



for health and social care



Ambulance Services

England

2007-08

MAIN FINDINGS

In 2007-08

- The total number of emergency and urgent calls, under revised definitions from 1st April 2007 (* see note below), was 7.2 million.
- Of these, 5.9 million calls (81%) resulted in an emergency response arriving at the scene of the incident.
- Of these calls resulting in an emergency response, 31% (1.8 million) were classed as category A – immediately life threatening incidents and 42% (2.5 million) were classed as category B – serious but not immediately life-threatening incidents.
- The percentage of category A incidents that resulted in an emergency response arriving at the scene of the incident within 8 minutes in 2007-08 is 77.1% this is the highest rate recorded and compares with 74.6% last year.
- Of the 12 NHS organisations providing ambulance services, 10 met or exceeded the 75% standard for 8 minute response times.
- The percentage of category A incidents that resulted in an ambulance vehicle capable of transporting the patient arriving at the scene within 19 minutes was 97.1%, similar to last year (97.0%).
- The number of category B incidents (serious but not immediately life threatening) was 2.5 million and of these 2.3 million (91.5%) were responded to with a vehicle capable of transporting the patient within 19 minutes, this compares to 90.5% last year.
- The number of emergency and urgent patient journeys was 4.26 million (which was similar to 2006-07 when it was 4.27 million).

* Note; Urgent calls (previously not collected) are now combined with emergency calls. Time series comparisons of absolute numbers is not possible, however performance against response time requirements for Category A and B should not be affected.

Definitions are available in the text and in the KA34 Guidance notes in Annex 1.

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INTRODUCTION

Information about the ambulance services provided by the National Health Service in England has been collected on the Information Centre return **KA34; a copy of which is included at the end of this bulletin.**

The information is collected from individual ambulance organisations and shows volume of activity, and performance levels against required standards (e.g. responses within 8 or 19 minutes). This includes information on emergency calls, response times and patient journeys.

Update

For 2007-08 there have been a number of updates, they are as follows:

1) Urgent Cases: in addition to “emergency” 999 calls, ambulance services were required to take patients to hospital where a doctor, midwife or other health care professional identifies the need as urgent, e.g. a patient may visit a GP who then decides that the situation warrants urgent transport to hospital. This request is often made via a separate phone line to the emergency “999” calls and previously would have been recorded on the KA34 under ‘urgent journeys’, rather than under ‘emergency and urgent calls’ as performance was measured on the proportion of such urgent journeys that arrived at hospital within 15 minutes of the requested time.

From 1 April 2007 these urgent calls have been prioritised and classified in the same way as emergency calls, to ensure that all patients are triaged appropriately and within the same response time target framework. This

was a recommendation in Taking Healthcare to the Patient.

For this reason urgent calls are now recorded together with emergency calls on the KA34 and prioritised in the same way as emergency calls - category A (immediately life threatening), B (serious but not life threatening) or C (not immediately serious or life threatening). It is not possible to separate out emergency and urgent calls.

Due to their nature the majority of these urgent calls are likely to be classified as category C, a small proportion will be category B and there may be a small number assigned to category A, however these are expected to be negligible.

For these reasons the data relating to part 1 of the KA34 (calls, incidents and volumes of incidents responded to) for 2007-08 are not directly comparable with previous years in terms of numbers.

Since the volumes of Cat A and Cat B calls and incidents have not changed significantly (indicating that the majority of these urgent calls fall in category C), the performance against response times requirements for category A and B are considered to be comparable over time and are shown where relevant.

Where necessary any time series break is presented by a line within the tables dividing 2007-08 from previous years.

2) Patient journeys (non urgent) are now split between special and planned (previously they were collected as one combined figure).

Organisational changes

On 1st October 2007 Staffordshire Ambulance Trust merged with West Midlands Ambulance Trust. There are now 12 NHS trusts providing ambulance services compared to 13 in the previous year.

Staffordshire data from April to September 2007-08 has been aggregated into West Midlands at source. Time series data has been aggregated to match current ambulance trusts for comparison purposes. Historical data for Staffordshire and West Midlands prior to 2007-08 is available in last year's publication (see [Further Information](#)).

Data Quality

Data collection took place between February and May 2008 from organisations providing ambulance services and was signed off by their Chief Executive or equivalent.

Every effort has been made to ensure comparability of the data from different ambulance services through the provision of detailed guidance on the

definitions to be used. This guidance is updated annually to ensure that it reflects current practice. However, some variation in what is reported may be present due to differences in operational procedures and systems.

ANALYSIS AND COMMENTARY

Emergency & urgent calls and incidents (Tables 1, 3, 4, 5, 6 & 7)

This is the first year that urgent calls were included with emergency calls and therefore direct comparisons of absolute numbers with previous years are not possible. However performance against response time requirements should not be significantly affected and comparisons have been made where possible.

In 2007-08 there were over 7 million calls recorded. Of these calls, 5.9 million (81%) resulted in the arrival of an emergency response at the scene of the incident (Figure 1).

By trust, the proportion of calls resulting in a response arriving varies between 96% in the Isle of Wight and 68% in London.

Of the incidents attended the number

Figure 1: Emergency and Urgent Calls and Incidents by Ambulance Service, England 2007-08

