



St John Ambulance Australia (NT) Inc.

Demand Causation Analysis

May 2026

Demand for ambulance services across the Territory has grown significantly over the past five years, placing increasing pressure on St John Ambulance NT operations.

Comprehensive analysis has been undertaken to better understand the drivers of demand and trends over time, including an assessment of:

- Population demographics
- Patient Locations
- Patient Dispositions
- Patient Acuity
- Repeat Callers



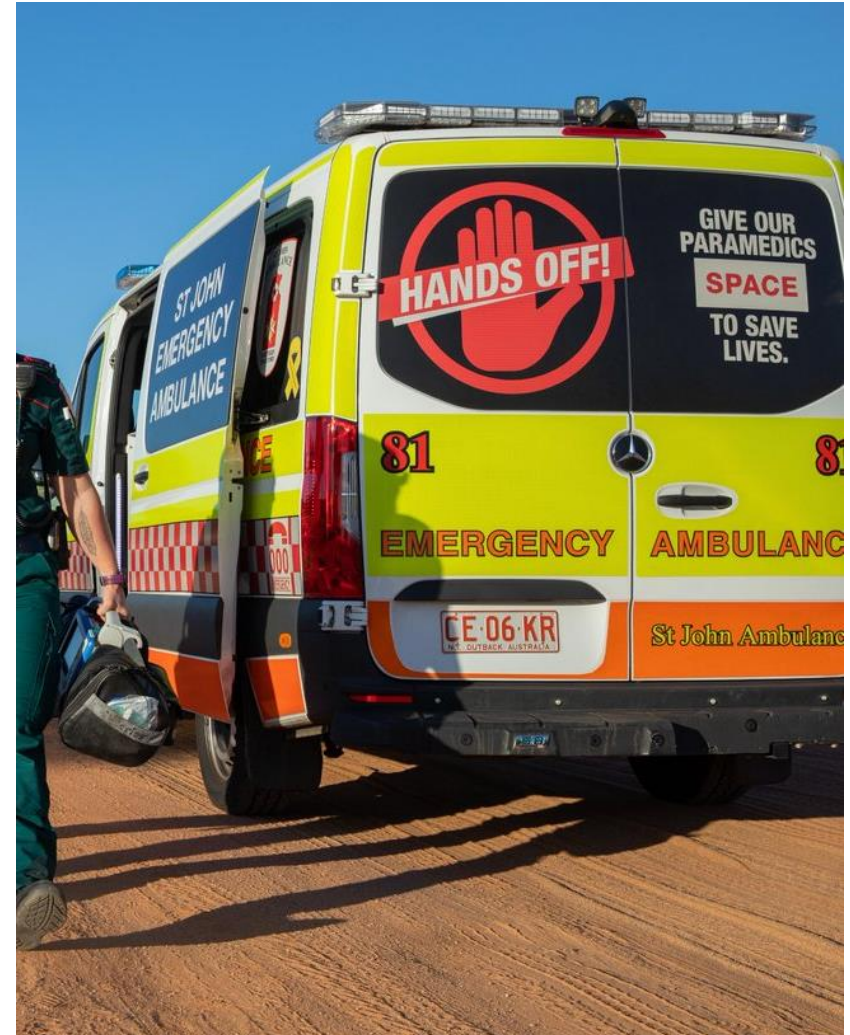
Demand Definition

For the purpose of this review, demand is defined as **any incident that received a vehicle response on scene**, excluding public duty events.

This differs slightly from SJANT's internal definition of demand, which reports on any incident that had a vehicle allocated to it.

The change in definition was necessary to permit more accurate comparisons between Computer-aided Dispatch (CAD) data and Electronic Patient Care Record (ePCR) information, with ePCR only completed on scene.

Reporting is by calendar year, allowing comparison with Australian Bureau of Statistics (ABS) population estimates.



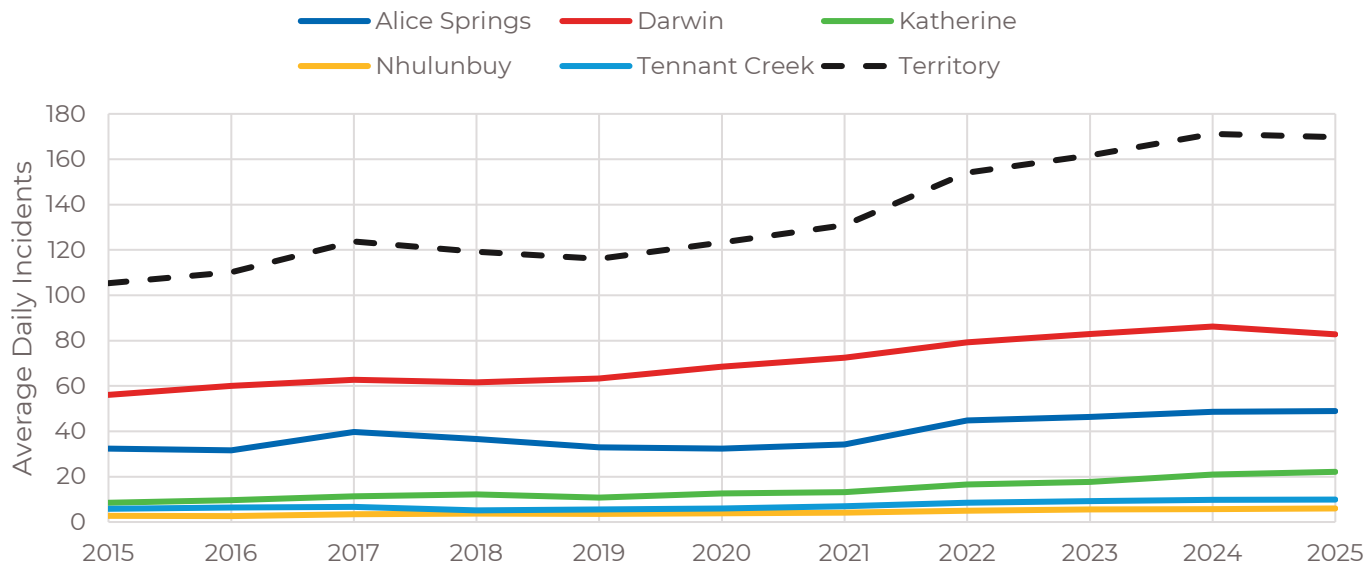


A paramedic in a dark uniform stands next to an ambulance, holding a medical bag. The scene is overlaid with a purple tint. The text "Demand Growth" is written in white across the middle of the image.

Demand Growth

Demand on the service grew by more than a third between 2020 and 2025, from an average of 123 to 171 incidents per day, and by over 60% since 2015.

Substantial growth has been experienced across all areas of the Territory, with demand increases highest outside of Darwin, accounting for more than half (58%) of the Territory-wide growth since 2015.



