Our report provides an update on our 2011 report, Transforming NHS ambulance services. In particular, it examines:

• the challenges facing the ambulance service in England;
• the performance of the ambulance service since we last reported; and
• the extent to which the ambulance service is maximising its impact and supporting the challenges facing the wider health system.

The ambulance service received 10.7m calls in 2015-16.

Ambulance staff attended 6.6m incidents in 2015-16.

Ambulance trusts provide urgent and emergency care in England (with separate arrangements for the Isle of Wight).

The ambulance service faces a number of challenges:

- Response-time performance is getting worse, and performance against other measures is variable.
- Ambulance trusts struggle to recruit and retain staff.
- This means they are now working with more stakeholders.
- Ambulance trusts are working within an increasingly complex health system.

Of calls were resolved over the telephone in 2015-16.

Nationally, ambulance trusts are treating patients over the phone, treating them at the scene or taking them to a destination other than a A&E department, in order to help manage demand.

4% of calls resolved over the telephone in 2015-16.

During 2015-16 the proportion of calls resolved over the phone had fallen from 8 to 46%.

Ambulance trusts use different operating frameworks which contribute to variations in performance.

This is the variation between ambulance trusts in how frequently an ambulance was mobilised, then stood down before reaching the scene in 2015-16.

Patient outcome indicators have improved between 2011-12 and 2015-16 nationally.

75% is the target.

72.5% of the most serious calls were resolved by telephone in 2015-16.

Our recommendations included:

• NHS England, NHS Improvement and ambulance trusts in England should work together to define the optimal operating framework for an ambulance trust, and ambulance commissioners should take a consistent approach to commissioning ambulance services, based on the framework.

• In order to tackle rising delays in transfers of patient care at hospital:
  - NHS Improvement should publish transfer times for all ambulance trusts and hospitals.
  - NHS England and clinical commissioning groups should work together to adopt a nationally consistent approach to incentivising acute hospital trusts to reduce turnaround delays at hospitals.

There is a general consensus that too much focus on response times has led to behaviours which undermine efficiency.

Schedule 1 ambulance trusts lost almost 600,000 hours due to turnaround time at hospitals taking longer than the 30 min standard.

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NHS AMBULANCE SERVICE – KEY FACTS

Trusts spent £1.78bn on urgent and emergency services in 2015-16.

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NHS AMBULANCE SERVICE – KEY FACTS

Calls and NHS 111 transfers in 2015-16.

10% of calls were resolved over the telephone in 2015-16.

5 out of 8 patient outcome indicators had improved between 2011-12 and 2015-16 nationally.

38% of patients were treated at the scene or taken to a non-A&E destination in 2015-16.

9 out of 10 ambulance trusts did not meet the three response time targets in 2015-16.

Nationally, ambulance trusts are treating patients over the phone, treating them at the scene or taking them to a destination other than an A&E department, in order to help manage demand.

There is a general consensus that too much focus on response times has led to behaviours which undermine efficiency.

Ambulance trusts are working within an increasingly complex health system.

This means they are now working with more stakeholders.

Ambulance trusts struggle to recruit and retain staff. In 2015 ambulance trusts had a paramedic vacancy rate of 10%.

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