What is the effect of an Unscheduled Care Navigation Hub (UCNH) on Ambulance Conveyances to Emergency Departments (EDs) in East Sussex?

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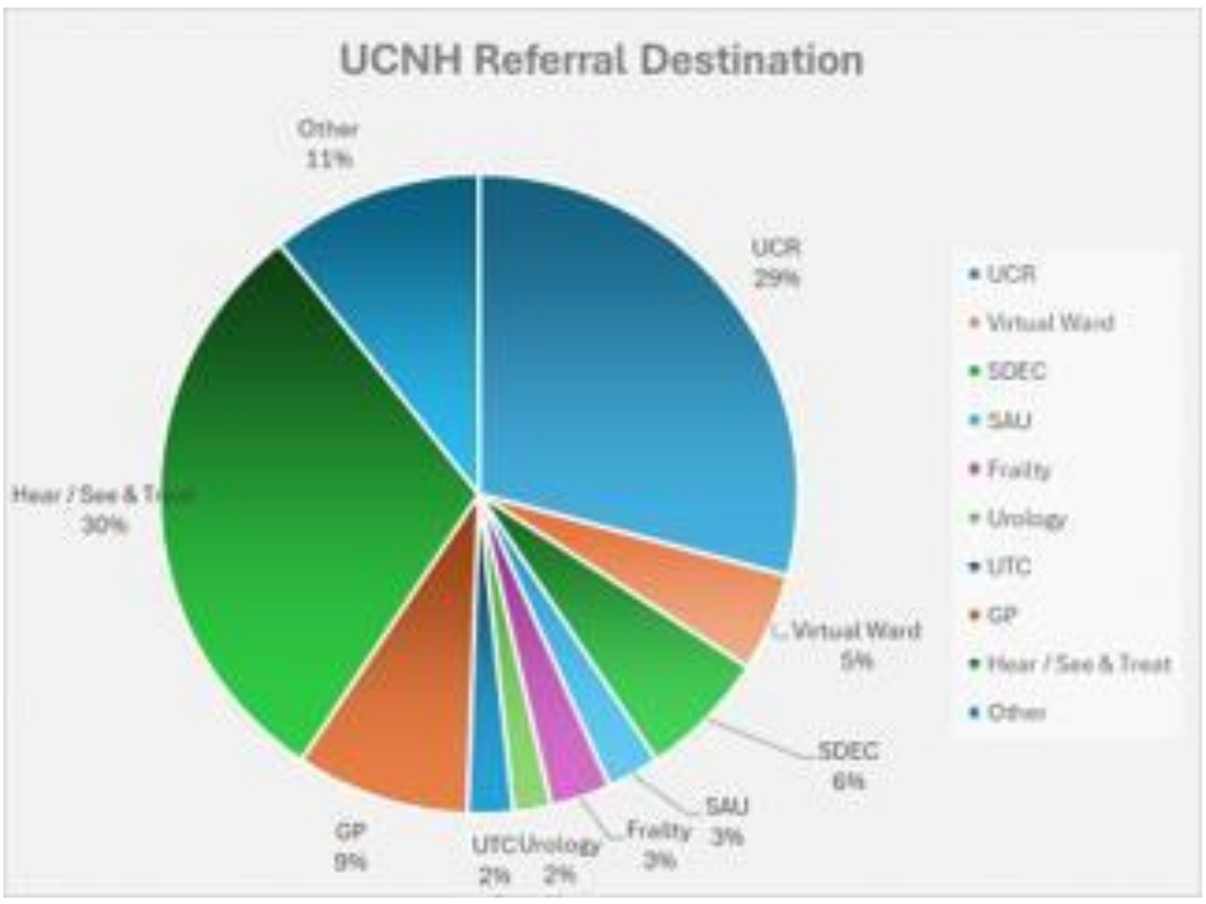
Introduction

NHS England has mandated the implementation of single-point-of-access care models (NHS England Single point of access, 2024) to address local needs and enhance system capacity. The Unscheduled Care Navigation Hub (UCNH) is being introduced across Sussex to streamline access to clinical advice and referrals, reducing Emergency Department (ED) pressures and unnecessary ambulance dispatches. Based at the Polegate Make Ready Centre, the UCNH launched in mid-November 2024, aims to improve patient flow by facilitating care closer to home. It enhances referrals to Urgent Community Response (UCR), Virtual Wards (VW), and direct bookings into Same Day Emergency Care (SDEC).

Method

The UCNH operates as a multidisciplinary team of up to eight clinicians, including a UCR Trainee Advanced Care Practitioner a Consultant in Frailty, two Advanced Paramedic Practitioners, two Computer-Aided Dispatch drivers, and two remote consultation paramedics.

