



# **Ambulance Services**

## **England**

### **2010-11**

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# Executive Summary

In 2010-11

- The total number of emergency calls was 8.08 million, a 209,608 (2.7%) increase over last year when there were 7.87 million.
- Of these, 6.61 million calls (81.8%) resulted in an emergency response arriving at the scene of the incident, a 191,310 (3.0%) increase over last year when there were 6.42 million.
- The percentage of category A incidents that resulted in an emergency response arriving at the scene of the incident within 8 minutes in 2010-11 was 74.9% compared to 74.3% <sup>(1)</sup> last year.
- Of the 12 NHS organisations providing ambulance services, 7 met or exceeded the 75% standard for 8 minute response times. Of the remaining 5 trusts, 4 exceeded 73% with the other trust exceeding 72%.
- 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 96.7% compared to 96.8% last year. For category B incidents this was 91.2%<sup>(2)</sup>.
- The number of emergency patient journeys was 4.87 million, over 172,000 (3.7%) more than the previous year when there were 4.70 million.
- Of these journeys, 4.29 million (88.0%) were taken to a type 1&2 A&E destination and 0.58 million (12.0%) were taken elsewhere.
- 1.76 million patients were treated at the scene and did not need onward transportation. This is an increase of 164,224 (10.3%) since last year.
- There were 239,446 category C calls resolved with telephone advice, equating to 8.7 per cent of all category C calls, an increase of 18,436 (8.3%) since last year.

<sup>(1)</sup> During 2010 -11 submission it was found that a trust had miscoded category A calls as category C. The 2010-11 data was resubmitted and is correct as published, the impact at national level in 2010-11 was 0.1%. This issue may have affected previous years submissions however the impact cannot be confirmed (a revised dataset for previous years is not readily available).

<sup>(2)</sup> Due to changes in the category B 19 minute definitions for 2010-11 this data is not fully comparable with previous years. For more information see the guidance Annex 1 or the Data Quality section within this publication (Ambulance services England 2010-11).

# Introduction

Information about the ambulance services provided by the National Health Service in England has been collected on the NHS Information Centre return KA34; a copy of which is included at the end of this bulletin (Annex 1).

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 destinations.

## Future Updates for 2011-12

From 1 April 2011 a set of new measures are being introduced covering the following areas;

4 outcome indicators (ST-elevation myocardial infarction (STEMI); Stroke; Survival from cardiac arrest and return of spontaneous circulation at hospital (ROSC))

6 process indicators (Calls closed at scene or with telephone advice; Re-contact rate; Call Abandoned rate; Time to answer call; Time to treatment and A&E)

1 narrative indicator (Service experience)

At the time of publication it is understood that individual ambulance trusts will publish this data at regular intervals (monthly/quarterly).

More information available at:

[www.dh.gov.uk/en/Managingyourorganisation/Financeandplanning/Planningframework/index.htm](http://www.dh.gov.uk/en/Managingyourorganisation/Financeandplanning/Planningframework/index.htm)

Alongside these new measures the category B19 minute measure will be dropped from 1 April 2011. This is the last year B19 information will be published.

## Updates for 2010-11

### Changes to category B 19 minute responses

Due to changes in the category B 19 minute definitions for 2010-11 this data is not fully comparable with previous years. For more information see the guidance, Annex 1 and/or the Data Quality section within this publication.

### Removal of the term 'urgent'

The term 'urgent' has been removed throughout the publication. From 01 April 2007, the change was made that all 'urgent' calls would be prioritised and classified in the same way as emergency 999 calls, and since April 2007 should have been included in Part 1 ('Emergency and Urgent Calls') and Part 2 ('Patient Destinations') of the KA34 data template. Titles have been amended appropriately.

**In 2009-10** the following two data items were introduced for the first time;

- i) Number of calls resolved through telephone advice only
- ii) Patient destinations

Data is not available for these areas prior to 2009-10.

### Previous relevant updates;

#### **“Call connect” (8 minute and 19 minute response times):**

From 1 April 2008 response times have been measured from the point when the call is presented to the control room telephone switch. This is the case for all calls received on ambulance control room telephone lines; from dedicated 999 lines or otherwise. For calls that are electronically transferred to the computer aided dispatch (CAD) system from another CAD response times were measured from the point when that call record is first received by an ambulance trust system.

Prior to 1 April 2008 response times were measured from the point when a series of details were ascertained; callers telephone number, exact location of the incident and the nature of the chief complaint.

**As the clock starts earlier than in previous years, data relating to timed responses of the KA34 (i.e. 8 minute and 19 minute responses) from 2008-09 are not directly comparable with previous years.**

### Emergency calls (also see updates – removal of the term urgent)

From 1 April 2007, 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. Urgent calls are now prioritised and classified in the same way as emergency calls.

Due to the nature of urgent calls, the majority 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. It is not possible to separate out emergency and urgent calls.

Due to the inclusion of urgent calls, the data relating to part 1 of the KA34 (calls, incidents and volumes of incidents responded to) from 2007-08 are not directly comparable with previous years in terms of numbers, however 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 breaks in time series within the tables are shown by a dividing line.

# Data Quality

## **Accuracy:**

The data is collected from every Ambulance trust via the KA34 form (Annex 2 of this publication) so there are no concerns over sampling or survey data. The NHS IC's system for collecting the data has some inbuilt validations based on previous year's thresholds. Data once signed off is returned to the NHS IC. This is then validated and data for each trust is sent to the relevant Chief Executive for a second sign off. The only areas not validated are new data items however these are signed off twice by the ambulance trust.

## **Relevance:**

The statistics address user demand for numbers of calls, response times and patient journeys by Ambulance trust within England. These are used by the Department of Health, the Care Quality Commission (for performance indicators), to answer Parliamentary Questions, press queries and are available for use by any NHS organisation or the general public.

## **Comparability and Coherence:**

Due to changes in methodology from time to time there are occasional breaks in time series, these are highlighted in the report (with relevant notes).

For 2010-11 the guidance on category B 19 minute responses was changed to include response vehicles as defined by the data dictionary which can include bicycles, motorcycles etc. This data affects line 6 within the KA34 return "Total number of incidents with an ambulance response arriving within 19 minutes". In previous years this would only include vehicles able to transport a patient. Therefore this data is no longer fully comparable with previous years.

This also changes the category B 19 minute response rates which are calculated by dividing line 6 by line 5 ("Total number of incidents with an ambulance vehicle arriving" – the form refers to this as a vehicle able to transport a patient). Because the numerator and denominator are not directly comparable this data needs to be treated with caution and is not comparable with previous years.

Please note this does not affect category A8 or A19 minute response which has remained unchanged.

The KA34 guidance is reviewed annually by the Urgent and Emergency Care Branch including the National Ambulance Director within Department of Health and discussions take place regularly with key ambulance trust stakeholders.

Guidance for 2010-11 KA34 ambulance services return is available in Annex 1 or at:

<http://www.ic.nhs.uk/services/omnibus-survey/using-the-service/data-collections/ka34>

Looking forward to the 2011-12 guidance, the only changes will be a straightforward adjustment to reflect the ministerial decision to remove the Category B response time target.

Immediately prior to publication of the 2010-11 data the NHS IC was alerted to an issue with the data from the Pathways system that North East Ambulance Service (NEAS) use. This issue was raised after two other trusts started using this system, communication between the trusts highlighted that category A calls had been incorrectly coded as category C. NEAS re-submitted 2010-11 figures and based on these revised figures 2010-11 national A8 minute response rates increased by 0.1%. 2010-11 data is now correct, however this issue may have affected NEAS previous years

submissions however the impact cannot be confirmed (a revised dataset for previous years is not readily available).

Changes to Cat A19 & B19 are very small at a regional basis and therefore changes are negligible at national level.

A full list of affected data items is listed below.

- Total number of emergency calls – category C reduced, category A increased ,totals unchanged
- Number of calls resulting in an emergency response arriving at the scene – category C reduced, category A increased, totals unchanged
- Number of calls resulting in an emergency response arriving at the scene of the incident within 8 minutes – category A increased, totals increased (only collect category A for this data item).
- Number of calls where following the arrival of an emergency response no ambulance is required – category A minor increase
- Number of calls resulting in an ambulance able to transport a patient arrives at the scene of the incident - category A increased, totals increased (only collect category A & B for this data item).
- Number of calls resulting in an ambulance arriving at the scene of the incident within 19 minutes - category A increased, totals increased (only collect category A & B for this data item).
- Total number of emergency patient journeys to a destination other than Type 1&2 A&E departments - category C reduced, category A increased, totals unchanged
- Total number of emergency patient journeys to Type 1&2 A&E departments - category C reduced, category A increased, totals unchanged
- Total number of patients treated at the scene only - category C reduced, category A increased, totals unchanged

#### **Timeliness and punctuality:**

The ambulance services data is made available as soon as possible after it has been validated and compiled (June each year).

