Freedom of Information Request

9th October 2024

Question

Under Freedom of Information Act, I wish to know the following:

- What are the 10 longest ambulance waiting times recorded in Ayrshire in 2021, 2022, 2023 and 2024?
- Can you provide the location and date for each of these incidents?
- What were the reasons for these extended waiting times

What were the average ambulance response times in Ayrshire in 2021, 2022, 2023 and 2024?

Answer

Please see the attached sheet detailing the emergency response times for Ayrshire and Arran from 01/01/2021 - 31/08/2024.

The first tab details the longest response times recorded in Ayrshire and Arran for each year requested. We have provided the call colour for context.

The second tab details the average response times recorded in Ayrshire and Arran for each year requested. We have provided the call colour for context.

The Scottish Ambulance service has a duty, under the Data Protection Act to avoid directly or indirectly revealing any personal details. Providing the location and date for the incidents relating to the longest response times could result in incidents and patients becoming identifiable. It is for this reason I am applying section 38 (1B)

An exemption under section 38(1)(b) of FOISA states: information which relates to a living individual other than the applicant for the information will be exempt where the disclosure of the information would contravene any of the data protection principles in Article 5(1) of the UK GDPR and in section 34(1) of the DPA 2018. **The exemption is absolute, so it is not subject to the public interest test in section 2(1) of FOISA (see section 2(2)(e)(ii) of FOISA.

The Scottish Ambulance Service is a national service, this means that vehicles based out of Ayrshire and Arran can be despatched to incidents out with the area, similarly vehicles out with the Ayrshire and Arran area may attend to incidents in the area depending on the severity of the incident and the demand on the service. Response times can be impacted by periods of high demand and protracted turnaround times at hospitals. The Scottish Ambulance Service is working closely with health boards across Scotland to improvethese times.. Our most recent response and turnaround times are available on our website Unscheduled Care Operational Statistics (scottishambulance.com)

Important Information

The response times show total time and does not factor in possible upgrading or downgrading that may occur depending on the patient condition. Times are inclusive of all areas, meaning, as a national

Working Together for Better Patient Care

service, times are inclusive of all types of locations. These will include areas that may have a difficult access and or in a remote location.

For example, a call may start out as a non-emergency (timed admission) call, subsequently be upgraded to a purple call much 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.

The model institutes a 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.

Working Together for Better Patient Care