



Ambulance Services

England

2008-09

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Summary

In 2008-09

- The total number of emergency and urgent calls was 7.48 million, a 250,000 (3.5%) increase over last year when there were 7.23 million.
- Of these, 6.15 million calls (82.3%) resulted in an emergency response arriving at the scene of the incident, a 260,000 (4.4%) increase over last year when there were 5.89 million.
- Of those calls resulting in an emergency response, 1.94 million (31.6%) were classed as category A – immediately life threatening incidents (refer to definition of category A for more detail) and 2.56 million (41.6%) were classed as category B – serious but not immediately life-threatening incidents. The remainder were classed as category C. In 2007-08 there were 30.8% (1.81 million) for category A and 42.2% (2.49 million) for category B.
- The percentage of category A incidents that resulted in an emergency response arriving at the scene of the incident within 8 minutes in 2008-09 was 74.3%*.
- Of the 12 NHS organisations providing ambulance services, 7 met or exceeded the 75% standard for 8 minute response times. Of the 5 remaining trusts, 3 exceeded 72% and the remaining 2 trusts were above 68%*.
- 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 96.9%*.
- The number of category B incidents (serious but not immediately life threatening) was 2.56 million and of these 2.32 million (91.0%) were responded to within 19 minutes with a vehicle capable of transporting the patient.
- The number of emergency and urgent patient journeys was 4.51 million, the highest of any year in the last decade (nearly 250,000 (5.8%) more than the previous year when there were 4.26 million).

* Note: From 1 April 2008, the way that NHS ambulance trusts measure response times has changed. This change is commonly referred to as 'call connect'. Response times are now measured from the point when the call is presented to the control room telephone switch. Previously, response times were measured from the point when certain details had been ascertained from the caller. Therefore 2008-09 data involving the new 'call connect' response time measurement (i.e. 8 and 19 minute response times) are not comparable with earlier years.

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

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

“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.

Because the clock will be starting earlier than in previous years, data relating to timed responses of the KA34 (i.e. 8 minute and 19 minute responses) for 2008-09 are not directly comparable with previous years.

Where necessary any time series break is presented by a line within the tables dividing 2008-09 from previous years.

Previous Updates

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.

Also in 2007-08, the split between special and planned non-urgent patient journeys was collected for the first time; previously they were collected as one combined figure.

Data Quality

Data collection took place between February and May 2009 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)

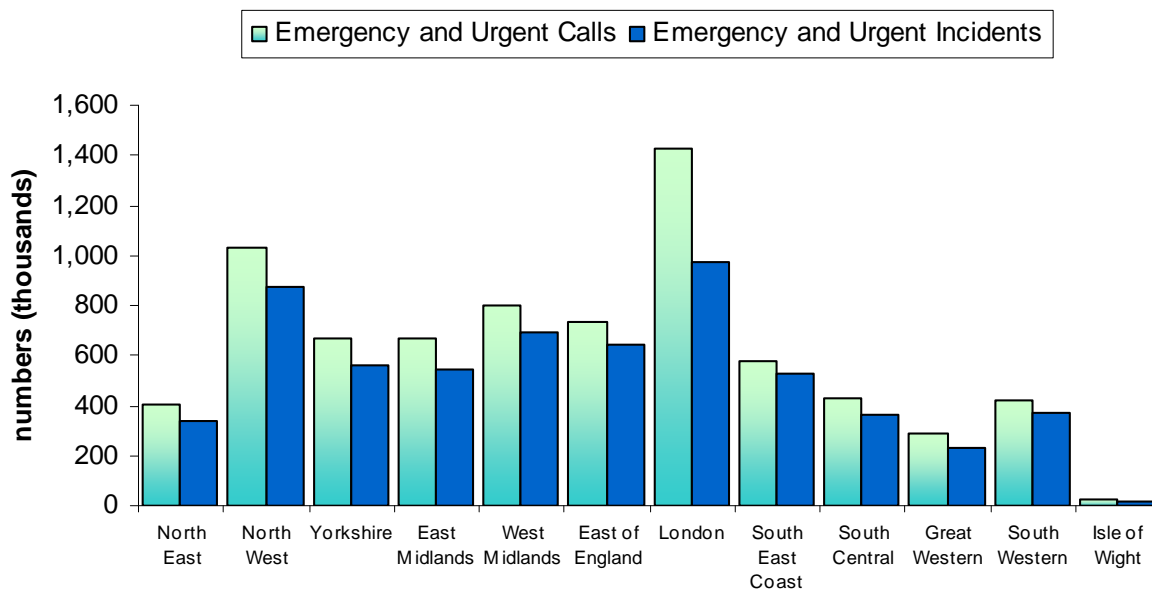
Since April 2007 urgent calls have been included with emergency calls and direct comparisons of absolute numbers with years prior to 2007-08 are not possible. However performance against response time requirements for 2007-08 and earlier years should not be significantly affected and comparisons have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

