ARC Response to NHS England Corridor Care Statistics

The publication of NHS England's first national corridor care data provides the clearest picture yet of the scale of pressures facing urgent and emergency care services across England.

The figures show that more than **90,000 instances of corridor care were recorded in May alone**, equivalent to almost **3,000 patients every day** receiving care in temporary or clinically inappropriate environments. The data also highlights significant variation between organisations, demonstrating that some systems are facing particularly acute challenges around patient flow, capacity and ambulance handovers.

The figures confirm what many working across urgent and emergency care already know: corridor care is no longer an isolated operational issue. It is a symptom of wider pressures across the entire patient pathway, including ambulance handover delays, overcrowded emergency departments, limited bed capacity and challenges with patient flow.

CEO of Ambulance Relief Centres, Jason Massa commented:

"These figures should concern everyone involved in urgent and emergency care. Corridor care is not the cause of the problem, it is the consequence of a system under sustained pressure. If we want to reduce corridor care, we must improve patient flow and create alternative pathways for patients who do not require full emergency department treatment. Ambulance Relief Centres have been designed to do exactly that, enabling immediate ambulance handover, rapid assessment and treatment, and preventing avoidable congestion from occurring in the first place."

Every patient deserves to receive care in a safe, dignified and clinically appropriate environment. Equally, ambulance crews should be able to hand over patients promptly and return to the community to respond to further emergencies. The current situation is failing both patients and frontline staff.

At Ambulance Relief Centres (ARC), we believe that addressing corridor care requires action further upstream in the urgent and emergency care pathway. While additional space within hospitals may provide temporary relief, the long-term solution lies in reducing

avoidable demand on emergency departments and improving the flow of patients through the system.

Many patients arriving by ambulance require urgent assessment, diagnostics and treatment, but do not necessarily need the full resources of an emergency department. Without an alternative destination, these patients enter an already congested system, contributing to ambulance queues, delayed handovers and overcrowded clinical areas.

ARC has been developed specifically to address this challenge. Ambulance Relief Centres provide a dedicated, clinically governed environment for suitable non-life-threatening ambulance patients, enabling immediate handover, rapid assessment, diagnostics and treatment in a single location. Patients can then be safely discharged, referred to community services, monitored through virtual wards or escalated to hospital care where required.

By diverting appropriate patients away from emergency departments, ARCs help reduce ambulance handover delays, improve patient flow and release capacity for higher acuity patients. This not only improves ambulance availability and response performance, but also helps prevent the overcrowding that so often results in corridor care.

The publication of corridor care data should act as a catalyst for innovation and system-wide change. We owe it to patients and staff to move beyond managing the consequences of overcrowding and instead address the root causes. We're ready to work with NHS organisations to explore how Ambulance Relief Centres can form part of that solution.