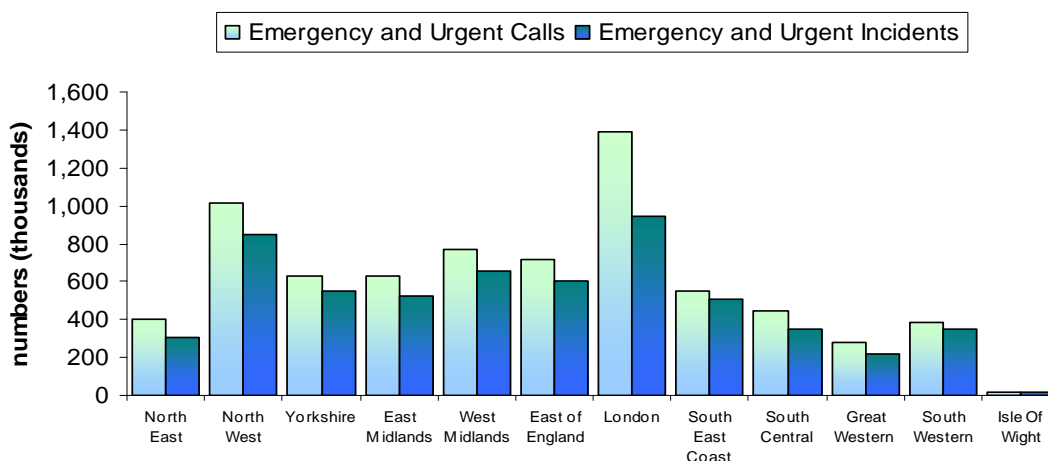
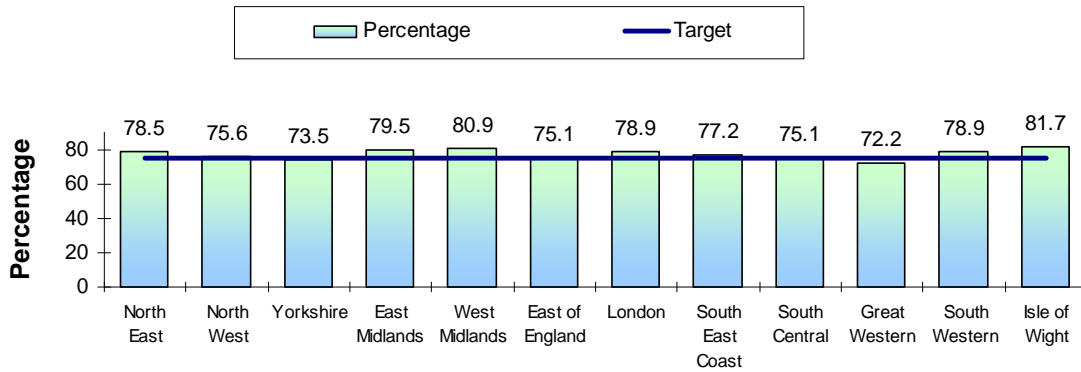


Figure 2: Emergency incidents: 8 minute response times by ambulance service and category A call, 2007-08



Subsequent to publishing, East of England carried out an internal audit and changed their 8 minute rate from 75.1% to 75.0%, effects on England level data are negligible

classified as category A was 1.81 million (31%) and 2.5 million (42%) were classified as category B.

Response times (Tables 1, 5, 6 & 7)

Category A: 8 minute response

Nationally the percentage of Category A incidents that received a response within 8 minutes was 77.1%, this equates to 1.4 million incidents. This response rate is higher than any previously recorded year and 2.5 percentage points higher than last year (74.6%) (Figure 2 & 3).

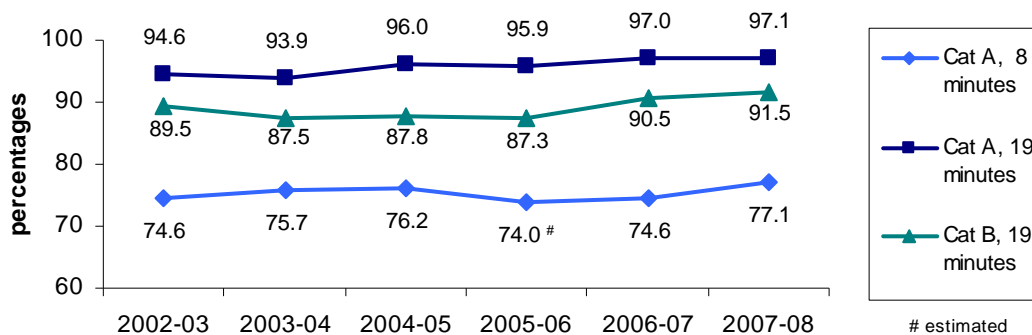
Some of this improvement is likely to be attributable to the fact that in 2007/08

trusts were undergoing a programme of performance improvement ahead of the introduction of more stringent response time measurement against targets, beginning from 1 April 2008. The change in response time measurement means that figures for 2008/09 will not be directly comparable with those for 2007/08.

10 out of the 12 ambulance services met or exceeded the 75% standard in 2007-08 with the remaining 2 trusts exceeding 70%, this compares with 8 out of the 13 trusts achieving 75% last year (Figure 2).

Data quality note: subsequent to

Figure 3: Performance against response time requirements: Category A, 8 minutes, Category A, 19 minutes and Category B, 19 minutes, England 2002- 03 to 2007- 08



publishing 2007-08 data, East of England carried out an internal audit, the result of this was a reduction of their 8 minute response rates from 75.1% to 75.0%. The impact on England level data is negligible (dated 15/12/2008).

Category A: 19 minute response

Nationally the percentage of Category A incidents that received a response within 19 minutes was 97.1% compared to 97.0% last year (figure 3 & 4).

At a trust level, 10 out of the 12 services met or exceeded the 95% standard, the remaining two were between 93% and 95%. Last year 10 out of 13 achieved the 95% standard.

Category B: 19 minute response

Nationally the percentage of Category B incidents that received a response within 19 minutes was 91.5%. (Figure 3 & 4).

By trust, four services responded to 95% or more incidents within 19 minutes, six were above 90% and two above 80%.

The cessation of national reporting of performance against standards for Category C calls was introduced in October 2004.

Patient Journeys (Tables 1, 2, 8 & 9)

Patient journeys now include both

emergency and urgent calls, which were previously separated out. Combining the two areas from previous years enables comparisons over time.

The number of emergency and urgent journeys combined has fallen slightly after a rise over the previous four years, with a reported 4.26 million in 2007-08, compared to 4.27 million in 2006-07.

