

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/  
Prif Weithredwr GIG Cymru  
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/  
NHS Wales Chief Executive  
Health and Social Services Group



Llywodraeth Cymru  
Welsh Government

**Nick Ramsay AM**

Chair  
Public Accounts Committee

25 July 2017

Dear Nick,

I am writing to you following my appearance before the Public Accounts Committee on 10 July, during which I undertook to provide further details on the changes to performance indicators introduced as part of the new ambulance response model.

The committee will be aware that calls to the ambulance service span a wide range of clinical acuity, from those in immediate danger of death, through to those that have very minor injuries or illnesses. The clinically driven changes introduced under the new model are enabling patients to receive the right response based on their clinical need and allow the Welsh ambulance service to concentrate its efforts on the most life-threatening cases such as cardiac arrest.

The Cabinet Secretary's decision to approve the substantive implementation of the new model earlier this year, followed an 18-month pilot and was based on robust clinical evidence as well as the recommendations of an independent evaluation of the pilot. The independent evaluation report found there to be clear and universal acknowledgement, both from within the ambulance service and external partners, that moving to the new clinical response model was the right thing to do and has helped to deliver a service that is more focussed on the quality of care patients receive as well as improving efficiency in the use of ambulance resources.

The changes were initially considered in response to Professor Siobhan McClelland's *Strategic Review of Welsh Ambulance Services (2013)*, which recommended the Welsh Government should consider moving away from the eight minute response time target, which was first introduced in the 1970s, to a more intelligent set of indicators, which put a greater emphasis on patient outcomes and experience. This was further supported by a clinical review, led by Dr Brendan Lloyd, medical director of the Welsh Ambulance Services NHS Trust, which found there was no evidence to support the previously accepted assumption that an eight-minute response makes a positive difference to the vast majority of people's outcomes following treatment. It was also found that the practice of chasing the outdated eight minute target for all emergency ambulance calls, irrespective of clinical



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priority, was driving perverse behaviours and resulting in poor and inefficient clinical interventions for patients.

Since the clinical response model pilot was introduced on 1 October 2015, the Welsh ambulance service has continued to provide a safe and timely service to the people of Wales as the national target for 65% of immediately life threatening or 'Red' calls within eight minutes has been met in every month, and has exceeded 70% for the last 14 months. In June, the median response time for red calls was just 4 minutes and 23 seconds, the eleventh consecutive month when the median response time has been less than five minutes, and for serious but not immediately life threatening or 'Amber' calls, the average response was 14 minutes and 24 seconds. Notably, the service also demonstrated significantly improved resilience over the challenging winter months.

The introduction of the new Ambulance Quality Indicators provides further assurance beyond the time-based targets to ensure patients receive a safe and timely response to meet their clinical need. It has been particularly encouraging to note the high performance levels against the seven clinical indicators for stroke, sepsis, STEMI, febrile convulsions, hypoglycaemia, fractured neck of femur and cardiac arrest, which demonstrates that paramedics are delivering care that will make a real difference to patient outcomes.

The latest set of Ambulance Quality Indicators, which are published on a quarterly basis, can be found on the Emergency Ambulance Services Committee (EASC) website:

<http://www.wales.nhs.uk/easc/ambulance-quality-indicators>

Looking to the future, we will continue to be guided by the very best clinical evidence and advice on how we can continue to improve patient outcomes and patient experience. Indeed, the Welsh Ambulance Services NHS Trust (WAST) is currently working with the Emergency Ambulance Services Committee (EASC) to review the coding system used for emergency ambulance calls to ensure that they generate the appropriate response. This will involve analysing a number of key data sets to develop a robust evidence base for each code in terms of a safe and effective response to meet patients' needs. The review is expected to be completed in the Autumn.

We are confident these changes are improving patient experience. They are also making emergency ambulance services in Wales among the most progressive and transparent in the world and we see other parts of the UK taking note of our progress. The Scottish Ambulance Service is currently piloting a model similar to our own and on 13<sup>th</sup> July, NHS England announced English ambulance trusts will also be introducing new performance standards later this year.

Yours sincerely,



Dr Andrew Goodall