

16 May 2012

To: Ambulance Chief Executives, SHA cluster Chief Executives, PCT cluster Chief Executives, SHA and PCT Directors of Performance and Ambulance Directors of Operations

Wellington House  
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London  
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Gateway reference: 17609

Dear Colleague

### **TECHNICAL AMENDMENT TO THE CATEGORY A8 AMBULANCE RESPONSE TIME STANDARD**

1. This letter is to inform you of a technical change to the measurement of Category A8 ambulance response times from 1<sup>st</sup> June 2012.
2. From 1<sup>st</sup> June, the A8 measure will be split into two parts, Red 1 and Red 2. This split reflects the way that ambulance trusts already sub-divide their Category A calls for operational purposes. Red 1 calls are the most time critical and cover cardiac arrest patients who are not breathing and do not have a pulse, and other severe conditions such as airway obstruction. Red 2 calls are serious but less immediately time critical and cover conditions such as stroke and fits. Red 1 patients account for less than 5% of all ambulance calls.
3. For Category A Red 1 calls, the existing Call Connect clock start will remain. This will ensure that patients who genuinely require emergency ambulance care will continue to receive the most rapid response.
4. For Category A Red 2 calls, a new clock start will be used. This will allow more appropriate ambulance resources to be provided to patients based on their specific clinical needs. The new clock start will be the **earliest** of
  - I. The point at which the chief complaint of the call has been identified*
  - II. A vehicle has been assigned to the call*
  - III. A 60 second cap from the Call Connect time*
5. The changes aim to deliver better outcomes by achieving a faster response to those patients with time critical conditions (Red 1) and allow time for clinical assessment of other cases, which will result in the best care option.
6. It is anticipated that this change will reduce the need for ambulance trusts to inappropriately dispatch resources immediately on knowing the address of an incident, or to dispatch multiple resources. This will benefit patients by ensuring that overall, more ambulance resources are available to respond to

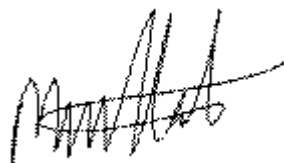
emergency calls, that the most critical cases are prioritised and that consequently, response times are improved.

7. Performance against the Category A 8 minute standard will be reported and assessed separately for Red 1 and Red 2 calls. The existing standard of performance will remain for 2012/13, i.e. 75% of calls should receive a response at the scene within 8 minutes. However, there is an expectation that trusts will demonstrate continuous improvement in performance to reach 80% for Red 1 calls by April 2013 as they update their operational dispatch and resource allocation procedures.
8. In addition to reporting performance against the 75% standard, ambulance trusts will also be required to submit their 95<sup>th</sup> centile performance for Category A Red 1 calls with their monthly UNIFY ambulance clinical quality indicator returns. This information will also be published in the monthly Department of Health statistical release. The data submission template will be updated and will be applicable for data from June 2012. The new template will be available to download from UNIFY2 after the submission of data for May 2012 has been received. Prior to this template and the new collection going live, a mock-up of the new template will also be available from UNIFY2.
9. There is an expectation that ambulance trusts will work to improve their 95<sup>th</sup> centile response time over the course of 2012/13 and that commissioners will monitor this locally. The 95<sup>th</sup> centile for Red 2 performance will not be reported as the current 'time to treatment by a qualified health professional' clinical quality indicator already reports a 95<sup>th</sup> centile. Commissioners should also ensure that they monitor this indicator locally.
10. There will be no change to the Category A19 standard. This will continue to be reported as one figure, with the clock start remaining as the time the request for transport is made as per the technical guidance.
11. If you require any further information in relation to this letter, please contact [urgent&emergency@dh.gsi.gov.uk](mailto:urgent&emergency@dh.gsi.gov.uk)

Yours sincerely



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National Ambulance Director



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