#### **Accessibility:**

All data areas are published, however further detailed analyses may be available on request, subject to resource limits and compliance with disclosure control requirements.

#### **Performance cost and respondent burden**

The KA34 is a simple data collection and asks trusts to provide data that they already collect and is produced from existing administrative systems with a minimal burden.

#### **Confidentiality, Transparency and Security:**

The standard NHS IC data security and confidentiality policies have been applied in the production of these statistics.

# Analysis and Commentary

## Emergency calls and incidents (Tables 1- 8)

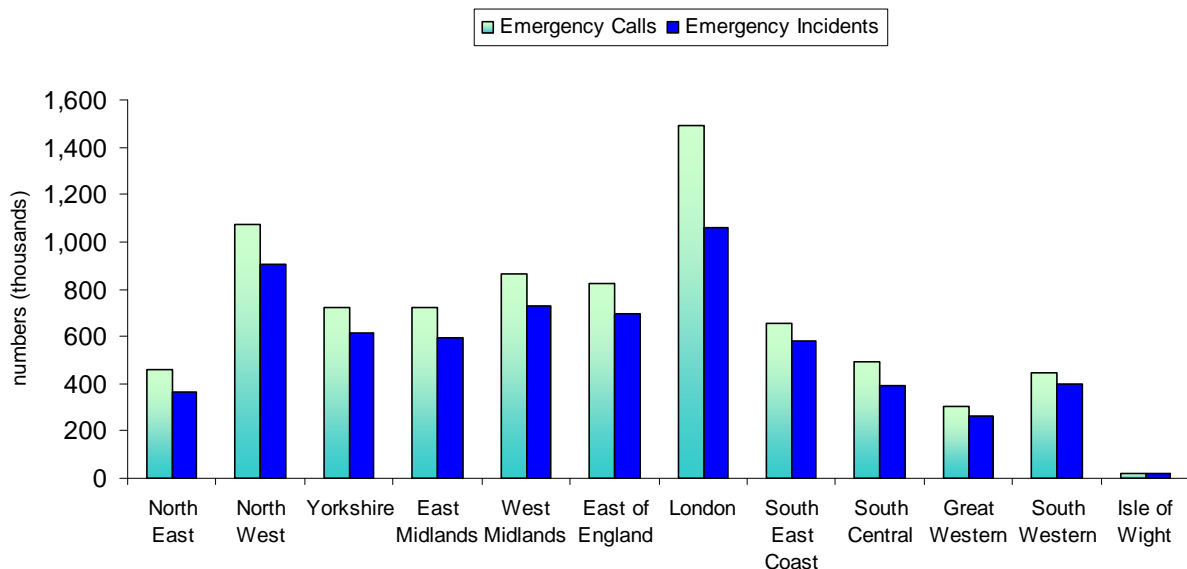
Since April 2007 urgent calls have been included with emergency calls and direct comparisons of absolute numbers with years prior to 2007-08 are not possible. However performance against response time requirements for 2007-08 and earlier years should not be significantly affected and comparisons have been made where possible. (Note: response times from 2008-09 are not comparable with earlier years – see the ‘update’ section for more details).

In 2010-11 there were over 8 million calls recorded. Of these calls, 6.61 million (81.8%) resulted in the arrival of an emergency response at the scene of the incident. This compares with 6.42 million (81.5%) last year.

By trust, the proportion of calls resulting in a response arriving varies between 89.8% in South Western and 70.8% in London. The highest and lowest proportions last year were 90.7% in the South East Coast and 68.4% in London.

Of the incidents attended the number classed as category A was 2.23 million equal to 33.7%, the figure in 2009-10 was 2.08 million (32.4%). The number of incidents attended classed as category B was 2.63 million (39.8%), this is compared with 2.61 million (40.7%) in the previous year.

Figure 1: Emergency Calls and Incidents by Ambulance Service, England 2010-11



## Calls resolved through telephone advice

In 2010-11 239,446 category C calls were resolved through telephone advice only. By trust this varied from 1,390 (Isle of Wight) to 50,058 (London).

Figure 2: Number of calls resolved through telephone advice only, England 2010-11



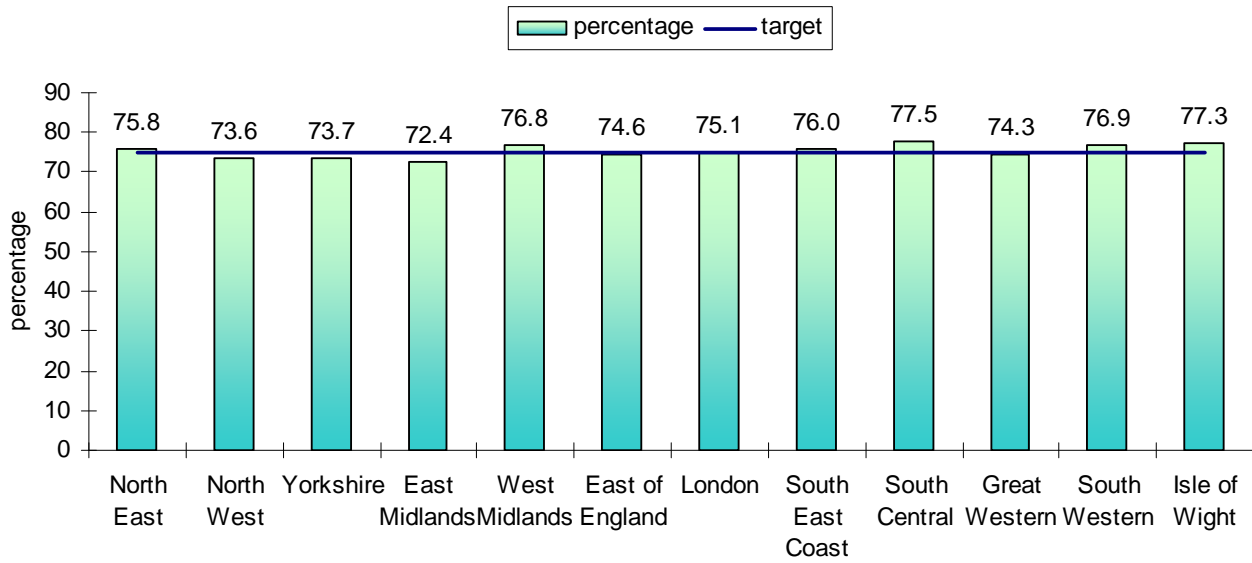
## Response times (Tables 1, 6, 7 & 8)

### Category A: 8 minute response

Nationally the percentage of Category A incidents that received a response within 8 minutes was 74.9%, this equates to 1.67 million incidents.

7 out of the 12 ambulance services met or exceeded the 75% standard in 2010-11. All of the 5 remaining trusts exceeded 72%.

Figure 3: Emergency Incidents: 8 minute response times by ambulance service and category A call, 2010-11



### Category A: 19 minute response

Nationally the percentage of Category A incidents that received a response within 19 minutes was 96.7%.

At a trust level, 11 out of the 12 services exceeded the 95% standard, the remaining service was 93.5%.

### Category B: 19 minute response

Nationally the percentage of Category B incidents that received a response within 19 minutes was 91.2%.

By trust, 3 services responded to 95% or more incidents within 19 minutes, a further 6 were above 90% with the remaining 3 above 85%.

