24 April 2026

The Rt Hon Lord Bradley
Chair of the Lords Public Services Committee
House of Lords
Westminster
SW1A 0AA

Dear Chair,

The role of ambulance services in supporting accident and emergency departments' capacity

Thank you again for the opportunity to give evidence to the committee's inquiry on the role of ambulances in supporting accident and emergency departments' capacity on 15 April. I particularly valued having the opportunity to highlight the experience and views of our members across the whole health and care system.

Further to your request for follow-up information, please see below.

System navigation

There is an important role for ambulances to play in system navigation, and there are examples of how ambulance trusts are already working closely with other parts of the system locally to support patients to do this through enhanced clinical triage and referral pathways. Ambulance services are well placed to direct patients to the most appropriate local service, and can support redirection to urgent community response teams, same-day primary care, urgent treatment centres, or neighbourhood health hubs.

North East Ambulance Service NHS Foundation Trust has worked to integrate NHS 111 and 999 to ensure the call handling team can escalate to ambulance dispatch if needed but are also equipped to advise patients when an alternative like an Urgent Treatment Centre or their GP would be the best place for them to receive the care they need.

Similarly, South East Coast Ambulance Service NHS Foundation Trust has set up Emergency Operations Centres which co-late NHS 111 and 999 response teams within the same building to enable joint working and a clinical assessment of

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where patients can access the most appropriate care for their symptoms or issue.

Part of ensuring ambulance services can act as system navigators is ensuring ambulance services have the right mix of staff to deliver this approach. West and North London ICB (formerly North West London ICB) formed an Integrated Care Coordination Hub with London Ambulance Service , which brought ambulance, acute, community, mental health and general practice staff together in one space to carry out rapid clinical assessment and validation of patients and avoid inappropriate conveyances to emergency departments as far as possible.

Reforms that have reduced ambulance demand and conveyances

Much of the ways members have been able to reduce ambulance demand and conveyances is through better system navigation as set out in the above section. Members have largely worked at local level to identify opportunities to do this, rather than it being something managed from the centre. Our members would support this approach, as each local area has different services, relationships and health population need that mean a 'one-size-fits-all approach' won't work.

However, members have indicated a number of changes the centre need to make in order to maximise the impact and reach of local systems being able to come together to reduce demand and conveyances.

1. **Data inter-operability**
   Access to electronic patient records (EPRs) remain incomplete or fragmented in many areas of the country. EPRs ensure clinicians can make a full assessment of patients and whether they need conveyance to emergency departments or not.

2. **Integrated neighbourhood models**
   Ambulance services have a key role to play in neighbourhood health approaches, and therefore members expressed disappointment that NHS England's Neighbourhood Health Framework contained few references to ambulance services. Ambulance trusts were also excluded from the sign-off process for the National Neighbourhood Health Implementation Programme in 2025. NHS England needs to reflect the role of ambulance services in local communities and empower them to play the integral role they can to the future of the neighbourhood health service.

3. **Governance**
   Our members working in ambulance services have shared their impression that they are only truly held accountable for maintaining financial balance and their Category 2 response times. Whilst both of these are important, this disincentivises services from working to support population health more broadly.

4. **Funding flows**
   Funding is currently allocated via block contracts, requiring ambulance trusts to respond to rising demand on essentially flat incomes. A blended payment system – coupling a basic block payment

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with additional funding based on activity and outcomes – could incentivise different operational models and allow local leaders to innovate further.

If The NHS Alliance can be helpful to the inquiry going forward, or to the wider work of the committee, please do not hesitate to be in touch.

Best wishes,

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