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Lord Prior of Brampton
Parliamentary Under-Secretary (NHS Productivity)
Department of Health
Richmond House
79 Whitehall
London
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24 March 2016

Dear Lord Prior,

In Spring 2015 Sir Bruce Keogh was asked to review NHS performance standards to ensure they make sense for patients and are operationally well-designed. There was clinical concern that, in a small number of instances, some targets were provoking perverse behaviours. This included those targets within the ambulance service, where in some cases vehicles were being dispatched in order to "stop the clock" rather than serve the best interests of patients. This type of perverse incentive was leading to lower availability of ambulances for some urgent patients. Sir Bruce recommended that the ambulance service expand its pilot programme to explore a more suitable set of measures, with a view to making a definitive proposal on new standards by Autumn 2016.

Since this review, we have conducted a clinically led and evidence-based review of the current call coding systems. I am now writing to confirm that the result is a new call coding set which we will trial in two sites - South Western Ambulance Service NHS Foundation Trust and Yorkshire Ambulance Service - for a minimum of 12 weeks from April 2016.

Our academic partners at Sheffield University's School of Health And Related Research (ScHARR) have overseen and assured the process to date, and the trial will be monitored by an operational group chaired by the Association of Ambulance Chief Executives (AACE), reporting to the ARP Expert Reference Group and Steering Group. This work has also been shared with our national stakeholder group, including patient and public representatives.

The final code set has been signed off for testing by the National Ambulance Service Medical Directors (NASMED), the ambulance National Directors of Operations Group (NDOG) and the Emergency Call Prioritisation Advisory Group (ECPAG), which approves changes to ambulance call categorisation in England.

The new code set divides 999 patients into the following categories:
Category Red: Life threatening. The patient needs immediate treatment at the scene to preserve life where life can be saved.

Category Amber: Emergency. The patient needs an emergency response. This group is divided into:

> Amber R (Response): Patient requires a face to face assessment at scene, possible treatment at scene and a vehicle that can convey to hospital.
>
> Amber F (Face to Face): Patient treatment (at scene) is a priority; the patient may or may not need subsequent transportation to hospital, depending on the circumstances.
>
> Amber T (Transport): Patient transportation is a priority because they require the services of a hospital, often a specialist facility.

Category Green: Urgent. The patient needs an urgent response. This group is divided into:

> Green F (Face to Face): Patient requires assessment and management at scene by an ambulance clinician, which may include transport to hospital or another location.
>
> Green T (Transport): Transport only.
>
> Green H (Hear and Treat): Patients suitable for "hear and treat" (advice over the telephone, including referral to other services).

Patient safety and experience is paramount, and has been central to the development of this new code set. In order to ensure patients will continue to receive safe and timely care during the trial we are implementing an enhanced system of data collection and monitoring, over and above that which is usually available, including 48 hour review of any potential serious incidents and accelerated clinical outcome reporting. These data will be monitored by the operational and expert reference groups, with independent academic input from Sheffield University. A set of critical review criteria has been agreed, along with a process to stop the trial and revert to the current system if necessary.

The ARP is led by clinicians and subject matter experts from across the ambulance services, commissioner networks and academia and built upon an evidence base assured by the School of Health and Related Research at Sheffield University. The outcomes of the trial will be scrutinised closely, and evaluated and reported on by our academic partners during Summer 2016.

Yours sincerely

Professor Keith Willett
Director of Acute Care
NHS England