

Name: Abosede Banjo

Student ID: 2516291

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Lecturer:

Internal Verifier: Jolly Nwankwo

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TASK 1: RESIDENTIAL CARE HOME POSTER



Task 2: The Origins, Function and Significance of Ambulance Services

Origins and Historical Context

The ambulance service is the youngest of the UK's three main emergency services, developing later than the police and fire services (Nine Group International, n.d.). Before the Metropolitan Asylums Board started running a locally funded horse-drawn ambulance service in London in 1897, injured people were frequently transported by police, firefighters, or taxi drivers using simple wheeled stretchers (Politics.co.uk, 2023).

The early development of the service was shaped by voluntary organisations. Founded in 1904,

the St John Ambulance Brigade first served underprivileged communities by providing hospital transportation and first aid training to volunteers (EMSUK Learning, 2023). The National Health Service's establishment was the biggest turning point. The 1946 NHS Act required local governments to provide ambulances "where necessary," turning charitable and municipal programs into a free service for all citizens. This change was influenced by the Second World War's shortage of specialised vehicles (Stem Ems, 2025).

Professionalisation began to pick up speed in the 1970s. The first identifiable paramedics in the UK were educated to treat cardiac patients in 1971 by a Brighton-based project headed by Douglas Chamberlain (Ambulance CPD, 2025). All ambulance services were thereafter taken over by the NHS from local authorities under the 1973 NHS Reorganisation Act (Ambulance CPD, 2025). Defibrillators, helicopter emergency medical services, and degree-level paramedic education were implemented in later decades, shifting the service toward advanced clinical care provided on the spot (London Ambulance Service, 2025).

Critical Evaluation of Current Functioning

Today's ambulance service is the NHS's emergency response division, with distinct services in Scotland, Wales, and Northern Ireland as well as regional trusts throughout England. Four categories are used to prioritise calls: According to the House of Commons Library (2026), Category 1 deals with situations that are immediately life-threatening and has an average response time of seven minutes; Category 2 deals with serious emergencies like strokes and temporarily modifies the 18-minute constitutional standard to 30 minutes; and Categories 3 and 4 deal with urgent and non-urgent calls.

There has been inconsistent performance in relation to these standards. While Category 2 response times have fluctuated between roughly 27 and 36 minutes, generally missing the 18-minute standard even where the temporary 30-minute recovery target is met, NHS England data shows Category 1 response times of about seven minutes forty seconds, narrowly missing target (NHS England, 2025; Nuffield Trust, 2026). This suggests that increasing call volumes and ongoing hospital handover delays are causing ongoing operational strain (Teneo, 2025).

An additional concern is the role's expanding clinical scope. Instead of transporting patients to a hospital, paramedics are increasingly acting as mobile physicians, evaluating patients on the spot and directing them to other routes (Ambulance CPD, 2025). This increases productivity but necessitates ongoing training expenditures; the fastest and slowest trusts continue to differ significantly in response times (Nuffield Trust, 2026).

Significance for Quality of Life

The ambulance service continues to be a crucial factor in determining survival in cases of acute illness and injury despite these demands. reaction-time statistics serve as proxies for patient outcomes for time-critical conditions including cardiac arrest and stroke, where the promptness and skill of the initial reaction influence both survival and long-term handicap (Nuffield Trust, 2026).

Along with emergency care, the service improves quality of life by transporting patients to appointments and providing community paramedics who help people receive treatment at home rather than in a hospital (London Ambulance Service, 2025). As NHS strategy shifts toward treatment closer to home, the service's evolving role as a mobile extension of urgent care is anticipated to become even more vital to protecting both life and long-term wellbeing.

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