ystadegau ar gyfer cymru statistics for wales

Statistical Bulletin

Llywodraeth Cymru Welsh Government

National Survey for Wales, 2016-17
Emergency Ambulance Service

20 February 2018
SB 12/2018

The National Survey asks a series of questions about health services in Wales and people's satisfaction with various aspects of them. This bulletin covers satisfaction with ambulance response time, the service received, and trust in the crew's professional skills. It is one of a set reporting on different health services in Wales; future bulletins will cover GP services, hospital services, and another on hearing and eye care.

Key findings

- 14% of people had contacted the emergency ambulance service in the last 12 months.

Of those who contacted the service in 2016-17:

- 27% of people required the ambulance for themselves, 8% for a dependent child, 41% for another family member and 24% for someone else.
- Satisfaction with the time taken for the ambulance to arrive increased with age; from 65% of 16 to 24 year olds to 84% of people aged 75 and over being satisfied.
- 94% had trust and confidence (definitely or to some extent) in the ambulance crew's professional skills.
- 80% of people for whom the ambulance was called went to hospital straight away, 6% went later that day or another day, and 15% of people did not go to hospital.

- 87% were satisfied (very or fairly satisfied) with the service they received from the emergency ambulance service.
- People were more likely to be very satisfied with the service if they had a strong sense of community; were over 65; were economically inactive (rather than unemployed); and/or are very satisfied with life in general. Local health board was not significantly associated with satisfaction levels.

About this bulletin

This bulletin provides more detailed analysis of the results from the questions about the **emergency ambulance service,** from the National Survey for Wales in 2016-17.

The full questionnaire is available on the National Survey web pages.

Additional tables can be accessed via the Results viewer.

In this bulletin

Introduction 2
Initial contact 3
Response time 4
Satisfaction with skills and service 6
Hospital admission 7
Satisfaction with the emergency ambulance service 8
Terms and definitions 11
Key quality information 13

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Introduction

Emergency ambulance services in Wales are overseen by the seven Local Health Boards and delivered by the Welsh Ambulance Services NHS Trust (WAST).

In October 2015, WAST started a trial of a new model that significantly changed the way ambulance services in Wales are delivered. This decision was based on evidence from leading clinicians and professional bodies that there should be a greater focus on clinical outcomes rather than simple time-based targets. In February 2017, following a successful 18-month pilot, it was decided that the model would be fully implemented.

The aim of the model is to ensure patients receive a response in order of their relative clinical priority and places a greater focus not only on the response time but on the quality of care patients receive. Three new categories of calls have been introduced:

RED	Immediately life-threatening
AMBER	Serious, but not immediately life threatening
GREEN	Neither serious or life threatening

Under the new model, only the most serious calls (around four per cent), categorised as Red, are subject to a time-based target (65% of these calls to have a response time within 8 minutes). All other calls receive a response, either face-to-face or by telephone, based on an assessment of clinical need. A set of indicators were introduced to monitor the quality and timeliness of the service.

A separate statistics bulletin, Ambulance services in Wales, 2016-17, covers annual call volumes for red, amber and green categories, response times against the red target, and average response time for both red and amber calls.

Monthly data in relation to call volume and response times for red and amber calls is also published as part of the monthly NHS Performance and Activity release and the accompanying dashboard. Ambulance Quality Indicators are published on a quarterly basis on the Emergency Ambulance Services Committee website.

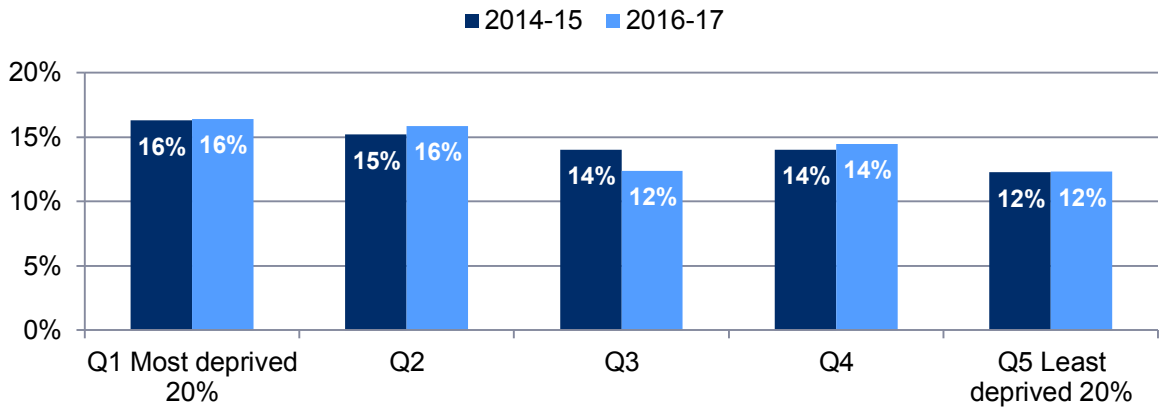
Questions on emergency ambulance services were first included in the 2014-15 National Survey for Wales and were included again in 2016-17. The reason for their inclusion is so that Welsh Government can use patient satisfaction information from the survey to complement operational measures and to monitor the results following policy change.

