Ambulance services in Wales

Background:

What are these statistics?

The ambulance services statistics show monthly data for Wales on the number of calls and the time taken to respond to an incident. Information is available by Local Health Board (LHB) and for Wales. The latest and past versions of the release are available on the ambulance services page.

Since April 2014, Local Health Boards have been responsible for providing emergency ambulance services (999 calls) for their local residents; the Welsh Ambulance Services NHS Trust (WAST) is commissioned to deliver emergency ambulance services on their behalf.

There are two categories of ambulance service:

- **Emergency Medical Services (EMS)** - the Emergency Medical Service deals with emergency and urgent cases, and is accessed by dialling 999; and
- **Patient Care Services (PCS)** – provides transport for patients to a variety of planned hospital appointments and outpatient clinics.

Emergency calls:

Emergency (999) calls are answered by a member of staff who will assess the symptoms and either send an appropriate response, or refer the caller to an experienced nurse for further assessment.

Emergency call: An emergency call is recorded as one call per incident although the ambulance service may have received more than one call for an incident.

Changes to the ambulance service:

From 1 October 2015:

As announced in a statement by the Deputy Minister for Health, a new clinical response model was introduced in Wales for a 12 month pilot period from 1 October 2015.

The statistical release will be published monthly during the trial period. It covers call volumes for red, amber and green categories, and progress and response times against the red target. Data is shown for Wales and at Local Health Board level. There is no time target for amber or green calls. Newly available supporting information for amber responses is available on StatsWales, which will provide consistency (as far as possible) with the suite of information that was available under the previous model.

More detailed, contextual information on red, amber and green calls will be published on a quarterly basis by the Emergency Ambulance Services Committee (EASC); the first set of indicators was published on 27 January 2016, covering the period from 1 October 2015 to 31 December 2015.

EASC has developed a Quality and Delivery Framework for Emergency Ambulance Services and a five-step ambulance patient care pathway. It includes a range of Ambulance Quality Indicators (AQIs), targets and measures for each of the five steps – how it helps people to choose the right service for their needs; how their call is dealt with; how a response is provided; how treatment is delivered; and – if appropriate – how people are taken to hospital.

Three existing WAST clinical indicators are published on the My Local Health and Social Care website.

Call categories and comparability with previous data:

See the 'Quality Report – prior to 1 October 2015' for details of the previous standards and targets.

The new model has three new categories of calls – Red, Amber and Green:

- **Red -** Immediately life-threatening (someone is in imminent danger of death, such as a cardiac arrest). There is a target for 65 per cent of these calls to have a response within 8 minutes.
- **Amber -** Serious but not immediately life-threatening (patients who will often need treatment to be delivered on the scene, and may then need to be taken to hospital). There will be no time-based target for amber calls; instead a range of clinical outcome indicators will be introduced to measure the quality, safety and timeliness of care being delivered alongside patient experience information, which will be published every quarter.
- **Green -** Non urgent (can often be managed by other health services) and clinical telephone assessment. There is no official time based target for these calls.

Running calls (operational crews who arrive at the scene of an unrecorded incident without prior receipt of an emergency call) are counted as red calls, as are calls answered by either a Health Care Professional on Scene with a Defibrillator (MEDIC), or a Public Access Defibrillator (PAD).

Health Care Professionals[1] (HCP) Urgent & Planned Calls are identified as green; where an HCP call poses an immediate threat to life, these calls will be prioritised according the final Medical Priority Dispatch System priority.

[1] Doctor, General Practitioner, Emergency Care Practitioner, Nurse, District Nurse, Midwife, Paramedic, Dentist, Approved Social Worker.

As a result of these changes, nearly all of the data from the trial is not comparable to that for before October 2015. Some of the differences include:

- Call categories A & C have been removed and replaced by colour coding.
- Call handlers are allowed up to an additional two minutes to accurately identify both the severity and nature of a patient's condition (for those calls that are not immediately life threatening), and the clinical resource they require before dispatching an ambulance.
- A small proportion of calls that were classed as red 2 calls have been moved to the red category and a proportion of calls have been re-categorised from red 1. This means that comparisons cannot be made between performance against the old red1/2 categories and the current red category.
- The changes will result in a reduction in the number of calls received with a time target.
- An 8 minute response time target is only applied to red calls and therefore comparisons of the 8 minute target performance cannot be made before and after 1 October 2015.

In addition, following the first month of the trial, the Chief Ambulance Services Commissioner approved revised technical guidance with WAST. This guidance ensures that incidents, (where following a 999 call the patient deteriorates), are more accurately captured (and the call is upgraded to a red category). This reflects the requirement for WAST to urgently dispatch the most appropriate response to patients with the greatest clinical need.

