**NAO Podcast on Ambulance Services transcript**

**[Suzanne Goldberg] Hello and welcome to the National Audit Office podcast. The NAO have just published a report on ambulance services in England. There are 10 regionally-based ambulance services provide urgent and emergency healthcare and patient transport services, with separate arrangements for the Isle of Wight. In 2014-15, these services cost 2.1 billion [pounds] and Demand for services continues to rise. In 2014-15, there were 9 million emergency calls to the ambulance service, compared to 8.5 million in 2013-14. I’m joined by Robert White, the Director who worked on the report. Thank you very much for joining us.**

**I wonder if we could start by going through what your report covers?**

[Robert White] Well the report mainly focuses on urgent and emergency services provided by the ten regionally based ambulance trusts. It provides an update on a report we did in 2011, but particularly it looks at the challenges faced by the ambulance service, the performance of those services, since we last reported, and the contributions the ambulance service is making to the overall sustainability to the health sector.

**And what does your report say?**

We’ve made a number of observations and findings. I would say the most significant of those is just the way the demand for services is behaving. Over a period of about six years, we’ve seen average demand go up by 5.2% per year. Just to put that into perspective, that’s 10.7 million calls in any given year to the ambulance service. Our report covers, as I said, emergency and urgent services, there were 9.4 million of those contacts and 1.3 million transfers from the NHS 111 service. The other thing we observed is that the funding has not kept pace with the way that costs have risen. Income for ambulance trusts over a four year period rose by 16% and costs increased by 30%- so they are under quite considerate pressure. We also found that many ambulance trusts are struggling to recruit and retain the staff they need. One of the most significant findings was the delays at turnaround at hospitals. Perhaps I could just explain this briefly.

There are some standards in place to make sure that patients are safely and efficiently moved from ambulances to the safety of hospitals. The expectation is that as the ambulance crews arrive that they will move the patient into the hospital within 15 minutes and there is another 15 minutes for the crews to prepare the ambulance for its next call, so in total half an hour. One of the things that is monitored is delays, and time taken in excess of that 30 minute period. We found in our report that there are 500,000 hours lost due to these turn-around delays at Accident and Emergency Departments.

**How are Ambulance Trusts performing?**

Well a number of trusts are struggling to meet current response times. Listeners may be familiar with some of these targets and standards. The most well known of these is what’s called the 8 minute standard. That is the expectation that where there is a life threatening incident that an ambulance will attend the scene within 8 minutes. Those are called Red calls and they are split into two categories: There’s Red 1, where someone may have suffered a cardiac arrest or having breathing difficulties, or whether no pulse could be found. There are also Red 2 calls that might involve a heart attack or a stroke. Now, together, those two indicators should be responded to within eight minutes, in 75% of the time. There is then a second standard, which is commonly referred to as the 19 minute standard. So if it is decided that a patient should be conveyed to hospital, then a vehicle must be there in 19 minutes that is capable of conveying that patient. So those are the two headline standards. Increasingly over the last two years, trusts are failing to meet those standards. There was only one of the ten trusts in 2015/16 that met those standards.

**How sustainable is the current system?**

Well we do other reports into the health service and we’re observing that many trusts, not just ambulance trusts, are in significant financial difficulty. What happens there, is that it keeps them from developing new models of care. One of the things that the ambulance service is trying to do is the change the way it operates and take fewer people to hospital, if they can avoid it. They’ve introduced new programmes, such as “Hear and treat”, that’s where issues are resolved over the phone, “See and treat”, where people are tended to in their homes, or by the roadside or place of work, but then not conveyed to hospital. Or a third way is taking patients to a site that isn’t a hospital, so there may be day- centers and other facilities. So they have ideas and have been making inroads into introducing new models of care, but the high vacancy levels, the constant financial pressure and the lack of availability of some of these alternative venues that they could go to, coupled with those delayed turn around at the front of A&E departments, means that, at present, we’re quite concerned at what we see. This is why we’ve got some recommendations in the report.

**And what were these recommendations?**

One of the things we observed is there great variation between all of the hospitals. There’s variation in terms of sickness levels, in some of those response time targets that we talked about and also how they are set up – the way they use their estate, the way they use their vehicles, the type of vehicles and the system they use to respond. So we’re encouraging through our recommendations, that some work is put into trying to identify an optimal operating framework for the ambulance trust to use, for the commissioners to also use when they sit down to agree funding, standards and outcomes. We think that by introducing an optimal framework, you’ll see some of that variation removed. We also think that needs to be more done for updating how trusts are measured. There is work underway in the ambulance response programme that moves away from just concentrating at targets and looking at the most appropriate response. Because in many instances the ambulances are dispatching crews, and if its one of those of red calls which I described they want to get a crew to the patient as quickly as possible. There are other conditions, where if you take some more time to work out what the needs of the patient are, you’ll send out a more appropriate response, and that could be an ambulance, it could be a rapid response motorcycle or a paramedic. The point is you take some time up front, rather than starting the clock immediately. We’re just saying that they need to work through and clarify what those arrangements are and publish what those metrics are so that trusts can compare against one another and improve that way. We think more needs to be done to tackle those rising delays in transferring patients from ambulances into hospital. We also think the clinical commissioning group should understand more about what its preventing trusts from maximizing some of the new models of care. So there are things that I described, the “See and treat”, “Hear and treat” and conveying to alternative sites. Lastly, there is a great deal of work being put into the sustainability and transformation plans across England. Those are the plans for health and social care for the next two years. We’re encouraging NHS England review how the urgent and emergency care review, which it initiated, fits into some of those other plans. So that’s a bit of a technical way of saying you need to cut through a lot of the jargon and the planning environment to make it clear where ambulances sit in that.

**Thank you very much for your time Robert, it sounds like there is still quite a lot of work to do.**

**If you would like to find out more about this report, the full report and an executive summary are available on our website,** [**www.nao.org.uk**](http://www.nao.org.uk)**. Or you can follow us on twitter @NAOorguk or on Facebook www.facebook.com/NAOorguk/**

**Thank you listening.**