ARC Ambulance Relief Centres

Ambulance Relief Centres

A scalable solution that reduces ambulance handover delays, improves response time performance, whilst also supporting efforts to alleviate the corridor care crisis.

*"If you wait more than 12 hours in A&E you are more than twice as likely to **die within 30 days** of being discharged than if you are seen within two hours".* **ONS data**

Prolonged ambulance handover delays and corridor care are among the most visible pressures facing the UK's urgent and emergency care system.

Many patients continue to be treated in corridors, waiting rooms, or ambulances when emergency departments are operating at or beyond safe capacity and are unable to receive patients promptly.

These pressures are not solely the result of short-term demand or staffing constraints. They reflect wider challenges around capacity, patient flow, and the availability of appropriate care settings – which can lead to patients being managed in environments not best suited to their needs.

Ambulance Relief Centres (ARCs) provide a clinically governed, rapidly deployable alternative for selected non-life-threatening ambulance arrivals. They support timely ambulance handover, provide access to diagnostics and treatment in one location, and enable safe discharge or onward referral without routine entry into the emergency department.

In doing so, ARCs offer a practical and scalable approach that aligns with national policy objectives and contributes to improved ambulance handover performance, while helping to ease pressure across the wider urgent and emergency care system.

"A huge amount of time is lost to handover delays where ambulances arrive at emergency departments but there is no space for their patients. In 2024, around 800 working days, each day, have been lost to these delays, which are only counted when they exceed 30 minutes. In aggregate, it is the full-time equivalent of nearly 1,400 paramedics over the course of a year. By tying up paramedics and their vehicles, it contributes to the significant increase in ambulance waiting times."

Lord Darzi's Independent Investigation into NHS Performance, 2024

*"One in five patients **treated in corridors** or waiting room"* **RCEM Study October 2025 data**

The problem: why delays and inappropriate care persist

Despite national targets for 30 and 45-minute handovers, ambulances routinely queue outside hospitals for prolonged periods. The recent 'W45 rapid release protocol' has exacerbated the use of care in temporary clinical environments, with patients often handed over within the prescribed 45 minutes, only to be left in corridors or inappropriate settings.

"On occasion patients are identified in non-clinical areas (receptions etc) that have seemingly been left by their paramedic crew at the 45 minute mark, but without communicating to our team with any sort of handover. On occasion the local team did not even know the patient was in the department at all."

HSSIB report January 2026

Patients remain on trolleys or in vehicles because there is no appropriate space to hand them over safely. This creates a vicious cycle:

- Ambulances are delayed and unavailable to respond to new emergencies
- Emergency departments become increasingly congested, resulting in corridor care
- Patients are treated in unsafe, undignified environments
- Staff experience burnout and unsafe working conditions

Crucially, many patients arriving by ambulance do not require the full resources of an emergency department. However, without an alternative destination, they enter a system that is already overwhelmed.

"It was cold room with no natural light or access to toilet or shower facilities nearby. Temporary measure for no beds in the hospital. Patients felt undervalued and forgotten about."

RCN Survey Respondent, 2025

"Spending a full 12-hour shift queuing outside hospital is soul-destroying. It's tiring, it's repetitive and ***it's awful for patients.****"* **UNISON quote**

ARC: a purpose-built alternative

Ambulance Relief Centres (ARCs) are dedicated facilities for ambulance-conveyed patients with non-life-threatening conditions who require timely assessment, diagnostics and treatment – but not full emergency department care.

Located within hospital grounds or in the community, and integrated into local urgent care pathways, ARCs enable:

- Immediate ambulance handover on arrival
- Rapid clinical triage and senior decision-making
- On-site diagnostics and treatment in clinically appropriate settings
- Safe discharge, virtual ward/ home monitoring, or referral where required

ARCs prevent patients from entering emergency departments unnecessarily, releasing capacity for higher-acuity cases and restoring patient flow across the emergency care pathway.

How ARCS work

ARCs can operate on a sliding scale dependent upon need, from 24/7 to just high-pressure times ie Friday, Saturday & Sunday evenings. They are fully integrated with ambulance services, NHS 111, NHS Trusts and local escalation protocols.

The core operating flow is simple:

1. Ambulance clinicians identify suitable patients using agreed criteria
2. Ambulance diverts directly to ARC
3. Immediate handover to ARC clinical team on arrival – freeing up the ambulance to respond to another 999 call
4. Assessment, diagnostics and treatment in one location
5. Patient is discharged home, or to planned referral

Typical staffing includes senior nurses, advanced practitioners, doctors, a paramedic liaison, diagnostic staff, pharmacy, and on-site clinical leadership.

Clinical scope

ARCs operate within a clearly defined clinical governance framework and accept ambulance patients only.

Typical patient groups include:

- Difficulty breathing / shortness of breath
- Injuries (including falls and minor trauma, accidents)
- Abdominal pain
- Unconscious or "passing out" / collapse
- Overdose, ingestion, or poisoning (including drug & alcohol)
- Fever / infection-type symptoms (variable, often seasonal)
- Long-term conditions flaring up (COPD, heart failure, diabetes)
- Pain, dizziness, general unwellness where there might be something serious, but often isn't

Patients with life-threatening conditions, major trauma, or critical instability are excluded and continue to be conveyed directly to emergency departments. Patients under the age of 18 would be excluded. Patients with social care needs should continue to be treated in the A&E department.

Senior clinical oversight, diagnostics and the correct escalation pathways ensure patient safety is maintained at all times.

How ARCs impact corridor care

Reducing corridor care requires addressing its root causes, not managing its consequences.

