

Use of ambulance services in Wiltshire. Values are numbers (percentages) unless otherwise specified

Incident (n=5821)	1988 (n=474)	1989 (n=546)	1990 (n=590)	1991 (n=577)	1992 (n=580)	1993 (n=709)	1994 (n=773)	1995 (n=759)	1996 (n=813)	P value (χ^2 for trend over time)
GP made call	31 (6.5)	26 (4.8)	29 (4.9)	23 (4.0)	25 (4.3)	32 (4.5)	41 (5.3)	39 (5.1)	36 (4.4)	0.49 (0.47)
GP was present	46 (9.7)	49 (9.0)	43 (7.3)	43 (7.5)	52 (9.0)	52 (7.3)	87 (11.3)	72 (9.5)	83 (10.2)	0.12 (2.49)
Category of incident:										
Sudden illness at home	106 (22.4)	101 (18.5)	123 (20.1)	126 (21.8)	146 (25.2)	180 (25.4)	219 (28.3)	184 (24.2)	228 (28.0)	<0.0001 (20.43)
Sudden illness, public place	73 (15.4)	80 (14.7)	74 (12.5)	88 (15.3)	93 (16.0)	101 (14.3)	109 (14.1)	132 (17.4)	139 (17.1)	3.04 (0.08)
Obstetric or gynaecological problem	20 (4.2)	22 (4.0)	14 (2.4)	28 (4.9)	22 (3.8)	22 (3.1)	20 (2.6)	27 (3.6)	21 (2.6)	0.09 (2.81)
Overdose or self harm	29 (6.1)	36 (6.6)	29 (4.9)	32 (5.6)	41 (7.1)	52 (7.3)	53 (6.9)	39 (5.1)	54 (6.6)	0.66 (0.19)
Fall (assistance required)	5 (1.1)	7 (1.3)	6 (1.0)	12 (2.1)	6 (1.0)	12 (1.7)	11 (1.4)	6 (0.8)	10 (1.2)	0.82 (0.05)
Accident at home	42 (8.9)	37 (6.8)	62 (10.5)	59 (10.2)	64 (11.0)	72 (10.2)	80 (10.4)	76 (10.0)	73 (9.0)	0.41 (0.69)
Accident in public place	41 (8.7)	51 (9.3)	41 (7.0)	28 (4.9)	47 (8.1)	57 (8.0)	51 (6.6)	56 (7.4)	72 (8.9)	0.97 (0.00)
Road traffic accident	86 (18.1)	108 (19.8)	110 (18.7)	96 (16.6)	64 (11.0)	112 (15.8)	76 (9.8)	115 (15.2)	112 (13.8)	<0.0001 (18.90)
Sports accident	12 (2.5)	7 (1.3)	9 (1.5)	11 (1.9)	12 (2.1)	14 (2.0)	11 (1.4)	10 (1.3)	9 (1.1)	0.14 (2.21)
Industrial accident	9 (1.9)	9 (1.7)	5 (0.9)	8 (1.4)	8 (1.4)	11 (1.6)	11 (1.4)	13 (1.7)	10 (1.2)	0.83 (0.05)
Assault	14 (3.0)	20 (3.7)	22 (3.7)	22 (3.8)	13 (2.2)	17 (2.4)	32 (4.1)	23 (3.0)	21 (2.6)	0.43 (0.62)
Drunkenness	4 (0.8)	4 (0.7)	11 (1.9)	11 (1.9)	9 (1.6)	5 (0.7)	21 (2.7)	16 (2.1)	11 (1.4)	0.11 (2.52)
Fire call	6 (1.3)	25 (4.6)	31 (5.3)	36 (6.2)	28 (4.8)	29 (4.1)	28 (3.6)	37 (4.9)	15 (1.9)	0.28 (1.18)
Hoax call	0	0	0	0	0	0	0	0	1 (0.1)	—
Total valid cases	447	507	537	557	553	684	722	734	776	—
Missing or unclassifiable	27	39	53	20	27	25	51	25	37	—

home.” In this category, incidents described in general terms such as “collapse” fell from 35% to 20%, whereas those attributed more specifically to cardiac problems rose from 22% to 31% and those attributed to respiratory problems from 12% to 21% (see table C on bmj.com).

Comment

Demand for emergency ambulances has risen, and there is evidence that people are using more specific terminology to describe emergency incidents. We found no evidence of a transfer of general practitioners' workload to the emergency ambulance service. The fall in mortality across all age groups in Western society leads us to conclude that the demand threshold is falling.⁵

Callers' perceptions of urgency are known to be unreliable, and a wider range of responses from service providers may be the most appropriate way to manage rising demand.³ The integration of the gateway to primary care out of hours with NHS Direct might provide one way of accomplishing this. Research identifying influences on callers' perceptions of urgency is necessary if we are to improve our understanding of the demand for emergency care and our ability to plan for the future.

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Competing interests: None declared.

1 Hallam L. Primary medical care outside normal working hours: review of published work. *BMJ* 1994;308:249-53.

- 2 Wrigley H, Snooks H, Thomas E, Smith H, Glasper A, George S. Epidemiology and demography of emergency ambulance calls: a review. *Pre Hosp Immed Care* 1999;3:94-8.
- 3 Snooks H, Wrigley H, George S, Thomas E, Smith H, Glasper A. Appropriateness of use of emergency ambulances. *J Accid Emerg Med* 1998;15:212-5.
- 4 Wiltshire Ambulance Service NHS Trust. *Summary of activity: patients and mileage—1994/95*. Chippenham: Wiltshire Ambulance Service NHS Trust, 1995.
- 5 Tuljapurkar S, Li N, Boe C. A universal pattern of mortality decline in the G7 countries. *Nature* 2000;405:789-92.

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Corrections and clarifications

Filler

A missing letter escaped our notice in the endpiece “Choosing a doctor” by W H Auden (5 January, p 38). The first line should read: “Give me a doctor partridge-plump [not “partridge-pump”].

Minerva

Having corresponded with author David Bourne about the details relating to the Minerva picture (2 February, p 308), we then forgot to include the name of his coauthor, P Bannister, consultant physician and geriatrician at Manchester Royal Infirmary, Manchester M13 9WL. We apologise for this omission.

Biological warfare and bioterrorism

In this article by Nicholas J Beeching and colleagues (9 February, pp 336-9) we wrongly attributed the street depicted on p 337 to North Korea. The street is in fact in Seoul, South Korea.

Children of war: the real casualties of the Afghan conflict

Captions to pictures can be bothersome for us. We mixed up our countries in the caption to figure 2 in this article by Zulfiqar Ahmed Bhutta (9 February, pp 349-52). Baluchistan and North-West Frontier Province are both in Pakistan, not Afghanistan. The second sentence in the caption should therefore read: “The Taliban movement arose among Afghan children attending madrassahs in neighbouring Baluchistan and North-West Frontier Province, Pakistan.”

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