In 2008-09 there were over 7 million calls recorded. Of these calls, 6.15 million (82.3%) resulted in the arrival of an emergency response at the scene of the incident. This compares with 5.89 million (81.5%) last year.

By trust, the proportion of calls resulting in a response arriving varies between 91.4% in the South East Coast and 68.4% in London. The highest and lowest proportions last year were 95.6% in the Isle of Wight and 68.1% in London.

Of the incidents attended the number classed as category A was 1.94 million equal to 31.6%, the figure in 2007-08 was 1.81 million (30.8%). The number of incidents attended classed as category B was 2.56 million (41.5%), this is compared with 2.48 million (42.1%) last year.

Figure 1: Emergency and Urgent Calls and Incidents by Ambulance Service, England 2008-09



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

2008-09 data

From 1 April 2008, the way that NHS ambulance trusts measure response times has changed. Therefore comparisons of 2008-09 performance against response time requirements with previous years are not possible. For more information see the 'update' section and Annex 1 (KA34 guidance).

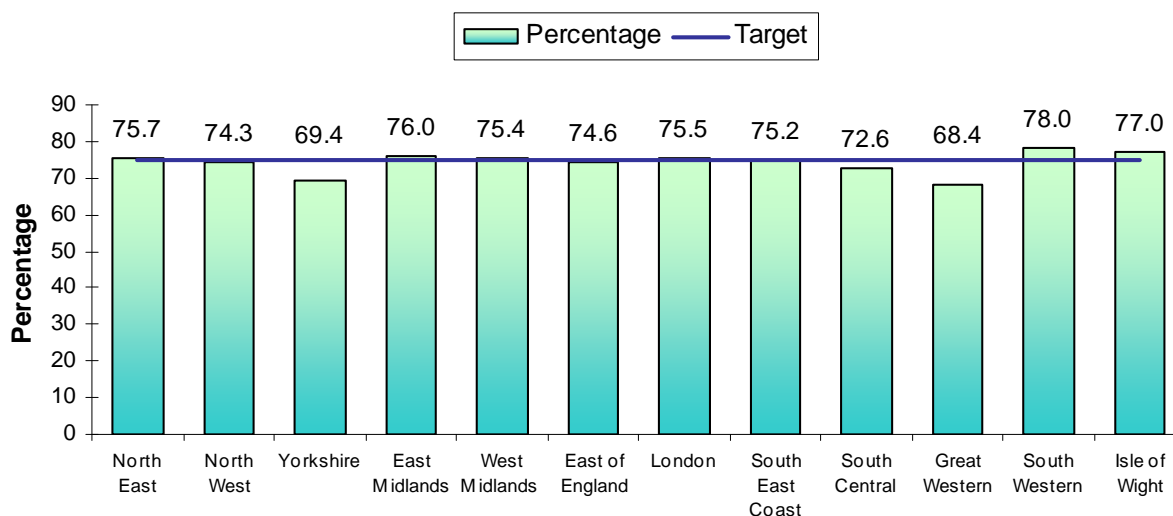
Category A: 8 minute response

Nationally the percentage of Category A incidents that received a response within 8 minutes was 74.3%, this equates to 1.44 million incidents.

7 out of the 12 ambulance services met or exceeded the 75% standard in 2008-09. Of the 5 remaining trusts, 3 exceeded 72% and 2 trusts were above 68%.

The change in response time measurement means that figures for 2008-09 are not directly comparable with those for 2007-08.

Figure 2: Emergency incidents: 8 minute response times by ambulance service and category A call, 2008-09



Category A: 19 minute response

Nationally the percentage of Category A incidents that received a response within 19 minutes was 96.9%.