Initial contact

People were asked whether they had personally contacted the emergency ambulance service in Wales (by calling 999), either for themselves or someone else, during the previous 12 months. This question was asked in 2014-15 and 2016-17. In both years 14% of people said they had contacted the emergency ambulance service. 13% of men had phoned for an ambulance compared with 15% of women. The age of the caller was not a significant factor in the proportion of calls made.

Chart 1 shows that the proportion of people contacting the ambulance service varied by levels of deprivation. In 2016-17, 16% of people in the most deprived areas phoned 999 for an ambulance compared with 12% of people in the least deprived areas. The same pattern was observed in 2014-15.

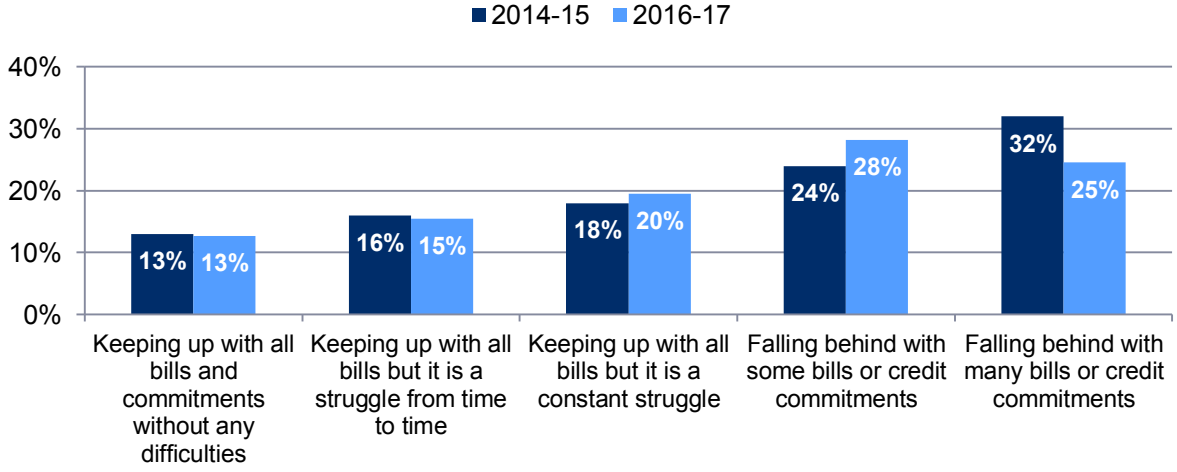
Chart 1: Initial contact with ambulance service, by WIMD[1] quintiles and year



14% of people who had a car or van normally available for use by their household called the ambulance service, compared with 18% of people who did not have a vehicle available.

Looking at initial contact with the emergency ambulance service against people's ability to keep up with bills and credit commitments showed that people who were falling behind with many or some financial commitments were more likely to call the emergency service than those with no difficulties paying bills. In 2014-15, 32% of people who had real financial problems called for an emergency ambulance compared with 25% in 2016-17. However, this compares with 13% of people (in both years) who were keeping up with all bills and commitments. Chart 2 shows these results.

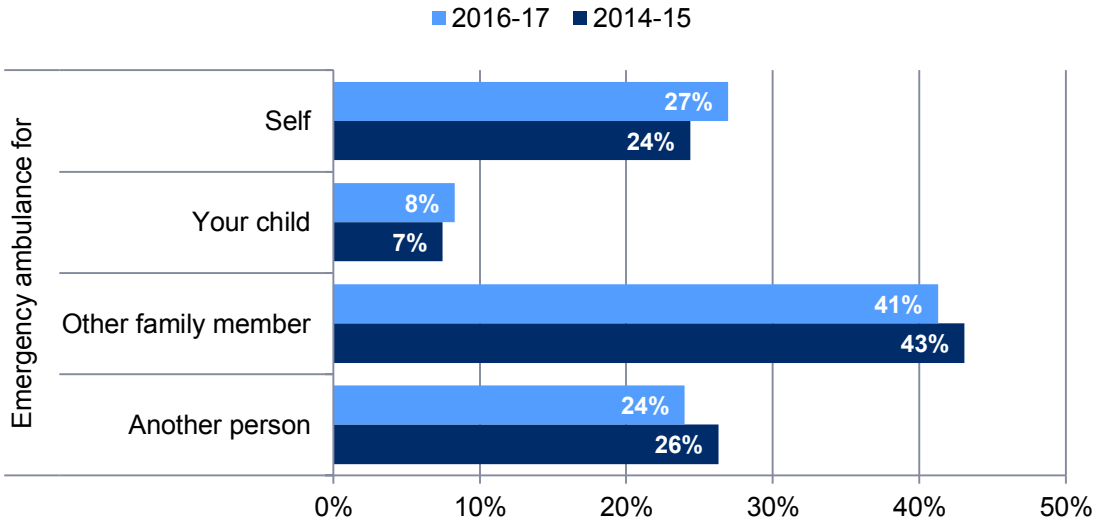
Chart 2: Initial contact with ambulance service, by financial commitments and year



