Performance indicators for assessment 2005/2006

Existing national target indicators for ambulance trusts

As part of the Healthcare Commission's annual health check, we will be using four indicators to assess the performance of ambulance trusts against the existing national targets (as described in *National Standards, Local Action: Health and Social Care Standards and Planning Framework 2005/2006 – 2007/2008*, published by the Department of Health in July 2004).

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Category A calls meeting 14/19 minute target

Target:
All ambulance trusts to respond to 95% of category A calls within 14 minutes (urban) or 19 minutes (rural).

Rationale:
This indicator measures performance of category A calls. Ninety five per cent should be met within 14 minutes in urban areas, and within 19 minutes in rural areas. The target is based on historical performance requirements set for NHS ambulance services in the 1974 ORCON standards.

Numerator:
Number of category A calls receiving a response (as defined in the 2005/2006 KA34 technical guidance) within 14 minutes (urban) or 19 minutes (rural).

Denominator:
Number of category A calls receiving a response (as defined in the 2005/2006 KA34 technical guidance).

Construction:
Number of category A calls receiving a response (as defined in the 2005/2006 KA34 technical guidance) within 14 minutes (urban) or 19 minutes (rural) divided by number of category A calls receiving a response (as defined in the 2005/2006 KA34 technical guidance).

Expressed as a percentage.

Data source and period:
KA34 ambulance services (Financial year 2005/2006)

Performance indicators for assessment 2005/2006

Category A calls meeting eight minute target

Target:
All ambulance trusts to respond to 75% of category A calls within 8 minutes.

Rationale:
This indicator measures performance in response of category A calls. Seventy five per cent should be met within eight minutes. Clinical evidence shows that achievement of the target could save as many as 1,800 lives each year in people under 75 years suffering acute heart attacks.

Numerator:
The number of category A calls receiving a first response (as defined in the 2005/2006KA34 technical guidance) within eight minutes.

Denominator:
The number of category A calls.

Construction:
The number of category A calls receiving a first response (as defined in the 2005/2006 KA34 technical guidance) within eight minutes divided by the number of category A calls.

Expressed as a percentage.

Data source and period:
KA34 ambulance services (Financial year 2005/2006)

Performance indicators for assessment 2005/2006

Category B calls meeting national 14/19 minute target

Target:
All ambulance trusts to respond to 95% of category B calls within 14 minutes (urban) or 19 minutes (rural).

Rationale:
This indicator measures performance of category B calls. Ninety five per cent should be met within 14 minutes in urban areas, and within 19 minutes in rural areas. The target is based on historical performance requirements set for NHS ambulance services in the 1974 ORCON standards.

Numerator:
Number of category B calls receiving a response (as defined in the 2005/2006 KA34 technical guidance) within 14 minutes (urban) or 19 minutes (rural).

Denominator:
Number of category B calls receiving a response (as defined in the 2005/2006 KA34 technical guidance).

Construction:
Number of category B calls receiving a response (as defined in the 2005/2006 KA34 technical guidance) within 14 minutes (urban) or 19 minutes (rural) divided by number of category B calls receiving a response (as defined in the 2005/2006 KA34 technical guidance).

Expressed as a percentage.

Data source and period:
KA34 ambulance services (Financial year 2005/2006)

Performance indicators for assessment 2005/2006

Thrombolysis - 60 minute call to needle time

Target:
Deliver a ten percentage point increase per year in the proportion of people suffering from a heart attack who receive thrombolysis within 60 minutes of calling for professional help.

Rationale:
The NSF standard is that people suffering from heart attack should receive thrombolytic therapy within 60 minutes of calling for professional help. The Priorities and Planning Framework (2003-2006) sets the NHS the target of delivering a 10% point increase per year in the proportion of people who receive thrombolytic therapy within 60 minutes of calling for professional help. The national target is 68% for 2005/2006. Trusts that are already above 68% in 2004/2005 or will exceed it in 2005/2006 will be expected to achieve improvement. In addition to the category A calls eight minute response time, ambulances play an important role in getting the patient speedily to hospital as well as administering pre-hospital thrombolytic therapy where this is agreed locally. This indicator includes both call to needle times shared with local acute trusts and call to needle times achieved by ambulance trust paramedics giving pre-hospital thrombolysis.

This is an interface indicator shared between acute trusts and ambulance trusts as well as PCTs in their commissioning role.

Some services are taking part in the national infarct angioplasty project starting early in 2005/2006 and others, outside the national project, are already offering primary angioplasty or are planning to offer it in 2005/2006 for people with suspected acute myocardial infarction. In time, primary angioplasty will become an important component of the treatment of myocardial infarction. However, overall in 2005/2006, the majority of people will be treated with thrombolytic treatment. Time to treatment with thrombolysis remains a key existing target for coronary heart disease services and is likely to continue as a treatment option beyond this year. To ensure that our assessment of performance is fair and consistent, we will review the definition for the thrombolysis indicators mid way through the year when the impact of the development of primary angioplasty on the numbers of people receiving thrombolysis becomes clearer.

Numerator:
The number of eligible patients with acute myocardial infarction receiving thrombolysis treatment either by injection or by infusion within 60 minutes of calling for professional help (including pre-hospital thrombolysis). A call for professional help is defined as a call by the patient, relative or attendant. This may be to a GP, NHS Direct, or the ambulance service. This time may be available from the ambulance service record as the time of the emergency call. A call to the ambulance service is defined as the time when the caller's telephone number, exact location of the incident and nature of the complaint are known.

Denominator:
The number of eligible patients with acute myocardial infarction who received thrombolysis.

Performance indicators for assessment 2005/2006

Construction:
The number of eligible patients with acute myocardial infarction receiving thrombolysis treatment either by injection or by infusion within 60 minutes of calling for help divided by the number of eligible patients with acute myocardial infarction who received thrombolysis.

Expressed as a percentage.

This percentage score will be calculated for both the 2004/2005 financial year and the 2005/2006 financial year.

Two measurements of performance will be derived from these figures. The first is an improvement score based on performance in the last six months of the financial years 2004/2005 and 2005/2006, and the second is performance in 2005/2006 against the national target level of 68% for the period April 1st 2005 March 31st 2006.

Eligibility is defined as a patient presenting with symptoms suggestive of myocardial infarction with a first electrocardiograph showing typical ST segment elevation or new left bundle branch block. There should be no contraindication to thrombolytic treatment, nor should there be a justifiable delay before treatment. Patients having primary angioplasty, or patients receiving thrombolysis that self present or were already in hospital at the time of their myocardial infarction are excluded.

Trusts should be aware that there will be a cut off date for data to be submitted to MINAP for use in the 2005/2006 performance ratings. It is recommended that trusts do not leave their data submission until the deadline.

Trusts may be penalised if the completeness of the MINAP fields for call time and ambulance job number are less than satisfactory, and should link in with their local acute trusts to ensure completeness of data.

Ambulance trusts are now able to view their own MINAP data using the ambulance outcomes database.

Data source and period:
Myocardial Infarction National Audit Project (October 2004 to March 2005/October 2005 to March 2006)
Myocardial Infarction National Audit Project (April 2005 to March 2006)