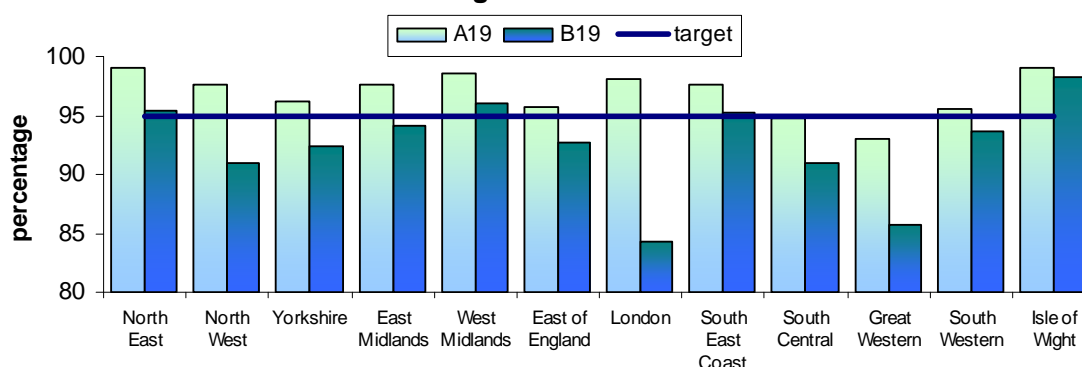
Numbers of emergency and urgent journeys patient journeys per 100 incidents in 2007-08 shows that around 72 patients were conveyed to hospital for every 100 emergency and urgent incidents attended.

Special/planned journeys were collected separately for the first time in 2007-08. Comparisons with earlier years are possible by adding these two areas together. The numbers of these journeys has been falling recently and 2007-08 continues this trend and now stands at 9.51 million (10.81 last year). In 2007-08 99% of these journeys were planned, with just 1% classed as special journeys.

DEFINITIONS

Patient Journeys: each patient conveyed is counted as an individual patient journey. This is split into three types:

Figure 4: Emergency Incidents: Performance against 19 minute response time requirement by category and Ambulance Service, England 2007- 08



- **Emergency and urgent patient journeys** include only those patients conveyed as a result of a 999 call made by a member of the public or organisation, or as a result of being categorised as an emergency following a referral by a health care professional.
- **Special patient journeys** – include those patient journeys provided by the Trust where punctuality is of paramount importance and late arrival beyond the prescribed time could be detrimental to the patient's medical condition. An example of this is a transfer between hospitals where a serious or critically ill patient requires specialist facilities not available at the transferring hospital and where treatment is required en route.
- **Planned/ non-emergency patient journeys** – include all other patient journeys by the Trust. These are for any patients not given emergency, urgent or special priority (e.g. most journeys for outpatients appointments, hospital admissions and discharges of a routine nature, including transport to and from other healthcare facilities).

Response Time starts when details of the telephone number of the caller, the exact location of the incident and the nature of the chief complaint have been ascertained. Response time ends when the first emergency response vehicle arrives at the scene of the incident. A response within 8 minutes means 8 minutes 0 seconds or less. Similarly, 19 minutes means 19 minutes 0 seconds or less. To note, from the next reporting year, 2008/09, the clock will start when the call is connected to the control room,

Aborted calls: performance figures are calculated on the number of emergency calls resulting in an emergency response arriving at the scene of the incident. This excludes calls aborted for any reason e.g. hoax calls and also duplicate calls relating to the same incident.

Geographical coverage: the performance figures shown in this Bulletin relate to all calls to which each ambulance service responds; in some areas this may include calls from outside a service's usual geographical area of coverage.

Call Prioritisation

The prioritisation procedures were introduced in April 2001 and require all emergency calls (and urgent calls from April 2007) are classified as either:

Category A: presenting conditions, which may be immediately life threatening and should receive an emergency response within 8 minutes irrespective of location in 75% of cases. Presenting conditions which require an ambulance vehicle capable of transporting the patient to attend the incident must receive that response within 19 minutes of the request for transport (being made by the initial responder or being identified by the call taker, whichever is earlier) in 95% of cases.

Category B: presenting conditions, which though serious are not immediately life threatening and must receive a response within 19 minutes in 95% of cases.

Category C: presenting conditions which are not immediately serious or life threatening. For these calls the

response time standards are not set nationally but are locally determined. For the purposes of the Category A 8-minute standard, an emergency response may only be by:

- An emergency ambulance; or
- A rapid response vehicle equipped with a defibrillator to provide treatment at the scene; or
- An approved first responder equipped with a defibrillator, who is dispatched by and accountable to the ambulance service; or when a healthcare professional is at the location of the incident, equipped with a defibrillator and deemed clinically appropriate to respond by the trust. . A first responder is not a substitute for an ambulance response and an ambulance response should be dispatched to all calls attended by an approved first responder.

For the purposes of the Category A 19-minute standard, transport is defined as a fully equipped ambulance vehicle (car or ambulance) able to transport the patient in a clinically safe manner.

For the purposes of the Category B 19-minute standard, a permitted response is a fully equipped ambulance vehicle able to transport the patient in a clinically safe manner. This may be a car or ambulance as determined by the information received by the caller.

For further details of response time requirements see the guidance notes in Annex 1 (section 2 & 3.4).

EDITORIAL NOTES

Where figures are subject to rounding, totals may not correspond exactly with the sum of the figures shown.

FURTHER INFORMATION

Any enquiries about the data contained in this Bulletin or requests for further information should be addressed to:

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This bulletin and previous editions of the publication can be found on The Information Centre for Health and Social Care website at:

<http://www.ic.nhs.uk/statistics-and-data-collections/audits-and-performance/ambulance>

June 2008

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Table 1 Summary statistics, 1997-98 to 2007-08