At a trust level, 10 out of the 12 services exceeded the 95% standard, the remaining 2 met or exceeded 94%.

Category B: 19 minute response

Nationally the percentage of Category B incidents that received a response within 19 minutes was 91.0%.

By trust, 4 services responded to 95% or more incidents within 19 minutes, 4 were above 90% and 4 above 84%.

Figure 3: Emergency Incidents: response times by category by Ambulance Service, England 2008-09

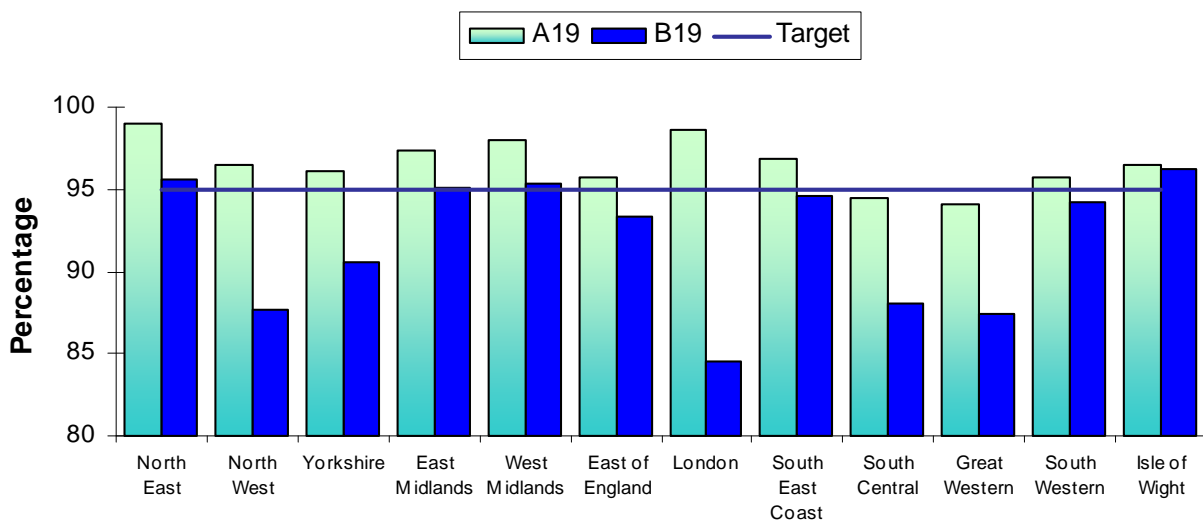
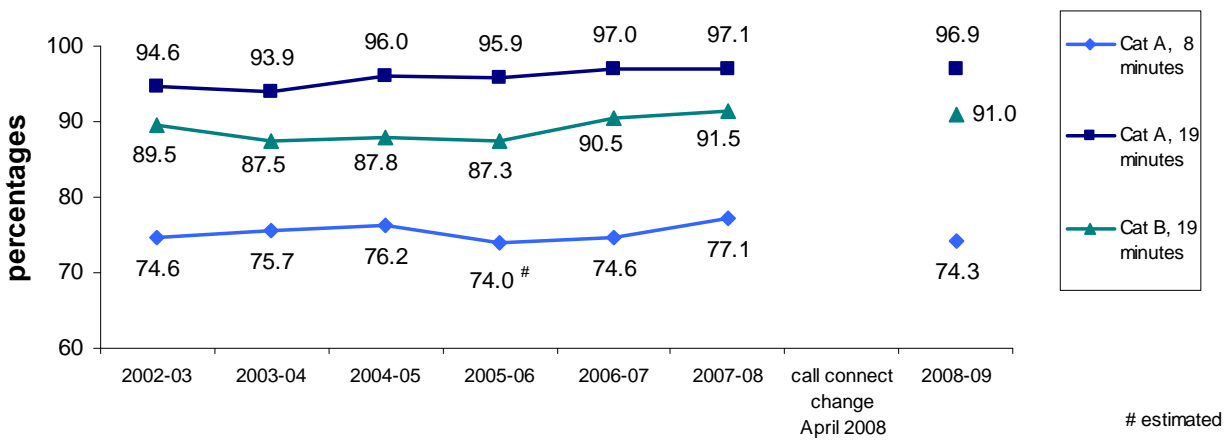


Figure 4: Performance against response time requirements: Category A, 8 minutes, Category A, 19 minutes and Category B, 19 minutes, England 2002- 03 to 2007- 08 and 2008-09



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

Patient journeys include both emergency and urgent calls, prior to 1 April 2007 these were previously separated out. Combining the two areas from previous years enables comparisons over time.