[1] Welsh Index of Multiple Deprivation

People who had personally contacted the emergency ambulance service in Wales were then asked to think about the most recent time they had done this. They were asked who the ambulance was for. In 2016-17, 27% of people required the ambulance for themselves, 8% for a dependent child, 41% for another family member and 24% for someone else. Chart 3 shows these findings together with similar results for 2014-15.

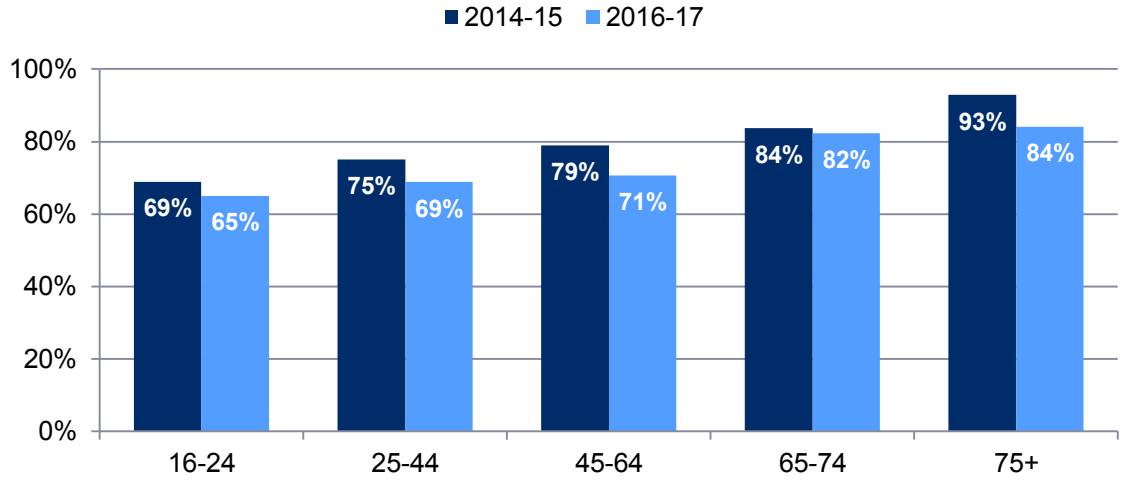
Chart 3: Person requiring the ambulance, by year



Response time

73% of people who had called the ambulance service were satisfied (very or fairly) with the time they had to wait for the ambulance or other emergency medical help to arrive. In 2014-15, 79% of people said they were satisfied. Whilst in both years the proportion saying they were 'fairly satisfied' was the same, the proportion of people who were 'very satisfied' decreased from 58% in 2014-15 to 52% in 2016-17.

Chart 4: Satisfaction with response time, by age group and year



The new ambulance response model started its pilot phase in October 2015, half way through the 2014-15 survey year, and the full roll out across Wales was implemented in February 2017, towards the end of the 2016-17 survey year. These timings mean it is not possible to reflect how the new model has affected levels of satisfaction with response time. Whilst there has been a clear

decrease in satisfaction level between these two years we cannot say if the new model this caused the drop or not. A range of other factors could also have affected satisfaction with response rates, such as call volumes – between 2014/15 and 2016/17 the average number of daily calls received by the ambulance service increased by 5.4 per cent[2].

Chart 4 shows that satisfaction with response time varies with age. In 2016-17, 65% of 16 to 24 year olds were satisfied compared with 84% of people aged 75 and over. The chart also shows that the satisfaction levels for each age group were lower in 2016-17 than in 2014-15. This was particularly true for the oldest age group; 93% of those aged 75 or over were satisfied with time taken for the ambulance to arrive in 2014-15, compared with 84% in 2016-17.

Further analysis – satisfaction with response time

Cross-analysis indicates that various factors such as gender, age group, very bad health and use of a car may be associated with satisfaction with how long the ambulance took to arrive. However, these factors are often also linked to each other (for example, older people and people in poor health are less likely to own or have access to a car). To get a clearer understanding of the effect of each individual factor we have used statistical methods to separate out the effect of different factors on satisfaction. These methods allow us to look at the effect of one factor while keeping other factors constant – sometimes called "controlling for other factors"[3] [4].

Focusing on the 2016-17 results this in-depth analysis showed that factors other than general health and car availability were better able to explain why some people felt **very satisfied** with the time they had to wait for emergency medical help to arrive. We found that the following factors were most linked to high satisfaction levels, and that each has a separate effect after the other factors are controlled for:

- being female;
- being older; and
- being very satisfied with life in general.