These changes were implemented from 11 November. Calls which were originally coded as amber or green, and the patient subsequently deteriorated, are re-coded through Professional Question & Answering or by the use of a manual dispatch code/override to red. For these calls, the clock start is registered as the time the call is re-coded to red. This change is consistent with the clinical response model and reflects the immediacy of response required for the patient.

Calls which were originally coded as red and during the initial call taking process the patient's condition improves are then re-coded through Professional Question & Answering or by the use of a manual dispatch code/override to amber or green depending on condition. For these calls, the clock start is re-registered as the time the call is re-coded to amber or green.

This means that performance data for December 2015 onwards cannot be compared with October and November 2015.

Additional tables containing a greater amount of detail, including 'amber' minute by minute performance, are available on the Welsh Government's interactive data dissemination service StatsWales.

Key Quality Information:
National Statistics are produced to high professional standards set out in the National Statistics Code of Practice. They undergo regular quality assurance reviews to ensure that they meet customer needs and are produced free from any political interference.

Users and uses:
An understanding of trends in ambulance response times is crucial for those involved in planning and decision making at both the national and local level.

We believe these statistics are used by:

- Ministers in relevant Ministerial Statements, committees and news items;
- Officials within the Department for Health & Social Services at Welsh Government to provide updates and advice for senior officials and Ministers and in reports and meetings with the Welsh Ambulance Services NHS Trust to manage performance;
- The Members Research Service at National Assembly for Wales to support Assembly Members;
- The NHS and unitary authorities in Wales to assess, manage and benchmark performance;
- Other government departments across the UK to review methodology and compare performance;
- The media to contribute to news articles and inform the public;
- Political parties to assess how the NHS is performing;
- Students, academics and universities as part of research work; and
- Individual citizens to help determine the service they may receive from the Welsh Ambulance Services NHS Trust.

If you are a user and do not feel the above list adequately covers you, or if you would like to be added to our circulation list, please let us know by e-mailing: stats.healthinfo@wales.gsi.gov.uk

Strengths and limitations of the data:
Strengths

- The information is processed and published monthly and in an ordered manner to enable users to see the statistics when they are current and of greatest interest. Following feedback from users, we published the release a week earlier for April 2012 data onwards.
- Outputs have a clear focus on Wales and have been developed to meet the internal and external user need in Wales.
- Efficient use has been made of administrative data sources to produce outputs.
- The release shows data mapped at LHB and Unitary Authority level.
- Detailed statistics are provided via our StatsWales website.

Limitations

- The StatsWales information is intended for a more informed audience, with little explanation to enable other users to interpret the data appropriately.
- Because of the devolved administrations and differing policy, there is less scope for direct UK comparisons (see 'Coherence' later in the document).

Data processing cycle:
Data collection:
The Health Statistics & Analysis Unit of the Welsh Government receives monthly data on the NHS ambulance service in Wales from the Welsh Ambulance Services NHS Trust (WAST), at Local Health Board (LHB) level. Until July 2007, the data was collected quarterly on the KA34 Patient Transport Services return.

Validation and verification:
Data is submitted on an EXCEL spreadsheet and transferred to an ACCESS database; validation checks including monthly trends are carried out and any queries are taken up with WAST.

Publication:
The statistics published by the Health Statistics and Analysis Unit are produced from the data provided by WAST. Producing the release is a mainly automated process but key points and commentary are produced separately. The information on the release is checked against the data supplied. The information presented in StatsWales is produced automatically, thus reducing the likelihood of error.

Disclosure and confidentiality:
The information is not considered to be sensitive in nature and there is no identifying information presented.

We adhere to our statement on confidentiality and data access, issued in conformance with the requirements set out in Principle 5: Confidentiality of the Code of Practice for Official Statistics.

Quality
Health Statistics and Analysis Unit adhere to a quality strategy and this is in line with Principle 4 of the Code of Practice for Official Statistics. Specifically, the list below details the six dimensions of the European Statistical System and how we adhere to them:

Relevance
The degree to which the statistical product meets user needs for both coverage and content.

We encourage users of the statistics to contact us to let us know how they use the data. It would not be possible to provide tables to meet all user needs, but the tables published in the release and StatsWales aim to answer the common questions.

We consult with key users prior to making changes, and where possible publicise changes on the internet, at committees and other networks to consult with users more widely. We aim to respond quickly to policy changes to ensure our statistics remain relevant.