Figure 4: Emergency Incidents: response times by category by ambulance service, England 2010-11

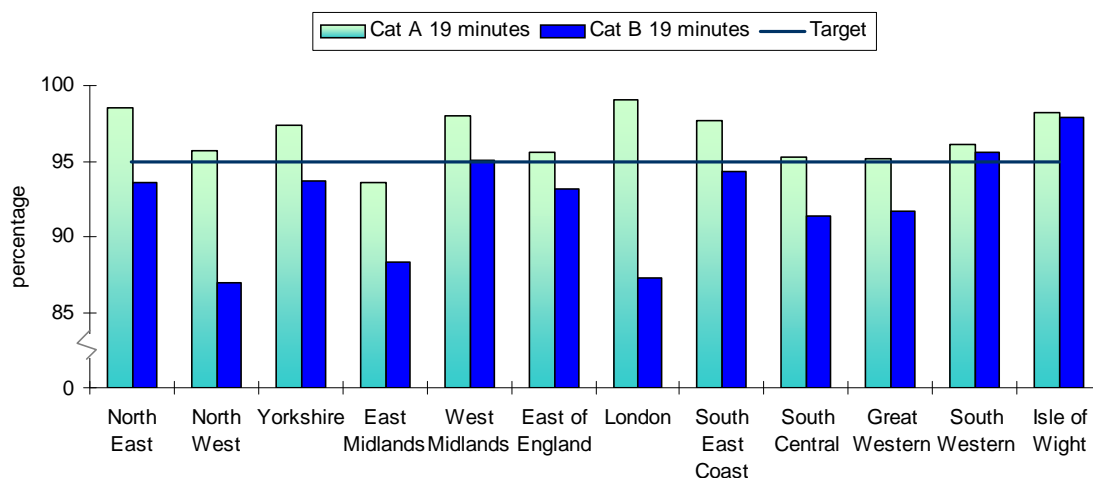
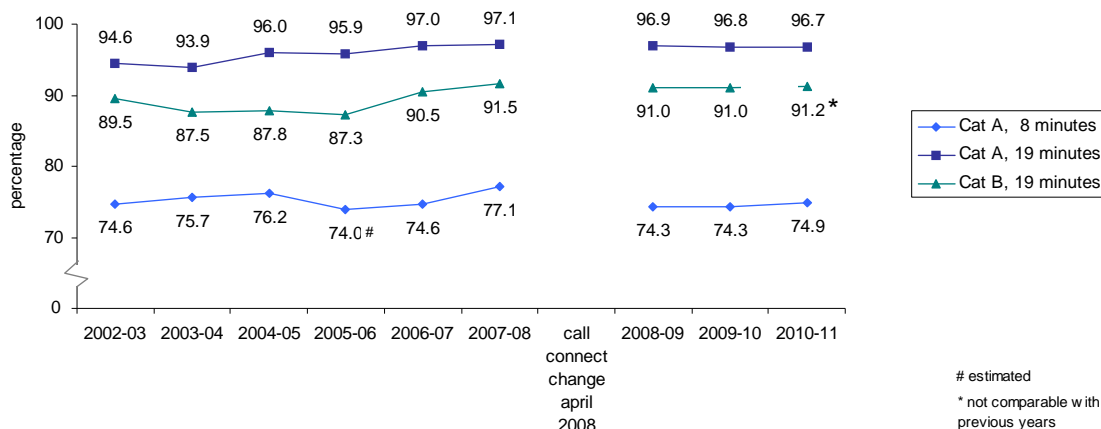


Figure 5: Performance against response time requirements: Category A, 8 minutes, Category A, 19 minutes and Category B, 19 minutes, England 2002-03 to 2010-11



## Number of calls where following arrival an emergency response no ambulance is required (Tables 1 & 5)

In 2010-11 there were 29,666 calls where following an emergency response arriving at a scene no ambulance was required. By trust this varies from 0 (West Midlands) to 21,176 (London).

## Patient Destinations: Emergency (Tables 1, 9, 10, 11 & 12)

From 1st April 2009 patient journeys data has been split into two areas of patient destinations. These two areas combined are equivalent to previous years' 'emergency patient journeys'

There were 4.29 million patient journeys to a Type 1 and 2 A&E destinations in 2010-11. By trust this varies from 12,831 (Isle of Wight) to 785,014 (London).

The number of patient journeys to a destination other than a Type 1 and 2 A&E was 0.58 million in 2010-11. By trust this varies from 1,421 (Isle of Wight) to 90,846 (North East).

The number of patient destinations combined (comparable with previous patient journeys) has risen, with a reported 4.87 million in 2010-11, compared to 4.70 million in 2009-10.

Figure 6: Total number of emergency patient journeys by destination, England 2010-11

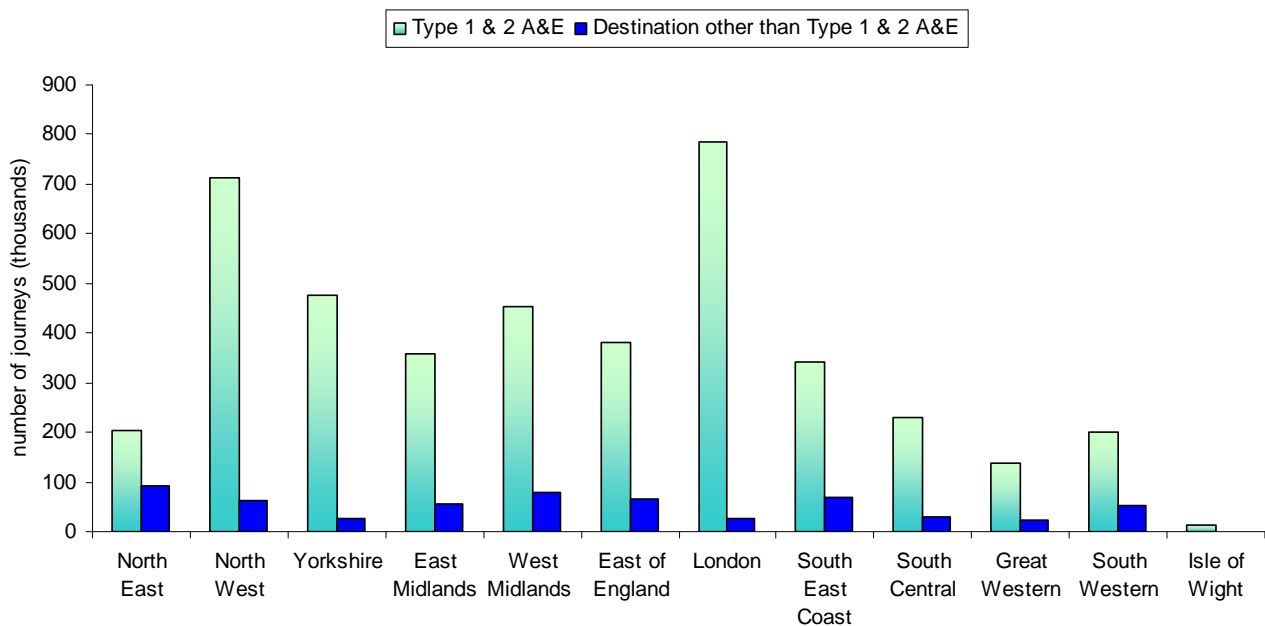
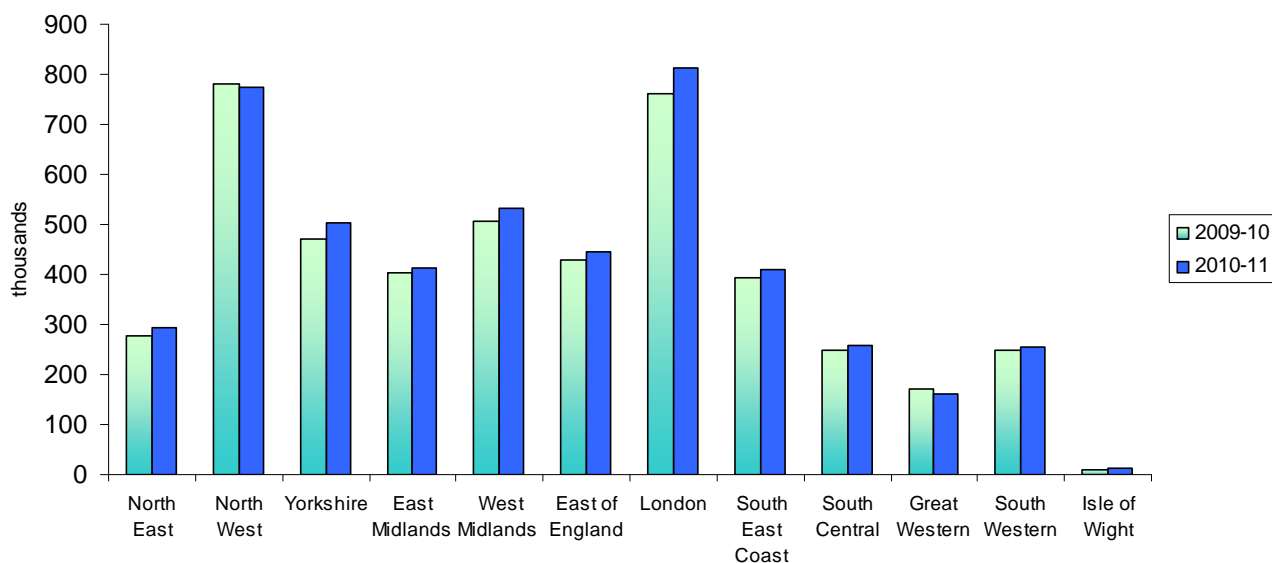


