

Stakeholder briefing on the ambulance response target review outcome

Why have we reviewed the ambulance response target?

The Welsh Government set up the review in response to a recommendation made by the Health and Social Care Committee.

In a report published in August 2024, it asked the Welsh Government and the NHS Wales Joint Commissioning Committee to assess the appropriateness of the 'red' 999 ambulance response target.

What is the current target?

Wales has one national target for ambulance services – this is for the Welsh Ambulance Services University NHS Trust (WAST) to respond to **65% of red category incidents in eight minutes**.

The eight-minute time-based standard has been in place since 1974.

Over recent years, we have seen increasing demand for red calls. Since 2015, the proportion of people identified as suitable for a red category response has risen markedly from 5% to around 15% today.

Ambulance performance has broadly remained stable over the last two years, and the median response time has been maintained at around 8 minutes for red category responses.

What have we done to review the target?

We established a national task group made up of national clinical leaders and experts in the field of pre-hospital emergency care and ambulance response.

It reviewed the available clinical evidence and provided advice on the appropriateness of the existing national target.

It also considered the ambulance performance framework against the Health and Care Quality Standards, taking into account the changes WAST is making to evolve its clinical response model.

What are the key findings?

The review concluded the current 'red' target is too broad and no longer appropriate, and the ambulance performance framework is not fit for purpose.

An '*appropriate*' target should be realistic, achievable, and designed to improve health outcomes while ensuring available resources are used wisely and equitably.

There is a need to focus on clinical outcomes, especially outcomes from cardiac arrest. This means moving away from time-based targets as the primary measure of success for the ambulance service.

Why is the existing target no longer appropriate?

1. There is no clinical evidence that the current 'red' target helps to drive improvement in patient outcomes.

Currently, an ambulance response in 8 minutes and 1 second where a person survives is seen as failure because the ambulance 'missed' the target; a response in 7 minutes and 59 seconds where a person sadly dies 'achieves' the target.

2. The current method for managing patients in the red category does not allow them to be prioritised based on the urgency of their medical needs. This approach can impact how quickly people who have a clear clinical need for an immediate response (in seconds and minutes) receive help.

In Wales, the survival rate following an out-of-hospital cardiac arrest is less than 5%. England has a survival rate of 10%, Scotland has a survival rate of 9%; and in some European countries and U.S. cities it is higher.

3. Applying a blanket time target is driving the ambulance service to rapidly send precious ambulance resources to people who, on further assessment at the scene, transpire to be less seriously ill – all in an effort to achieve the 8-minute target.

Around 34% of red category patients with 'breathing problems' do not go on to be transported to hospital. These patients are currently subject to the 8-minute response target.

What are the changes to the performance framework?

There will be a 'bundle' approach to measurement which splits the existing red category in two and enables a greater focus on the opportunities to focus on clinical outcomes.

Purple: Arrest – *where a person is in cardiac or respiratory arrest.*

- % of people to have a heartbeat restored after a period of cardiac arrest which is subsequently retained until arrival at hospital
- median (average) time it takes to 'bystander CPR' and 'defibrillation' following an out of hospital cardiac arrest
- **median time for an ambulance response with a target range of 6-8 minutes** and backstop of 90% receiving an emergency response within 20 minutes

Red: Emergency – *where a person is at risk of cardiac or respiratory arrest without a rapid response to prevent deterioration i.e. choking or a major haemorrhage.*

- clinical performance indicators (to be developed)
- **median time for an ambulance response with a target range of 6-8 minutes** and backstop of 90% receiving an emergency response within 20 minutes

How will Wales compare with other countries?

Ambulance performance is measured and reported differently across other UK nations and internationally.

Scotland and Northern Ireland both use an outcomes-driven approach to ambulance performance frameworks. England also publishes data on survival rates from cardiac arrest.

All three UK nations have moved away from the 8-minute target and publish median response time data, so the new approach brings Wales in line.

How will other calls to the ambulance service be managed?

As part of its evolving model, WAST will complete 'rapid clinical screening' for all calls not classified as an arrest or emergency. This will ensure every call receives a more tailored approach, which takes account of a person's symptoms and where the incident occurred.

Over the next two months, a further review will be undertaken to consider whether measures are required for incidents not categorised as an arrest or emergency. This will include conditions which currently fall in the 'amber' category such as symptoms of a stroke or heart attack. These were not in scope of the initial review which focused on the 'red' category only.

WAST will consider the findings of this additional review before finalising changes to its clinical model.

What about ambulance patient handover?

Currently, the lack of ambulance availability as a result of ambulance patient handover delays is having a significant impact on response times.

For the changes – and the benefits of the new system – to be realised, we have set up a new clinically-led national ambulance handover improvement delivery group, which will identify and oversee action to improve handover performance, learning from UK wide and international best practice.

This will include much greater focus on improving patient flow and productivity of discharge planning to ensure we have sufficient bed capacity seven days a week.

When will the changes take place?

The performance framework and changes to the ambulance clinical response model will be implemented from 1 July 2025 for a 12-month period. If they have the intended impact, then they will be made permanent.

To support the changes and enable a more integrated approach to cardiac arrest response, the national 'Save a Life Cymru' programme will be transferred to WAST. A rapid collaborative review will be undertaken to explore how to further raise awareness and increase community involvement through CPR training and accessibility of defibrillators.