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Ambulance services + Essay on Residential care home**

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Task 1: Poster

Ambulance services in UK

EXPLANATION OF AMBULANCE SERVICES

- Ambulance services offered rapid medical assistance during accidents, emergencies and serious illness (NHS, 2019a)
- It ensures safe and immediate patient transportation to healthcare facilities
- Services are delivered by trained professionals, for example, emergency medical technicians and paramedics
- Key interventions include CPR, emergency assessment, first aid and life support
- It minimises delays in treatment and improves the survival rates of patients (Snooks et al., 2019)
- The ambulance service plays an important role in offering timely access to medical care



Figure 1: Ambulance service

(Source: Aace, n.d.)



Figure 2: A Model T Ford ambulance outside NGH 1918

(Source: Northampton General, 2016)

HISTORY OF THE AMBULANCE SERVICES

- The ambulance services originated in the 11th century with the Knights of St. John (Northampton General, 2016)
- Injured soldiers, sick pilgrims, as well as poor communities, are treated by early emergency workers
- In 1925, transportation for non-urgent patients was supported by the Public Health Act (Northampton General, 2016)
- Expansion of service accelerated during WW2 due to the healthcare demand in wartime
- During the 1970s and 1980s, the communication system improved dramatically
- In the 1990s, advanced training for staff led to the development of modern paramedics

CURRENT FUNCTIONING OF THE AMBULANCE SERVICES

- UK ambulance services operate under the National Health Service
- Ambulance services at the NHS responded to 8% more incidents. Within the 12 months, the NHS responded to 8.8 million cases, from just under 8.2 million in September 2023 (Aace, 2024)
- A 27% growth in the incidents handled by the NHS through the "hear as well as treat" process to avoid the need for ambulance crews (Aace, 2024)
- Ambulance services purpose is to deliver efficient care, improved outcomes, as well as workforce satisfaction (NHS, 2019b)
- NHS targets handover of patients in hospital within 30 minutes of ambulance arrival

TWO CHALLENGES FACED BY THE AMBULANCE SERVICES

- Staff shortages create a high workload and time pressure on ambulance crews
 - Maximised demand for 999 responses restricted time for staff training, as well as skill development (UK Parliament, 2023)
 - Quality assurance systems often lack sufficient involvement with ambulance providers (UK Parliament, 2023)
- Preparedness for major incidents may be weakened because of practice opportunities



Figure 3: Challenges faced by the ambulance service

Speaker Notes

Explanation of Ambulance Services

Ambulance services are a necessary health care service that provides rapid medical assistance. It also offers immediate transportation for people facing medical emergencies, accidents or serious illness. Ambulance services are staffed by trained professionals, for example, emergency medical technicians as well as paramedics. These professionals provide immediate care, including first aid, CPR, as well as life support while transporting patients to hospitals. Ambulance services support in minimising delays in treatment. It also improves rates of patient survival and ensures patients are receiving timely access to appropriate medical care.

History of the Ambulance Services

The concept of ambulance service was initiated in Europe with the Knights of St. John. During the 11th century, instruction was received by the Knights of St. John from Arab as well as Greek doctors, and they performed as the first emergency workers. They provide treatment from both sides of the war and also offer care to the poor, injured and sick pilgrims. In 1925, the Public Health Act provided for the transport of non-urgent cases. Then, ambulance services spread slowly across the country until World War 2. In 1970/80, communication modernisation occurred, and the introduction of motorbikes as well as helicopters took place to speed up response times. In the 1990s, staff with extended training were re-qualified as "Paramedics".

Current functioning of the Ambulance services

Currently, UK ambulance services are centrally managed under the National Health Service (NHS). It becomes the heart of the urgent as well as emergency care system. In 2017, new ambulance standards were introduced by the NHS. The purpose was to ensure the best and most appropriate response is offered to each patient the first time. The aim behind all ambulance services is to meet all targets as well as deliver all patient outcomes. It also aims to be effective and efficient and to have a happy and satisfied workforce. The ambulance services are integrated into the wider urgent and emergency care system. These services are digitally fit for the future. However, they are changing to work in different ways. This indicates that patients are treated by skilled paramedics in their own home. They are given advice over the telephone or receive a more specific treatment setting outside the hospital. Recent functional improvements associated with ambulance services are delivering a safe minimisation in ambulance conveyance. The NHS ensures that patients arriving by ambulance should not wait for more than 30 minutes from arrival to handover to a clinician at the hospital. NHS is developing ambulance data and also establishing the "Lord Carter recommendations".