England											millions
	1997-98	1998-99	1999-2000	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08 ⁽¹⁾
Emergency calls (Emergency and urgent ⁽¹⁾ from 2007-08) :											
Total	3.58	3.84	4.18	4.41	4.72	4.93	5.32	5.62	5.96	6.33	7.23 ⁽¹⁾
Emergency incidents (calls resulting in an emergency response arriving at the scene of the incident): Emergency and urgent ⁽¹⁾ from 2007-08											
Total	3.16	3.29	3.43	3.56	3.78	3.99	4.27	4.53	4.77	5.07	5.89 ⁽¹⁾
Category A incidents											
Total	-	-	-	-	1.01	1.11	1.15	1.27	1.64	1.80	1.81 ⁽¹⁾
Response within 8 minutes											
Number (millions)	-	-	-	-	0.71	0.82	0.87	0.96	1.24	1.34	1.40 ⁽¹⁾
Percentage	-	-	-	-	70.7	74.6	75.7	76.2	74.0 ⁽²⁾	74.6	77.1 ⁽¹⁾
Category B incidents											
Total	-	-	-	-	-	-	-	1.26	2.35	2.38	2.49 ⁽¹⁾
Response within 19 minutes ⁽²⁾											
Number (millions)	-	-	-	-	-	-	-	1.10	2.05	2.15	2.27 ⁽¹⁾
Percentage	-	-	-	-	90.2	89.5	87.5	87.8	87.3	90.5	91.5 ⁽¹⁾
Patient journeys by priority of journey											
Emergency and Urgent	3.77	3.80	3.92	3.93	4.06	3.97	4.11	4.17	4.25	4.27	4.26 ⁽³⁾
Special/planned ⁽⁴⁾	14.92	14.84	14.87	14.86	14.36	14.08	13.70	12.82	12.28	10.81	9.51
Special	-	-	-	-	-	-	-	-	-	-	0.08
Planned	-	-	-	-	-	-	-	-	-	-	9.43
Total patient journeys	18.68	18.64	18.79	18.78	18.42	18.05	17.81	16.99	16.53	15.08	13.77
Emergency patient journeys per 100 emergency incidents (Emergency and urgent from 2007-08)											
rate	-	-	-	-	-	76	75	73	73	70	72 ⁽¹⁾

Source: Form KA34

⁽¹⁾ For 2007-08 urgent calls were included (previous years relate to emergency calls only), therefore comparisons of absolute numbers between 2007-08 and previous years are not possible.

⁽²⁾ Estimate. In 2005-06 several trusts misreported data, the unadjusted figure of the percentage for England is 75.3%. For more information see the 2005-06 publication.

⁽³⁾ For 2007-08 emergency and urgent patient journeys were merged, for comparison purposes previous years have been merged but should be treated as estimates.

⁽⁴⁾ From 2007-08, special and planned journeys are collected separately.

"-" Denotes not applicable

Table 2 Patient journeys by priority of journey and ambulance service, 2007-08

	thousands					
	Total	Emergency and Urgent Journeys	Special / Planned Journeys total	<i>of which</i>	Special Journeys	Planned Journeys
England	13,770.8	4,260.9	9,509.9		79.3	9,430.5
North East	1,313.3	255.4	1,057.9		8.3	1,049.6
North West	2,842.0	678.1	2,163.9		17.5	2,146.4
Yorkshire	1,752.0	431.8	1,320.2		23.6	1,296.6
East Midlands	1,597.5	370.5	1,227.0		0.0	1,227.0
West Midlands ⁽¹⁾	1,271.7	466.6	805.0		8.0	797.0
East of England	1,348.5	394.1	954.4		0.0	954.4
London	1,002.0	722.6	279.5		9.4	270.0
South East Coast	791.9	338.3	453.6		4.7	448.8
South Central	706.2	217.6	488.6		6.7	481.9
Great Western	474.2	148.5	325.7		0.0	325.7
South Western	637.2	226.5	410.7		0.0	410.7
Isle of Wight	34.1	10.8	23.3		1.0	22.3

Source: Form KA34

⁽¹⁾ On the 1st October 2007 Staffordshire Ambulance Service NHS Trust merged with West Midlands Ambulance Service NHS Trust. For comparability, data for these two trusts have been merged for all previous years.

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Table 3 Emergency and urgent calls⁽¹⁾ by ambulance service, 2003-04 to 2007-08

					thousands
Ambulance Service	Emergency Calls				Emergency and Urgent Calls ⁽¹⁾
	2003-04	2004-05	2005-06	2006-07	2007-08
England	5322.8	5623.8	5960.1	6,333.4	7,225.5
North East	262.7	279.7	291.8	362.0	398.0
North West	751.2	779.7	832.0	887.0	1,009.8
Yorkshire	503.8	522.6	552.6	555.5	627.0
East Midlands	451.3	473.2	459.7	523.3	631.9
West Midlands ⁽²⁾	566.5	607.7	668.0	666.8	772.2
East of England	492.1	543.3	581.1	625.6	718.3
London	1088.6	1153.9	1231.6	1,288.8	1,389.7
South East Coast	436.1	460.3	493.0	494.4	554.8
South Central	323.1	330.0	336.6	356.1	446.5
Great Western	189.0	200.9	219.8	232.5	278.8
South Western	246.6	259.5	280.5	328.1	380.6
Isle of Wight	11.8	13.0	13.4	13.3	18.1

Source: Form KA34

⁽¹⁾ For 2007-08 urgent calls were included (previous years relate to emergency calls only), therefore comparisons of absolute numbers between 2007-08 and previous years are not possible.

⁽²⁾ On the 1st October 2007 Staffordshire Ambulance Service NHS Trust merged with West Midlands Ambulance Service NHS Trust. For comparability, data for these two trusts have been merged for all previous years.

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Table 4 Emergency and urgent incidents ⁽¹⁾ (calls resulting in response arriving at the scene of the incident) by ambulance service, 2003-04 to 2007-08

Ambulance Service	Emergency Incidents					thousands
	2003-04	2004-05	2005-06	2006-07	2007-08	
	Emergency and Urgent Incidents					
England	4,267.8	4,526.3	4,770.1	5,068.8	5,888.7	
North East	216.6	228.3	238.9	249.6	321.7	
North West	650.3	676.6	698.5	755.2	846.1	
Yorkshire	407.3	426.7	451.6	481.4	549.3	
East Midlands	365.5	379.9	400.0	430.9	524.9	
West Midlands ⁽²⁾	453.1	481.8	521.1	575.4	657.9	
East of England	412.1	458.0	486.5	517.0	604.9	
London	770.0	827.4	856.7	865.5	945.8	
South East Coast	357.7	377.9	398.7	421.6	503.4	
South Central	243.6	254.4	272.0	289.2	349.3	
Great Western	147.6	158.9	169.6	177.4	216.8	
South Western	233.2	244.2	264.0	292.5	351.4	
Isle of Wight	10.9	12.0	12.6	13.1	17.3	

Source: Form KA34

⁽¹⁾ For 2007-08 urgent calls were included (previous years relate to emergency calls only), therefore comparisons of absolute numbers between 2007-08 and previous years are not possible.