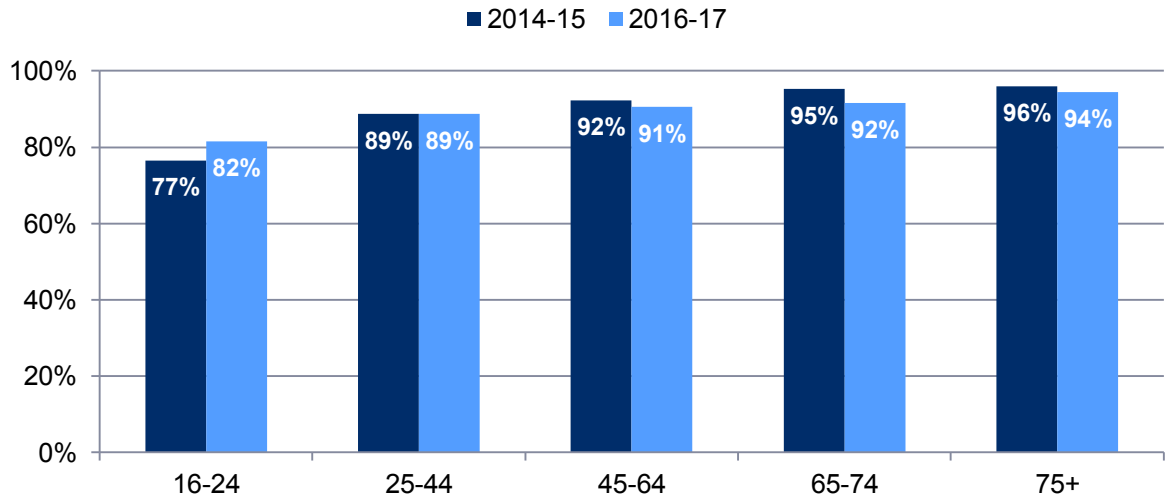
Other factors such as religious faith, and ethnicity were shown to have an association with response time. However, in each case there was a category with a very small number of people and as a result there was no clear pattern of association. It should be noted that for all the regression findings discussed in the bulletin, where a relationship has been found between two factors, this does not mean it is a causal relationship. More detailed analysis is required to identify whether one factor causes change in another.

[2] Call volumes found in Ambulance services in Wales, 2016-17
[3] This analysis is known as logistic regression. Information about the method can be found in Regression analysis
[4] The factors that were included at the start of the regression analysis were: Religion, Gender, Age Group, Ethnicity, Material deprivation, Qualifications, Speak Welsh, Satisfaction with area, Economic status, Tenure of housing type, General health, Satisfaction with life, Sense of community, Feeling safe, Bills & credit commitments, Local health board, WIMD areas of deprivation, Car availability, whether smoker, whether they do any moderate activity.

Satisfaction with skills and service

Where an ambulance was dispatched following an emergency call people were asked whether they had trust and confidence in the ambulance crew's professional skills. The response options were "Yes, definitely", "Yes, to some extent" and 'No" giving results of 90%, 4% and 6% respectively. As with the previous question on response time, satisfaction levels (for Yes, definitely) were lowest in the youngest age group, this was true in both 2014-15 and 2016-17, gradually increasing as age increased. Chart 5 shows that in 2016-17, 82% of people aged 16 to 24 were satisfied with the crew's skills compared with 94% of people aged 75 and over.

Chart 5: Satisfaction with crew's professional skills, by age group and year



Further analysis – satisfaction with crew's professional skills

Again, in order to understand the effect of individual factors we carried out further analysis to identify the characteristics that are associated with trust in the ambulance crew's professional skills, while controlling for other factors[5] [6]

For 2016-17 we found that the following factors each had a separate effect on people agreeing they definitely had trust and confidence in the ambulance crew's professional skills:

- being a volunteer[7].

Simple cross-analysis suggested that women were more likely than men to have trust and confidence in the crew's skills but this apparent difference disappeared once other factors were controlled for. Similarly, the local health board where people lived was not a significant factor when the other factors were taken into account. Since a very high proportion of people (90%) said that "Yes, definitely" they had confidence in the ambulance crew's professional skills it is not surprising that further analysis did not identify many factors that were significant, on their own, after the others were controlled for.