Figure 7: Emergency patient journeys by ambulance service  
2009-10 and 2010-11

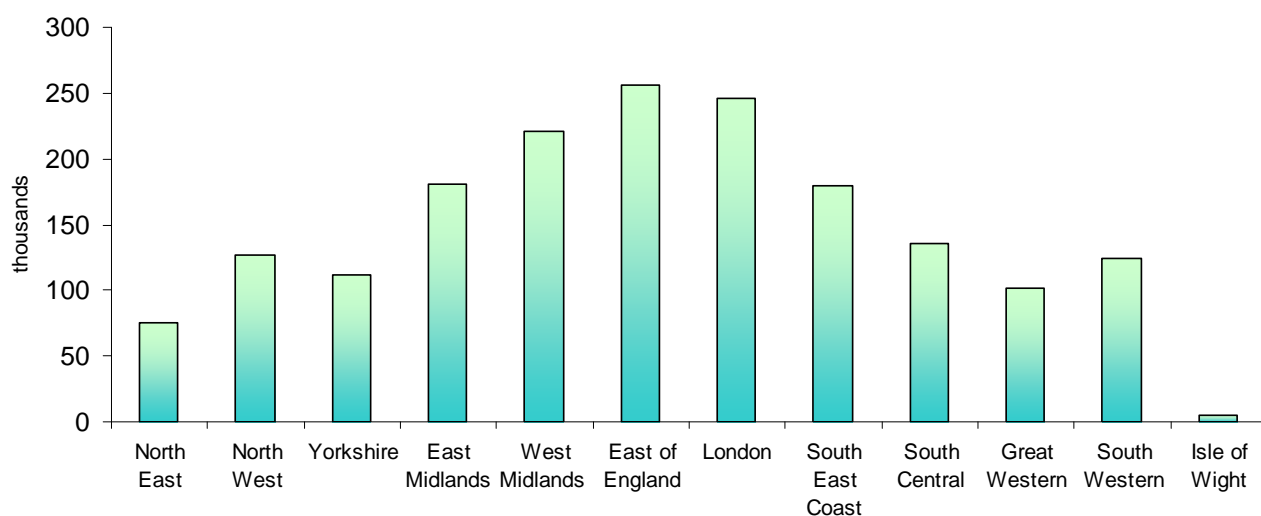


Numbers of patient destinations combined per 100 incidents in 2010-11 shows that around 74 patients were conveyed to a healthcare provider for every 100 emergency incidents attended.

**Total number of patients treated at the scene only (Tables 1 & 13)** (collected from 1 April 2009)

In 2010-11 there were 1.76 million patients treated at the scene only, the majority relate to patients within category B. By trust the overall figure varies from 4,397 (Isle of Wight) to 256,092 (East of England).

Figure 8: Number of patients treated at the scene only,  
England 2010-11



## Patient Journeys – non urgent - Special/planned (Tables 1 & 9)

The numbers of these journeys has generally been falling since 2000-01 with an average annual decrease of 5.1%, and a 2010-11 figure of 8.84 million compared to 9.47 million last year.

99% of these journeys were planned, with just 1% classed as special journeys; this is the same proportion as last year.

## DEFINITIONS

**The majority of definitions are available in the KA34 guidance in Annex 1 however there are some below that are not covered by the guidance and may prove useful:**

**Type 1 and 2 A&E:** A type 1 A&E department is generally a consultant led 24 hour service with full resuscitation facilities, whereas a type 2 A&E department is generally a consultant led department offering a single specialty e.g. dentistry

**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.

## FURTHER INFORMATION

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

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**Press enquiries** should be made to the media relations manager

Telephone : 0845 300 6016  
Email : [media@ic.nhs.uk](mailto:media@ic.nhs.uk)

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>

Related publications from other UK countries are available on the following links;

Wales; <http://wales.gov.uk/topics/statistics/theme/health/ambulance/?lang=en>

Scotland (latest available at time of publication – 2009-10);

<http://www.scottishambulance.com/UserFiles/file/Publications/SAS%20Annual%20Report%202010.pdf>

Northern Ireland; at the time of publication this link was unavailable

June 2011

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Table 1 Summary statistics, 2000-01 to 2010-11

England												millions
	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	
<b>Emergency calls<sup>(1)</sup> :</b>												
<b>Total</b>	4.41	4.72	4.93	5.32	5.62	5.96	6.33	7.23	7.48	7.87	8.08	
<b>Number of calls resolved through telephone advice only (CAT C only)</b>												
<b>Total</b>	-	-	-	-	-	-	-	-	-	0.22	0.24	
<b>Emergency incidents (calls resulting in an emergency response arriving at the scene of the incident):</b>												
<b>Total</b>	3.56	3.78	3.99	4.27	4.53	4.77	5.07	5.89	6.15	6.42	6.61	
<b>Category A incidents</b>												
<b>Total</b>	-	1.01	1.11	1.15	1.27	1.64	1.80	1.81	1.94	2.08	2.23	
<b>Response within 8 minutes<sup>(2)</sup></b>												
Number (millions) <sup>(2)</sup>	-	0.71	0.82	0.87	0.96	1.24	1.34	1.40	1.44	1.55	1.67	
Percentage	-	70.7	74.6	75.7	76.2	74.0 <sup>(3)</sup>	74.6	77.1	74.3	74.3	74.9 <sup>(9)</sup>	
<b>Total (ambulance able to transport the patient arriving at the scene of the incident)</b>												
<b>Response within 19 minutes<sup>(2)</sup></b>						1.63	1.78	1.80	1.93	2.07	2.21	
Number (millions) <sup>(2)</sup>	-	-	-	-	-	1.56	1.73	1.75	1.87	2.01	2.14	
Percentage	-	-	-	-	96.0	95.9	97.0	97.1	96.9	96.8	96.7	
<b>Category B incidents</b>												
<b>Total</b>	-	-	-	-	1.26	2.35	2.38	2.49	2.56	2.61	2.63	
<b>Total (ambulance able to transport the patient arriving at the scene of the incident)</b>												
<b>Response within 19 minutes<sup>(2)</sup></b>						2.32	2.38	2.48	2.55	2.60	2.61	
Number (millions) <sup>(2)</sup>	-	-	-	-	1.10	2.05	2.15	2.27	2.32	2.37	2.38 <sup>(10)</sup>	
Percentage	-	90.2	89.5	87.5	87.8	87.3	90.5	91.5	91.0	91.0	91.2 <sup>(10)</sup>	
<b>Emergency patient journey destinations</b>												
<b>Emergency<sup>(4)</sup></b>	3.93	4.06	3.97	4.11	4.17	4.25	4.27	4.26	4.51	4.70	4.87	
<i>of which</i>												
<b>Patient destinations<sup>(5)</sup></b>												
to Type 1&2 A&E <sup>(6)</sup>	-	-	-	-	-	-	-	-	-	4.06	4.29	
to destination other than Type 1&2 A&E <sup>(6)</sup>	-	-	-	-	-	-	-	-	-	0.64	0.58	
<b>Treated at scene only</b>												
<b>Special/planned<sup>(7)</sup></b>	14.86	14.36	14.08	13.70	12.82	12.28	10.81	9.51	9.59	9.47	8.84	
Special	-	-	-	-	-	-	-	0.08	0.08	0.06	0.05	
Planned	-	-	-	-	-	-	-	9.43	9.51	9.40	8.79	
<b>Total patient journeys</b>	18.78	18.42	18.05	17.81	16.99	16.53	15.08	13.77	14.10	14.17	13.71	
<b>Emergency patient journeys per 100 emergency incidents<sup>(8)</sup></b>												
rate	-	-	76.1	75.0	73.4	72.6	70.1	72.4	73.3	73.3	73.8	

Source: Form KA34

<sup>(1)</sup> From 2007-08 urgent calls were included (previous years relate to emergency calls only), therefore comparisons of absolute numbers from 2007-08 and previous years are not possible.

<sup>(2)</sup> From 2008-09 the starting point for response time measurement was changed, data for 8 and 19 minute responses from 2008-09 are not comparable with previous years.

<sup>(3)</sup> 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.

<sup>(4)</sup> From 2007-08 emergency and urgent patient journeys were merged, for comparison purposes previous years have been merged.

<sup>(5)</sup> From 2009-10, the number of emergency journeys was split to show patient destination. The split collects numbers of patient journeys going to Type 1&2 A&Es and those journeys going to destinations other than Type 1&2 A&Es. When combined these data are comparable with previous years emergency patient journeys data.

<sup>(6)</sup> Type 1 A&E destination is generally consultant led and has full resuscitation facilities and accommodation for reception of A&E patients whereas type 2 A&E departments are still consultant led but provide a single speciality (e.g. dentistry). Other destinations can include minor injury units, walk in centres etc.

<sup>(7)</sup> From 2007-08, special and planned journeys were collected separately.