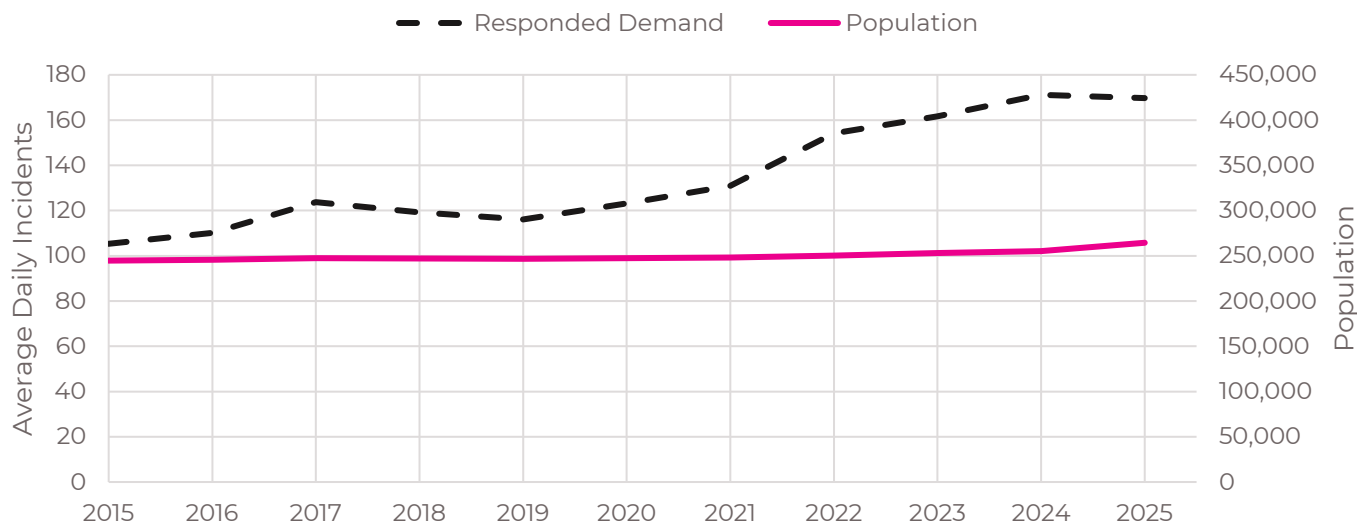
Responded Incidents

Area	Demand Growth	
	2015 to 2025	2020 to 2025
Alice Springs	51.3%	51.4%
Darwin	47.6%	20.8%
Katherine	160.7%	74.7%
Nhulunbuy	125.3%	58.0%
Tennant Creek	71.7%	66.1%
Territory	61.1%	37.7%

Demand growth has far exceeded the rate of population growth, which increased by 6.9% across the Territory between 2020 and 2025 (and by 8.1% since 2015).

There is little evidence that demand is being driven by population growth, with the largest demand growth in areas with low or negative population increases.

Population growth explains c. 3% of the c. 38% demand growth experienced between 2020 and 2024.



Population

Area	Population Growth	
	2015 to 2024	2020 to 2024
Alice Springs	6.9%	4.8%
Darwin	5.1%	3.3%
Katherine	1.2%	1.6%
Nhulunbuy	-3.1%	-0.8%
Tennant Creek	-3.8%	0.8%
Territory	4.2%	3.1%

Note: Population estimates by area, age, gender or ethnicity are not available for 2025.



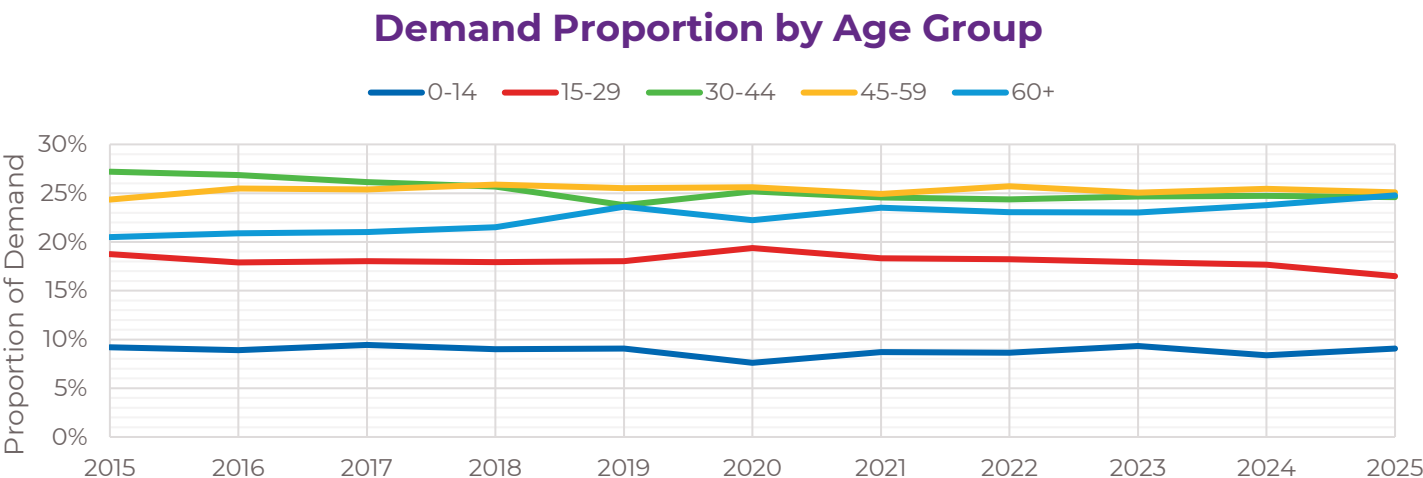
A paramedic in a dark uniform stands next to an ambulance, holding a medical bag. The scene is overlaid with a purple tint. The ambulance has 'OXYGEN' written on its side.

Population Demographics

The Territory’s population is aging, with the number of people aged 60+ growing by a third between 2015 and 2024 (from 11.0% to 14.3%).

However, the proportion of demand (with known age) attributed to those aged 60+ grew by half this rate (from 20.5% to 23.8%) over the same period.

The aging population explains c. 3% of the c. 38% demand growth experienced between 2020 and 2024.



Population

Age Group	Year		
	2015	2020	2024
0-14	21.8%	21.4%	20.1%
15-29	24.1%	22.4%	22.2%
30-44	24.4%	24.7%	25.7%
45-59	18.7%	18.5%	17.6%
60+	11.0%	12.9%	14.3%

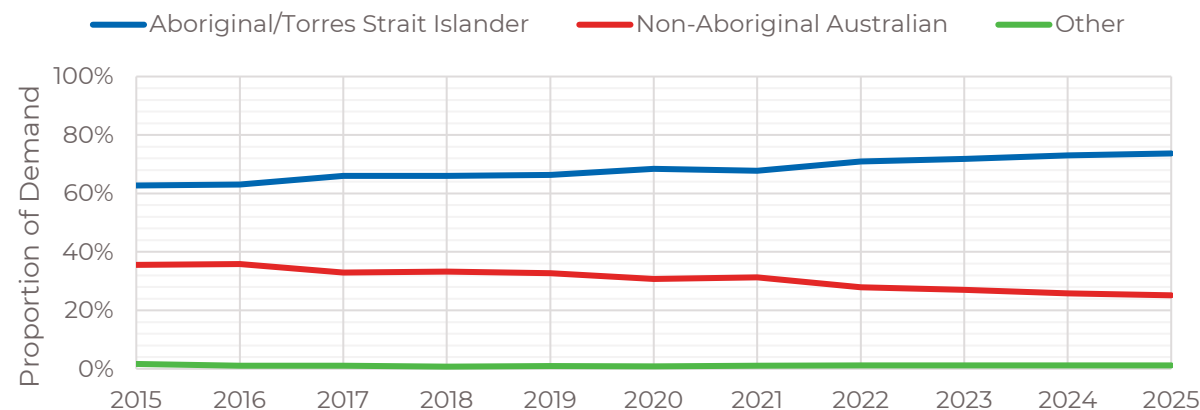
Note: Population estimates by area, age, gender or ethnicity are not available for 2025. Excludes incidents with no age recorded.