⁽²⁾ On the 1st October 2007 Staffordshire Ambulance Service NHS Trust merged with West Midlands Ambulance Service NHS Trust. For comparability, data for these two trusts have been merged for all previous years.

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Table 5 Emergency and urgent incidents: response times by ambulance service and category of call, 2007-08

Ambulance service	Category A calls				Category B calls	
	Total number of incidents with emergency response	Response within 8 minutes	Total number of incidents with ambulance vehicle arriving	Response within 19 minutes	Total number of incidents with ambulance vehicle arriving	Response within 19 minutes
	(thousands)	(%)	(thousands)	(%)	(thousands)	(%)
England	1813.4	77.1	1803.8	97.1	2476.7	91.5
North East	79.3	78.5	79.3	99.1	161.7	95.3
North West	286.6	75.6	284.2	97.6	348.7	91.0
Yorkshire	195.6	73.5	193.3	96.1	192.7	92.4
East Midlands	162.2	79.5	161.3	97.6	223.5	94.2
West Midlands ⁽¹⁾	185.1	80.9	184.9	98.6	267.6	96.0
East of England ⁽²⁾	174.9	75.1	174.0	95.7	250.8	92.7
London	315.7	78.9	315.3	98.1	435.6	84.4
South East Coast	152.1	77.2	151.7	97.6	200.1	95.2
South Central	83.7	75.1	83.5	94.8	162.4	91.0
Great Western	73.7	72.2	73.4	93.1	90.4	85.7
South Western	99.4	78.9	98.8	95.5	138.2	93.7
Isle of Wight	4.9	81.7	4.2	99.1	5.0	98.3

Source: Form KA34

⁽¹⁾ On the 1st October 2007 Staffordshire Ambulance Service NHS Trust merged with West Midlands Ambulance Service NHS Trust. For comparability, data for these two trusts have been merged for all previous years.

⁽²⁾ Data Quality

Subsequent to publishing 2007-08 data, East of England carried out an internal audit, the result of this was a reduction of 193 incidents responded to within 8 minutes reducing their response rates within 8 minutes from 75.1% to 75.0%. The impact on England level data is negligible. (dated 15.12.08)

Table 6 Category A emergency and urgent ⁽¹⁾ incidents: responses within 8 minutes, by ambulance service, 2003-04 to 2007-08

Ambulance service	percentage of responses within 8 minutes				
	Category A Calls				
	Emergency Calls				Emergency and Urgent Calls ⁽¹⁾
	2003-04	2004-05	2005-06	2006-07	2007-08
England	75.7	76.2	75.3 ⁽²⁾	74.6	77.1
North East	74.9	77.3	75.2	76.3	78.5
North West	79.1	76.7	74.3	72.7	75.6
Yorkshire	70.6	75.1	72.7	72.4	73.5
East Midlands	75.3	75.8	75.1	75.9	79.5
West Midlands ⁽³⁾	79.3	79.4	77.9	77.2	80.9
East of England ⁽⁴⁾	75.7	76.3	76.6	75.2	75.1
London	76.0	76.6	75.1	75.2	78.9
South East Coast	74.3	74.8	76.0	75.1	77.2
South Central	75.2	76.2	76.0	73.8	75.1
Great Western	68.8	72.7	74.0	72.8	72.2
South Western	75.4	75.7	75.9	74.1	78.9
Isle of Wight	76.5	77.2	75.7	78.0	81.7

Source: Form KA34

⁽¹⁾ From 2007-08 urgent calls are included (previous years relate to emergency calls only).

⁽²⁾ Unadjusted figure, in 2005-06 several trusts misreported data, the adjusted estimate of the percentage for England is around 74% for more information see the 2005-06 publication.

⁽³⁾ On the 1st October 2007 Staffordshire Ambulance Service NHS Trust merged with West Midlands Ambulance Service NHS Trust. For comparability, data for these two trusts have been merged for all previous years.

⁽⁴⁾ Data Quality

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Table 7 Emergency and urgent ⁽¹⁾ incidents: responses within 19 minutes, by category of call and ambulance service, 2003-04 to 2007-08

Ambulance service	percentage of responses within 19 minutes										
	Category A calls					Category B / C calls		Category B calls			
	Emergency Calls				Emergency and Urgent Calls	Emergency Calls		Emergency Calls			Emergency and Urgent Calls
	2003-04	2004-05	2005-06	2006-07		2007-08 ⁽¹⁾	2003-04	2004-05	2004-05	2005-06	
							April - September	October - March			
England	93.9	96.0	95.9	97.0	97.1	87.5	87.4	87.8	87.3	90.5	91.5
North East	98.6	98.7	98.5	98.6	99.1	95.2	94.0	94.8	95.1	95.1	95.3
North West	92.5	95.3	95.7	97.5	97.6	87.9	86.5	85.6	85.6	91.2	91.0
Yorkshire	92.2	93.5	94.7	96.8	96.1	87.4	87.4	88.4	86.9	91.9	92.4
East Midlands	96.3	96.2	95.9	96.9	97.6	81.6	79.0	78.8	83.4	91.0	94.2
West Midlands ⁽²⁾	97.5	98.3	97.5	98.2	98.6	92.4	92.9	93.1	91.6	95.6	96.0
East of England	96.8	97.7	97.5	96.2	95.7	92.3	93.3	93.5	95.1	94.2	92.7
London	89.6	95.9	95.2	98.0	98.1	77.9	78.8	81.2	75.2	81.2	84.4
South East Coast	97.0	97.1	97.6	97.6	97.6	92.6	92.5	94.0	94.3	93.8	95.2
South Central	93.6	95.5	94.9	94.7	94.8	91.6	93.5	92.0	92.0	91.4	91.0
Great Western	87.1	92.0	91.7	92.6	93.1	84.5	83.3	80.4	81.8	83.0	85.7
South Western	95.4	96.1	94.4	94.0	95.5	91.3	90.3	90.7	89.9	93.4	93.7
Isle of Wight	98.5	98.6	98.4	98.5	99.1	98.1	97.5	97.2	98.3	97.9	98.3

Source: Form KA34

⁽¹⁾ From 2007-08 urgent calls are included (previous years relate to emergency calls only).