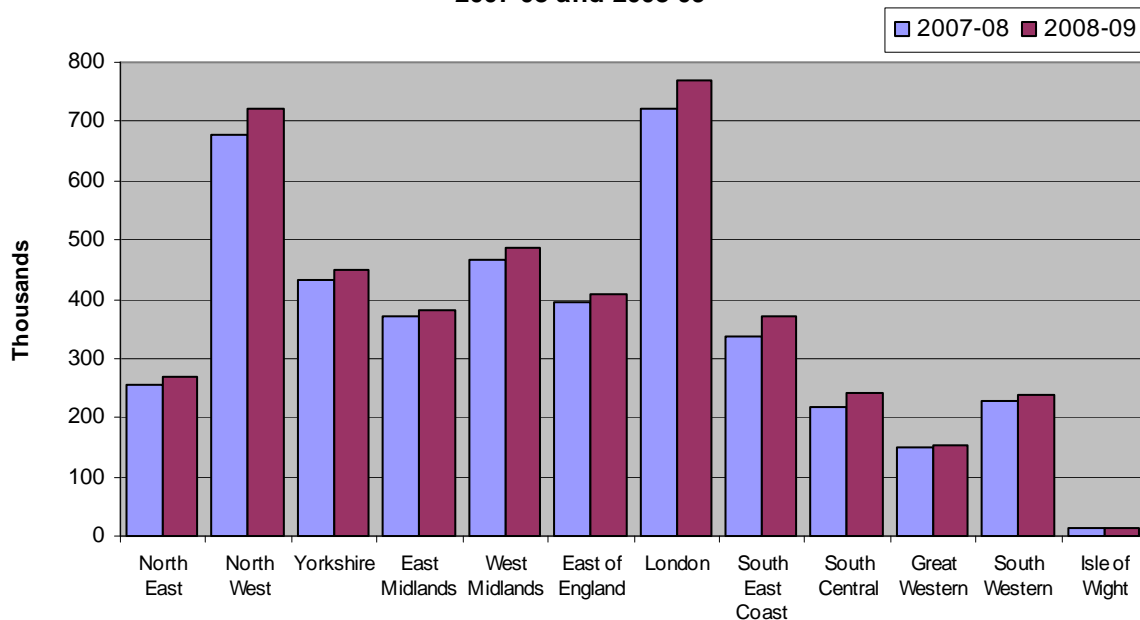
The number of emergency and urgent journeys combined has risen, with a reported 4.51 million in 2008-09, compared to 4.26 million in 2007-08. While overall figures have increased the regional proportions have remained similar to last year.

Numbers of emergency and urgent journeys patient journeys per 100 incidents in 2008-09 shows that around 73 patients were conveyed to a healthcare provider 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 since 1999-2000, however 2008-09 shows a slight increase to 9.59 million (9.51 million last year). In 2008-09 99% of these journeys were planned, with just 1% classed as special journeys, this is the same proportion as last year.

Isle of Wight revised their patient journeys data for 2007-08 (see page 13 for more details).

Figure 5: Emergency and Urgent Patient Journeys by Ambulance Service, 2007-08 and 2008-09



DEFINITIONS

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

- **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:

In 2008-09 (from 1 April 2008) response time are measured from the point when the call is connected to the control room.

In years prior to 2008-09 response time 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.

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, a response within 19 minutes means 19 minutes 0 seconds or less.

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.

Revisions to 2007-08 data

Subsequent to 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.

During the validation of the 2008-09 data, Isle of Wight re-assessed parts of their 2007-08 data and found that Category B for emergency and urgent patient journeys had been under reported last year at 2,204. The updated figure is 4,450. Using the new figure to calculate their emergency and urgent patient journeys per 100 incidents causes an increase from 63% to 76%. The effect on the national figure is negligible and remains the same at 72%.