The Aboriginal and Torres Strait Islander population has consistently represented around 30% of the population (increasing from 29.5% in 2015 to 30.7% in 2024).

However, the proportion of demand (with known ethnicity) attributed to **Aboriginal and Torres Strait Islanders** grew from 63% to 73% over the same period, driven by **demand growth of 75% (compared to 9% for Non-Aboriginal Australians)**.

In 2024, **Aboriginal and Torres Strait Islanders represented less than a third of the population but generated nearly three-quarters of demand.**

Demand Proportion by Ethnicity



Population

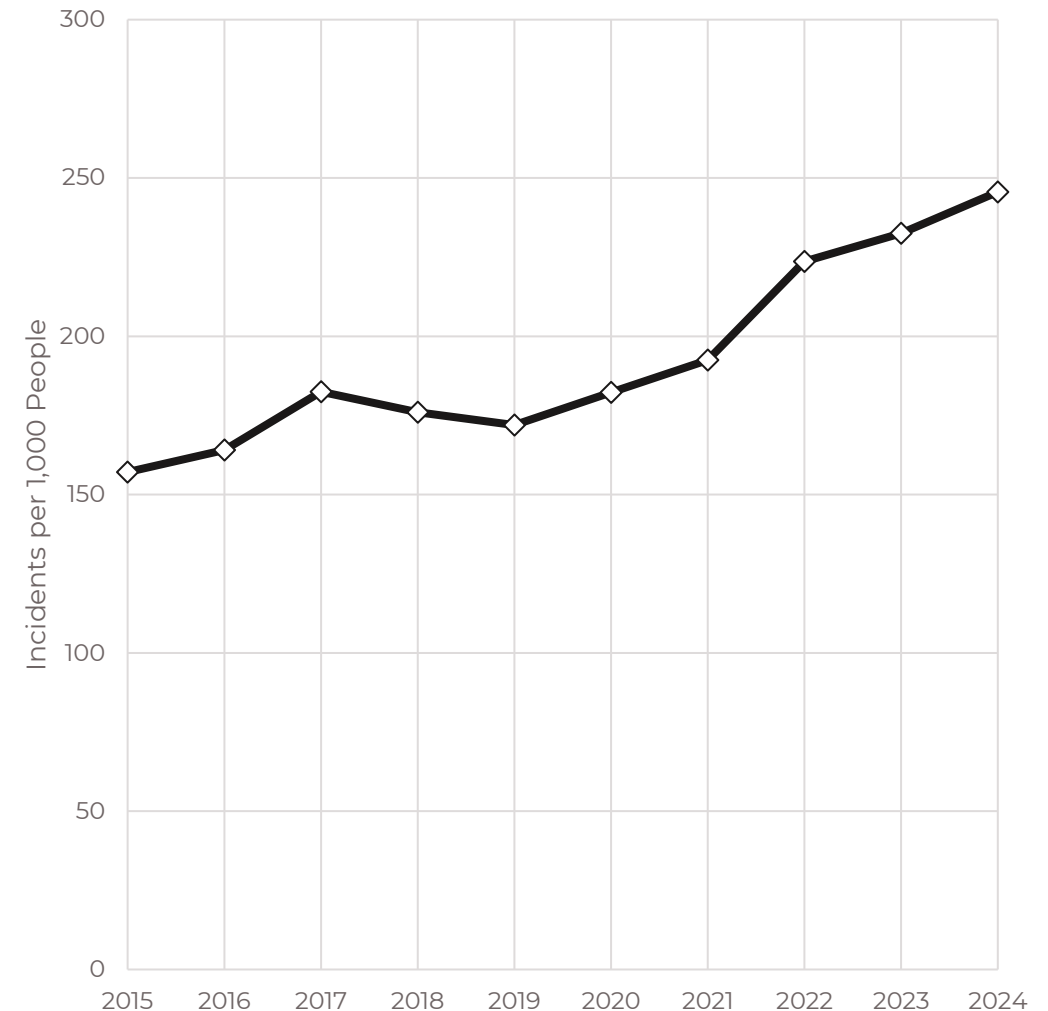
Ethnicity	Year		
	2015	2020	2024
Aboriginal/Torres Strait Islander	29.5%	30.7%	30.7%
Non-Aboriginal Australian	70.5%	69.3%	69.3%

Note: Population estimates by area, age, gender or ethnicity are not available for 2025. Excludes incidents with no ethnicity recorded.

Population growth and aging combined accounted for only c. 6% of the c. 38% demand growth between 2020 and 2024.

Most growth, equivalent to an increase of 40 incidents per day, has been **driven by an increasing propensity to call for an ambulance.**

The Territory's **demand rate**, measured as the number of incidents per year per 1,000 people, **increased by more than half between 2015 and 2024** (from 157 to 246).

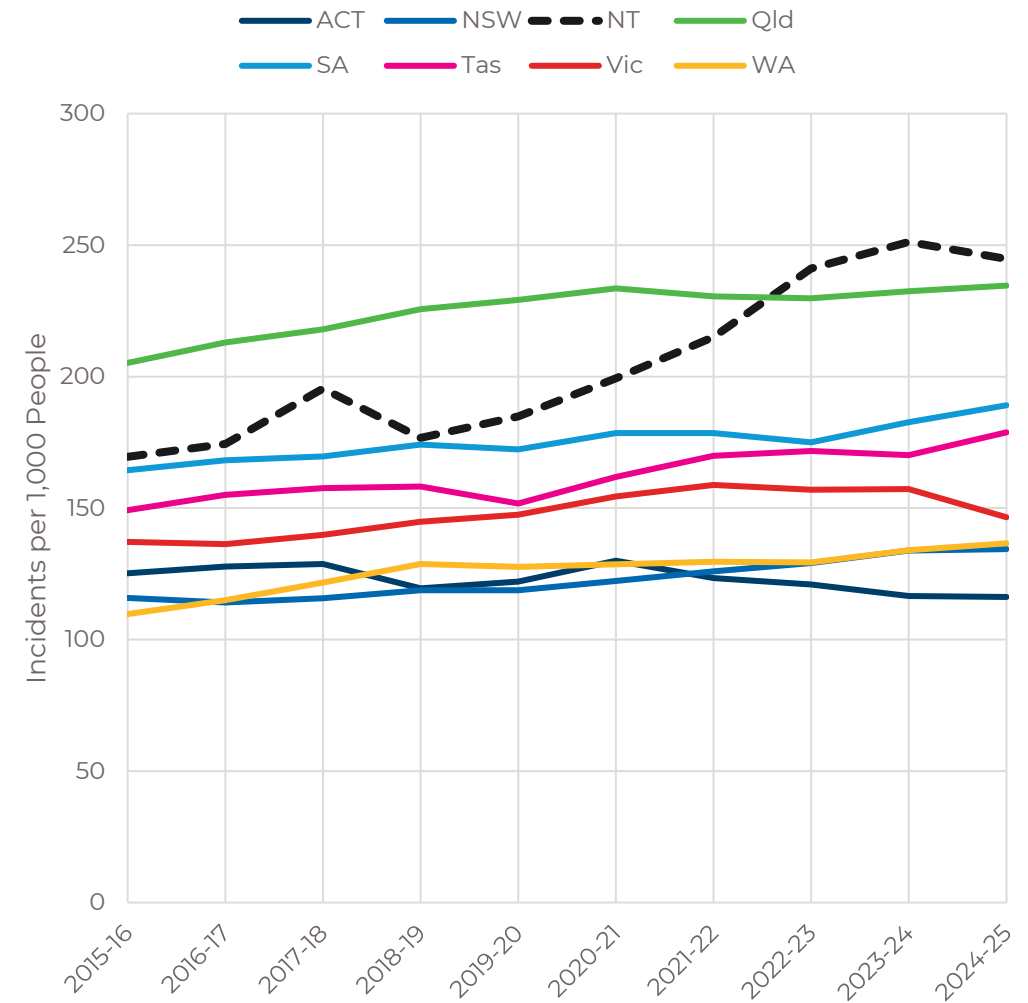


Note: Population estimates by area, age, gender or ethnicity are not available for 2025.