⁽²⁾ On the 1st October 2007 Staffordshire Ambulance Service NHS Trust merged with West Midlands Ambulance Service NHS Trust. For comparability, data for these two trusts have been merged for all previous years.

Table 8 Emergency and urgent ⁽¹⁾ patient journeys per 100 incidents, by category of call and ambulance service, 2003-04 to 2007-08.

Ambulance Service	per 100 incidents							
	2003-04	2004-05	2005-06	2006-07	2007-08			
	All emergency journeys	All emergency journeys	All emergency journeys	All emergency journeys	All emergency and urgent journeys	Category A	Category B	Category C
England	79	77	73	70	72	77	67	76
North East	88	87	80	75	79	81	73	91
North West	80	77	79	77	80	82	76	84
Yorkshire	83	86	78	75	79	81	72	84
East Midlands	79	78	79	73	71	72	66	77
West Midlands ⁽²⁾	67	66	67	60	71	77	67	71
East of England	72	68	66	65	65	71	59	68
London	77	74	75	76	76	82	72	78
South East Coast	76	74	66	64	67	74	61	69
South Central	68	66	65	62	62	66	53	74
Great Western	84	77	75	70	68	72	60	78
South Western	68	64	63	62	64	66	60	68
Isle of Wight	78	70	67	63	63	80	36	76

Source: Form KA34

⁽¹⁾ For 2007-08 urgent and emergency journeys were merged, it is not possible to compare 2007-08 data above with previous years because the incidents used to calculate the numbers in this table now include urgent calls (previous years relate to emergency calls only).

⁽²⁾ On the 1st October 2007 Staffordshire Ambulance Service NHS Trust merged with West Midlands Ambulance Service NHS Trust. For comparability, data for these two trusts have been merged for all previous years.

Table 9 Emergency and Urgent journeys ⁽¹⁾, by ambulance service 2003-04 to 2007-08

Ambulance service	2003-04	2004-05	2005-06	2006-07	2007-08	thousands
						% change 2006-07 to 2007-08
England	4107.3	4170.6	4253.0	4272.1	4,260.9	-0.3
North East	254.9	257.2	259.0	255.9	255.4	-0.2
North West	622.6	621.1	643.1	665.2	678.1	1.9
Yorkshire	439.8	445.6	439.7	442.3	431.8	-2.4
East Midlands	376.1	383.5	398.6	399.1	370.5	-7.2
West Midlands ⁽²⁾	427.5	429.3	456.1	432.6	466.6	7.9
East of England	386.9	397.5	405.7	419.0	394.1	-5.9
London	644.3	668.6	689.7	699.8	722.6	3.3
South East Coast	345.3	353.6	336.4	330.2	338.3	2.4
South Central	214.7	220.7	225.1	226.2	217.6	-3.8
Great Western	157.6	161.1	163.2	158.3	148.5	-6.2
South Western	226.0	221.0	224.8	231.5	226.5	-2.2
Isle of Wight	11.5	11.4	11.5	11.9	10.8	-8.5

Source: Form KA34

⁽¹⁾ From 2007-08 emergency and urgent patient journeys have been merged, for comparison purposes previous years have been aggregated.

⁽²⁾ On the 1st October 2007 Staffordshire Ambulance Service NHS Trust merged with West Midlands Ambulance Service NHS Trust. For comparability, data for these two trusts have been merged for all previous years.

ANNEX 1

AMBULANCE SERVICES:

DATA REPORTING REQUIREMENTS FOR THE COMPLETION OF KA34, 2007-08

1. INTRODUCTION

- 1.1 *The information obtained from the KA34 is analysed by individual ambulance service provider to show volume of service and performance against required standards. This information is published each year by the Information Centre (IC), most recently in the statistical bulletin "Ambulance services, England: 2005-06", available on the IC website. (<http://www.ic.nhs.uk/pubs/ambulanceserv06>)*
- 1.2 The KA34 reporting template for 2007-08 is enclosed. It is planned to publish information derived from the returns in June 2008.

Important note: The principal changes and clarifications to the guidance for 2007-08 are:

Clarification around the use of new technology to record times in the call management cycle, and governance protocols (1.3 – 1.4)

Changes to the classification of urgent calls (2.1.4) and section 3

Clarification of the definition of an approved first responder (3.5.1)

Amendments to the collection form – removal of Part 3 (urgent journeys) and splitting out special and planned journeys in Part 4 (was part 3)

- 1.3 NHS Ambulance Trusts use different types of technical solutions to quickly identify the location of a caller, to dispatch an emergency response and to record electronically the various stages of the call management cycle, including the stopping of the clock.
- 1.4 It is expected that ambulance services will have robust governance arrangements, including data management protocols, in place to assure their Board and independent auditors that all performance data submitted as part of this return is measured and recorded in accordance with this guidance .

2. AMBULANCE RESPONSE TIME REQUIREMENTS

- 2.1 National response times standards for emergency and urgent ambulance services have been set since 1974. The NHS Executive Review of

Ambulance Performance Standards introduced revised standards following publication in July 1996. The following revised targets were issued to ambulance services in Executive Letter EL(96)87, as amended by the Department of Health's letters to all Chief Executives dated 10 September 2004, 28 September 2004 and 2 March 2006.