FURTHER INFORMATION

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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>

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Table 1 Summary statistics, 1998-99 to 2008-09

England

millions

	1998-99	1999-2000	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08 ⁽¹⁾	2008-09 ⁽²⁾
Emergency calls (Emergency and urgent ⁽¹⁾ from 2007-08) :											
Total	3.84	4.18	4.41	4.72	4.93	5.32	5.62	5.96	6.33	7.23 ⁽¹⁾	7.48
Emergency incidents (calls resulting in an emergency response arriving at the scene of the incident): Emergency and urgent ⁽¹⁾ from 2007-08											
Total	3.29	3.43	3.56	3.78	3.99	4.27	4.53	4.77	5.07	5.89 ⁽¹⁾	6.15
Category A incidents											
Total	-	-	-	1.01	1.11	1.15	1.27	1.64	1.80	1.81 ⁽¹⁾	1.94
Response within 8 minutes											
Number (millions)	-	-	-	0.71	0.82	0.87	0.96	1.24	1.34	1.40 ⁽¹⁾	1.44 ⁽²⁾
Percentage	-	-	-	70.7	74.6	75.7	76.2	74.0 ⁽³⁾	74.6	77.1 ⁽¹⁾	74.3 ⁽²⁾
Category B incidents											
Total	-	-	-	-	-	-	1.26	2.35	2.38	2.49 ⁽¹⁾	2.56
Response within 19 minutes											
Number (millions)	-	-	-	-	-	-	1.10	2.05	2.15	2.27 ⁽¹⁾	2.32 ⁽²⁾
Percentage	-	-	-	90.2	89.5	87.5	87.8	87.3	90.5	91.5 ⁽¹⁾	91.0 ⁽²⁾
Patient journeys by priority of journey											
Emergency and Urgent	3.80	3.92	3.93	4.06	3.97	4.11	4.17	4.25	4.27	4.26 ⁽⁴⁾	4.51
Special/planned ⁽⁵⁾	14.84	14.87	14.86	14.36	14.08	13.70	12.82	12.28	10.81	9.51	9.59
Special	-	-	-	-	-	-	-	-	-	0.08	0.08
Planned	-	-	-	-	-	-	-	-	-	9.43	9.51
Total patient journeys	18.64	18.79	18.78	18.42	18.05	17.81	16.99	16.53	15.08	13.77	14.10
Emergency patient journeys per 100 emergency incidents (Emergency and urgent from 2007-08)											
rate	-	-	-	-	76	75	73	73	70	72 ⁽⁶⁾	73

Source: Form KA34

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

⁽²⁾ 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.

⁽³⁾ 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.

⁽⁴⁾ From 2007-08 emergency and urgent patient journeys were merged, for comparison purposes previous years have been merged but should be treated as estimates.

⁽⁵⁾ From 2007-08, special and planned journeys are collected separately.

⁽⁶⁾ 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).

"-" Denotes not applicable

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Table 2 Patient journeys by priority of journey and ambulance service, 2008-09

thousands

	Total	Emergency and Urgent Journeys	Special / Planned Journeys total	<i>of which</i>	Special Journeys	Planned Journeys
England	14,098.3	4,510.0	9,588.3		82.6	9,505.7
North East	1,377.2	268.1	1,109.1		10.5	1,098.6
North West	2,927.1	722.9	2,204.2		19.3	2,184.9
Yorkshire	1,718.7	451.1	1,267.6		21.6	1,246.0
East Midlands	1,540.7	382.2	1,158.5		0.0	1,158.5
West Midlands	1,251.8	486.5	765.3		8.2	757.1
East of England	1,302.0	409.3	892.7		0.0	892.7
London	1,060.0	770.8	289.2		9.7	279.5
South East Coast	823.2	369.7	453.5		5.2	448.3
South Central	851.1	242.2	609.0		6.9	602.1
Great Western	447.9	153.3	294.6		0.2	294.4
South Western	762.6	239.3	523.3		0.0	523.3
Isle of Wight	35.9	14.6	21.3		1.0	20.3

