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1 Specialist centres

- Good example is a stroke centre which houses stroke specialists and relevant equipment.
- This equipment and level of specialization is not always available in local hospitals.
- Stroke victims need to be treated within an hour – risk of delays in overcrowded A & E.
- Approximately 110,000 strokes in UK and 800,000 in USA every year.
- Ageing population means numbers are going to increase dramatically.

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2 Minor injuries units

- Open 24 hours a day, 7 days a week. Treat minor complaints such as sprains, etc.
- Run by nurse practitioners with a two-year degree course in advanced nursing.
- Overseen by general practitioners.
- Follow up by referral to A & E if necessary.
- Some have their own fracture clinics, which also takes strain off A & E.

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3 Cycle paramedics

- Paramedics travel by bicycle and therefore have access to urbanized areas which are difficult to reach by ambulance because of heavy traffic.
- Able to be right at the patient's side with all the equipment.
- Cycle carries: oxygen cylinder for pain relief, observations bag, first-aid kit, etc.
- Much cheaper than sending out rapid-response unit (ambulance).
- Paramedic can administer first aid and take vital signs before ambulance arrives.
- Follow up by referral to A & E if necessary.

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4 Air ambulance services

- Rural areas can be reached quickly and ambulances transport patients directly to specialist hospitals or the nearest A & E.
- Able to carry out at-the-scene and en-route treatment.
- Team includes the pilot, paramedic and sometimes a nurse.
- Equipment carried includes respirators, medication, an ECG and monitoring unit, CPR equipment and stretchers.
- Air ambulance services rely on public donations and are not part of the NHS in England and Wales (in Scotland they are state-run).