The nature of demand for ambulance service care has shifted from emergency to primary care and psychosocial decisions. Risk tolerance amongst staff was influenced by competence, confidence, experience and a perceived blame culture. Transfer of clinical responsibility minimised vulnerability. Staff feel overloaded by organisational communications but lack patient information when attending calls, feedback on performance and access to decision support. Performance regime and priorities Time pressures conflict with doing detailed assessments that take longer but may result in better decisions. Over-triage for an immediate response (8 min) puts pressure on resources.

Conclusions

The multiple methods provided consistent evidence. The study highlights the increased complexity of paramedic decisions and multi-level system influences that can exacerbate risk. Training and development, and access to alternative care pathways, were identified by ambulance service staff and service users as priority areas for attention. The findings have implications for:

- Individual Ambulance Services (e.g. ensuring an appropriately skilled workforce, supportive culture).
- The wider urgent and emergency care system level (e.g. ensuring access to appropriate patient care options).

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