Demand Rates Benchmarking

In 2024/25, the **Northern Territory (NT)** had the **highest demand rate of any Australian ambulance service**, with the gap widening significantly over the past ten years.

While demand rates are typically increasing for all ambulance services, the NT has seen the **biggest increase in demand rates of any state**, and a rate of increase **more than three time the national average**.



Demand Rates by Patient Ethnicity

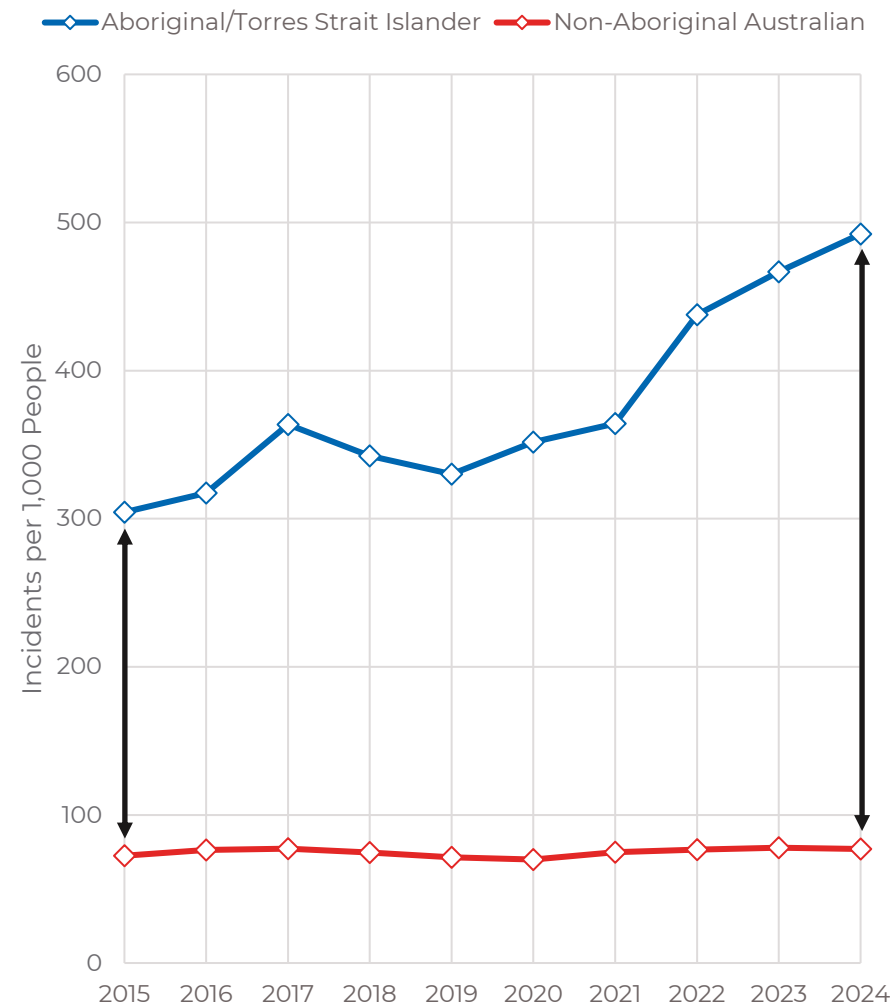
Aboriginal and Torres Strait Islanders are calling for an ambulance much more frequently than Non-Aboriginal Australians per capita, and at a significantly increasing rate.

The demand rate for **Non-Aboriginal Australians** has remained largely unchanged, increasing from 72 to 77 incidents per year per 1,000 people since 2015.

In 2015, **Aboriginal and Torres Strait Islanders** called (and received) an ambulance 4.2 times more frequently per capita than a Non-Aboriginal Australian. By 2024, this disparity had increased to **6.4 times more frequently** (492 incidents per year per 1,000 people).

Had the Aboriginal and Torres Strait Islander demand rate remained as it was in 2015, there would have been at least 15,000 fewer incidents in 2024 than actually occurred.

This increased propensity to call for an ambulance is the main **contributor to historical demand increases** despite low population growth.



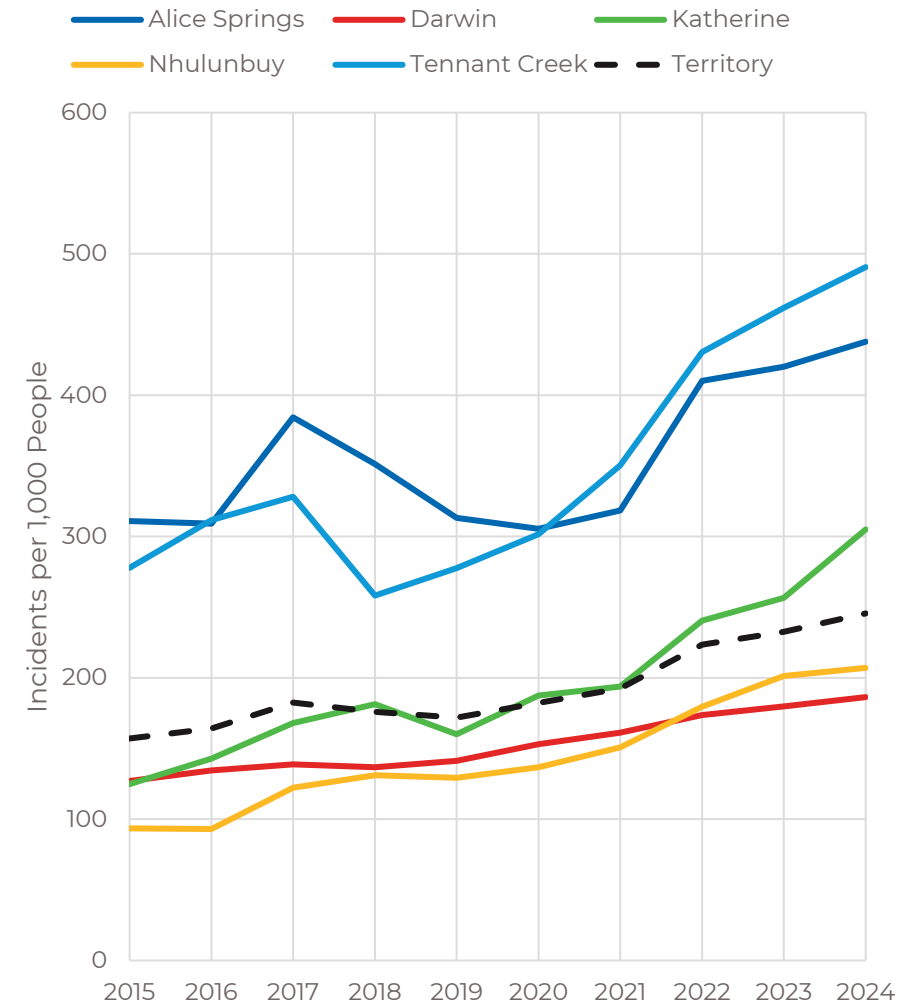
Note: Population estimates by area, age, gender or ethnicity are not available for 2025. Excludes patients with no known/recorded Ethnicity.

