

AMBULANCE RESPONSE TIMES ACROSS NNDC March 2022

Response times remain too long across our district and are still widely variable. There have been very distressing complaints in the community of unacceptably long waits for ambulances.

Response times in December 21, a busy month in terms of calls across the district

Category 1 – ‘immediately life-threatening injury or illness’ - accounts for c.10-12% of 999 calls. Average target time 7 mins, 90th centile 15 mins, these include *cardiac arrest, serious traumatic injury, severe allergic reaction*

For December 21 average response times varied from 8.58 in NR27 to 30.52 in NR22.

For December 21 90th centile response times varied from 15.33 in NR26 to 38.41 in NR25.

The longest waits haven't improved from our previous report.

Category 2 – ‘emergency’ - accounts for c.62-65% of 999 calls. Average target time 18 mins, 90th centile 40 mins, these include *acute breathing problems, stroke/chest pain, fitting*

For December 21 average response times varied from 56.06 in PE31 to 1.13.56 in NR25.

For December 21 90th centile response times varied from 1.19.37 in NR22 to 2.46.33 in NR27.

These are less satisfactory than C1 response times.

Category 3 (C3) – ‘urgent’ - account for c.20% of 999 calls. C3 target is 90th centile 120 mins – these include *assaults, falls etc.*

We have data for NR23 -27 only, average response times not 90th centile.

Average monthly response times for December 21 to February 22 varied from just over 100 mins to 300 mins. Average weekly response times, December 21 to February 22, varied hugely but on 5 occasions were 400 - 600 mins and on one occasion just over 700 mins.

These extreme delays are unacceptable. Data has been requested across the district.

EEAST say there is a correlation between long ambulance response times and hospital turnaround delays (target 15 mins), which reflect health and social care system pressure. EEAST say Covid is still having an impact.

How effective has been the RRV trial in Fakenham from mid November 21?

EEAST say it is too early to interpret results. What they have found is that 55% of call outs were for C2, mainly chest pain and strokes. There was a reduction in the number of conveyances and better utilisation of alternate community pathways. EEAST say there has been no negative impact on response times elsewhere.

How can parishes and town councils help with long response times?

We can help recruit Community First Responders, who are trained volunteers who respond to medical emergencies in categories 1 and 2. There are 8 groups in North Norfolk: Aylsham, North Walsham, Holt, Fakenham, Cromer, Sheringham, Statham, West Stalham, but not all are fully staffed. EEAST are mounting a community engagement and recruitment campaign for which they would appreciate town and parish support.

Possible next steps?

O&S invite Norfolk and Waveney CCG and EEAST to report more fully with a focus on C2 and C3.
O&S write to local MPs to request better response times for NNDC residents.

Dr Victoria Holliday, Elected Member, Coastal Ward

March 2022