ARCs support these efforts by diverting suitable ambulance patients away from emergency departments, significantly reducing ambulance handover times and preventing queues of ambulances outside A&E.

In doing so, they free up emergency department capacity while enabling ambulances to return more quickly to the frontline response where they are needed most. This intervention supports the system in breaking cycles of overcrowding and unsafe care environments.

Undignified corridor care can be reduced, and in some settings potentially eliminated, not by adding temporary space within hospitals, but by preventing avoidable congestion from occurring in the first place.

Why this matters for the ICS

ICS leaders are tasked with improving system performance, reducing health inequalities, and delivering safe care within significant operational and financial constraints.

ARCs do not replace the need for wider reform across social care, the workforce, or estates. However, they provide a pragmatic, deliverable intervention that ICSs can deploy to achieve immediate and measurable improvements in:

- Ambulance handover and response performance
- Emergency department flow
- Patient experience and dignity
- Staff safety and sustainability

In this sense, ARCs function as a system pressure-relief mechanism, supporting urgent and emergency care while longer-term transformation continues.

Next Steps

For NHS leaders concerned about ambulance delays, corridor care, and system resilience - ARCs offer an opportunity for rapid impact.

An initial conversation can explore:

- Local demand and pressure points
- Alignment with existing pathways
- Deployment models and timescales

Contact the ARC team to discuss how this approach could support your Trust.

enquiries@**ambulance**relief**centres**.co.uk
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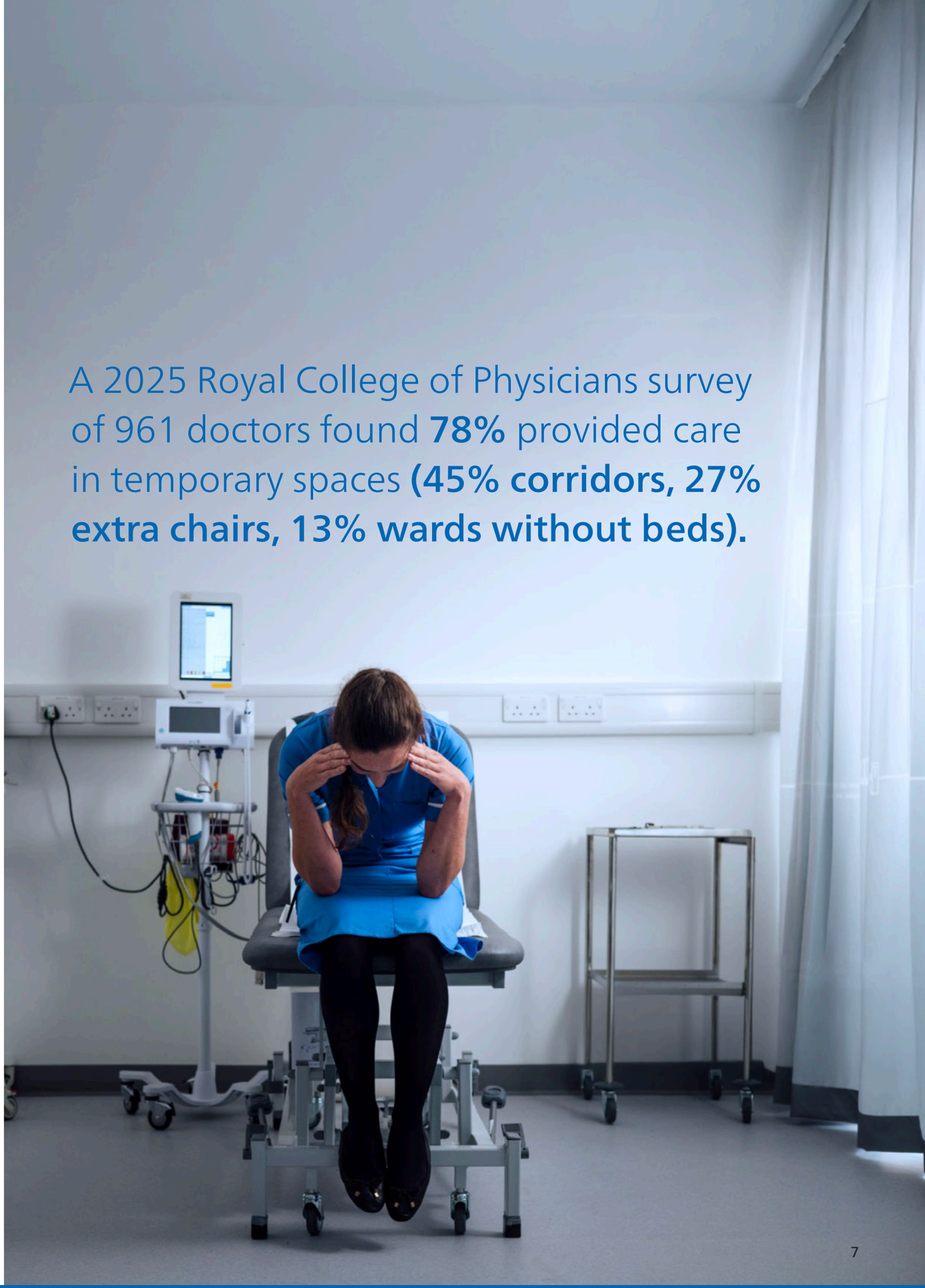
*"1.15 million people aged 60+ **waited 12 hours or more** in A&E to be admitted or discharged home in 2024/25."* **The Longest Wait, Age Concern**

A 2025 Royal College of Physicians survey of 961 doctors found **78%** provided care in temporary spaces **(45% corridors, 27% extra chairs, 13% wards without beds).**



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