Demand Rates by Area

Demand Rates are highest in Alice Springs and Tennant Creek at over 400 incidents per year per 1,000 people, and more than double the rates seen in Darwin (186) and Nhulunbuy (207).

Demand Rates in Katherine and Nhulunbuy have more than doubled over the past ten years. In 2015, Katherine and Darwin had comparable demand rates, whereas by 2024, Katherine's demand rate was over 60% higher than Darwin.

These demand rate trends closely mirror demand growth in each area, underlining the impact these rates increases have had across the Territory.





A paramedic in a dark uniform stands next to an ambulance, holding a medical bag. The scene is overlaid with a purple tint. The ambulance has 'Oxygen' written on its side.

Repeat Callers

Repeat Callers

One of the main factors behind increasing demand rates is growth in repeat callers. **The number of repeat callers and frequency with which they call have both been increasing year-on-year across the Territory.**

The number of high frequency callers, those that were responded to more than 12 times per year, have nearly doubled since 2015 (from 151 to 278 in 2025). While relatively small in number, these patients, which represent **the top 1% most frequent callers**, were **responsible for nearly one in ten incidents** (9.3%) in 2025.

However, it is the thousands of patients calling a few times per year that are putting most pressure on SJANT. For example, **there were 1,838 people who called five or more times in 2025** (up from 1,109 in 2015). These patients represent the **top 6% most frequent callers**, yet were **responsible for a quarter of demand** (24.6%) in 2025.

Number of Callers

At Least (x) Responded Incidents	Year		
	2020	2022	2025
5	1,109	1,484	1,838
10	273	334	490
20	45	78	119
30	17	30	52
40	3	14	30
50	2	7	16

Proportion of Demand

Top (x%) Most Frequent Callers	Year		
	2020	2022	2025
1%	7%	8%	9%
5%	18%	19%	22%
10%	26%	27%	30%
20%	37%	38%	41%
30%	44%	45%	49%

Note: Repeat caller information is not available prior to 2020.

Repeat Callers – Drivers

Analysis looked to understand how repeat callers (the top 5% of callers, who account for almost a quarter of demand) **present to SJANT, compared to other patients** (the other 95% of callers).

This found that, in 2025:

Repeat callers were **more commonly calling from residences and hostels**, though not significantly so, and less often located at airports compared to other patients.

Repeat callers were **predominantly Aboriginal or Torres Strait Islanders** (85% in 2025, up from 78% in 2015).

Location Type	Top 5% Callers	Other 95%
Residence	54%	50%
Public Area	17%	17%
Camp/Community	10%	10%
Hospital	5%	4%
Hostel	4%	2%
Airport	4%	10%
Aged Care	3%	2%
Remote Community	0%	1%
Other/Unknown	3%	5%

Patient Ethnicity	Top 5% Callers	Other 95%
Non-Aboriginal Australian	15%	31%
Aboriginal/Torres Strait Islander	85%	69%

Note: Excludes patients with no known/recorded ethnicity.

Repeat Callers – Drivers

Repeat callers were generally **triaged as higher acuity than other patients**, with almost half (49%) categorised as Priority 1, compared to 36% for other callers.

One in ten (9%) repeat callers was **considered non-emergency patient transport** (NEPTS) workload.

Based on the initial triage, the **most common complaints** amongst repeat callers were **chest pain and breathing problems** (41% of chief complaints) compared to 21% for other patients.

Repeat callers are **less commonly** associated with incidences of **assault**.

Priority	Top 5% Callers	Other 95%
Priority 1	49%	36%
Priority 2	26%	26%
Priority 3	4%	5%
Priority 4	5%	7%
Priority 5	8%	12%
NEPTS	9%	13%

Chief Complaint	Top 5% Callers	Other 95%
Chest Pain/Chest Discomfort	21%	11%
Breathing Problem	20%	10%
Sick Person (Specific Diagnosis)	13%	17%
SJANT Specific	8%	13%
Interfacility Evaluation/Transfer	4%	4%
Abdominal Pain/Problem	4%	3%
Falls	4%	6%
Convulsions/Fitting	3%	3%
Haemorrhage/Lacerations	3%	3%
Assault/Sexual Assault/Stun Gun	3%	6%
Unconscious/Fainting (Near)	2%	3%
Psychiatric/Suicide Attempt	2%	3%
Traumatic Injuries (Specific)	1%	3%
Traffic/Transportation Incident	0%	2%
Other	11%	15%

Repeat Callers – Drivers

As with other patients, the number of **repeat callers diagnosed with cardiovascular or respiratory issues** by the paramedic at scene is **fewer than half the number initially triaged with chest pain or breathing problems** by the call handler (19% diagnosis vs. 41% initial triage).

Almost all dialysis patients were repeat callers.

Despite the higher acuity categorisation and greater prevalence of cardiovascular and respiratory issues, the **on-scene status of repeat callers was identical to that of other callers**, with nearly **a third classified as minor**.

Diagnosis Group	Top 5% Callers	Other 95%
Respiratory	13%	6%
Transport Request	8%	12%
Cardiovascular	7%	4%
Soft Tissue Injury	6%	8%
Dialysis	5%	1%
Mental Health	3%	3%
Neurological	3%	2%
Metabolic	2%	1%
Systemic/Other	2%	1%
Other/Unknown	52%	64%

On-Scene Status	Top 5% Callers	Other 95%
Dead (0)	0%	0%
Critical (1)	1%	1%
Urgent (2)	7%	7%
Stable (3)	63%	63%
Minor (4)	29%	29%

Note: Excludes patients with no known/recorded status.



A paramedic in a dark uniform stands in the back of an ambulance, holding a medical bag. The ambulance interior is visible, including equipment and a patient lying down. The scene is overlaid with a purple tint.