- 2.1.1 Category A:** presenting conditions, which may be immediately life threatening and should receive an emergency response within 8 minutes irrespective of location in 75% of cases. Presenting conditions, which require a fully equipped ambulance vehicle to attend the incident, must have an ambulance vehicle arrive within 19 minutes of the request for transport being made in 95% of cases, unless the control room decides that an ambulance is not required.
- 2.1.2 Category B:** presenting conditions, which though serious are not immediately life threatening and must receive a response within 19 minutes in 95% of cases.
- 2.1.3 Category C:** presenting conditions which are not immediately serious or life threatening. For these calls the response time standards are not set nationally but are locally determined
- 2.1.4 Urgent Cases:** in addition to emergency 999 calls, ambulance services are required to take patients to hospital where a doctor, midwife or other health care professional identifies the need as urgent. From 1 April 2007, these calls will be prioritised and classified in the same way as emergency 999 calls.

3. DEFINITIONS FOR COMPLETION OF KA34

3.1 Emergency calls:

- 3.1.1** The MPDS and CBD codes that comprise Categories A, B and C for 2006-07 are defined as in the Annex to this guidance. The code lists are reviewed annually and, if appropriate, revised lists will be issued each year in advance of 1st April.
- 3.1.2** Although the vast majority of calls can be categorised using the Annex, some calls remain that the Annex does not deal with:
 - (a) Duplicate or multiple calls to an incident where a response has already been activated. All of these calls should be categorised in the same way as the original call that activated the response
 - (b) Hang-ups before coding is complete
 - Caller not with patient and unable to give details
 - Caller refuses to give details
 - Hoax calls where response not activated
 - Response cancelled before coding is complete (e.g. patient recovers)

All of these should be counted as category C calls

- 3.1.3 Once a category (A, B, C or Urgent) is determined and a response is activated, the priority given should not subsequently be altered for reporting purposes. For operational reasons, a service may subsequently upgrade or downgrade the category, but reporting should remain against the original category.
- 3.1.4 Urgent and non-urgent transport requests may be classified as Category A, B or C calls after interrogation and with the agreement of the caller, but only prior to activation of the response.
- 3.1.5 In line 01 on KA34, all emergency calls are to be counted, even if multiple calls are received for a single incident.

3.2 Incidents

- 3.2.1 For purposes of reporting performance, each incident responded to should be counted only once (except for line 01), regardless of how many ambulances or other emergency responses are despatched to the incident.

3.3 Patient journeys

- 3.3.1 Each patient conveyed is counted as an individual patient journey.
- 3.3.2 **Emergency and urgent patient journeys** - include only those patients conveyed as a result of a 999 call made by a member of the public or organisation, or as a result of being categorised as an emergency following a referral by a health care professional.
- 3.3.3 The following provides a more detailed clarification of what should be included in Part 4 'Patient Journeys: Non-Urgent' section of the KA34 return:
- 3.3.4 **Special patient journeys** – include those patient journeys provided by the Trust where punctuality is of paramount importance and late arrival beyond the prescribed time could be detrimental to the patient's medical condition. An example of this is a transfer between hospitals where a serious or critically ill patient requires specialist facilities not available at the transferring hospital and where treatment is required en route.
- 3.3.5 **Planned/ non-emergency patient journeys** – include all other patient journeys by the Trust. These are for any patients not given emergency, urgent or special priority (e.g. most journeys for outpatients appointments, hospital admissions and discharges of a routine nature, including transport to and from other healthcare facilities).

3.4 Timing of emergency response times – clock start and stop

Category A 8-minute and Category B 19-minute standards

3.4.1 In order to calculate the response time the “clock starts” when the following details of the call have been ascertained:

- Caller's telephone number;
- Exact location of the incident; and
- nature of the chief complaint has been identified (this may be prior to the allocation of the despatch code).

3.4.2 An equivalent clock start point has been agreed for the NHS Pathways pilot.

3.4.3 The "clock stops" when the first emergency response vehicle arrives at the scene of the incident. To clarify, a legitimate clock stop position can include the vehicle arriving at a pre-arrival rendezvous point when one has been determined as appropriate for the safety of ambulance staff in agreement with the control room. For example, a rendezvous point could be agreed for the following situations:

- information has been received relating to the given location that the patient is violent and police or other further assistance is required.
- Information has been received that the operational incident because of its nature is unsafe for ambulance staff to enter.

3.4.4 *A response within 8 minutes means 8 minutes 0 seconds (i.e. 480 seconds) or less. Similarly, 19 minutes means 19 minutes 0 seconds or less.*

Category A 19-minute transport request

3.4.5 Whichever is the earlier, the clock starts when either

- the initial responder makes a request for transport to the control room, or
- the information received from the 999 caller indicates that transport is needed, in which case the clock starts as per 3.4.1.

3.5 *Emergency response*

3.5.1 For the purposes of the Category A 8-minute standard, an emergency response may only be by:

- An emergency ambulance; or
- A rapid response vehicle equipped with a defibrillator to provide treatment at the scene; or

- An approved first responder equipped with a defibrillator, who is accountable to the ambulance service; or when a healthcare professional is at the location of the incident, equipped with a defibrillator and deemed clinically appropriate to respond by the trust. A first responder is not a substitute for an ambulance response and an ambulance response should be dispatched to all calls attended by an approved first responder.

3.5.2 For the purposes of the Category A 19-minute standard, transport is defined as a fully equipped ambulance vehicle (car or ambulance) able to transport the patient in a clinically safe manner.

3.5.3 For the purposes of the Category B 19-minute standard, a permitted response is a fully equipped ambulance vehicle able to transport the patient in a clinically safe manner. This may be a car or ambulance as determined by the information received by the caller.

3.6 Urban/rural services

3.6.1 The distinction between urban and rural services for Category A and Category B response time requirements no longer applies from 1 April 2006. All services are subject to the same response time requirements from that date.

3.7 Cross-border Calls

3.7.1 A cross-border call/incident should be reported by only one Ambulance Service.

3.7.2 Each NHS Ambulance Service is responsible for reporting on the performance of all emergency calls for which it receives the initial call. This includes calls received by a Service that relate to incidents occurring outside its recognised boundary and calls relating to incidents within or outside its boundary that are subsequently transferred to another Service for response.