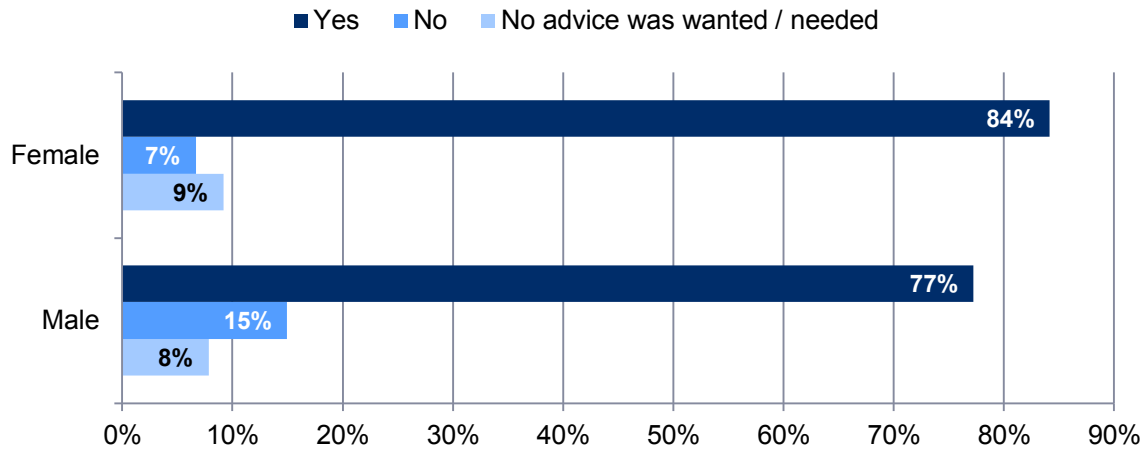
[5] This method is known as logistic regression. Information about the method can be found in Regression analysis.
[6] The factors that were included at the start of the regression analysis were: Religion, Gender, Age Group, Material deprivation, Speaking Welsh, Satisfaction with area, Economic status, Tenure of housing, General health, Satisfaction with life, Sense of community, Feeling safe, Keeping up with bills & credit commitments, Local health board, WIMD areas of deprivation, whether living in a built-up area.
[7] Well-being of Future Generations indicator - see National indicators for more information.

Hospital admission

People who had requested an ambulance for themselves or another family member were asked whether, following the visit from the ambulance, they (or their child or other family member) went to hospital. If they had gone to hospital they were also asked whether that was straight away or at a later point. In 2016-17, 80% of people for whom the ambulance was called went to hospital straight away, 6% went later that day or another day and 15% of people did not go to hospital. In 2014-15, 83% went to hospital straight away.

A further question was asked where the person (or people) was not taken to hospital straight away. The respondent was asked whether they agreed with the decision that an immediate hospital admission was unnecessary. 83% agreed with the decision whilst 17% did not. Another question asked of this group was whether the ambulance crew advised the caller what to do if they (or the person they had called the ambulance for) needed any further help. Overall, 82% of people said the crew advised them what to do. The results in Chart 6 suggest that where the person who had contacted the emergency service was female they were more likely to be given advice than if they were male; 84% compared with 77%.

Chart 6: Advice given by crew, by gender of caller



Satisfaction with the emergency ambulance service

Everyone who had personally contacted the emergency ambulance service in Wales (during the previous 12 months) either for themselves or for someone else was asked about their overall satisfaction with the service. In 2016-17, 87% of people were satisfied (very or fairly) compared with 90% in 2014-15. This apparent fall in satisfaction may be explained due a change in the routing to this question in 2016-17. In 2014-15 only people who had called an ambulance for themselves, their child or another family member were asked about satisfaction with the service received. From the second quarter of the 2016-17 survey year everyone who had called an ambulance (including non-family members) was asked this question. Using the same criteria as that used in 2014-15 (i.e. by looking at a subset of the 2016-17 data) there was no difference in the satisfaction level between the two years.

Chart 7: Satisfaction with service received from emergency ambulance service, by person the ambulance was for