Patient Locations

Patient Locations

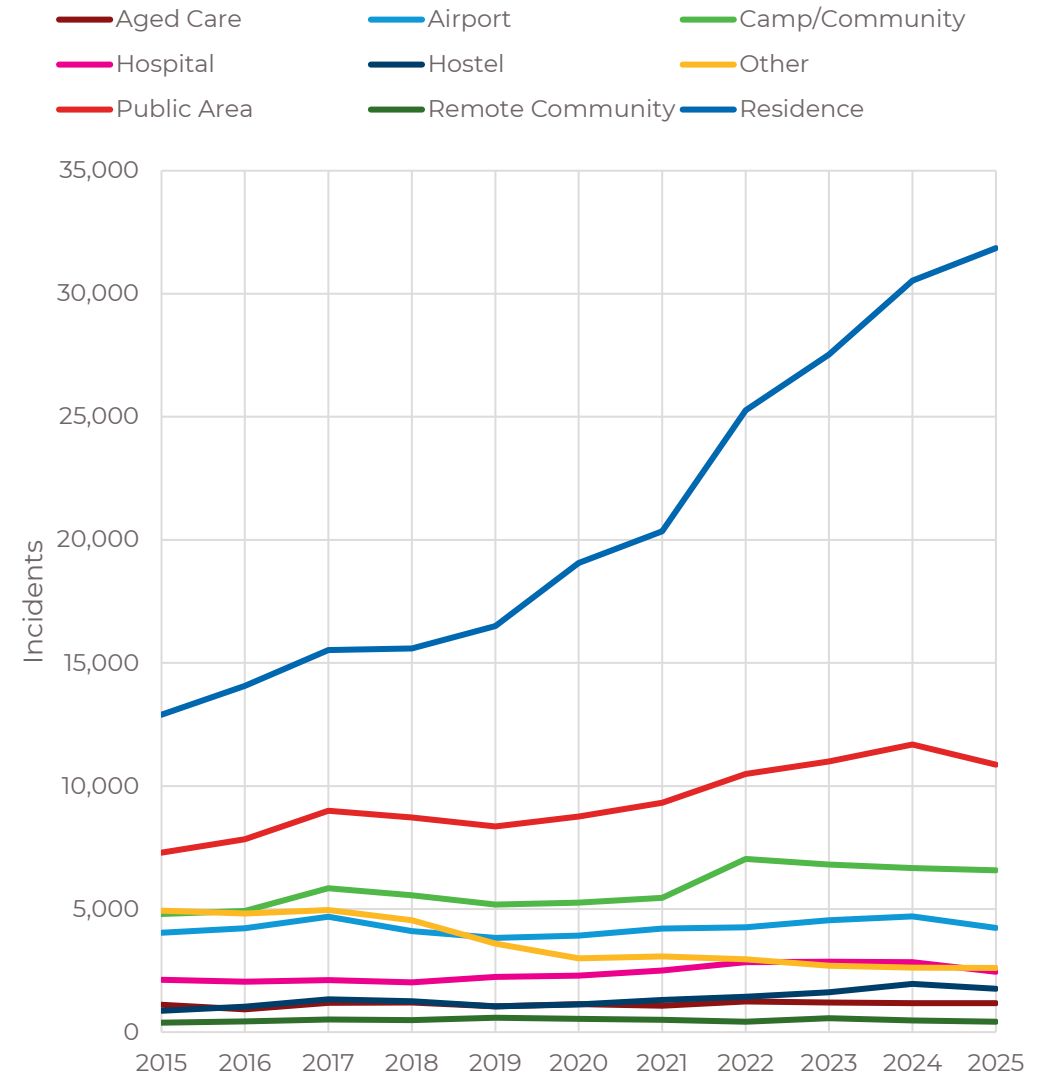
The **largest growth** has been in **patients calling from their residence**, which has increased from a third (34%) of incidents in 2015 to half (51%) of incidents in 2025.

Compared to overall demand growth of 61% since 2015, incidents at residences have increased by 147%.

Increases in patients located in public areas, hospitals, hostels and camp/communities were less than the overall rate of growth, so these locations represent a decreasing proportion of demand.

The number of patients located at **airports** and **aged care facilities** has remained **largely unchanged** over the past ten years.

Patients located in 'other' locations, for example, clinics, correctional facilities, barracks, detention centres and schools have halved in number since 2015.

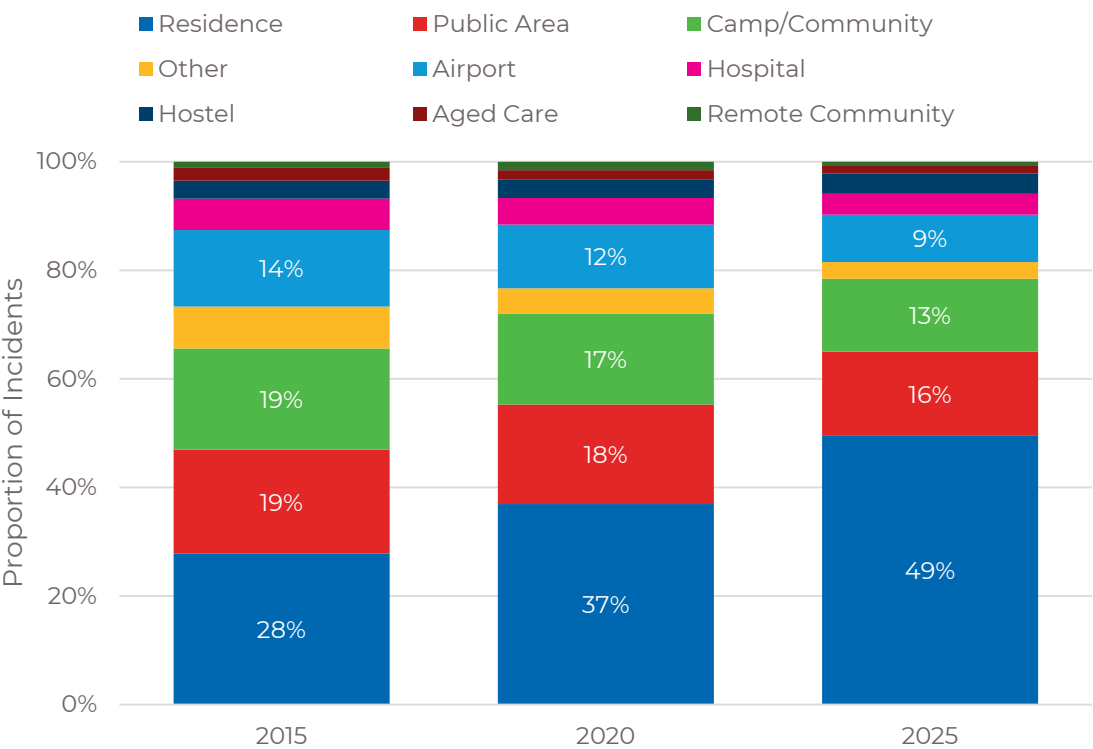


Note: Based on a combination of CAD place name (dispatched to CPN) and ePCR location type.

