



FOLKETINGET
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RIGSREVISIONEN

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Extract from Rigsrevisionen's report
submitted to the Public Accounts Committee

Ambulance operations in the regions

1. Introduction

1.1. Purpose and conclusion

1. The regions are responsible for ambulance preparedness and ensuring that acutely ill or injured individuals can receive ambulance assistance 24/7. In 2023, approximately 460,000 ambulances were dispatched to emergency incidents.

The ambulance service is part of the regions' so-called pre-hospital emergency care. Pre-hospital care refers to the assistance provided before the patient is potentially transferred to a hospital. In addition to ambulances, pre-hospital care includes emergency vehicles, emergency doctor vehicles, and emergency medical helicopters. Emergency vehicles and doctor vehicles can provide assistance at the scene but cannot transport the patient to a hospital, unlike emergency helicopters and ambulances.

According to the Ministry of the Interior and Health, the ambulance service has evolved from primarily being a transportation service to performing more treatments and life-saving assistance at the patient's location.

2. The regions can either operate ambulances themselves or contract private suppliers to manage the service entirely or partially.

Regulation on Health Preparedness Planning

§ 18, para. 1: The Regional Council is obliged to provide ambulance services to persons in need due to an acute illness, accident, or childbirth.

§ 18, para. 2: The Regional Council may choose to use its own ambulances or those provided by other regions, municipalities, or private ambulance contractors.



Ambulance from Region Hovedstaden.

Photo: Jens Dresling/
Ritzau Scanpix.

Until 2016, private and municipal suppliers managed ambulance services. Since 2016, the regions have taken over ambulance operations in parts of the regions. After the most recent tendering, the 5 regions together operate approximately 60% of ambulances, while private suppliers manage the remainder.

In 2023, the regions spent approximately 2.3 billion DKK on ambulance services and patient transport. Ambulance services are often tendered together with patient transport, meaning the expenses for these two areas cannot always be separated in all regions.

3. The purpose of this report is to examine the regions' tendering of and follow-up on ambulance operations. The study covers the period 2020-2024. We answer the following questions in the report:

Requirements for Ambulance Operations

We examine 3 requirements that appear in all the regions' tenders and contracts, which may result in penalties for private suppliers if they are not met. These 3 requirements concern:

- how long ambulances must be available (operating hours)
- how long it may take before the ambulance departs for an incident (mobilization time)
- how many ambulance practitioner trainees must be recruited (trainee recruitment).

- What reasons have the regions had for taking over ambulance operations in the latest tender?
- Have the regions provided ambulance services at the price agreed upon in the tender, and have they followed up adequately on the costs?
- Have the regions and private suppliers adhered to the requirements for ambulance operations set in the tender, and have the regions followed up adequately on the requirements?
- Have the regions established common standards for the quality and effectiveness of ambulance services, including following up on these, and have the regions maintained the quality of ambulance services since 2021?

All 5 regions are part of the study, but for the answers to question 2 and 3, only the Capital Region, Region Midtjylland, and Region Nordjylland are included. This is because Region Sjælland's new contract has been in effect for less than one year, and Region Syddanmark's new contract will not take effect until September 2025.

4. Rigsrevisionen initiated the study in December 2023 at the request of the Public Accounts Committee.



Conclusion

In 2 out of 3 regions, ambulance operations have remained within the price agreed upon in the tender. However, several requirements for ambulance services have not been met in the 3 regions studied. This includes cases where ambulances were not available as agreed. Rigsrevisionen finds this unsatisfactory. Private suppliers have generally been better at meeting the requirements than the regions themselves.

The regions have tendered parts of the ambulance operations in order to create increased competition

The regions expected that by bidding on ambulance operations themselves, they could foster more competition and thereby achieve lower prices than if they had not bid. Several regions have also justified their decision to take over operations by pointing to increased robustness in operations and better opportunities for development and innovation.

Ambulance operations in 2 of the 3 studied regions have remained within the price set by the tender. For the third region, it has not been possible to determine this

The accounts and statements from Region Hovedstaden and Region Nordjylland show that expenses for ambulance operations have remained within the agreed price. This applies both to the part of the operations managed by the regions themselves and the part managed by private suppliers. Region Midtjylland does not separate its expenses for ambulance operations into those managed without a tender and those based on the tender, making it impossible to determine whether the region has stayed within the agreed price.

Region Hovedstaden and Region Nordjylland have followed up satisfactorily on whether ambulance operations have been delivered at the agreed price. Region Midtjylland has not followed up satisfactorily on the expenses for the part of the operations it managed based on the tender.

In Region Sjælland and Region Syddanmark, the new contracts have been in effect for too short a period to assess the financial performance.

Neither the regions nor the private suppliers have met the requirements for operating hours and mobilization time

In the 3 regions studied, neither the regions nor the private suppliers have met the agreed operating hours. This means that ambulances have been available for fewer hours than agreed. In Region Midtjylland and Region Nordjylland, private suppliers have generally adhered to the operating hours more than the regions themselves.

Region Hovedstaden, Region Nordjylland, and their private suppliers have not met the mobilization time requirement, which specifies how long it may take before ambulances depart for an incident. However, private suppliers have adhered to this requirement more than the regions have. Region Midtjylland cannot determine whether this requirement has been met.

The 3 regions and their private suppliers have met the requirement for the recruitment of ambulance practitioner trainees during the contract periods.

Region Hovedstaden and Region Nordjylland have followed up on whether ambulance operations have met the requirements for operating hours, mobilization time, and trainee recruitment. Region Midtjylland has not followed up satisfactorily, as it cannot determine whether the requirement for mobilization time was exceeded.

In Region Sjælland and Region Syddanmark, the new contracts have been in effect for too short a period to assess operating hours, mobilization time, and trainee recruitment.

There have been no significant changes in the quality of ambulance services, as measured by the regions' response times for the most urgent incidents, since 2021

There are no common standards for the quality and effectiveness of ambulance operations across the 5 regions. However, there are requirements for each region to set goals for response times and monitor whether those goals are achieved. In 2023, all regions met their response time goals for the most urgent incidents. In the same year, help in each region reached the most urgent incidents within 15 minutes in between 89% and 97% of cases.

Response Time

Response time refers to how quickly help arrives at the citizen. It is a politically set service goal in each region.