; ~30 alternative pathways established; 4,400+ staff educated; estimated system savings £3.6–£5.6m

The model

SAS identified a clear need to improve care for people approaching the EoL who come into contact with ambulance services - particularly by reducing avoidable emergency department attendances and supporting people to remain in their preferred place of care. From April 2022, a three-year partnership with Macmillan Cancer Support funded a dedicated national Palliative and EoLC (PEOLC) programme, building staff knowledge and confidence, developing alternative care pathways, strengthening system partnerships and working to embed more person-centred approaches across the SAS workforce.

The programme operated at national scale, working across every NHS Board area in Scotland - from Glasgow, Edinburgh and Aberdeen to remote and island communities - through partnerships with NHS Boards, NHS 24, Health and Social Care Partnerships, hospices, specialist palliative care services, care homes, GP and community services, cancer services and third-sector organisations. This breadth of system engagement is reflected in the scale of the outcomes achieved.

Since the end of Macmillan funding in March 2025 and Scottish Government funding support for 2025-26, SAS has continued the model on existing organisational resources with a reduced dedicated team. The work has also evolved in scope, extending beyond palliative care alone to include frailty, care homes and people with multiple long-term conditions - reflecting the significant clinical overlap between these populations and the skills required to manage them well. A business

case for recurring funding to establish a permanent PEOLC function within the SAS Clinical Directorate has been submitted to the Scottish Government, with the outcome awaited.

SAS were the first UK ambulance service to permit Technician grade clinicians (not registered) to administer a patient's own prescribed JIC medications with appropriate professional to professional discussion. Paramedics can administer SAS stock Morphine and Midazolam for patients who require EOL symptom control but do not have prescribed JIC medications at home. This is being increased to also include Levomepromazine and Hyoscine Butylbromide so that a suite of common JIC medications can be carried in all ambulances in Scotland.

Key benefits for patients

- Greater opportunity to receive care in the preferred place, including at home or in a care home, through improved alternative pathway access.
- Faster access to appropriate advice, specialist support and community-based alternatives when ambulance assistance is required.
- Care more closely aligned with individual wishes, preferences and needs - a more person-centred experience, with dignity and avoidance of unwanted interventions at the centre.
- Improved continuity and coordination between ambulance, primary, community, hospice, hospital and social care services across Scotland.

Key benefits for the trust / system

- In 2023/24, approximately 1,600 fewer conveyances and 1,451 fewer ambulance attendances were associated with the programme, reducing pressure on ambulance and emergency department capacity.
- Around 30 alternative care pathways have been established, providing options for care outside the emergency department where clinically appropriate.
- External academic analysis with Queen's University Belfast identified approximately £570,000 in savings to SAS, alongside estimated wider system savings of £3.6–£5.6 million through reduced emergency department use.
- More than 4,400 SAS staff had received education and support by December 2024, building workforce capability at national scale.
- Strengthened relationships and information-sharing between SAS and hospices, community services, primary care, care homes and other partners across Scotland.

Implementation challenges and lessons learned

The most significant structural challenge for SAS has been establishing sustainable recurring funding following the end of Macmillan support. The dedicated capacity provided by the programme was essential to achieving change at national scale; following its conclusion, the reduced team faces difficulty maintaining the pace and breadth of improvement activity. SAS would establish long-term resource and funding arrangements much earlier if implementing again.

Identifying palliative and EoLC needs at the point of 999 contact remains a fundamental operational challenge: calls coded by presenting symptom rather than underlying diagnosis make it difficult to confidently identify this patient group, to proactively direct people towards appropriate pathways and to quantify the full demand accurately. Variation in the availability of community, hospice and social care services across Scotland's diverse geographies - particularly between urban and remote areas - also creates inconsistency in what alternative pathways are accessible, and local relationships are therefore critical. The ability for SAS clinicians to administer Just-in-Case medications where clinically indicated is highlighted as a key enabler that amplifies the impact of education and pathway work.

> ***Relatively small changes in how SAS works with wider health and social care services can have a significant impact on patient care, ambulance activity and wider system pressures – SAS***

Welsh Ambulance Services NHS University Trust: a whole system approach to palliative and end of life care