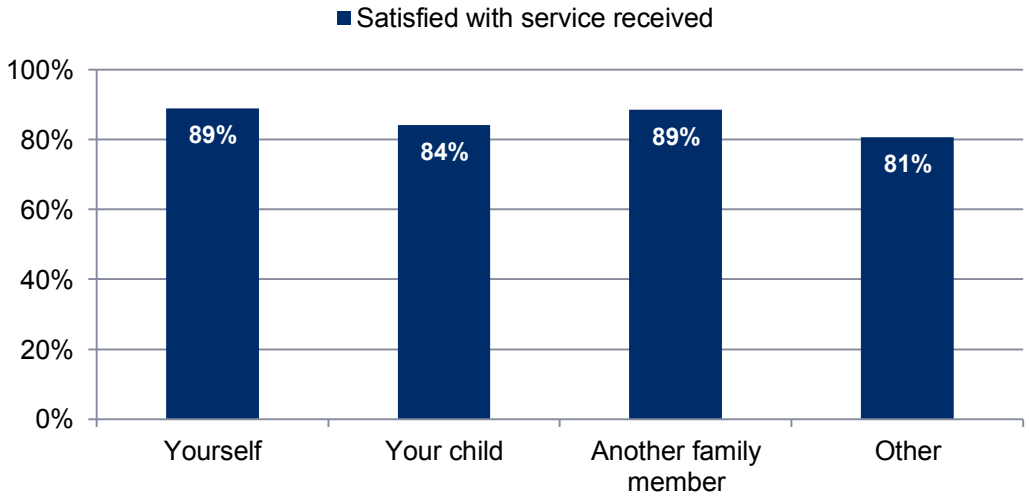
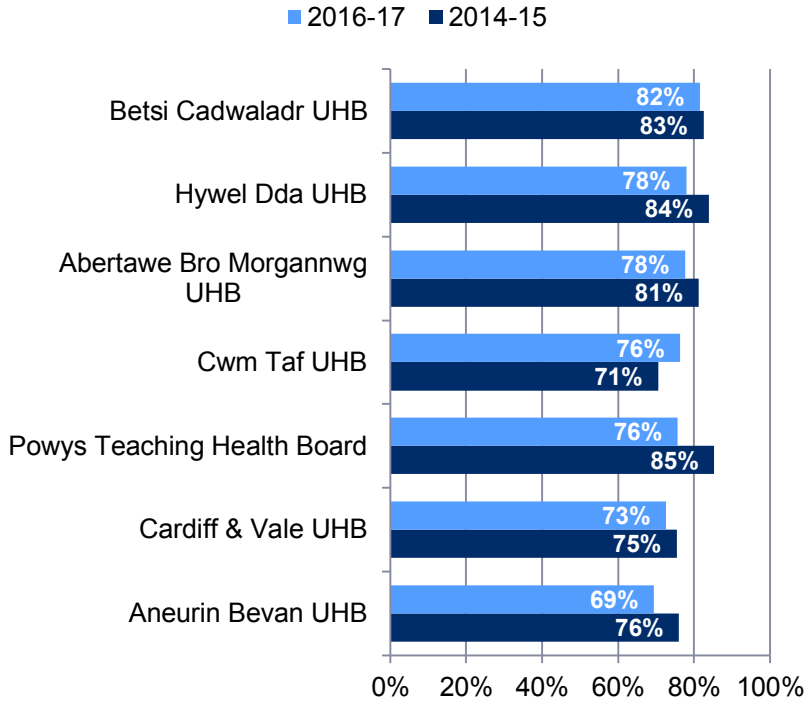


Chart 7 shows that when the ambulance was called for a non-family member the satisfaction level was the lowest, at 81%, and this is likely to have had an impact on the overall satisfaction level. People were also less satisfied with the service when they had called the ambulance for their child (84%) compared with when they had called for themselves or another family member (89%).

Differences in satisfaction by the health board of where the emergency caller lived are shown in Chart 8. In 2016-17, 82% of people who had called an emergency ambulance, and lived in the Betsi Cadwaladr University Health Board (UHB) area, were very satisfied with the overall service. This compares with 69% of those living in the Aneurin Bevan UHB. However, Chart 8 also illustrates that the proportion who were 'very satisfied' in each health board changed between 2014-15 and 2016-17. In 2014-15, Powys had the highest proportion of people who were very satisfied (85%) and Cwm Taf had the lowest (71%). However, as the further analysis below highlights, it is not the local health board itself that affects satisfaction levels. Rather, it is the grouping of similar personal characteristics shown by the people, living within health board geographies, that better explains the variation.

Chart 8: People who were very satisfied with emergency ambulance service, by local health board



Further analysis – satisfaction with the emergency ambulance service

To get a clearer understanding of the effect of an individual factor we have again used statistical methods to separate out the effects of selected factors[8] that are independently associated with a person being very satisfied with the overall service they received from the emergency ambulance service.

In 2016-17 each of the following factors has a separate effect on feeling **very satisfied**, after the other factors are controlled for.

- being older;
- having a strong sense of community[9];
- being very satisfied with life in general; and
- being economically inactive (rather than unemployed);

Cross-analysis shows that satisfaction with the emergency ambulance service appears to vary according to factors such as highest qualification achieved and gender. When controlling for a range of factors, though, these apparent differences disappear. Also, after controlling for other factors there was no difference between the local health board where a respondent lived and them feeling 'very satisfied' with the emergency ambulance service. As mentioned previously this suggests that any difference between health boards, observed in cross-analysis, is not due to the health board itself but due to the characteristics of the people who live in that area. As with all

[8] The factors that were included at the start of the regression analysis were: Gender, Age Group, Ethnicity, Material deprivation, Speaking Welsh, Satisfaction with area, Economic status, Tenure of housing, General health, Satisfaction with life, Sense of community, Feeling safe, Bills & credit commitments, Local health board, WIMD areas of deprivation, whether a built up area, whether limiting long-standing illness.

[9] Well-being of Future Generations indicator - see National indicators for more information.

analysis of this kind we are unable to attribute cause and effect or to allow for unknown factors. For example, whilst we know where someone normally lives we do not know if they phoned the emergency services from their home or from somewhere else in Wales. Similarly we do not know from where the ambulance was dispatched or to which hospital (health board) the ambulance took the patient.