Source: Form KA34

Table 3 Emergency and urgent calls⁽¹⁾ by ambulance service, 2004-05 to 2008-09

thousands

Ambulance Service	Emergency Calls			Emergency and Urgent Calls ⁽¹⁾	
	2004-05	2005-06	2006-07	2007-08	2008-09
England	5,623.8	5,960.1	6,333.4	7,225.5	7,477.2
North East	279.7	291.8	362.0	398.0	405.0
North West	779.7	832.0	887.0	1,009.8	1,033.6
Yorkshire	522.6	552.6	555.5	627.0	671.7
East Midlands	473.2	459.7	523.3	631.9	667.5
West Midlands ⁽²⁾	607.7	668.0	666.8	772.2	796.1
East of England	543.3	581.1	625.6	718.3	733.2
London	1,153.9	1,231.6	1,288.8	1,389.7	1,423.5
South East Coast	460.3	493.0	494.4	554.8	580.1
South Central	330.0	336.6	356.1	446.5	432.4
Great Western	200.9	219.8	232.5	278.8	289.6
South Western	259.5	280.5	328.1	380.6	423.7
Isle of Wight	13.0	13.4	13.3	18.1	20.8

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, 2004-05 to 2008-09

thousands

Ambulance Service	Emergency Incidents			Emergency and Urgent Incidents	
	2004-05	2005-06	2006-07	2007-08	2008-09
England	4,526.3	4,770.1	5,068.8	5,888.7	6150.4
North East	228.3	238.9	249.6	321.7	340.7
North West	676.6	698.5	755.2	846.1	873.1
Yorkshire	426.7	451.6	481.4	549.3	564.8
East Midlands	379.9	400.0	430.9	524.9	547.9
West Midlands ⁽²⁾	481.8	521.1	575.4	657.9	691.8
East of England	458.0	486.5	517.0	604.9	641.6
London	827.4	856.7	865.5	945.8	973.9
South East Coast	377.9	398.7	421.6	503.4	530.4
South Central	254.4	272.0	289.2	349.3	364.7
Great Western	158.9	169.6	177.4	216.8	233.3
South Western	244.2	264.0	292.5	351.4	370.1
Isle of Wight	12.0	12.6	13.1	17.3	18.2

Source: Form KA34

⁽¹⁾ From 2007-08 urgent calls were included (previous years relate to emergency calls only), therefore comparisons of absolute numbers from this point 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.

Table 5 Emergency and urgent incidents: response times ⁽¹⁾ by ambulance service and category of call, 2008-09

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	1,940.7	74.3	1,934.7	96.9	2,553.3	91.0
North East	90.8	75.7	90.8	99.0	158.5	95.6
North West	322.9	74.3	320.9	96.5	346.8	87.6
Yorkshire	203.1	69.4	202.1	96.1	204.9	90.6
East Midlands	174.8	76.0	174.7	97.3	237.1	95.0
West Midlands	199.3	75.4	199.3	98.0	284.8	95.4
East of England	190.0	74.6	189.0	95.8	261.9	93.3
London	319.7	75.5	319.6	98.6	428.4	84.5
South East Coast	159.1	75.2	158.7	96.9	213.9	94.6
South Central	89.8	72.6	89.5	94.5	166.5	88.0
Great Western	77.6	68.4	77.5	94.0	96.6	87.4
South Western	108.1	78.0	107.8	95.8	148.4	94.2
Isle of Wight	5.5	77.0	4.8	96.4	5.5	96.2

Source: Form KA34

⁽¹⁾ 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.

Table 6 Category A emergency and urgent ⁽¹⁾ incidents: responses within 8 minutes ⁽²⁾, by ambulance service, 2004-05 to 2008-09

percentage of responses within 8 minutes

Ambulance service	Category A Calls				
	Emergency Calls			Emergency and Urgent Calls ⁽¹⁾	
	2004-05	2005-06	2006-07	2007-08	2008-09 ⁽²⁾
England	76.2	75.3 ⁽³⁾	74.6	77.1	74.3
North East	77.3	75.2	76.3	78.5	75.7
North West	76.7	74.3	72.7	75.6	74.3
Yorkshire	75.1	72.7	72.4	73.5	69.4
East Midlands	75.8	75.1	75.9	79.5	76.0
West Midlands ⁽⁴⁾	79.4	77.9	77.2	80.9	75.4
East of England	76.3	76.6	75.2	75.0 ⁽⁵⁾	74.6
London	76.6	75.1	75.2	78.9	75.5
South East Coast	74.8	76.0	75.1	77.2	75.2
South Central	76.2	76.0	73.8	75.1	72.6
Great Western	72.7	74.0	72.8	72.2	68.4
South Western	75.7	75.9	74.1	78.9	78.0
Isle of Wight	77.2	75.7	78.0	81.7	77.0

Source: Form KA34

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

⁽²⁾ 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.