WAST model at a glance
• Area covered: Supports ambulance clinicians and patients cross all 7 Welsh Health Board areas. The rotational Advanced Paramedic Practitioner in Palliative Care model currently operates in Specialist Palliative Care Teams in Swansea, Cardiff and North Wales
• Model type: Whole system palliative and EoLC programme, including rotational APP-PC model
• Patient group: people with palliative and EoLC needs, including symptom crisis, sudden deterioration, complex decision-making and urgent unplanned care need; as well as people living with advanced frailty
• Launched: Improvement programme for palliative and EoLC began 2016; rotational models started November 2021
• Hours: seven days per week within Specialist Palliative Care Team operating hours; WAST operational shifts in addition
• Workforce: 12 palliative care paramedics (APP-PCs and TAPP-PCs), all undertaking MSc in Advanced Clinical Practice; growing as the model expands; Palliative and EoLC education is delivered across the workforce and is mandatory for all new starters. All ambulance clinicians have access to established pathways and 24/7 remote specialist palliative care advice to support clinical decision-making.
• Funding: combination of WAST organisational investment, education funding and commissioned service provision; embedded in WAST Integrated Medium Term Plan
• Evaluation: formal 3-year pilot evaluation (2021–2024) demonstrated reduced hospital admissions, increased specialist team responsiveness and improved patient care in preferred place

The model

WAST's approach to palliative and EoLC has developed since 2016 and combines dedicated specialist leadership, whole workforce education, clinical guidance and pathways, partnership working and access to specialist palliative care advice. Palliative and EoLC education is delivered across the workforce and is mandatory for all new starters. Ambulance clinicians also have access to established pathways and 24/7 remote specialist palliative care advice to support clinical decision making.

The wider model includes a dedicated EoLC Rapid Transport Service, the WISH ambulance service which was established in 2019 and made up of a volunteer WAST workforce to facilitate meaningful journeys for people in their last weeks and days of life, and access to JIC medications on every emergency ambulance vehicle in Wales. These elements support ambulance clinicians to respond to symptom crises, complex decision making and urgent care needs, while providing greater opportunity for patients to receive care in their preferred place where clinically appropriate.

Building on these established foundations WAST has created a rotational workforce model in which Advanced Paramedic Practitioners in Palliative Care (APP-PCs) are embedded within Specialist Palliative Care Teams (SPCTs) while continuing to work operationally within WAST. The model was developed in response to a convergence of need: WAST was exploring how to improve 999 care for patients with palliative needs, while Swansea Bay University Health Board's SPCT was seeking to

increase the flexibility and responsiveness of its community service for urgent, unplanned presentations.

The original three-year pilot in Swansea, beginning November 2021, found that paramedics brought significant strengths to the palliative care team setting: experience in responding to unexpected deterioration, risk assessment under uncertainty, and clinical decision-making without immediate specialist support. Working alongside palliative medicine consultants and specialist nurses, they developed expertise in symptom management, advance care planning, complex conversations and EoLC decision-making. Crucially, they brought that expertise back into WAST through their operational shifts, where they support colleagues through advice, mentorship and direct clinical input.

The model has expanded since the pilot. A second team became operational at City Hospice in Cardiff in 2022/23. A third team is now operating in North Wales, taking the rotational model into a third health board area and covering an environment that includes significant rural and remote communities. All existing and newly appointed palliative care paramedics are undertaking an MSc in Advanced Clinical Practice, reflecting a development from enhanced to advanced practice informed by the pilot evaluation. The long-term aim is to have rotational palliative care paramedics available across all seven Welsh Health Board areas.

Every WAST emergency ambulance carries a full set of JIC medications which can be administered by any paramedic within WAST's clinical governance arrangements. This means that paramedics attending patients who require urgent symptom control can administer appropriate medication even where JIC medications are not already available in the home, enabling timely symptom management and providing greater opportunity for patients to remain in their preferred place of care where clinically appropriate.

Key benefits for patients

- Faster access to assessment, symptom management and specialist support during periods of deterioration or crisis, from a clinician with expertise in both urgent care and specialist palliative care.
- Increased opportunity to remain in the preferred place of care, avoiding unnecessary conveyance or hospital admission where clinically appropriate.
- Access to specialists who can bridge ambulance and palliative care settings, reducing the risk of patients falling between services at the most critical time.
- More consistent care from ambulance clinicians across Wales, supported by mandatory palliative and EoLC education, established clinical pathways and 24/7 access to specialist palliative care advice.
- Timely symptom management where JIC medications are not already available in the home, as every emergency ambulance vehicle in Wales carries a full set of these medications for administration by paramedics.
- Access to the EoLC Rapid Transport Service, supporting timely transfer for patients to their preferred place of death.
- The creation of the WISH Ambulance volunteer network across Wales, supporting people in the last weeks and days of life to fulfil personal wishes and undertake meaningful journeys, creating positive experiences and precious memories for patients and those closest to them

Key benefits for the trust / system

- Greater capacity within Specialist Palliative Care Teams to manage urgent and unplanned care needs directly, without defaulting to ambulance or emergency department response.