Two challenges faced by the Ambulance services

According to the Public Service Committee of the UK, challenges in ambulance services are found around a shortfall of staffing. This contributes to staff being under time pressure and not

being able to do the most for patients. Increased operational pressure means that time is allocated to answer 999 calls. Such an operational pressure is maximised at the expense of the scope of staff training. Exercising is done, but with limited staffing. This means practices for major incidents are not practised by the frontline staff until they come across. Secondly, the assurance process is central in ensuring ambulance services offer a good standard of care to their patients. The issues with the assurance system at present by the NHS is that it does not have sufficient engagement with the ambulance services. Standards often feel arbitrary and not specific to pre-hospital care.

Task 2: Essay

Introduction

Residential care homes play an important role in supporting elderly and vulnerable people. The essay aims to examine the origin, current functioning and significance of the service in improving the wellbeing of service users.

The origins of the Residential care home and the historical context

The history of care homes in the UK originates in 936. The first known almshouse was established in York. The history reflected that King Aethelstan offered funding for it. Here, “alms” means to give to others through compassion or virtue (Munson, 2025). It is also recognised as bedehouses. These houses were funded by wealthy people of the country. The hope of these wealthy people was that their funding would maximise their chances of being accepted into heaven. Almshouses were religious places. The aim of the houses was to nurture the soul and the body. Residents in the house were recognised as Bedesmen and Bedeswomen. Residential people have to live under a strict routine of prayer as well as worship as part of their care. By Victorian times (19th century), care for the old people still fell under the same category as care for the poor and sick. A stricter method was imposed through the 1834 Poor Law Amendment Act to help the poor. It becomes the workhouse, the main source of aid for those who are unable to work (Munson, 2025). In the 1980s, under the new conservative Government, residential care homes became big business. The Registered Homes Act 1984 ensured that all private homes were still regulated. The 1990 NHS and Community Care Act Reform in 1993 brought the idea of care (Munson, 2025). The Health and Social Care Act 2008 combined these three existing regulatory bodies, which resulted in the Care Quality Commission (CQC). The commission has inspected medical practices and care homes in England since 2009.

Critical evaluation of how the service functions today

Today, residential care homes offer accommodation, medication, personal care, support, as well as social activities for older adults. It also supports vulnerable people who cannot live independently (Berg, 2025). It promotes safety, dignity, as well as person-centred care that maximises the quality of life of people. Key features of residential care include personal care, management of medication, meals as well as nutrition, social interaction and safety and security (Tanglewoodcarehomes, 2025). Some residential care homes specialise in supporting individuals with special health care needs, for example, dementia care. Research shows that approximately 16500 care homes are present in the UK (Berg, 2026). This represents approximately 70% residential care and 30% offer nursing care. Nearly 441,000 people live in care homes in the UK.

The care home is regulated by CQC, which helps in improving accountability as well as standards. Person-centred care, visiting as well as accompanying, are fundamental standards of care (CQC, 2026). However, concerns exist regarding inconsistent quality of service, risks related to safeguarding, as well as restricted access to specialised dementia as well as mental health support.

Significance

Residential Care Homes perform an important role in maximising the quality of life of service users (Ratcliffe *et al.*, 2022). It provides a safe, supportive, as well as structured living environment. They guide with regular activities, for example, dressing, bathing, medication management, and nutrition management. This helps in offering well-being and comfort. It also minimises people's loneliness by influencing social interactions, recreational activities as well as community involvement. Access to trained carers ensures timely support. They also supervise the physical and emotional health of residents. With the help of person-centred care, these services preserve dignity, influence independence and improve life satisfaction for vulnerable people.

Conclusion

In conclusion, residential care homes remain essential services. It provides safety, support, as well as dignity. Despite challenges, it maximises wellbeing, independence, and life quality for residents.

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