



# Scottish Ambulance Service

## Unscheduled Care Operational Statistics

Unscheduled Care Incidents between 25 October to 21 November 2021

### An Experimental Statistics publication for Scotland

<b>Type</b>	Experimental Statistics Publication
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### About this release

This release by the Scottish Ambulance Service (SAS) provides a weekly update of key statistics on unscheduled care operational measures across Scotland. The information includes trends in the number of unscheduled care incidents, responses, conveyances to hospital, response times and hospital turnaround times.

The statistics in this weekly update cover SAS activity only, and include new data for the previous 4 weeks. Data for the most recent 3 weeks should be treated as provisional.

### Main points

- Last week SAS dealt with **15,294** unscheduled care incidents, of these **12,809** were emergency incidents.
- Of the total unscheduled care incidents, **11,563** received an on scene attendance by SAS crews. Of these attended unscheduled care incidents, **9,964** were emergency incidents.
- Last week the median and 90<sup>th</sup> percentile response times were:
  - **Purple incidents** - Median: 7 minutes 32 seconds; 90<sup>th</sup> Percentile: 15 minutes 41 seconds
  - **Red incidents** - Median: 8 minutes 40 seconds; 90<sup>th</sup> Percentile: 18 minutes 27 seconds
  - **Amber incidents** - Median: 16 minutes 29 seconds; 90<sup>th</sup> Percentile: 37 minutes 11 seconds
  - **Yellow incidents** - Median: 29 minutes 14 seconds; 90<sup>th</sup> Percentile: 129 minutes 42 seconds
- Hospital turnaround times last week were:
  - **Median:** 38 minutes 56 seconds
  - **90<sup>th</sup> percentile:** 74 minutes 13 seconds

## **Background**

The Scottish Ambulance Service implemented the Clinical Response Model (CRM) for Emergency 999 calls in November 2016. The CRM aims to save more lives by more accurately identifying patients with immediately life-threatening conditions, such as cardiac arrest; and to safely and more effectively send the right type of resource first time to all patients based on their clinical need.

The model institutes a colour-coded system, which categorises 999 calls in terms of clinical need. Cases are coded purple, red, amber, yellow and green.

In less urgent cases, call handlers may spend more time with patients to better understand their health needs and ensure they send the most appropriate resource for their condition and clinical need.

The process is also designed to identify instances when an ambulance is not needed and instead the patient can be referred to an alternative pathway such as GPs, NHS24 or outpatient services. All calls are triaged into the following categories:

**Purple:** Our most critically ill patients. This is where a patient is identified as having a 10% or more chance of having a cardiac arrest. The actual cardiac arrest rate across this category is approximately 53%.

**Red:** Our next most serious category where a patient is identified as having a likelihood of cardiac arrest between 1% and 9.9%, or having a need for resuscitation interventions such as airway management above 2%. Currently the cardiac arrest rate in this category is approximately 1.5%.

**Amber:** where a patient is likely to need diagnosis and transport to hospital or specialist care. The cardiac arrest rates for all of these codes is less than 0.5%

**Yellow:** a patient who has a need for care but has a very low likelihood of requiring life-saving interventions. For example, patients who have tripped or fallen but not sustained any serious injury.

**Please note:** the response times show total time and do not factor in possible upgrading or downgrading that may occur depending on the patient condition. For example, a call may start out as a yellow call, subsequently be upgraded to a purple call some time later, but only the total time from the first call received is shown. The starting point is always set for the colour category first determined, not the final colour category assigned. Where delays occur, clinical advisors maintain contact with the patient, checking their condition on an ongoing basis, and upgrading when appropriate.

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