

Trust welcomes changes to clock start

“Changes to the way call times are measured will have real benefit for the most seriously ill or injured patients that we are called to.”

That is the view of Dr Andy Carson, Medical Director of West Midlands Ambulance Service. His comments come after the Department of Health announced that the way times are calculated for ambulance services in England will change from the 1st June 2012.

Currently, an ambulance response must reach 75% of Category A calls within 8 minutes. These are cases where the patient has an immediately life threatening condition; this is widely recognised as one of the toughest targets in the world.

From 1st June 2012 Category A cases will be split into Red 1 and Red 2 calls:

Red 1 calls are ones where patients are suffering cardiac arrest or who have stopped breathing

Red 2 calls are serious cases, but are not ones where up to 60 additional seconds will affect a patient's outcome, for example a diabetic episode or a fit

From 1st April 2013, ambulance trusts will be required to improve their performance to show they can reach 80% of Red 1 calls within 8 minutes.

Last year (2011-12), the Trust monitored its performance in these new categories by way of preparation. For Red 1 calls, the Trust achieved 84.1% and for Red 2 calls, 76.1%.

Dr Carson added: “During the first few seconds of the 999 call, the staff in our emergency operations centres will establish if it is a ‘Red 1’ call. Where it is, an ambulance response will be dispatched immediately.

“Where it turns out not to be a Red 1 call, they will have up to an additional 60 seconds to get more details about the patient’s condition.

“Allowing our call taking staff to establish more information about the type of call will ensure that we send the most appropriate response, not just the closest.

“Because of the current target, all ambulance trusts frequently send more than one vehicle – such as an ambulance and a rapid response vehicle to each case to ensure that they get there in the time limit. However, on average, over 20 per cent of these vehicles are then cancelled on route before reaching the scene, wasting vital resources which could and should be used for other patients.

“The Trust ran a week long pilot of the new system in March. During this period 17,940 calls were taken, of which 6,712 were Category A. Using the new system, ambulance vehicles got to more Red 1 patients more quickly than they do at present.

“Furthermore, the number of times an ambulance vehicle was dispatched reduced by 8%, while the average daily number of cancellations reduced by 24%.”

	Pre-trial period	Trial period	Change
% patients responded to in 8 minutes			
Red 1	82.5%	83.2%	0.7%
Red 2	75.6%	75.8%	0.2%
Average response time in minutes			
Red 1	06:06	05:24	42 seconds
Red 2	06:49	06:18	31 seconds

Changes to the current system of measuring performance have been supported by two independent organisations. The National Audit Office and the cross party Public Accounts Committee both published reports in 2011 which made clear that the focus on time targets led to over-commitment of vehicles and staff resources and resulted in other patients not getting the most appropriate care.

All ambulance services will be required to publish how long it takes them to reach 95 per cent of all their patients from June 2012 to encourage them to bring down the number of people who wait the longest, particularly in rural areas.

Dr Carson continued: “Time is still an important factor which is why the 8 minutes standard will become even tougher. However, it should not be forgotten that it is based around clinical evidence relating to cardiac arrests, not other conditions.

“I can speak on behalf of all of our clinical staff when I say that they all want to ensure that everyone who calls us gets access to the most appropriate medical assistance.

“What these changes will do is make sure that the most seriously ill or injured patients get the support and care they need even faster than they do at present.”

Stuart Gardner, who is a paramedic and joint union staffside Chair, added: “All three unions welcome the change to the clock start. We firmly believe that it will benefit patients by ensuring that those that are in the most need, get an ambulance even more quickly than they do now.

“From a staff perspective it will also mean a reduction in the number of times we are sent on an incident and then get stood down before we arrive.

“Whilst we understand the reasons why it happens, it can be very frustrating ending up driving the same piece of road several times in only a few minutes. These changes will not only save fuel but ensure we spend more time treating patients which has to be a good thing.”

Michael Abrahams is a member of the Local Involvement Network (LINK) in Worcestershire and a member of the West Midlands Ambulance Service Patient and Public Engagement Group which speaks on behalf of patients.

He said: “It is clear that the current system is simply not efficient and does not serve patients as well as it could. For those calls that are immediately life threatening, the ambulance will still be dispatched immediately.

“However, for the others, ambulance trusts will be given up to an additional 60 seconds to gather all of the information that they need to make a more informed clinical decision on what resources to send.

“This means that many more ambulances will be available to respond to those cases where every second counts. That has got to be good for patients.

“On many occasions I have been astounded by some of the reasons given by people for dialling 999. This means that there are literally millions of cases where an ambulance driving on blue lights is cancelled before it arrives, because it is not an appropriate case to respond to.

“The new arrangements will be much more efficient which will improve the response times to those patients who are critically ill.”

For more information, please log onto the Department of Health website:<http://www.dh.gov.uk/health/2012/05/a8-measure/>



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