

By: Tristan Godfrey, Research officer to the Health Overview and Scrutiny Committee

To: Health Overview and Scrutiny Committee, 4 January 2013

Subject: Ambulance Services: Background Note

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## 1. Introduction

- (a) Emergency ambulance services are delivered by 11 regionally based Ambulance Trusts across England.<sup>1</sup> The National Ambulance Commissioners Group estimates that ambulance service provision directly costs around 1.5% of the total NHS budget, but impacts on around 20%.<sup>2</sup>

## 2. Key Statistics

- (a) For ambulance services across England in 2011/12:<sup>3</sup>
- The total number of emergency calls was 8.49 million, a 5.1% increase on the previous year.
  - Of these, 6.71 million calls (81.8%) resulted in an emergency response arriving at the scene of the incident, a 1.6% increase on the previous year.
  - The number of emergency patient journeys was 4.92 million, a 0.9% increase on the previous year.
  - Of these journeys, 4.40 million (89.4%) were taken to a type 1&2 A&E destination and 0.52 million (10.6%) were taken elsewhere.<sup>4</sup> 1.81 million were treated at the scene and not transported elsewhere, a 2.6% increase on the previous year.

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<sup>1</sup> There are separate arrangements for the Isle of Wight.

<sup>2</sup> NHS Confederation, *Integrated ambulance commissioning in the new NHS*, 5 November 2012, [http://www.nhsconfed.org/Publications/briefings/Pages/Integrated-ambulance-commissioning.aspx?utm\\_source=Web&utm\\_medium=Promo&utm\\_term=031212&utm\\_campaign=1](http://www.nhsconfed.org/Publications/briefings/Pages/Integrated-ambulance-commissioning.aspx?utm_source=Web&utm_medium=Promo&utm_term=031212&utm_campaign=1)

<sup>3</sup> Adapted from: The Information Centre for Health and Social Care, *Ambulance Services England 2011-12*, 20 June 2012, [http://www.ic.nhs.uk/webfiles/publications/002\\_Audi8ts/Audits%20and%20performance/Ambulances/amb-svc-2011-12/amb\\_svc\\_eng\\_2011\\_2012\\_bul\\_v2.pdf](http://www.ic.nhs.uk/webfiles/publications/002_Audi8ts/Audits%20and%20performance/Ambulances/amb-svc-2011-12/amb_svc_eng_2011_2012_bul_v2.pdf)

<sup>4</sup> Type 1 = A consultant led 24 hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients; Type 2 = A consultant led single specialty accident and emergency service (e.g. dental). Source: The Department of Health, Quarterly Monitoring of Accident and Emergency (QMAE), Guidance, FAQs and Simple form, p.3, [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/@sta/@perf/documents/digitalasset/dh\\_129783.doc](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/@sta/@perf/documents/digitalasset/dh_129783.doc)

- Of the 12 NHS organisations providing ambulance services, all 12 met or exceeded the 75% standard for 8 minute response times.
- (b) South East Coast Ambulance Service NHS Foundation Trust (SECAMB) covers a geographical area of 3,600 square miles (Brighton & Hove, East Sussex, West Sussex, Kent, Surrey, and North East Hampshire).<sup>5</sup> A selection of sheets comparing SECAMB with the other ambulance service providers against some of these national headline figures are appended to this Background Note.<sup>6</sup>

### 3. Clinical Quality Indicators

- (a) Measurement of the performance of ambulance services against 3 response time targets was introduced in 1996 to improve basic standards and consistency across the country. According to the House of Commons Public Accounts Committee:
- *“... the incentive to meet response time targets has led to some inefficiencies. For example, some ambulance services send more than one team to incidents, over-committing vehicles and staff.”<sup>7</sup>*
- (b) The target of responding to at least 75 per cent of Category A life-threatening patients within 8 minutes remains. The Category B response target for non-life threatening emergencies was replaced from 1 April 2011 with 11 new clinical quality indicators. These are:<sup>8</sup>
- Outcome from acute ST-elevation myocardial infarction (STEMI).
  - Outcome from cardiac arrest - return of spontaneous circulation.
  - Outcome from cardiac arrest - survival to discharge.
  - Outcome following stroke for ambulance patients.
  - Proportion of calls closed with telephone advice or managed without transport to A&E (where clinically appropriate).
  - Re-contact rate following discharge of care (i.e. closure with telephone advice or following treatment at the scene).
  - Call abandonment rate.
  - Time to answer calls.
  - Service experience.
  - Category A 8 minute response time.
  - Time to treatment by an ambulance-dispatched health professional.