⁽³⁾ 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.

⁽⁴⁾ 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.

⁽⁵⁾ Subsequent to 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.

Table 7 Emergency and urgent ⁽¹⁾ incidents: responses within 19 minutes ⁽²⁾, by category of call and ambulance service, 2004-05 to 2008-09

percentage of responses within 19 minutes

Ambulance service	Category A calls					Category B / C calls	Category B calls				
	Emergency Calls		Emergency and Urgent Calls			2004-05 April - September	Emergency Calls		Emergency and Urgent Calls		
	2004-05	2005-06	2006-07	2007-08 ⁽¹⁾	2008-09 ⁽²⁾		2004-05 October - March	2005-06	2006-07	2007-08 ⁽¹⁾	2008-09 ⁽²⁾
England	96.0	95.9	97.0	97.1	96.9	87.4	87.8	87.3	90.5	91.5	91.0
North East	98.7	98.5	98.6	99.1	99.0	94.0	94.8	95.1	95.1	95.3	95.6
North West	95.3	95.7	97.5	97.6	96.5	86.5	85.6	85.6	91.2	91.0	87.6
Yorkshire	93.5	94.7	96.8	96.1	96.1	87.4	88.4	86.9	91.9	92.4	90.6
East Midlands	96.2	95.9	96.9	97.6	97.3	79.0	78.8	83.4	91.0	94.2	95.0
West Midlands ⁽³⁾	98.3	97.5	98.2	98.6	98.0	92.9	93.1	91.6	95.6	96.0	95.4
East of England	97.7	97.5	96.2	95.7	95.8	93.3	93.5	95.1	94.2	92.7	93.3
London	95.9	95.2	98.0	98.1	98.6	78.8	81.2	75.2	81.2	84.4	84.5
South East Coast	97.1	97.6	97.6	97.6	96.9	92.5	94.0	94.3	93.8	95.2	94.6
South Central	95.5	94.9	94.7	94.8	94.5	93.5	92.0	92.0	91.4	91.0	88.0
Great Western	92.0	91.7	92.6	93.1	94.0	83.3	80.4	81.8	83.0	85.7	87.4
South Western	96.1	94.4	94.0	95.5	95.8	90.3	90.7	89.9	93.4	93.7	94.2
Isle of Wight	98.6	98.4	98.5	99.1	96.4	97.5	97.2	98.3	97.9	98.3	96.2

Source: Form KA34

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

⁽²⁾ 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.

⁽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.

Table 8 Emergency and urgent⁽¹⁾ patient journeys per 100 incidents by ambulance service, 2004-05 to 2008-09, and by category of call by ambulance service for 2008-09

per 100 incidents

Ambulance Service	2004-05	2005-06	2006-07	2007-08	2008-09			
	All emergency journeys	All emergency journeys	All emergency journeys		All emergency and urgent journeys	Category A	Category B	Category C
England	73 ⁽²⁾	73	70	72	73	78	69	75
North East	81 ⁽²⁾	80	75	79	79	82	72	86
North West	77	79	77	80	83	85	80	84
Yorkshire	78 ⁽²⁾	78	75	79	80	85	75	80
East Midlands	78	79	73	71	70	71	65	77
West Midlands ⁽³⁾	66	67	60	71	70	79	68	66
East of England	68	66	65	65	64	70	58	65
London	74	75	76	76	79	82	77	80
South East Coast	74	66	64	67	70	77	64	70
South Central	66	65	62	62	66	70	59	74
Great Western	77	75	70	68	66	70	60	71
South Western	64	63	62	64	65	68	59	69
Isle of Wight	70	67	63	76 ⁽⁴⁾	80	75	75	89

Source: Form KA34

⁽¹⁾ 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).

⁽²⁾ Figures for England, North East and Yorkshire have been revised in this table.

⁽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⁾ Due to under reporting, the 2007-08 figure for Isle of Wight has been revised (from 63% to 76%). The effect on the national figure is negligible. Please see Editorial Notes within the text for further details.