<sup>(8)</sup> From 2007-08 urgent and emergency patient journeys were merged, it is not possible to compare data from this point 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).

<sup>(9)</sup> During 2010-11 submission it was found that a trust had miscoded category A calls as category C. The 2010-11 data was resubmitted and is correct as published, the impact at national level in 2010-11 was 0.1%. This issue may have affected previous years submissions however the impact cannot be confirmed (a revised dataset for previous years is not readily available).

<sup>(10)</sup> Due to changes in the category B 19 minute definitions for 2010-11 this data is not fully comparable with previous years. For more information see the guidance Annex 1 or the Data Quality section within this publication (Ambulance services England 2010-11)

"-" Denotes not applicable

Data prior to 2004-05 re-used with the permission of The Department of Health

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Table 2 Emergency calls<sup>(1)</sup> by ambulance service, 2004-05 to 2010-11

thousands							
Ambulance Service	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
<b>England</b>	<b>5,623.8</b>	<b>5,960.1</b>	<b>6,333.4</b>	<b>7,225.5</b>	<b>7,477.2</b>	<b>7,867.9</b>	<b>8,077.5</b>
North East	279.7	291.8	362.0	398.0	405.0	431.8	458.5
North West	779.7	832.0	887.0	1,009.8	1,033.6	1,064.1	1,074.4
Yorkshire	522.6	552.6	555.5	627.0	671.7	710.9	725.3
East Midlands	473.2	459.7	523.3	631.9	667.5	692.9	723.5
West Midlands <sup>(2)</sup>	607.7	668.0	666.8	772.2	796.1	844.1	863.8
East of England	543.3	581.1	625.6	718.3	733.2	778.1	821.2
London	1,153.9	1,231.6	1,288.8	1,389.7	1,423.5	1,480.3	1,494.2
South East Coast	460.3	493.0	494.4	554.8	580.1	619.2	653.9
South Central	330.0	336.6	356.1	446.5	432.4	494.7	494.9
Great Western	200.9	219.8	232.5	278.8	289.6	295.9	303.3
South Western	259.5	280.5	328.1	380.6	423.7	435.5	442.9
Isle of Wight	13.0	13.4	13.3	18.1	20.8	20.4	21.4

Source: Form KA34

<sup>(1)</sup> From 2007-08 urgent calls were included (previous years relate to emergency calls only), therefore comparisons of absolute numbers from 2007-08 and previous years are not possible.

<sup>(2)</sup> 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 2a Emergency calls by category and ambulance service, 2010-11

thousands					
Ambulance Service	Total	<i>of which</i>	Category A	Category B	Category C
<b>England</b>	<b>8,077.5</b>		<b>2,393.9</b>	<b>2,946.2</b>	<b>2,737.3</b>
North East	458.5		120.0	160.5	178.1
North West	1,074.4		365.0	399.3	310.2
Yorkshire	725.3		251.8	244.9	228.6
East Midlands	723.5		250.7	272.5	200.3
West Midlands	863.8		270.3	319.3	274.3
East of England	821.2		250.7	295.9	274.7
London	1,494.2		366.3	541.9	586.0
South East Coast	653.9		176.2	259.3	218.4
South Central	494.9		111.2	172.5	211.2
Great Western	303.3		106.6	110.3	86.4
South Western	442.9		118.6	162.9	161.4
Isle of Wight	21.4		6.7	7.0	7.7

Source: Form KA34

Table 3 Emergency calls resolved through telephone advice only <sup>(1)</sup>, by ambulance service, 2009-10 to 2010-11

thousands		
Ambulance Service	2009-10	2010-11
<b>England</b>	<b>221.0</b>	<b>239.4</b>
North East	5.5	4.8
North West	18.5	25.2
Yorkshire	19.9	22.6
East Midlands	20.2	17.0
West Midlands	25.7	39.9
East of England	21.7	25.4
London	66.2	50.1
South East Coast	11.7	9.2
South Central	14.6	22.8
Great Western	4.4	8.4
South Western	11.7	12.8
Isle of Wight	0.9	1.4

Source: Form KA34

<sup>(1)</sup> Note - these all relate to C category only, data prior to 2009-10 is not available

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Table 4 Emergency incidents<sup>(1)</sup> (calls resulting in response arriving at the scene of the incident) by ambulance service, 2004-05 to 2010-11

thousands							
Ambulance Service	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
<b>England</b>	<b>4,526.3</b>	<b>4,770.1</b>	<b>5,068.8</b>	<b>5,888.7</b>	<b>6,150.4</b>	<b>6,415.2</b>	<b>6,606.5</b>
North East	228.3	238.9	249.6	321.7	340.7	353.7	361.5
North West	676.6	698.5	755.2	846.1	873.1	893.1	901.3
Yorkshire	426.7	451.6	481.4	549.3	564.8	598.9	615.9
East Midlands	379.9	400.0	430.9	524.9	547.9	573.6	595.4
West Midlands <sup>(2)</sup>	481.8	521.1	575.4	657.9	691.8	708.8	730.4
East of England	458.0	486.5	517.0	604.9	641.6	668.5	693.4
London	827.4	856.7	865.5	945.8	973.9	1,012.9	1,058.1
South East Coast	377.9	398.7	421.6	503.4	530.4	561.3	581.0
South Central	254.4	272.0	289.2	349.3	364.7	383.2	390.1
Great Western	158.9	169.6	177.4	216.8	233.3	256.2	262.8
South Western	244.2	264.0	292.5	351.4	370.1	387.4	397.9
Isle of Wight	12.0	12.6	13.1	17.3	18.2	17.5	18.6

Source: Form KA34

<sup>(1)</sup> From 2007-08 urgent calls were included (previous years relate to emergency calls only), therefore comparisons of absolute numbers from 2007-08 and previous years are not possible.

<sup>(2)</sup> 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 4a Emergency incidents (calls resulting in response arriving at the scene of the incident)  
by category and ambulance service, 2010-11

thousands					
Ambulance Service	Total	<i>of which</i>	Category A	Category B	Category C
<b>England</b>	<b>6,606.5</b>		<b>2,225.1</b>	<b>2,627.1</b>	<b>1,754.3</b>
North East	361.5		116.3	154.2	91.0
North West	901.3		343.4	364.8	193.1
Yorkshire	615.9		240.3	224.3	151.3
East Midlands	595.4		205.2	247.3	142.8
West Midlands	730.4		257.8	282.5	190.1
East of England	693.4		223.9	264.2	205.3
London	1,058.1		347.7	460.2	250.2
South East Coast	581.0		165.7	221.9	193.4
South Central	390.1		105.0	157.9	127.1
Great Western	262.8		99.7	91.7	71.5
South Western	397.9		113.9	152.1	131.9
Isle of Wight	18.6		6.2	6.0	6.4

Source: Form KA34

Table 5 Emergency calls where following the arrival of an emergency response no ambulance is required by category and ambulance service, 2010-11

Ambulance Service	Total	<i>of which</i>	Category A	Category B
<b>England</b>	<b>29,666</b>		<b>17,043</b>	<b>12,623</b>
North East	783		343	440
North West	3,091		2,436	655
Yorkshire	678		353	325
East Midlands	398		218	180
West Midlands	0		0	0
East of England	1,954		1,771	183
London	21,176		11,002	10,174
South East Coast	250		74	176
South Central	328		189	139
Great Western	404		266	138
South Western	172		126	46
Isle of Wight	432		265	167

Source: Form KA34

Table 6 Emergency incidents: response times by ambulance service and category of call, 2010-11

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)	(%)
<b>England</b>	<b>2225.1</b>	<b>74.9</b>	<b>2,208.1</b>	<b>96.7</b>	<b>2,614.5</b>	<b>91.2</b>
North East	116.3	75.8	116.0	98.5	153.7	93.5
North West	343.4	73.6	341.0	95.6	364.1	87.0
Yorkshire	240.3	73.7	240.0	97.4	223.9	93.7
East Midlands	205.2	72.4	205.0	93.5	247.1	88.3
West Midlands	257.8	76.8	257.8	98.0	282.5	95.0
East of England	223.9	74.6	222.1	95.6	264.0	93.1
London	347.7	75.1	336.7	99.0	450.1	87.2
South East Coast	165.7	76.0	165.6	97.7	221.7	94.3
South Central	105.0	77.5	104.8	95.3	157.8	91.4
Great Western	99.7	74.3	99.4	95.1	91.5	91.7
South Western	113.9	76.9	113.8	96.1	152.1	95.6
Isle of Wight	6.2	77.3	5.9	98.2	5.8	97.8