The team triages calls, manages acute cases, and works collaboratively with ambulance crews and community services to avoid unnecessary ED attendance by offering interventions, referrals, or home-based management.

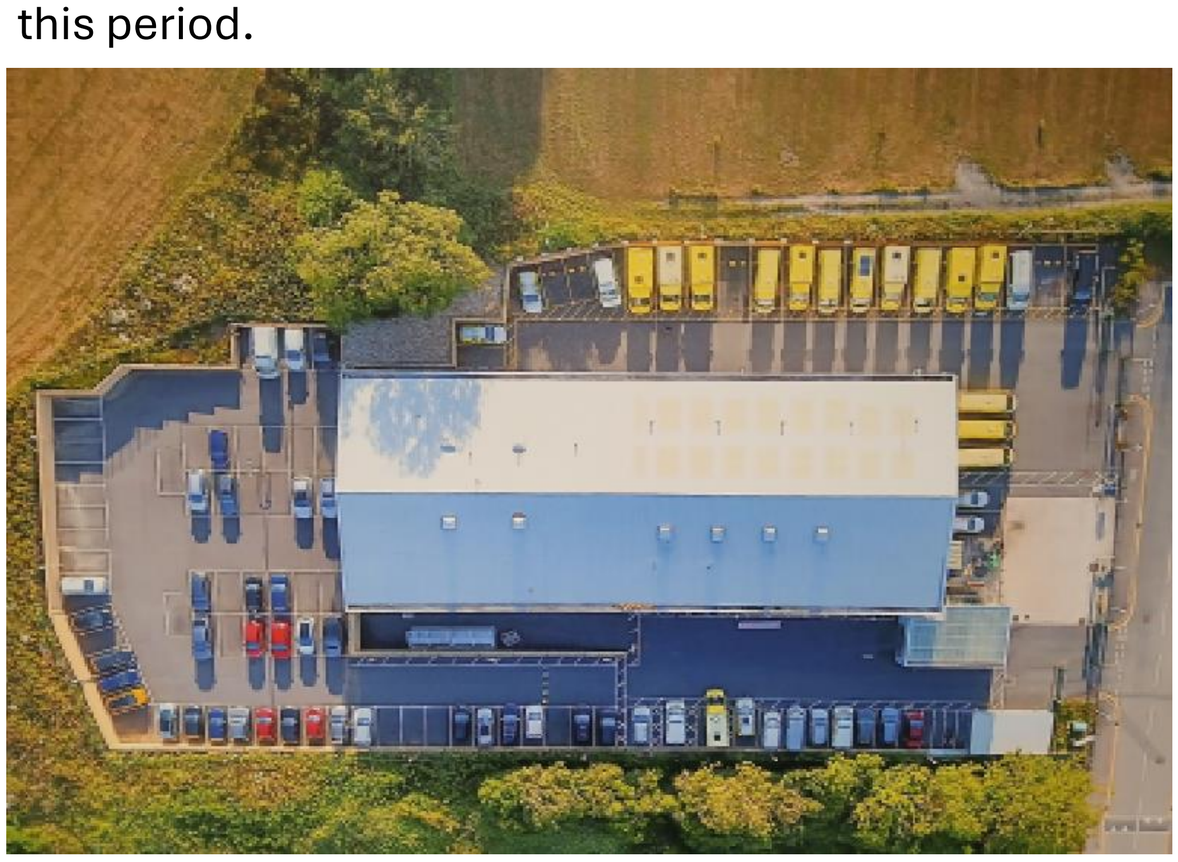


Results

Between 11 November and 31 December 2024, the hub operated on 33 weekdays (excluding weekends), managing 554 contacts (16.8 per day). Of these, 184 were handled before dispatch, and 370 involved on-scene crews. The service avoided 121 ambulances (3.7 per day) and 339 ED conveyances (10.3 per day), significantly reducing unnecessary hospital visits.

Referral pathways included 254 patients directed to acute services, such as Same Day Emergency Care (SDEC) and specialist assessment units, and 139 patients referred to community services, with 4.2 supported at home daily.

Cost savings were substantial, totalling approximately £2395 per day (£1760 from avoided ambulances and £635 from ED avoidance), equating to £79,000 over this period.



Conclusion

The UCNH demonstrates significant impact, reducing ambulance utilisation and ED conveyances while enhancing patient outcomes through community and home-based care. These results highlight its potential to improve ambulance response times and hospital handovers, although further data is required to quantify these benefits.

Reinvestment of savings into SDEC and community services could further enhance care pathways, ensuring long-term sustainability. By preventing inappropriate ED attendances and facilitating access to suitable care services, the UCNH delivers both financial benefits and meaningful improvements to individual patient care.

References

National Health Service England (2024) *Single point of access (SPoA) Guidance to support winter resilience 2024/25*. National Health Service England, London.