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<sup>5</sup> South East Coast Ambulance Service NHS Foundation Trust, *About us*, [http://www.secamb.nhs.uk/about\\_us.aspx](http://www.secamb.nhs.uk/about_us.aspx)

<sup>6</sup> Sourced from: The Information Centre for Health and Social Care, *Ambulance Services England 2011-12*, 20 June 2012, [http://www.ic.nhs.uk/webfiles/publications/002\\_Audits/Audits%20and%20performance/Ambulances/amb-svc-2011-12/amb\\_svc\\_eng\\_2011\\_2012\\_bul\\_v2.pdf](http://www.ic.nhs.uk/webfiles/publications/002_Audits/Audits%20and%20performance/Ambulances/amb-svc-2011-12/amb_svc_eng_2011_2012_bul_v2.pdf)

<sup>7</sup> House of Commons Committee of Public Accounts, *Transforming NHS ambulance services*, p.3, <http://www.publications.parliament.uk/pa/cm201012/cmselect/cmpubacc/1353/1353.pdf>

<sup>8</sup> South East Coast Ambulance Service NHS Foundation Trust, *Clinical Quality Indicators*, [http://www.secamb.nhs.uk/about\\_us/our\\_performance/response\\_time\\_targets/clinical\\_quality\\_indicators.aspx](http://www.secamb.nhs.uk/about_us/our_performance/response_time_targets/clinical_quality_indicators.aspx)

- (c) In the Government's response to the House of Commons Public Accounts Committee report, it was stated that:
- *"The removal of the B19 target has already increased flexibility in terms of appropriate responses being deployed. It is anticipated that the publication and review of the ambulance clinical quality indicator data will decrease variation in performance between trusts and will therefore help to improve efficiency."*<sup>9</sup>
- (d) From 1 June 2012, a technical amendment was introduced to the Category A8 response time standard. This allowed for a distinction between Red1 and Red2 calls. Red1 calls account for less than 5% of all ambulance calls and cover the most critical – "cardiac arrest patients who are not breathing and do not have a pulse, and other severe conditions such as airway obstruction." Red2 calls "are serious but less immediately time critical and cover conditions such as stroke and fits."<sup>10</sup>

#### 4. Commissioning

- (a) In most areas, Primary Care Trusts (PCT) currently commission emergency ambulance services jointly across a region, normally through a lead PCT commissioner. Commissioning responsibility will transfer to Clinical Commissioning Groups on 1 April 2013. It is likely that in many areas joint or collaborative commissioning will continue.<sup>11</sup>
- (b) Ambulance services were in the past commissioned on a cost and volume basis but the Operating Framework stated the Department of Health will "seek to amend the scope of ambulance service reference cost data collection to underpin currencies for use in 2012/13".<sup>12</sup> Four currencies were made mandatory for contracting in 2012/13, with locally agreed prices. A national tariff may be introduced in 2013/14.<sup>13</sup>

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<sup>9</sup> HM Treasury, *Treasury Minutes. Government Responses to the Forty Sixth to the Fiftieth Reports from the Committee of Public Accounts: Session 2010-12*, p.7, [http://www.hm-treasury.gov.uk/d/hmt\\_minutes\\_46\\_50\\_reports\\_cpas\\_dec2011.pdf#page=4](http://www.hm-treasury.gov.uk/d/hmt_minutes_46_50_reports_cpas_dec2011.pdf#page=4)

<sup>10</sup> Department of Health, *Technical amendment to the category A8 ambulance response time standard*, 16 May 2012, [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_134120.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_134120.pdf)

<sup>11</sup> NHS Confederation, *Integrated ambulance commissioning in the new NHS*, 5 November 2012, [http://www.nhsconfed.org/Publications/briefings/Pages/Integrated-ambulance-commissioning.aspx?utm\\_source=Web&utm\\_medium=Promo&utm\\_term=031212&utm\\_campaign=1](http://www.nhsconfed.org/Publications/briefings/Pages/Integrated-ambulance-commissioning.aspx?utm_source=Web&utm_medium=Promo&utm_term=031212&utm_campaign=1)

<sup>12</sup> Department of Health, *The Operating Framework for the NHS in England 2011/12*, p.53, [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\\_122736.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122736.pdf)

<sup>13</sup> Department of Health, *Payment by Results Guidance for 2012/13*, 16 February 2012, p.132, [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_133585.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_133585.pdf)