Source: Form KA34

Table 7 Category A emergency<sup>(1)</sup> incidents: responses within 8 minutes<sup>(2)</sup>, by ambulance service, 2004-05 to 2010-11

percentage of responses within 8 minutes

Ambulance service	Category A Calls						
	2004-05	2005-06	2006-07	2007-08	2008-09 <sup>(2)</sup>	2009-10	2010-11
<b>England</b>	<b>76.2</b>	<b>75.3<sup>(3)</sup></b>	<b>74.6</b>	<b>77.1</b>	<b>74.3</b>	<b>74.3</b>	<b>74.9<sup>(5)</sup></b>
North East	77.3	75.2	76.3	78.5	75.7	75.4	75.8 <sup>(5)</sup>
North West	76.7	74.3	72.7	75.6	74.3	73.0	73.6
Yorkshire	75.1	72.7	72.4	73.5	69.4	70.8	73.7
East Midlands	75.8	75.1	75.9	79.5	76.0	73.7	72.4
West Midlands <sup>(4)</sup>	79.4	77.9	77.2	80.9	75.4	72.5	76.8
East of England	76.3	76.6	75.2	75.0	74.6	75.7	74.6
London	76.6	75.1	75.2	78.9	75.5	75.5	75.1
South East Coast	74.8	76.0	75.1	77.2	75.2	76.3	76.0
South Central	76.2	76.0	73.8	75.1	72.6	74.8	77.5
Great Western	72.7	74.0	72.8	72.2	68.4	75.0	74.3
South Western	75.7	75.9	74.1	78.9	78.0	78.3	76.9
Isle of Wight	77.2	75.7	78.0	81.7	77.0	77.2	77.3

Source: Form KA34

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

<sup>(2)</sup> From 2008-9 the starting point for response time measurement was changed, data relating to 8 and 19 minute responses from 2008-09 are not comparable with previous years.

<sup>(3)</sup> 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.

<sup>(4)</sup> 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.

<sup>(5)</sup> During 2010-11 submission it was found that a trust had miscoded category A calls as category C. The 2010-11 data was resubmitted and is correct as published, the impact at national level in 2010-11 was 0.1%. This issue may have affected previous years submissions however the impact cannot be confirmed (a revised dataset for previous years is not readily available).

Table 8 Emergency<sup>(1)</sup> incidents: responses within 19 minutes<sup>(2)</sup>, by category of call and ambulance service, 2004-05 to 2010-1

percentage of responses within 19 minutes

Ambulance service	Category A calls						Category B / C calls		Category B calls						
	2004-05	2005-06	2006-07	2007-08	2008-09 <sup>(3)</sup>	2009-10	2010-11	2004-05 April - September	2004-05 October - March	2005-06	2006-07	2007-08	2008-09 <sup>(2)</sup>	2009-10	2010-11 <sup>(4)</sup>
	England	96.0	95.9	97.0	97.1	96.9	96.8	96.7 <sup>(5)</sup>	87.4	87.8	87.3	90.5	91.5	91.0	91.0
North East	98.7	98.5	98.6	99.1	99.0	98.8	98.5 <sup>(5)</sup>	94.0	94.8	95.1	95.1	95.3	95.6	94.0	93.5 <sup>(5)</sup>
North West	95.3	95.7	97.5	97.6	96.5	95.4	95.6	86.5	85.6	85.6	91.2	91.0	87.6	85.9	87.0
Yorkshire	93.5	94.7	96.8	96.1	96.1	96.7	97.4	87.4	88.4	86.9	91.9	92.4	90.6	91.1	93.7
East Midlands	96.2	95.9	96.9	97.6	97.3	96.5	93.5	79.0	78.8	83.4	91.0	94.2	95.0	94.5	88.3
West Midlands <sup>(2)</sup>	98.3	97.5	98.2	98.6	98.0	97.5	98.0	92.9	93.1	91.6	95.6	96.0	95.4	94.1	95.0
East of England	97.7	97.5	96.2	95.7	95.8	96.0	95.6	93.3	93.5	95.1	94.2	92.7	93.3	94.0	93.1
London	95.9	95.2	98.0	98.1	98.6	98.7	99.0	78.8	81.2	75.2	81.2	84.4	84.5	86.4	87.2
South East Coast	97.1	97.6	97.6	97.6	96.9	98.2	97.7	92.5	94.0	94.3	93.8	95.2	94.6	93.4	94.3
South Central	95.5	94.9	94.7	94.8	94.5	92.7	95.3	93.5	92.0	92.0	91.4	91.0	88.0	88.3	91.4
Great Western	92.0	91.7	92.6	93.1	94.0	95.3	95.1	83.3	80.4	81.8	83.0	85.7	87.4	90.8	91.7
South Western	96.1	94.4	94.0	95.5	95.6	96.5	96.1	90.3	90.7	89.9	93.4	93.7	94.2	95.8	95.6
Isle of Wight	98.6	98.4	98.5	99.1	96.4	97.1	98.2	97.5	97.2	98.3	97.9	98.3	96.2	96.7	97.8

Source: Form KA34

<sup>(1)</sup> From 2007-08 urgent calls are included (previous years relate to emergency calls only)

<sup>(2)</sup> From 2008-9 the starting point for response time measurement was changed, data relating to 8 and 19 minute responses from 2008-09 are not comparable with previous years

<sup>(3)</sup> 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.

<sup>(4)</sup> Due to changes in the category B 19 minute definitions for 2010-11 this data is not fully comparable with previous years.

For more information see the guidance Annex 1 or the Data Quality section within this publication (Ambulance services England 2010-11)

<sup>(5)</sup> During 2010-11 submission it was found that a trust had miscoded category A calls as category C. The 2010-11 data was resubmitted and is correct as published, the impact at national and regional level in 2010-11 was minimal. This issue may have affected previous years submissions however the impact cannot be confirmed (a revised dataset for previous years is not readily available).

Table 9 Emergencypatient journeys and destinations by ambulance service, 2010-11

thousands

	Total	Emergency Journeys	<i>of which</i>	Patient Journeys to Type 1 & 2 A&E <sup>(1)</sup>	Patient Journeys to destination other than Type 1 & 2 A&E <sup>(1)</sup>	Special / Planned Journeys total	<i>of which</i>	Special Journeys	Planned Journeys
<b>England</b>	<b>13,709.7</b>	<b>4,874.2</b>		<b>4,289.4</b>	<b>584.8</b>	<b>8,835.5</b>		<b>50.1</b>	<b>8,785.4</b>
North East	1,307.7	293.7		202.9	90.8	1,014.0		5.9	1,008.1
North West	2,868.3	774.9		712.2	62.7	2,093.4		18.7	2,074.7
Yorkshire	1,586.7	503.5		476.7	26.8	1,083.2		8.9	1,074.3
East Midlands	1,544.2	413.4		356.7	56.8	1,130.8		0.0	1,130.8
West Midlands	1,375.5	532.4		454.4	78.1	843.1		4.5	838.6
East of England	1,347.2	446.6		380.6	66.0	900.6		0.0	900.6
London	1,024.0	812.6		785.0	27.6	211.4		7.3	204.1
South East Coast	813.6	409.0		340.8	68.1	404.7		0.0	404.7
South Central	845.7	257.8		229.4	28.4	587.9		3.3	584.6
Great Western	399.7	161.2		137.1	24.1	238.5		0.0	238.5
South Western	562.9	254.8		200.9	53.9	308.1		0.0	308.1
Isle of Wight	34.3	14.3		12.8	1.4	20.0		1.6	18.4

Source: Form KA34

<sup>(1)</sup> Type 1 A&E destination is generally consultant led and has full resuscitation facilities and accommodation for reception of A&E patients whereas type 2 A&E departments are still consultant led but provide a single specialty (e.g. dentistry). Other destinations can include minor injury units, walk in centres etc

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Table 10 Emergency <sup>(1)</sup> patient journeys per 100 incidents by ambulance service, 2004-05 to 2009-10, and by category of call by ambulance service for 2010-11

per 100 incidents

Ambulance Service	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11			
	Emergency journeys	Emergency journeys	Emergency journeys				Emergency journeys	Category A	Category B	Category C
<b>England</b>	<b>73</b>	<b>73</b>	<b>70</b>	<b>72</b>	<b>73</b>	<b>73</b>	<b>74</b>	<b>79</b>	<b>69</b>	<b>75</b>
North East	81	80	75	79	79	79	81	85	76	85
North West	77	79	77	80	83	87	86	89	83	86
Yorkshire	78	78	75	79	80	79	82	85	77	84
East Midlands	78	79	73	71	70	70	69	70	65	76
West Midlands <sup>(2)</sup>	66	67	60	71	70	71	73	79	66	75
East of England	68	66	65	65	64	64	64	70	59	65
London	74	75	76	76	79	75	77	83	72	77
South East Coast	74	66	64	67	70	70	70	80	64	69
South Central	66	65	62	62	66	65	66	70	61	69
Great Western	77	75	70	68	66	67	61	66	50	68
South Western	64	63	62	64	65	64	64	67	58	68
Isle of Wight	70	67	63	76	80	60	76	78	79	72

Source: Form KA34

<sup>(1)</sup> From 2007-08 urgent and emergency patient journeys were merged, it is not possible to compare data from this point 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).

