Background

Providing a fast response in an emergency is vital – but it’s only one part of the treatment process.

Earlier this year, a new method of measuring ambulance service performance was introduced. Ambulance Care Quality Indicators don’t just reflect how long it took to travel from “A” to “B”.

They also show the standard of care delivered from the moment the patient dials 999 so we can better monitor all of the factors which go into providing the best service possible.

We know the importance of listening to what people have to say when it comes to identifying possible improvements. That’s why we will be publishing the Ambulance Care Quality Indicators each month.

We want to encourage debate between ambulance staff, NHS Commissioners, patients...in fact anyone who might work with or use an ambulance service.

The National Audit Office recently named us as one of the best performing ambulance trusts in the country. That’s a level of performance we are proud of – and are determined to maintain.
Ambulance Care Quality Indicators:

There are 11 clinical indicators, which came into force in April 2011. They are as follows.

1. Service Experience Indicator – Ambulance trusts have to demonstrate and publish how they find out what people think of the service they offer. This includes the results of focus groups, interviews and patient forums, on top of patient surveys. We also have to show how we are using that information to keep improving patient care.

Measuring patient outcomes will help services put performance in context and stimulate discussion on how to improve.

2. Outcome from acute ST-elevation myocardial infarction (STEMI) indicator – STEMI is a type of heart attack. This is determined by an electrocardiogram (ECG) test. We know that a patient is more likely to recover if they receive early treatment.

3. Outcome from cardiac arrest: return of spontaneous circulation indicator – This indicator will measure how many patients who are in cardiac arrest have been helped by a paramedic to regain a pulse/heartbeat by the time they arrive at hospital.

4. Outcome from cardiac arrest to discharge indicator – It’s important to understand the effectiveness of the whole system in managing the care of the hospital.

That’s why this indicator measures the rate of those who recover from cardiac arrest and are then discharged from hospital.

5. Outcome following stroke for ambulance patients indicator – We know that prompt emergency treatment can reduce the risk of death and disability from a stroke. This is why people at the scene should act F.A.S.T.

This indicator will require ambulance services to measure the time it takes from the 999 call to the point where a F.A.S.T-positive stroke patient arrives at a specialist stroke centre.

6. Proportion of calls closed with telephone advice or managed without transport to A&E indicator – Ambulance trusts are exceptionally good at handling and responding to 999 calls. But calling 999 does not necessarily mean that a ‘blue light’ emergency response is the best one.

Our skilled ambulance staff could treat the patient then and there without the need to take them to an Accident & Emergency (A&E) department. Alternative healthcare options, other than A&E, may be more appropriate for the patient.

This indicator will reflect how the whole non-emergency care system is operating – not just from the perspective of A&E.

7. Re-contact rate following discharge of care Indicator – If patients have to go back and call 999 a second time it is usually because they are anxious about receiving an ambulance response.

Occasionally it may be due to an unexpected or new problem. This indicator will measure how many callers or patients call the ambulance service back within 24 hours of the initial call being made. This is to make sure ambulance trusts provide safe and effective care the first time.

8. Call abandonment rate – If people don’t get to speak to the ambulance service quickly they may hang up, or make their own way to an A&E department. This indicator will record any instances where people calling 999 have problems getting through.

9. Time to answer calls – It’s important that people who dial 999 get their call answered promptly. This indicator will measure this.

10. Time to treatment by an ambulance-dispatched health professional – It’s important that the time between making the call and a health professional arriving is as short as possible.

11. Category A, 8 minute response time – In potentially life threatening situations, the speed of an ambulance arriving could help to make the difference for a patient. This indicator measures the speed of all ambulance responses to potentially life-threatening incidents.

Category A calls that come in to the North East Ambulance Service fall into different bands as follows.

Red1 is a cardiac arrest. Whenever possible, two ambulance vehicles are sent to the scene of RED1 calls, with CPR delivered at the scene.

Clinical evidence suggests this approach gives patients the best chance of survival, rather than transporting them to hospital while CPR is being carried out. However, as every situation is different, the senior clinician at the scene will decide whether treatment is carried out in a public place.

Red2 are all other life-threatening calls. Like Red1, they receive a response within 8 minutes.

Non life threatening calls are banded Green1-4. The time for providing a response (either at the scene or via the telephone) for these calls is between 30-60 minutes, depending on the severity of the situation.

To check out our results, visit the North East Ambulance Service NHS Trust (NEAS) website: www.neas.nhs.uk