Terms and definitions

Welsh Index of Multiple Deprivation

The Welsh Index of Multiple Deprivation (WIMD) is used as the official measure of deprivation in Wales. Deprivation is a wider concept than poverty. Deprivation refers to wider problems caused by a lack of resources and opportunities. The WIMD is constructed from eight different types of deprivation. These are: income, housing, employment, access to services, education, health, community safety and physical environment. Wales is divided into, 1,909 Lower-Layer Super Output Areas (LSOA) each having about 1,600 people. Deprivation ranks have been worked out for each of these areas: the most deprived LSOA is ranked 1, and the least deprived 1,909. For this bulletin, we have grouped the people living in the 20 % of LSOAs that are most deprived based on WIMD score and compared them against the 20% of the LSOAs that are least deprived. – see also Material Deprivation below.

Material deprivation

Material deprivation is a measure which is designed to capture the consequences of long-term poverty on households, rather than short-term financial strain.

Non-pensioner adults were asked whether they had things like ‘a holiday away from home for at least a week a year’, ‘enough money to keep their home in a decent state of decoration’, or could ‘make regular savings of £10 a month or more’. The questions for adults focussed on whether they could afford these items. These items are really for their ‘household’ as opposed to them personally which is why they were previously called ‘household material deprivation’.

Pensioners were asked slightly different questions such as whether their ‘home was kept adequately warm’, whether they had ‘access to a car or taxi, when needed’ or whether they had their hair done or cut regularly’. These also asked whether they could afford them, but also focussed on not being able to have these items for other reasons, such as poor health, or no one to help them etc. these questions were less based on the household and more about the individual.

Those who did not have these items were given a score, such that if they didn’t have any item on the list, they would have a score of 100, and if they had all items, they had a score of 0. Non-pensioners with a score of 25 or more were classed as deprived and pensioners with a score of 20 or more were classed as deprived.

Parents of children were also asked a set of questions about what they could afford for their children.

In this bulletin the non-pensioner and pensioner measures of deprivation are combined to provide an ‘adult’ deprivation variable. The terms ‘adult’ and ‘household’ deprivation may be used interchangeably depending on context.

Sense of community

Respondents were asked to respond to what extent they agreed or disagreed with the following statements:

- 'I belong to my local area.'
- 'This local area is a place where people from different backgrounds get on well together.'
- 'People in my local area treat each other with respect and consideration.'

Responses were combined, with those agreeing to all three statements deemed as having a sense of community.

Economic status

Respondents were classified into the following three economic statuses according to how they described what they were doing in the previous 7 days.

In employment	Unemployed	Economically inactive
• In any paid employment or self-employment (or away temporarily) • On a government sponsored training scheme • Doing unpaid work for a business that you or a relative owns • Waiting to take up paid work already obtained	• Unemployed and looking for work • Intending to look for work but prevented by temporary sickness or injury (28 days or less)	• Full-time student (including on holiday) • Unable to work because of long-term sickness or disability • Retired • Looking after home or family • Doing something else

Qualifications

Respondents' highest qualifications have been grouped according to the National Qualification Framework (NQF) levels, where level 1 is the lowest level of qualifications and level 8 is doctoral degree or equivalent. For the National Survey, respondents have been grouped into 5 groups, those with no qualifications are in the lowest category and respondents with qualifications at levels 4 to 8 have been grouped together in the highest qualification category. More information about the NQF levels.

To provide more meaningful descriptions of the qualifications, these short descriptions have been used in this bulletin.

National Qualification Framework levels	Description used in bulletin
NQF levels 4-8	Degree level or higher
NQF level 3	'A' level and equivalent
NQF level 2	GCSE grades A to C and equivalent
Below NQF level 2	GCSE below grade C
No qualifications	No qualifications

Key quality information

Background

The National Survey for Wales is carried out by the Office for National Statistics on behalf of the Welsh Government. The results reported in this bulletin are based on interviews completed in 2016-17 (30 March 2016 – 31 March 2017).

The sample was drawn from the Royal Mail Small Users Postcode Address File (PAF), whereby all residential addresses and types of dwellings were included in the sample selection process as long as they were listed as individual addresses. If included as individual addresses on the PAF, residential park homes and other dwellings were included in the sampling frame but community establishments such as care homes and army barracks are not on the PAF and therefore were not included.

The National Survey sample in 2016-17 comprised 21,666 addresses chosen randomly from the PAF. Interviewers visited each address, randomly selected one adult (aged 16+) in the household, and carried out a 45-minute face-to-face interview with them, which asked for their opinions on a wide range of issues affecting them and their local area. A total of 10,493 interviews were achieved.

Interpreting the results

Percentages quoted in this bulletin are based on only those respondents who provided an answer to the relevant question. Some topics in the survey were only asked of a sub-sample of respondents and other questions were not asked where the question is not applicable to the respondent. Missing answers can also occur for several reasons, including refusal or an inability to answer a particular question.