Table 9 Emergency and Urgent patient journeys ⁽¹⁾, by ambulance service 2004-05 to 2008-09

thousands and percentage

Ambulance service	2004-05	2005-06	2006-07	2007-08	2008-09	% change 2007-08 to 2008-09
England	4,170.6	4,253.0	4,272.1	4,263.2	4,510.0	5.8
North East	257.2	259.0	255.9	255.4	268.1	5.0
North West	621.1	643.1	665.2	678.1	722.9	6.6
Yorkshire	445.6	439.7	442.3	431.8	451.1	4.5
East Midlands	383.5	398.6	399.1	370.5	382.2	3.2
West Midlands ⁽²⁾	429.3	456.1	432.6	466.6	486.5	4.3
East of England	397.5	405.7	419.0	394.1	409.3	3.8
London	668.6	689.7	699.8	722.6	770.8	6.7
South East Coast	353.6	336.4	330.2	338.3	369.7	9.3
South Central	220.7	225.1	226.2	217.6	242.2	11.3
Great Western	161.1	163.2	158.3	148.5	153.3	3.2
South Western	221.0	224.8	231.5	226.5	239.3	5.6
Isle of Wight	11.4	11.5	11.9	13.1 ⁽³⁾	14.6	11.4

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.

⁽³⁾ Due to under reporting, the 2007-08 figure for Isle of Wight has been revised (from 10.8 to 13.1). The revision changes the national figure from 4260.9 to 4263.2. The effect on the percentage change from 2007-08 to 2008-09 for England is negligible, however the change for Isle of Wight falls from 34.5 to 11.4. Please see Editorial Notes within the text for further details.

Annex 1: KA34 guidance notes



AMBULANCE SERVICES:

DATA REPORTING REQUIREMENTS FOR THE COMPLETION OF KA34, 2008-09

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: 2006-07", available on the IC website. (www.ic.nhs.uk/statistics-and-data-collections/audits-and-performance/ambulance)
- 1.2 The KA34 reporting template for 2008-09 is enclosed. It is planned to publish information derived from the returns in June 2009.

Important note: The principal changes to the guidance for 2008-09 are:

1) Change in the definition of clock start ("Call Connect") (3.4.1)

2) Removal of all sections referring to urban/rural split. From 1 April 2006, the distinction between urban and rural response time requirements was no longer made.

3) To note:

The document 'Operational Plans 2008/9 – 2010/11 (Implementing the 2008/9 Operating Framework) National Planning Guidance and "vital signs"' includes a new indicator within the list of 'Indicators for Local Use' in the area of urgent and emergency care. This indicator focuses on ambulance conveyance, and is in line with the aim in the Ambulance Review 'Taking Healthcare to the Patient' that Ambulance Trusts will transport 1 million fewer patients by ambulance to Accident and Emergency (A&E).

To provide the data for this indicator, the figure currently collected for all journeys will need to be disaggregated to reflect the number of journeys to other destinations.

The indicator will remain 'under development' in 2008/09 with a view to being fully functional in 2009/10 (subject to ROCR approval). However, Ambulance Trusts are asked to begin to collect disaggregated data locally (on a voluntary basis only), as we hope to be able to use 2008/9 data to provide a baseline to support the new indicator in 2009/10. Work will take place with Trusts to define what will need to be collected, and it is intended that

supplementary guidance will be issued in due course which would make collecting the disaggregated data part of the 2008/9 reporting requirements.

- 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 were prioritised and classified in the same way as emergency 999 calls and since April 2007 should have been included in parts 1 and 2 of the KA34 Ambulance Services data template.

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 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 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 original category.

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 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 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 3 '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, 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

3.4.1 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.

3.4.2 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 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.

3.4.3 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

3.4.4 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 3.4.1.

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 Cross-border Calls

- 3.6.1 A cross-border call/incident should be reported by only one Ambulance Service.
- 3.6.2 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.
- 3.6.3 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.
- 3.6.4 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 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 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 patient journeys separately for Categories A, B and C arising from emergency and urgent calls.

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

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: KA34 form

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 patient journeys			
	Special Journeys	Planned Journeys	
Part 3 - Patient Journeys: Non-urgent			
8. 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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