

24 October 2011

Ambulance Response Times

Ward(s) All

Portfolios: Councillor B. McCracken – Social Care and Health

Report:

This report is an update on the position regarding emergency ambulance response performance in the Walsall PCT area. It covers April – September 2011.

1. Introduction

Since April 2011 Ambulance 999 calls there has been a change to the previous Category A, B and C system.

Category A calls are now more usually referred to as 'Red' calls these are potentially life-threatening. The performance standard for this is arrival on scene within 8 minutes on 75% of occasions.

Under NHS Pathways, which the Trust implemented in September 2011, Green calls are sub-divided as follows:

Green 2 calls: serious but non-life threatening – the performance standard is arrival on scene within 30 minutes (95%).

Green 4 calls: non-life threatening. The performance standard is telephone triage by a clinician within 60 minutes (95%).

All timings for 999 calls relate to the time the call is connected to the Emergency Operations Centre.

The Trust is commissioned to achieve performance standards on a Regional basis.

2. Performance

In the first six months of the 2011/12 the performance achieved in Walsall was:

Red: 75.1%

Green 2: 97.8%

Green 4: 97.4%

3. Activity

The Trust received 999 calls to 18300 incidents in the Walsall area between April 1st and September 30th. 7153 calls were categorised as Red calls.

In addition the emergency ambulance service attended 1177 referral calls from health care professionals: the majority of which were GPs but will include transfers from hospitals.

Whilst activity fluctuates overall this represents a 3.5% increase in activity on the previous year.

Despite the increase in activity less people were taken to hospital in the first six months of 2011/12 than in the first six months last year. A significant reason behind this has been the partnership working with the PCT for ambulance crews to refer patients to alternate pathways. Most specifically this has involved development of a Frail & Elderly Pathway which enables crews to refer patients to local intermediate care services. This avoids an unnecessary journey to the emergency department and results in patients being assessed in their own home. There are strict criteria for referral and where there are concerns over patient safety then the patient will be conveyed to hospital.


Conclusion

Demands upon the ambulance service continue to increase but the developments in how the Trust and its staff respond to emergencies will ensure that the quality of service will continue and be improved upon.

Recommendations:

That, subject to any comments Members may wish to make, the report be noted.

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