<sup>(2)</sup> 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 11 Emergency patient journeys <sup>(1)</sup>, by ambulance service 2004-05 to 2010-11

thousands and percentage

Ambulance service	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	% change 2009-10 to 2010-11
<b>England</b>	<b>4,170.6</b>	<b>4,253.0</b>	<b>4,272.1</b>	<b>4,263.2</b>	<b>4,510.0</b>	<b>4,701.4</b>	<b>4,874.2</b>	<b>3.7</b>
North East	257.2	259.0	255.9	255.4	268.1	278.7	293.7	5.4
North West	621.1	643.1	665.2	678.1	722.9	781.1	774.9	-0.8
Yorkshire	445.6	439.7	442.3	431.8	451.1	470.8	503.5	6.9
East Midlands	383.5	398.6	399.1	370.5	382.2	402.0	413.4	2.9
West Midlands <sup>(2)</sup>	429.3	456.1	432.6	466.6	486.5	505.9	532.4	5.2
East of England	397.5	405.7	419.0	394.1	409.3	430.6	446.6	3.7
London	668.6	689.7	699.8	722.6	770.8	762.2	812.6	6.6
South East Coast	353.6	336.4	330.2	338.3	369.7	393.3	409.0	4.0
South Central	220.7	225.1	226.2	217.6	242.2	247.2	257.8	4.3
Great Western	161.1	163.2	158.3	148.5	153.3	171.5	161.2	-6.0
South Western	221.0	224.8	231.5	226.5	239.3	247.5	254.8	2.9
Isle of Wight	11.4	11.5	11.9	13.1	14.6	10.6	14.3	34.9

Source: Form KA34

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

<sup>(2)</sup> 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 12 Emergency patient destinations by ambulance service and category of call for 2010-11

thousands

Ambulance Service	All emergency patient journeys			of which Patient Journeys to destination Type 1 & 2 A&E <sup>(1)</sup>				Patient Journeys to destination other than Type 1 & 2 A&E <sup>(1)</sup>				
	Total	Category A	Category B	Category C	Total	Category A	Category B	Category C	Total	Category A	Category B	Category C
<b>England</b>	<b>4,874.2</b>	<b>1,753.7</b>	<b>1,806.8</b>	<b>1,313.6</b>	<b>4,289.4</b>	<b>1,632.8</b>	<b>1,684.9</b>	<b>971.7</b>	<b>584.8</b>	<b>121.0</b>	<b>121.9</b>	<b>341.9</b>
North East	293.7	99.3	117.0	77.3	202.9	78.0	94.3	30.6	90.8	21.4	22.8	46.7
North West	774.9	305.0	303.8	166.2	712.2	294.6	294.2	123.4	62.7	10.3	9.6	42.8
Yorkshire	503.5	204.5	172.7	126.3	476.7	197.2	165.9	113.5	26.8	7.2	6.8	12.8
East Midlands	413.4	144.5	160.0	108.9	356.7	128.2	140.9	87.6	56.8	16.3	19.2	21.3
West Midlands	532.4	202.5	187.4	142.6	454.4	200.7	185.1	68.5	78.1	1.7	2.3	74.0
East of England	446.6	156.0	156.2	134.5	380.6	137.7	136.0	106.9	66.0	18.3	20.2	27.6
London	812.6	289.4	330.5	192.7	785.0	279.3	321.7	184.0	27.6	10.0	8.8	8.7
South East Coast	409.0	132.5	142.6	133.8	340.8	118.3	130.2	92.3	68.1	14.2	12.5	41.5
South Central	257.8	73.3	96.8	87.7	229.4	67.1	88.9	73.4	28.4	6.2	7.8	14.4
Great Western	161.2	66.0	46.3	48.9	137.1	59.6	44.5	33.0	24.1	6.4	1.8	15.9
South Western	254.8	76.0	88.7	90.0	200.9	67.4	79.0	54.5	53.9	8.7	9.7	35.5
Isle of Wight	14.3	4.8	4.7	4.7	12.8	4.6	4.2	4.0	1.4	0.2	0.5	0.7

Source: Form KA34

<sup>(1)</sup> Type 1 A&E destination is generally consultant led and has full resuscitation facilities and accommodation for reception of A&E patients whereas type 2 A&E departments are still consultant led but provide a single specialty (e.g. dentistry). Other destinations can include minor injury units, walk in centres etc

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Table 13 Emergency incidents: number of patients treated at the scene only by category and ambulance trust, 2009-10 to 2010-11

thousands

Ambulance Service	2009-10				2010-11			
	Total	Category A	Category B	Category C	Total	Category A	Category B	Category C
<b>England</b>	<b>1,598.6</b>	<b>448.2</b>	<b>759.3</b>	<b>391.1</b>	<b>1,762.9</b>	<b>498.6</b>	<b>825.5</b>	<b>438.8</b>
North East	81.5	21.3	43.4	16.7	75.9	22.1	39.9	13.9
North West	61.6	29.2	23.0	9.5	127.0	46.6	56.5	23.8
Yorkshire	126.3	40.7	59.1	26.5	111.5	35.5	51.2	24.8
East Midlands	184.6	61.7	91.5	31.5	180.6	60.8	85.8	33.9
West Midlands	202.9	50.2	98.1	54.6	221.2	64.5	102.1	54.6
East of England	245.0	65.9	111.8	67.3	256.1	71.2	111.2	73.7
London	168.3	46.0	83.2	39.1	245.5	58.3	129.7	57.5
South East Coast	175.1	37.2	82.7	55.2	180.0	36.6	82.7	60.7
South Central	140.2	33.2	69.3	37.7	135.0	32.7	62.5	39.8
Great Western	84.7	26.4	38.6	19.7	101.6	33.7	45.4	22.5
South Western	124.5	35.7	57.4	31.4	124.0	35.1	57.1	31.8
Isle of Wight	4.0	0.7	1.4	2.0	4.4	1.3	1.3	1.8

Source: Form KA34

Data prior to 2009-10 is not available

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# Annex 1: KA34 guidance notes



## KA34 – Ambulance Services Return

A guide to completing the collection using the Omnibus system

### Introduction

The information obtained from the KA34 is provided by individual ambulance service providers to show volume of service and performance against required standards. This information is published annually in a statistical bulletin.

The published data is used by the Healthcare Commission to assess ambulance trusts against national performance standards. It is also used by the Department of Health several times each week to answer correspondence and to underpin policy development and implementation.

This is a mandatory collection and has been approved by the Review of Central Returns steering committee under the reference number ROCR/OR/0061/003MAND.

This document is intended to help you complete this collection using the Omnibus system. However, if you have any further queries please do not hesitate to contact us using the details in the [contacts section](#).

# Data Reporting Requirements for the Completion of KA34

## 1. Introduction

### 1.1 individual

The information obtained from the KA34 is analysed by

ambulance service providers to show volume of service and performance against required standards. This information is published each year by the Information Centre for Health and Social Care (IC), most recently in the statistical bulletin "Ambulance services, England: 2008-09", available on the IC website. ([www.ic.nhs.uk/statistics-and-data-collections/audits-and-performance/ambulance](http://www.ic.nhs.uk/statistics-and-data-collections/audits-and-performance/ambulance))

### 1.2

The KA34 reporting template for 2010-11 is enclosed at the end of this guidance document. It is planned to publish information derived from the returns in June of each year.

**Important note: The principal changes to the guidance for 2010-11 reporting are:**

- A) Removal of the term 'urgent' throughout the guidance and collection form, and therefore section 2.1.4 ('urgent cases') has therefore also been removed. From 01 April 2007, the change was made that all 'urgent' calls would be prioritised and classified in the same way as emergency 999 calls, and since April 2007 should have been included in Part 1 ('Emergency and Urgent Calls') and Part 2 ('Patient Destinations') of the KA34 data template.
- B) Section 3.1.1 has been amended to list the two existing call prioritisation systems in use to better reflect current practice
- C) Amendments to the guidance in section 3.1.3 to clarify in what circumstances ambulance services may amend a call's initial call categorisation.
- D) Please note that the term 'vehicle' in section 3.5.2 has been amended to read as 'response'.
- E) There are two key changes to section 3.6 ('Emergency Responses'), which focus on reporting against Category B calls. These are as follows:
  - 1) Section 3.6.3 has been amended to expand the definition of a permitted response for Category B calls against the 19-minute standard.
  - 2) A new section, 3.6.4, has been included to allow for Category B calls to be handled with telephone advice and then re-categorised as Category C where appropriate.

