

# Five principles of ambulance flow

The five principles of ambulance flow underpin good practice in managing urgent care presentations to the ambulance service, to improve flow across the ambulance–emergency department (ED) interface. They should be applied in both the emergency operations centre and frontline environments.

## Make the right decision with access to specialist/senior assessment and supervision

Quality assure decisions to convey by offering a review at scene or remotely by a clinician who can make the most appropriate management and discharge decision.

- This may be a senior or specialist clinician in the control room/integrated urgent care hub, a primary care professional or a senior clinician at scene: for example, advanced and specialist paramedics, midwives, therapists, pharmacists, GPs and specialist doctors.
- Effective teamwork is crucial to decision-making and care co-ordination; avoid making decisions in isolation.
- Phone before you go if it is clinically safe to do so

## Access to the right care pathway

Make sure that all appropriate care pathways are adequately explored before offering conveyance to hospital.

- Ambulance clinicians should have access to the directory of services, and referral rights into those services which are appropriate to their clinical competency and role.

- Systems should regularly review pathways to ensure they meet service users' needs in terms of both clinical criteria and access, including monitored options for delayed referral.
- Patients should only be conveyed or referred to the ED if it is the only service available that can meet their needs.

## Adequate follow-up and safety netting

Optimise subsequent care by ensuring adequate follow-up plans for all patients.

- If you discharge a patient at the scene, ensure adequate follow-up plans, worsening care advice and safety netting.
- If you convey a patient, think about what they may need to recover and return home as quickly as possible.
- Consider taking a patient's mobility aides and medications with them to hospital to help them stay independent.

## Access to the right transport, at the right time

If a patient does need to be travel to hospital, or another care setting, use the most appropriate form of transport. If a patient does not need to be conveyed in clinician-staffed ambulance, use an appropriate alternative.

- Consider using a patient's own transport, taxis and non-emergency transport services as an alternative to a clinician-staffed emergency ambulance. Where possible, arrange transport in a planned way which co-ordinates the clinical need of a patient with system capacity: for example, synchronising with a booked appointment.
- Optimise mobility at every stage to maximise independence and streaming options, both in acute and community settings.
- Avoid using trolleys for patients who can walk.

## Good recordkeeping and handover

Make sure you consult and complete relevant clinical records, including patient-held records where appropriate, to ensure continuity of care. Ensure assessment and documentation is proportionate to a patient's presentation.

- Check to see if a patient has a care plan that can guide you in their management.
- Prepare a verbal 'handover' or referral using recognised communication tools, such as SBAR.

- Ensure that information pertinent to the ongoing care and discharge of a patient is passed on. Where possible, use a patient's NHS number to ensure clinical records are linked throughout a patient journey.

## Further information

- [Safer, faster better: good practice in delivering urgent and emergency care](#)
- [Good practice guide: Focus on improving patient flow](#)
- [Situation, Background, Assessment, Recommendation \(SBAR\) Communication Tool](#)

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