



# Freedom of Information Request

**13 December 2022**

## Question

I would like to know:

1). The longest recorded wait time for an ambulance to arrive with the patient in a case deemed urgent or emergency in each of the Scottish health boards areas (namely NHS Lothian, NHS Tayside, NHS Greater Glasgow and Clyde, NHS Grampian, NHS Dumfries and Galloway, NHS Fife, NHS Forth Valley, NHS Ayrshire and Arran, NHS Highland, NHS Lanarkshire, NHS Borders, NHS Shetland, NHS Orkney and NHS Western Isles,).

Please provide figures for each of the last 12 months.

2). The longest wait time for a non-emergency ambulance to arrive with the patient in each of the Scottish health boards areas (namely NHS Lothian, NHS Tayside, NHS Greater Glasgow and Clyde, NHS Grampian, NHS Dumfries and Galloway, NHS Fife, NHS Forth Valley, NHS Ayrshire and Arran, NHS Highland, NHS Lanarkshire, NHS Borders, NHS Shetland, NHS Orkney and NHS Western Isles).

Please provide figures for each of the last 12 months.

3). The longest recorded wait time for an ambulance to arrive with the patient in a case deemed urgent or emergency in the West Dunbartonshire and Helensburgh and Lomond areas (Royal Mail postcode zones G82, G83 and G84)

Please provide figures for each of the last 12 months.

4). The longest wait time for a non-emergency ambulance to arrive with the patient the West Dunbartonshire and Helensburgh and Lomond areas (Royal Mail postcode zones (G82, G83 and G84)

Please provide figures for each of the last 12 months.

## Answer

Please see attached document showing the longest response time for emergency incidents attended in the last 12 months between 01/11/2021-31/10/2022. The top table is broken down by the health board the incident occurred in, and the bottom table is by the three postcode areas requested.

The Scottish Ambulance service is publishing 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.

These can be found on our website [Unscheduled Care Operational Statistics \(scottishambulance.com\)](https://www.scottishambulance.com/unscheduled-care-operational-statistics)

**Please note caution in the interpretation of the data provided.**

**The response times show total time and do not factor in possible upgrading or downgrading that may occur depending on the patient condition, difficult vehicular access, or remote rural locations.**

**For example, a call may start out as a yellow call, subsequently be upgraded to a purple call sometime 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.**

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.

Since adopting this new model, research carried out in collaboration with the University of Stirling has demonstrated there has been a 43% increase in 30-day survival for all patients within the purple category and there was also a 21% increase in cardiac arrest patients achieving Return of Spontaneous Circulation (ROSC).

This study also established that this cohort of patients were identified with more accuracy, which allows for a more targeted response to be dispatched to immediate life threatening conditions, ultimately improving patient outcomes.

Within other emergency categories there was seen to be no increase in cardiac arrest rates and low rates of deterioration. Stable mortality rates were reported throughout.

The model institutes a new 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.

**Green:** a patient does not fit the above categories and there is potential for an alternative care pathway, rather than needing to go to hospital.

For the given data, you will see that some of the figures are shown as less than five, please note that this figure has been suppressed because the statistical value is less than five. The Scottish Ambulance service has a duty, under the Data Protection Act to avoid directly or indirectly revealing any personal details. It is therefore widely understood that provision of statistics on small numbers, less than five are statistically suppressed upon disclosure.