**To note: that some re-numbering of sections may have been required to allow amendments and changes to be made to this guidance.**

### 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 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.

## 3. Definitions for Completion of KA34

### 3.1 Part 1 - Emergency calls:

- 3.1.1 Ambulance services use two approved call prioritisation systems (the Medical Priority Dispatch System and NHS Pathways) to map codes that comprise of categories A, B and C. These categorisation codes are reviewed annually and, if appropriate, revised lists will be issued each year in advance of 1<sup>st</sup> April.
- 3.1.2 Although the vast majority of calls can be categorised using the Annexed list, 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) 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 code that was in place within the CAD record prior to the arrival of a first response arriving on scene. The only exception to this reporting requirement is detailed in section 3.6.4.

**3.1.4** In line 01 on KA34, all emergency calls are to be counted, even if multiple calls are received for a single incident (see also 2.1.4)

## **3.2 Resolving Category C calls through telephone advice**

**3.2.1** Where a call is determined as Category C and the most appropriate response is through clinical advice to be provided over the phone (with no ambulance response required), and calls are dealt with by a healthcare professional accountable to the Trust or passed to another organisation working with the Trust through an agreed contract or Service Level Agreement (agreed and governed through the Trust Board) and recorded in line 07 of the KA34 return. Calls defined under section 3.1.2 of this guidance should be excluded when recording in line 07.

**3.2.2** Only successfully completed calls that have been dealt with by the healthcare professional, to whom the call was transferred to, should be recorded in line 07 of the KA34 return. A successfully completed call is one where advice has been given with any appropriate action being agreed with patient and where no further response is required from the ambulance service.

## **3.3 Incidents**

**3.3.1** 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.

## **3.4 Patient Destinations and Patient Journeys**

**3.4.1** Each patient conveyed is counted as an individual patient destination. Similarly, each patient who is treated at the scene of an incident without requiring onward conveyance is counted as an individual treatment at the scene.

### ***Part 2 – Emergency Patient Destinations:***

**3.4.2 Disaggregation of emergency patient destinations** - 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.

**3.4.3 Emergency patient journeys to Type 1 and 2 A&E** (as defined in the NHS Data Dictionary) – include those emergency patient journeys provided by the Trust where a patient is transported to a Type 1 or Type 2 A&E department only.

**3.4.4 Emergency patient journeys to a destination other than Type 1 and 2 A&E** – include those emergency patient journeys provided by the Trust where a patient is transported to all other destinations other than Type 1 or 2 A&E departments. An example of this could be conveying a patient to a minor injuries unit or a Walk-in Centre, a specialist stroke or cardiac centre, GP service or any other health or social care service.

**3.4.5 Treatment at the scene** – include those patients who were treated at the scene by the ambulance service and as a result of that treatment did not require onward transportation for further treatment. If, as part of that treatment, the ambulance trust staff arranged, for example, an appointment for the patient at a GP surgery or a follow-up home visit from a health professional that should also be counted as treatment at the scene. Responses where ambulance trust staff attended an incident and advice was given but no clinical intervention was necessary with no onward transportation required, then that should also be included as treatment at the scene.

### ***Part 3 – Patient Journeys: Non-urgent***

**3.4.6** The following provides a more detailed clarification of what should be included in Part 3 'Patient Journeys: Non-Urgent' section of the KA34 return:

**3.4.7 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.

**3.4.8 Planned/ non-emergency patient journeys** - include all other patient journeys by the Trust. These are for any patients not given emergency or special priority (e.g. most journeys for outpatient appointments, hospital admissions and discharges of a routine nature, including transport to and from other healthcare facilities).

## ***3.5 Timing of emergency response times – clock start and stop***

**3.5.1** In order to calculate the response time the "clock starts" when the call is presented to the control room telephone switch. This will be the case for all calls received on control room telephone lines; from dedicated 999 lines or otherwise. For calls that are electronically transferred to the computer aided dispatch (CAD) system from another CAD the clock starts immediately when that call record is first received by an ambulance trust system.

**3.5.2** 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 response 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.

**3.5.3** 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**

**3.5.4** 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 3.5.1.

## **3.6 Emergency response**

**3.6.1** 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.

**3.6.2** 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.

**3.6.3** For the purposes of the Category B 19-minute standard, a permitted response may only be by:

- an emergency ambulance; or a rapid response vehicle (as defined in the NHS Data Dictionary)

**3.6.4** If a clinical adviser decides that referral to an alternative healthcare provider or telephone advice is the appropriate clinical response to the call, no response is needed within 19 minutes, and the call will be reported as a Category C call.

## **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 calls

#### Line 01 on KA34: Total number of emergency calls

- 4.1.1 Record in column 1 on KA34 the total number of emergency calls where the incident is classified as immediately life-threatening (Category A), in column 2 on KA34 the total number of emergency calls where the incident is classified as being Category B and in column 3 the total number of emergency 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 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 07 on KA34: Emergency responses

- 4.1.4 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.
- 4.1.5 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:**

<p>Emergency responses within 8 minutes (Line 03)</p> <hr/> <p>Total number of incidents with an emergency responses (Line 02)</p>
--

- 4.1.6 In **Line 04** on KA34, record the total number of calls 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 for category A and B calls. Note that this detail is not required for category C.

**4.1.7** 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 of an ambulance response within 19 minutes, as per section 3.6.2 and 3.6.3. For Category A incidents, the timing starts when a request for transport is made (see 3.5.4); for Category B incidents the timing starts when the call is received (see 3.5.1). Note that this detail not required for category C

**NOTE:** only the first ambulance response to arrive at the scene of the incident should be included in lines 05 or 06 where more than one ambulance response has been despatched.

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

Total number of incidents with an ambulance response arriving within 19 minutes (Line 06)
_____
Total number of incidents with ambulance response arriving (Line 05)

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

Total number of incidents with an ambulance response arriving within 19 minutes (Line 06)
_____
Total number of incidents with ambulance vehicle arriving (Line 05)

**4.1.8** In **line 07** on KA34, record the total number of successfully completed Category C calls that have been resolved by a designated healthcare professional providing telephone advice (see section. 3.2.)

## **4.2 Parts 2 and 3: Patient Destinations and Patient Journeys**

**4.2.1** Count each patient conveyed as an individual patient destination (part 2) or as an individual patient journey (part 3).

### ***Part 2: Emergency Patient Destinations***

**4.2.2** Record the number of patient journeys separately for Categories A, B and C arising from emergency and urgent calls into the following three destination categories (see section 3.4.2):

- Patient journeys to Type 1 and 2 A&E
- Patient journeys to a destination other than Type 1 and 2 A&E.
- Treatment at the scene

### ***Part 3: Patient Journeys - Non-urgent***

**4.2.3** Record here the total number of patient journeys other than emergency, include special and planned journeys.

## **Annex**

The call categorisation codes that comprise Categories A, B and C are set out at [www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/EmergencyCare/EmergencyCareArticle/fs/en?CONTENT\\_ID=4136003&chk=jPIVJe](http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/EmergencyCare/EmergencyCareArticle/fs/en?CONTENT_ID=4136003&chk=jPIVJe)

The code lists are reviewed annually by the Emergency Call Prioritisation Advisory Group (ECPAG) and, if appropriate, revised lists will be issued each year in advance of 1st April.

# Annex 2: KA34 form

## Ambulance Services - KA34

1	2	3
Category A: Immediately Life Threatening	Category B: Serious Not Life Threatening	Category C: Not Serious or Life Threatening

### Part 1 - Emergency Calls:

01. Total number of emergency calls			
02. Number of calls resulting in an emergency response arriving at the scene of the incident			
03. Number of calls resulting in an emergency response arriving at the scene of the incident within 8 minutes			
04. Number of calls where following the arrival of an emergency response no ambulance is required			
05. Number of calls resulting in an ambulance able to transport the patient arriving at the scene of the incident			
06. Number of calls resulting in an ambulance arriving at the scene of the incident within 19 minutes			
07. Number of calls resolved through telephone advice only			

### Part 2 - Emergency Patient Destinations:

08. Total number of emergency patient journeys to Type 1 and 2 A&E destinations			
09. Total number of emergency patient journeys to a destination other than Type 1 and 2 A&E			
10. Total number of patients treated at the scene only			
	Special Journeys	Planned Journeys	

### Part 3 - Patient Journeys: Non-urgent:

11. Total number of special/planned journeys		
--	--	--

Please record in the box below any factors that may have significantly increased or decreased the figures from the previous year

Many thanks for taking the time to complete this survey.

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