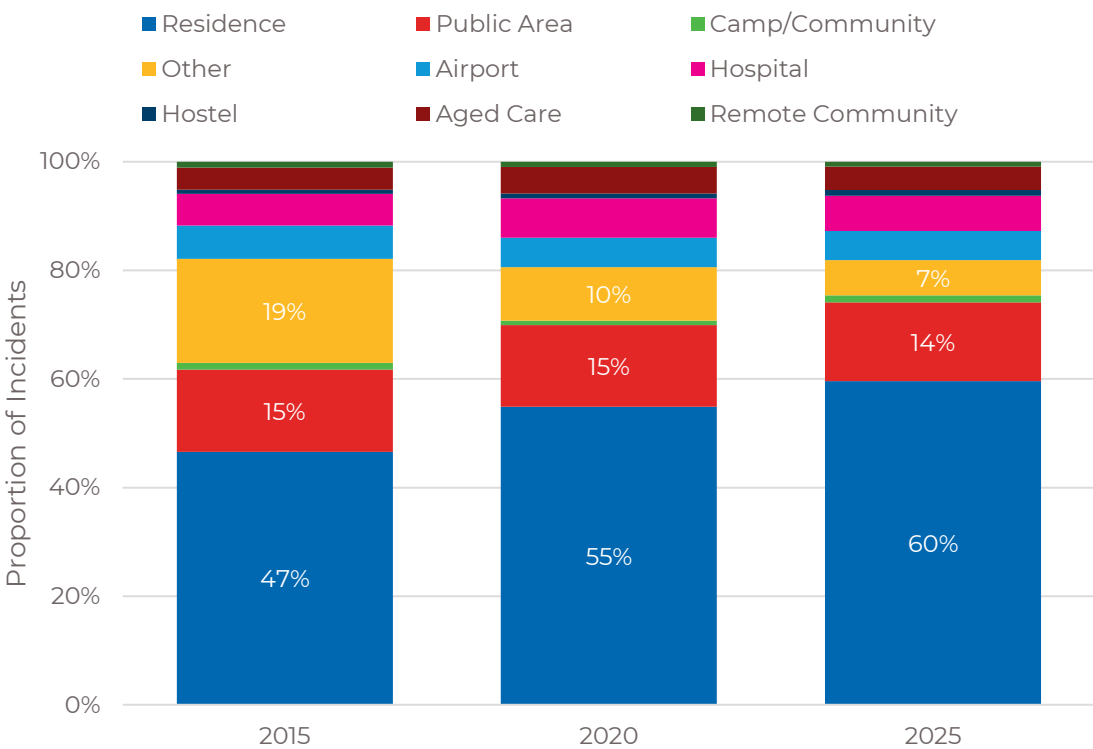
Patient Locations by Ethnicity

Almost 80% of the growth in Aboriginal and Torres Strait Islander demand since 2015 has been driven by patients at residential locations.

Aboriginal and Torres Strait Islanders



Non-Aboriginal Australian



Locations – Alice Springs (inc. Top 20 ‘Other’ CPN Locations)

Location Type	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Aged Care	566	479	554	508	446	413	460	537	530	527	450
Airport	1,651	1,645	1,857	1,532	1,300	1,235	1,337	1,414	1,508	1,595	1,289
Camp/Community	2,778	2,650	3,538	3,269	2,817	2,602	2,575	3,647	3,271	2,937	2,618
Hospital	723	591	617	547	573	505	605	621	686	622	350
Hostel	525	575	799	670	468	376	418	440	533	750	571
Public Area	1,577	1,469	2,074	2,076	1,416	1,369	1,449	2,042	2,091	2,202	2,278
Remote Community	72	116	165	149	223	192	136	107	185	162	161
Residence	3,048	3,216	3,981	3,755	4,074	4,561	4,916	6,838	7,583	8,467	9,616
Other/Unknown Locations	864	828	916	846	709	573	579	597	482	511	527
ALICE SPRINGS CORRECTIONAL CENTRE	112	113	111	85	128	98	100	78	82	84	109
ALICE SPRINGS DENTAL CLINIC	12	33	36	46	47	40	58	46	71	43	58
ALICE SPRINGS WATCH HOUSE	36	21	56	52	32	27	31	29	30	56	55
BRAITLING CONGRESS	0	0	0	0	14	14	15	10	1	34	59
GAP VIEW RENAL	0	0	0	0	0	0	0	0	29	58	40
CONGRESS ALICE SPRINGS	18	9	11	19	14	9	13	11	14	9	3
FLYNN DRIVE HEALTH CENTRE	7	12	8	11	7	10	7	6	2	4	6
SWAGMANS REST MOTEL	8	21	13	18	4	6	0	1	0	0	0
ALICE SPRINGS POLICE STATION	39	12	0	0	0	0	0	0	0	0	0
PINE GAP	6	7	4	6	7	4	7	5	5	3	3
AWHS	0	0	0	0	0	2	8	15	4	7	12
ALICE SPRINGS SECURE CARE FACILITY (KWIYERNPE HOUSE)	0	1	3	5	0	4	7	9	8	5	5
CONGRESS MEDICAL CENTRE - ALICE SPRINGS	22	3	0	0	0	0	0	0	0	0	0
YIRARA COLLEGE	4	7	5	7	7	1	4	1	1	6	1
HEAVITREE GAP	15	2	8	7	1	0	0	0	0	0	0
CONGRESS MEDICAL CENTRE ALICE SPRINGS	0	0	8	10	6	1	4	6	2	3	0
ALICE SPRINGS POLICE COMPLEX	0	4	3	10	11	2	1	6	2	0	0
FAI BUILDING	0	1	0	0	5	4	2	5	6	6	4
CHARLES CREEK	5	5	9	7	2	1	1	0	0	0	0
ST PHILIPS COLLEGE	5	5	2	4	1	4	3	1	1	2	0
Other CPNs	178	146	122	122	90	72	62	60	52	47	45
Unknown CPN	397	426	517	437	333	274	256	308	172	144	127

A 215% increase
in calls from
Residence

A 44% increase
for patients in
Public Areas

No increase in
calls from
Camps
/Communities

**A 6.9%
population
increase (to
2024)**

Locations – Darwin (inc. Top 20 ‘Other’ CPN Locations)

Location Type	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Aged Care	442	392	590	581	538	601	524	607	569	497	568
Airport	2,180	2,364	2,440	2,159	2,121	2,328	2,438	2,354	2,552	2,603	2,518
Camp/Community	846	963	769	712	840	979	933	876	804	901	823
Hospital	302	359	398	469	669	723	787	993	909	937	784
Hostel	240	334	389	410	407	519	651	798	820	893	900
Public Area	4,935	5,418	5,874	5,535	6,094	6,427	6,873	7,190	7,421	7,676	6,815
Remote Community	172	138	117	145	188	114	130	91	131	141	112
Residence	7,922	8,686	9,127	9,501	9,921	11,457	12,048	13,988	15,142	16,278	16,087
Other/Unknown Locations	3,428	3,302	3,165	2,954	2,325	1,923	2,072	1,877	1,819	1,625	1,601
PALMERSTON HEALTH PRECINCT	153	383	514	382	122	64	42	29	33	36	46
DARWIN CORRECTIONAL PRECINCT	68	81	117	103	106	73	113	76	96	112	88
ROBERTSON BARRACKS	57	64	95	114	84	59	49	64	37	0	0
SUS DARWIN	50	82	66	32	87	55	46	31	34	18	21
DARWIN RENAL UNIT	12	37	21	31	33	44	56	66	49	57	48
DARWIN PRISON PRECINCT	0	0	12	25	20	17	28	26	35	73	133
DON DALE YOUTH DETENTION CENTRE	22	0	5	46	48	30	33	66	91	53	0
DANILA DILBA HEALTH CLINIC DARWIN	89	72	81	41	21	34	1	0	0	0	0
PALMERSTON URGENT CARE AFTER HOURS CLINIC	96	88	35	9	2	0	1	0	1	2	4
WICKHAM POINT IMMIGRATION ACCOMMODATION	189	27	2	0	0	0	0	0	0	0	0
DANILA DILBA HEALTH SERVICES PALMERSTON	28	61	58	65	21	21	2	0	0	0	0
PALMERSTON POLICE STATION	0	0	0	0	12	51	26	35	11	44	54
PALMERSTON WATCH HOUSE	0	0	0	0	3	27	31	50	33	43	31
HUMPTY DOO SHOPPING CENTRE	18	41	44	27	17	14	10	5	3	8	1
DANILA DILBA HEALTH SERVICE DARWIN CLINIC	0	0	0	0	0	0	16	67	39	36	24
FORT HILL WHARF	25	33	16	15	20	5	0	3	16	18	20
OFFICEWORKS	0	37	36	29	26	10	11	6	9	5	6
FARRAR EARLY LEARNING CENTRE	78	0	0	0	0	0	0	0	0	0	0
RAAF BASE DARWIN	16	4	8	3	15	14	23	23	11	12	13
NIGHTCLIFF RENAL UNIT	7	13	14	16	10	11	16	26	4	8	7
Other CPNs	896	675	634	641	564	478	537	454	509	411	414
Unknown CPN	1,624	1,604	1,407	1,375	1,114	916	1,031	850	808	689	691