We actively review all our outputs and welcome feedback; if you would like to make any comments, please e-mail stats.healthinfo@wales.gsi.gov.uk

Accuracy
The closeness between an estimated result and an (unknown) true value.

Accuracy can be broken down into sampling and non-sampling error. Non-sampling error includes areas such as coverage error, non-response error, measurement error, processing error.

This is an established data collection based on 100% data i.e. not a sample and as such no estimation of the figures is needed and hence there is no sampling error.

We haven't yet investigated non-sampling error; however processing errors could occur where staff in ambulance control centres incorrectly input data into their administrative system or measurement errors could occur from staff in ambulance control centres having different interpretations of definitions. To reduce non-sampling error, standards and guidance are provided about the data collections. Standards relating to this data collection have been reviewed and passed by Information Standards Board. Where non-sampling error affects the data, we provide full information for users to allow them to make informed judgements on the quality of the statistics, particularly if there are limitations of the data.

All our outputs include key quality information on coverage, timing and geography.

There are quality assurance procedures in place to understand and explain movements in the data and to check that the computer system is calculating the published statistics correctly.

In the event of incorrect data being published, revisions would be made and users informed in conjunction with the Welsh Government's Revisions, Errors and Postponements arrangements.

Timeliness and punctuality
Timeliness refers to the lapse of time between publication and the period to which the data refer. Punctuality refers to the time lag between the actual and planned dates of publication.

All outputs adhere to the Code of Practice by pre-announcing the date of publication through the Due Out Soon web pages. Furthermore, should the need arise to postpone an output this would follow the Welsh Government's Revisions, Errors and Postponements arrangements.

We publish releases as soon as practical after the relevant time period. Until the release for April 2012, data was published on the first Wednesday of each month, around 5 weeks after the end of the month covered (eg data for July 2011 was published on Wednesday 7 September 2011).

Following feedback from users, we now publish the release a week earlier, on the last Wednesday of the month.

Accessibility and clarity

Accessibility is the ease with which users are able to access the data, also reflecting the format(s) in which the data are available and the availability of supporting information. Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.

The statistics are published in an accessible, orderly, pre-announced manner on the Welsh Government website at 9:30am on the day of publication. An RSS feed alerts registered users to this publication. Simultaneously the releases are also published on the National Statistics Publication Hub. We also publicise our outputs on Twitter. All releases are available to download for free.

More detailed data is available at the same time on the StatsWales website and this can be manipulated online or downloaded into spreadsheets for use offline.

We aim to use Plain English in our outputs and all outputs adhere to the Welsh Government's accessibility policy. Furthermore, all our headlines are published in Welsh and English.

Further information regarding the statistics can be obtained by contacting the relevant staff detailed on the release or via stats.healthinfo@wales.gsi.gov.uk

Comparability

The degree to which data can be agreed over both time and domain.

Where there are changes to the data provided, this is shown clearly in the outputs. Where advance warning is known of future changes these will be pre-announced in accordance with Welsh Government arrangements.

For example, when he latest changes were made to the ambulance service in Wales on 1 October 2015, and when the technical guidance was changed in November 2015, this was clearly explained in the release.

There is similar information available from other parts of the UK but the data is not exactly comparable due to local definitions and standards in each area – see Coherence below.

Agreed standards and definitions within Wales provide assurance that the data is consistent.

Coherence

The degree to which data that are derived from different sources or methods, but which refer to the same phenomenon, are similar.

Every month the data are all collected from the same sources and adhere to the national standard; they will also be coherent within and across organisations.

Other UK countries also measure ambulance response times. However the outputs differ in different countries because they are designed to help monitor policies that have been developed separately by each government. Further investigation would be needed to establish whether the definitional differences have a significant impact on the comparability of the data.

For example, in Wales the clock starts when the chief complaint has been established, whereas in England the clock starts – for Red1 calls - when the call is answered. In Northern Ireland the clock starts when the following details of a call have been ascertained: caller's telephone number, exact location of incident, and the nature of the chief complaint.

Ambulance services in England:
http://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators

Ambulance services in Scotland:
http://www.scottishambulance.com/TheService

Ambulance services in Northern Ireland:
https://www.dhsspsni.gov.uk/articles/emergency-care-and-ambulance-statistics#toc-1

Dissemination
All the data is of sufficient quality following the processes outlined above to justify publication. The high level messages are published on the first page of the relevant release and high level charts are included in the release. All the actual data provided is published on our interactive website StatsWales.

Evaluation
We always welcome feedback on any of our statistics. If you would like to make any comments, please e-mail us at stats.healthinfo@wales.gsi.gov.uk

Produced by: Knowledge and Analytical Services, Welsh Government
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