



Freedom of Information Request

26th August 2024

Question

- 1. In the month ending 31 July 2024, what was the mean ambulance response time for a purple category incident in each of Scotland's 14 health boards? In addition to this, please provide the data for each month in 2024.
- 2. In the month ending 31 July 2024, what was the mean ambulance response time for a red category incident in each of Scotland's 14 health boards? In addition to this, please provide the data for each month in 2024.
- 3. In the month ending 31 July 2024, what was the mean ambulance response time for an amber category incident in each of Scotland's 14 health boards In addition to this, please provide the data for each month in 2024.
- 4. In the month ending 31 July 2024, what was the mean ambulance response time for a yellow category incident in each of Scotland's 14 health boards? In addition to this, please provide the data for each month in 2024.

Answer

Please see the attached sheet detailing the information requested above for the date range 01/01/2024 – 31/07/2024. The report includes each colour category of call for each health Board in Scotland.

Important to consider when interpreting this data

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.





The response times 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 sometime later, but only the total time from the first call received is used. 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.