- Reduced demand on emergency departments, ambulance resources and primary care services - demonstrated through reduced hospital admissions in the formal pilot evaluation.
- A specialist workforce that not only attends patients directly but also provides education, advice and clinical support to the wider WAST ambulance workforce, amplifying the impact beyond the APP-PC cohort.
- A model that can operate across both health board and hospice-based SPCT settings, demonstrating adaptability across different organisational contexts.
- A more knowledgeable and confident ambulance workforce, supported by mandatory palliative and EoLC education.
- Greater capacity to manage urgent symptom control needs in the community through the availability of JIC medications, helping to reduce avoidable conveyance and hospital admission where clinically appropriate.
- More timely EoLC transfers through the dedicated EoLC Rapid Transport Service, reducing discharge delays and helping patients reach hospices and other preferred places of death before access or admission becomes more difficult out of hours.
- Stronger working relationships between WAST, Specialist Palliative Care Teams, hospices and Health Boards across Wales, supporting more coordinated pathways and clearer alternatives to hospital conveyance.
- Dedicated specialist leadership and governance for palliative and EoLC, providing organisational oversight of education, clinical guidance, pathways, service development and learning.

Outcomes and evidence

WAST's wider palliative and EoLC programme has been informed by Wales wide linked data analysis undertaken as part of the Macmillan funded project. This identified that on average, 9% of WAST's annual 999 workload relates to patients with a palliative condition who are in their final year of life. It also found that 89% of people likely to have had a palliative condition before death accessed the ambulance service during their final year, with access most likely during the final seven days of life. These findings demonstrate the scale of palliative and EoLC within ambulance practice and have provided an evidence base to support the continued development of education, pathways and services across WAST.

The formal evaluation of the three-year Swansea pilot (2021–2024) was completed collaboratively by WAST and the participating Specialist Palliative Care Teams. It demonstrated that the introduction of rotational palliative care paramedics increased the ability of SPCTs to manage urgent and unplanned patient need directly, enabling more patients to remain in their usual place of care and reducing reliance on other services. Wider system benefits were demonstrated through reduced hospital admissions, reduced demand on primary care and ambulance services, and better use of specialist palliative care resources. The evaluation confirmed that rotational working is an effective method of developing specialist palliative care expertise while maintaining core paramedic practice and directly informed the decision to move the role from enhanced to advanced practice.

Implementation challenges and lessons learned

The primary implementation challenges for the rotational palliative care paramedic model have been securing sufficient funding for expansion into new areas and ensuring Specialist Palliative Care Teams have the supervision and mentorship capacity the model requires. Developing cross-organisational contracts, information sharing agreements and access to clinical systems across different employer organisations added early complexity. There was very little existing guidance or precedent for this type of role, requiring both organisations to develop the framework from scratch.

In developing the rotational palliative care paramedic model, WAST would establish the education pathway, governance arrangements and career progression framework earlier in any future implementation, recognising how important these foundations became as the role developed and expanded. The model's expansion to a third health board reflects growing confidence and interest from SPCT partners across Wales. Successful implementation elsewhere would depend on strong collaboration between ambulance services and specialist palliative care teams, a shared willingness to work across organisational boundaries, and a workforce interested in developing specialist palliative care skills alongside their ambulance practice.

> ***The greatest benefit comes not from working solely within one service, but from moving between both, bringing different perspectives, skills and experience into each setting. Rotational palliative care paramedics bring a greater understanding of symptom management, advance care planning and EoLC decision making back into WAST – WAST***

Conclusion

The models described in this article demonstrate a shared approach to improving palliative and EoLC, adapted to the different systems of each ambulance service. LAS has built a central specialist team that works across education, governance, pathways and partnerships to lift the quality of end-of-life care across a large and diverse urban ambulance service. SAS has operated a national programme that has worked at scale across Scotland, achieving measurable reductions in conveyance, establishing dozens of alternative pathways and educating thousands of staff. WAST has similarly developed a whole system approach encompassing specialist leadership, education, pathways, specialist advice, medication access and partnerships. Building on these foundations, WAST has also developed a rotational workforce model that embeds paramedics within Specialist Palliative Care Teams, enabling expertise and experience to flow between both services.

All three have generated compelling evidence. Each has needed to consider how dedicated capacity can be sustained beyond initial external or project support and funding, although the nature and outcome of that challenge have differed across the three services. And all three point to the same conditions for success: dedicated specialist resource, strong system partnerships, access to pathway, specialist advice, relevant patient information and care plans, and the willingness to treat palliative and EoLC not as a marginal concern but as a core part of what an ambulance service does.

For the tens of thousands of people who contact ambulance services in the final year of their life each year, that investment can make the difference between dying in the place they chose and dying in an emergency department they did not. It is an investment the sector is increasingly demonstrating it knows how to make effectively.

AACE will continue to support the sharing of learning across the sector through this series of Care Closer to Home articles. Trusts wishing to share their own models or to discuss the themes covered in this piece are encouraged to make contact through AACE.