3.7.3 An Ambulance Service should not report, or report on the performance relating to, any incident where another Ambulance Service received the initial call, even if the call was transferred to and dealt with by that Ambulance Service. Trusts responsible for dealing with any cross-border calls should advise the Trusts who received the initial call of all appropriate clock start times for performance reporting purposes.

3.7.4 Where an NHS Ambulance Service asks another NHS Ambulance Service to undertake a call on its behalf, the responsibility for dealing with the call in the most appropriate way passes to the Ambulance Service once it has accepted it.

4. COMPLETING THE KA34 RETURN

4.1 Part 1: Emergency and Urgent Calls

Line 01 on KA34: Total number of emergency and urgent calls

4.1.1 Record in column 1 on KA34 the total number of emergency and urgent calls where the incident is classified as immediately life-threatening (Category A), in column 2 on KA34 the total number of emergency and urgent calls where the incident is classified as being Category B and in column 3 the total number of emergency and urgent calls where the incident is classified as category C.

4.1.2 If there have been multiple calls to an incident, all calls should be recorded in this line. Include urgent and non-urgent transport requests, which, after interrogation and the agreement of the caller, are treated as either Category A, B or C calls.

Lines 02 to 06 on KA34: Emergency responses

4.1.3 In **Line 02** on KA34 record the total number of incidents, which resulted in an emergency response arriving at the scene. **If there have been multiple calls to a single incident, only one incident should be recorded.** A separate entry should be made for each of the categories A, B and C.

4.1.4 In **Line 03** on KA34 record the total number of Category A incidents, which resulted in an emergency response arriving at the scene of the incident within 8 minutes. A response within eight minutes means eight minutes zero seconds or less. Note that this detail is not required for category B or C incidents.

RESPONSE PERFORMANCE FOR CATEGORY A INCIDENTS AT 8 MINUTES IS CALCULATED AS FOLLOWS:

Emergency responses within 8 minutes (Line 03)

Total number of incidents with an emergency responses (Line 02)

4.1.5 In **Line 04** on KA34, record the total number of incidents where, following the arrival of a rapid response vehicle or an approved responder at the scene, the control room **subsequently** decided that a fully equipped ambulance vehicle would not be required. A separate entry should be made for each of the categories A and C.

4.1.6 In **Line 05** on KA34, record the total number of incidents that resulted in the arrival of a fully equipped ambulance vehicle (car or ambulance) able to transport the patient. Note that this detail is not required for category C.

NOTE: The number of emergency incidents resulting in the arrival of an emergency response (line 02) can be split into

- (i) those where an emergency response arrived and the control room subsequently decided that a fully equipped ambulance vehicle (car or ambulance) was not needed (line 04 on KA34),
- (ii) those where a fully equipped ambulance vehicle (car or ambulance) able to transport the patient was needed (line 05 on KA34).

For Category A, the total of lines 04 and 05 on KA34 should therefore equal the number recorded in line 02 on KA34.

4.1.7 In **Line 06** on KA34, record the total number of incidents that resulted in the arrival within 19 minutes of a fully equipped ambulance vehicle (car or ambulance) able to transport the patient. For Category A incidents, the timing starts when a request for transport is made (see 3.4.5); for Category B incidents the timing starts when the call is received (see 3.4.1). Note that this detail not required for category C.

NOTE: only the first fully equipped ambulance vehicle (car or ambulance) to arrive at the scene of the incident should be included in lines 05 or 06 where more than one fully equipped ambulance vehicle has been despatched.

RESPONSE PERFORMANCE FOR CATEGORY A INCIDENTS AT 19 MINUTES IS CALCULATED AS FOLLOWS:

Total number of incidents with ambulance vehicle arriving within 19 minutes (Line 06)

Total number of incidents with ambulance vehicle arriving (Line 05)

RESPONSE PERFORMANCE FOR CATEGORY B INCIDENTS AT 19 MINUTES IS CALCULATED AS FOLLOWS:

Total number of incidents with ambulance vehicle arriving within 19 minutes (Line 06)

Total number of incidents with ambulance vehicle arriving (Line 05)

4.2 Parts 2 and 3: Patient Journeys

4.2.1 Count each patient conveyed as an individual patient journey.

Part 2: Patient Journeys – Emergency and Urgent

4.2.2 Record the number of emergency and urgent patient journeys separately for Categories A, B and C.

Part 3: Patient Journeys - Non-urgent

4.2.4 Record here the total number of patient journeys other than emergency or urgent, include special and planned journeys.

The Information Centre for health and social care
February 2007

The MPDS and CBD codes that comprise Categories A, B and C are set out at

http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/EmergencyCare/EmergencyCareArticle/fs/en?CONTENT_ID=4136003&chk=jPIVJe

The code lists are reviewed annually and, if appropriate, revised lists will be issued each year in advance of 1st April.

ANNEX 2

Ambulance Services - KA34

	1	2	3
	Category A: Immediately Life Threatening Calls	Category B: Serious Not Life Threatening	Category C
Part 1 - Emergency and Urgent Calls			
1. Total number of emergency and urgent calls			
2. Number of calls resulting in an emergency response arriving at the scene of the incident			
3. Number of calls resulting in an emergency response arriving at the scene of the incident within 8 minutes			
4. Number of calls where following the arrival of an emergency response no ambulance is required			
5. Number of calls resulting in an ambulance able to transport a patient arriving at the scene of the incident			
6. Number of calls resulting in an ambulance able to transport a patient arriving at the scene of the incident within 19 minutes			
Part 2 - Patient Journeys: Emergency and Urgent			
7. Total number of emergency and urgent patient journeys			
	Special Journeys	Planned Journeys	
Part 3 - Patient Journeys: Non-urgent			
8. Total number of special/ planned journeys			

Please use this space to record anything relevant to the quantity or consistency of the data.

Many thanks for taking the time to complete this survey.

Price: Free

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