Where a relationship has been found between two factors, this does not mean it is a causal relationship. More detailed analysis is required to identify whether one factor causes change in another.

The results are weighted to ensure that the results reflect the age and sex distribution of the Welsh population.

Quality report

A summary Quality Report is available, containing more detailed information on the quality of the survey, which includes the relevance, accuracy, timeliness and punctuality, accessibility and clarity and comparability and coherence of the data. It also includes a summary of the methods used to compile the results.

Sampling variability

Estimates from the National Survey are subject to a margin of uncertainty. Part of the uncertainty comes from the fact that any randomly-selected sample of the population will give slightly different results from the results that would be obtained if the whole population was surveyed. This is known as sampling error. Confidence intervals can be used as a guide to the size of the sampling error. These intervals are calculated around a survey estimate and give a range within which the

true value is likely to fall. In 95% of survey samples, the 95% confidence interval will contain the 'true' figure for the whole population (that is, the figure we would get if the survey covered the entire population). In general, the smaller the sample size the wider the confidence interval. Confidence intervals are included in the tables of survey results published on StatsWales.

As with any survey, the National Survey is also subject to a range of other sources of error: for example, due to non-response; because respondents may not interpret the questions as intended or may not answer accurately; and because errors may be introduced as the survey data is processed. These kinds of error are known as non-sampling error, and are discussed further in the quality report for the survey.

Significant differences

Where the text of this release notes a difference between two National Survey results (in the same year), we have checked to ensure that the confidence intervals for the two results do not overlap. This suggests that the difference is statistically significant (but as noted above, is not as rigorous as carrying out a formal statistical test), i.e. that there is less than a 5% (1 in 20) chance of obtaining these results if there is no difference between the same two groups in the wider population.

Checking to see whether two confidence intervals overlap is less likely than a formal statistical test to lead to conclusions that there are real differences between groups. That is, it is more likely to lead to "false negatives": incorrect conclusions that there is no real difference when in fact there is a difference. It is also less likely to lead to "false positives": incorrect conclusions that there is a difference when there is in fact none. Carrying out many comparisons increases the chance of finding false positives. Therefore, when many comparisons are made the conservative nature of the test is an advantage because it reduces (but does not eliminate) this chance.

Where National Survey results are compared with results from other sources, we have not checked that confidence intervals do not overlap.

Regression analysis

After considering the survey results, factors we considered likely to have an influence on satisfaction with the time taken for an emergency ambulance to arrive, satisfaction with the crew's professional skills, and overall satisfaction with the emergency ambulance service were incorporated into each of the relevant regression models. In each case the selection of the initial variables used in the regression was based on; the results from cross-analysis, a suggested policy outcome, and the practicality of using the variable. Where results for some factors were only available for a sub-sample of respondents, or there were a large number of 'missing' results this resulted in a substantial drop in the sample size on which the regression model could be tested. For this reason some variables/factors were omitted from the investigation. The final models consisted of those factors that remained significant even after holding the other factors constant. These significant factors are those that have been discussed in the bulletin.

More details on the methodology used in the regression analysis in this report are available in the Technical Report: Approach to regression analysis and models produced.

National Statistics status

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. National Statistics status means that official statistics meet the highest standards of trustworthiness, quality and public value.

All official statistics should comply with all aspects of the Code of Practice for Official Statistics. They are awarded National Statistics status following an assessment by the UK Statistics Authority's regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

It is Welsh Government's responsibility to maintain compliance with the standards expected of National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the Authority promptly. National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.

Well-being of Future Generations Act (WFG)

The Well-being of Future Generations Act 2015 is about improving the social, economic, environmental and cultural well-being of Wales. The Act puts in place seven well-being goals for Wales. These are for a more equal, prosperous, resilient, healthier and globally responsible Wales, with cohesive communities and a vibrant culture and thriving Welsh language. Under section (10)(1) of the Act, the Welsh Ministers must (a) publish indicators ("national indicators") that must be applied for the purpose of measuring progress towards the achievement of the Well-being goals, and (b) lay a copy of the national indicators before the National Assembly. The 46 national indicators were laid in March 2016.

Information on the indicators, along with narratives for each of the well-being goals and associated technical information is available in the Well-being of Wales report.

This release includes 2 contextual indicators, namely 19, 27 and 30 which were referenced in the technical document or the Well-being report in the previous link.

Further information on the Well-being of Future Generations (Wales) Act 2015.

The statistics included in this release could also provide supporting narrative to the national indicators and be used by public services boards in relation to their local well-being assessments and local well-being plans.

Further details

This bulletin is available at
http://gov.wales/statistics-and-research/national-survey/?tab=current&lang=en

The first release for the survey was published on 29 June 2017.

More detailed information on the survey methodology is set out in the Technical Report for the survey.

Next update

Not a regular output.

We want your feedback

We welcome any feedback on any aspect of these statistics which can be provided by email to surveys@gov.wales

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