



Ambulance Headquarters

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To: Critical Care Network

Dear Sarah

Re: Update - National Ambulance Response Programme

On 13th July, NHS England announced a new set of performance standards for the English ambulance services through the national Ambulance Response Programme (ARP). Changing the performance standards, which were set back in 1974, will free up more ambulance crews to respond to emergencies. It gives the opportunity to send the most appropriate response to each patient first time. As we develop our operations model (eg. our staff skill mix and number of ambulances and cars) to match the new ARP model, our response to all categories of patients should improve.

Clinically led response

Evidence from the world's largest clinical ambulance pilot shows that there were no safety issues identified in more than 14 million 999 calls handled over the 18 month trial. ARP allows the English ambulance services to drive efficient behaviours so that the patient gets the right response in a clinically appropriate timeframe. This approach means less allocation of multiple vehicles to patients, resulting in more available ambulance resources to respond to life-threatening incidents. The change is strongly endorsed by expert organisations such as the Royal College of Emergency Medicine, the Stroke Association, and the College of Paramedics.

Does the change affect me?

Yes. The way we provide services to our healthcare colleagues has also been reviewed. Please refer to the chart on the next page for clarification.

The programme will mean that Category 1 patients (eg cardiac or respiratory arrest) will be identified faster, and survival rates should improve. In relation to the other categories, currently three or even four vehicles may be sent to the same 999 call to be sure of meeting the eight minute target, meaning that across England one in four are stood down before reaching their destination.

ARP allows the English ambulance services to drive efficient behaviours so that the patient gets the right response in a clinically appropriate timeframe. Ambulance 999 call handlers will be given more time to assess calls that are not life-threatening to enable them to identify patients' needs better and send the most appropriate response.

The national Ambulance Response Programme introduces four new categories of call. These will be introduced at North East Ambulance Service on Monday 30 October 2017 from 02.30 hours, and are detailed below:

National Ambulance Response Programme

	Average response time	Access by calling
Category 1 is an immediate response to a life threatening condition. It should only be used for a patient who requires resuscitation or emergency intervention from the ambulance service, for example cardiac or respiratory arrest. Mortality rates are high where a difference of one minute in response time is likely to affect outcome and there is evidence to support the fastest response.	7 minutes	999
Category 2 is for serious condition, for example stroke or chest pain, that may require rapid assessment and/or urgent transport. Mortality rates are lower; a difference of an extra 15 minutes response time is unlikely to affect outcome and there is evidence to support early dispatch.	18 minutes	999
Category 3 is for urgent problems, for example uncomplicated diabetic that needs treatment and transport to an acute setting. Mortality rates are very low or zero; there is evidence to support alternative pathways of care.	At least 9 out of 10 times within 120 minutes	999
Category 4 is for a problem that is not urgent, for example all stable clinical cases including dermatology, gynaecology, ENT, neurology etc, and requires transportation to a hospital ward or clinic within 1, 2 or 4 hours (GP to confirm).	At least 9 out of 10 times within 180 minutes	999

More information

You can read more detail and access short animations and a read easy guide about the national change via the [NHS England ARP web page](#). You may also find the [Association of Ambulance Service Chief Executive's media release](#) of interest. We welcome feedback and if you have any further questions, please contact Kris Bushell on kris.bushell@neas.nhs.uk.

A NEAS representative for the Critical Care Network will provide a presentation with more information on the impact to critical care transfers at the next meeting.

Yours sincerely



Paul Liversidge
Chief Operating Officer