A 103% increase
in calls from
Residence

A 38% increase
for patients in
Public Areas

No increase in
calls from
Camps
/Communities

A 5.1%
population
increase (to
2024)

Locations – Katherine (inc. Top 20 ‘Other’ CPN Locations)

Location Type	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Aged Care	80	42	28	81	46	82	52	56	26	57	68
Airport	15	25	84	82	68	58	79	109	116	161	118
Camp/Community	463	487	572	649	516	619	718	889	958	1,092	1,214
Hospital	502	513	527	480	469	510	512	635	553	639	682
Hostel	82	114	136	160	143	169	166	136	188	223	206
Public Area	491	618	726	834	577	630	626	789	996	1,222	1,321
Remote Community	84	119	173	178	141	182	192	188	200	134	133
Residence	991	1,169	1,350	1,554	1,640	2,070	2,138	2,842	3,092	3,774	3,976
Other/Unknown Locations	390	427	532	442	347	317	315	369	302	363	359
KATHERINE POLICE STATION	18	25	31	28	13	44	44	50	60	55	50
GUDBINJI CLINIC	14	24	35	23	14	32	19	20	23	30	10
CENTRAL MOTORS KATHERINE	29	46	57	67	41	0	0	0	0	0	0
WURLI WURLIJANG CLINIC	28	34	63	32	35	42	8	0	0	0	0
WURLI WURLIJANG HEALTH SERVICE	0	0	0	0	0	0	33	62	54	30	38
RAAF BASE TINDAL	0	2	21	30	26	31	18	9	17	10	17
VENNDALE REHABILITATION AND WITHDRAWAL CENTRE	16	24	14	19	30	18	9	11	5	15	8
KWHS	9	8	14	22	7	8	19	27	18	27	2
KATHERINE SOBERING UP SHELTER	7	3	7	4	3	13	10	9	8	19	49
KATHERINE HIGH SCHOOL	2	4	3	3	10	3	3	3	4	4	4
KATHERINE GORGE (NITMILUK)	7	8	6	10	5	2	2	2	0	2	1
KATHERINE WATCH HOUSE	0	0	0	0	0	0	0	0	0	15	20
CASUARINA STREET PRIMARY SCHOOL	2	2	0	3	0	1	1	0	1	5	13
SUS KATHERINE	3	0	4	3	2	2	2	3	4	8	3
ST JOSEPHS COLLEGE	1	7	13	5	2	3	0	0	0	0	0
RAAF BASE TINDALL	13	6	0	0	0	0	0	0	0	0	0
KDI	0	0	0	0	25	0	0	1	0	0	0
KINTORE CLINIC KATHERINE	0	1	2	2	6	0	0	5	3	0	4
IBIS STYLES HOTEL KATHERINE	0	2	5	6	4	2	4	0	0	0	0
SUBWAY KATHERINE	0	0	1	0	1	0	13	4	1	0	0
Other CPNs	26	40	31	25	26	12	16	37	11	22	18
Unknown CPN	215	191	225	160	97	104	114	126	93	121	122

A 301% increase
in calls from
Residence

A 169% increase
for patients in
Public Areas

A 162% increase
in calls from
Camps
/Communities

A 1.2%
population
increase (to
2024)

Locations – Nhulunbuy (inc. Top 20 ‘Other’ CPN Locations)

Location Type	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Aged Care	0	0	0	0	0	0	0	0	38	47	44
Airport	144	145	272	316	319	271	320	348	330	296	255
Camp/Community	190	263	337	414	427	451	492	617	700	704	908
Hospital	236	229	246	212	234	244	246	272	309	293	281
Hostel	21	11	9	16	19	27	38	41	37	46	59
Public Area	91	79	96	118	109	137	137	139	158	188	134
Remote Community	4	3	5	0	4	14	12	10	17	17	9
Residence	169	126	157	127	121	168	226	319	378	429	449
Other/Unknown Locations	114	98	127	130	80	73	50	69	50	59	44
NHULUNBUY WALLABY BEACH	2	4	18	16	7	1	1	4	4	1	2
ENDEAVOUR SQUARE	9	8	9	7	6	3	1	1	0	1	0
NHULUNBUY CENTER	20	10	0	0	0	0	0	0	0	0	0
NHULUNBUY CENTRE	0	9	12	8	6	1	6	3	1	0	0
MIWATJ NHULUNBUY HEALTH CENTRE	0	0	0	0	0	0	5	7	10	11	5
MIWATJ NGALKANBUY WELLBEING CENTRE	0	0	0	0	0	0	4	5	0	5	7
NHULUNBUY HIGH SCHOOL	2	2	5	0	0	2	1	3	1	1	2
NHULUNBUY PRIMARY SCHOOL	1	0	1	4	2	2	1	0	0	0	1
GOVE BOAT CLUB	0	0	0	0	2	3	0	1	0	2	1
SKI BEACH - NHULUNBUY	6	0	0	0	0	0	0	0	0	0	0
NHULUNBUY CHRISTIAN COLLEGE	0	0	1	0	0	1	0	0	1	3	0
PERKINS WHARF NHULUNBUY	1	0	1	0	1	1	0	0	0	0	0
NHULUNBUY TRAINING CENTRE	0	1	1	0	0	0	0	2	0	0	0
GOVE SURF CLUB	0	0	0	0	0	2	1	0	0	0	1
SUS NHULUNBUY	3	0	0	0	0	0	0	0	0	0	0
PENINSULA PIZZA	0	0	0	0	0	0	1	0	0	0	2
WESTPAC BANK NHULUNBUY	1	0	0	0	0	0	1	0	0	0	0
NHULUNBUY PRE SCHOOL	0	1	0	0	0	0	0	1	0	0	0
YUDU YUDU	0	0	1	0	0	0	0	1	0	0	0
NORFORCE ARMY DEPOT NHULUNBUY	0	0	1	0	0	1	0	0	0	0	0
Other CPNs	1	1	2	3	0	2	1	0	1	0	0
Unknown CPN	68	62	75	92	56	54	27	41	32	35	23

A 166% increase
in calls from
Residence

A 47% increase
for patients in
Public Areas

A 378% increase
in calls from
Camps
/Communities

**A 3.1%
population
decrease (to
2024)**

Locations – Tennant Creek (inc. Top 20 ‘Other’ CPN Locations)

Location Type	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Aged Care	21	13	21	28	21	46	37	46	45	44	43
Airport	46	39	34	21	21	34	28	33	43	47	48
Camp/Community	521	556	626	510	582	615	732	1,008	1,075	1,030	1,007
Hospital	361	360	328	314	299	309	351	322	404	354	357
Hostel	0	0	0	0	14	30	37	22	35	48	26
Public Area	198	258	224	160	162	197	234	326	327	399	324
Remote Community	52	66	51	16	29	40	25	27	34	15	5
Residence	767	863	905	658	743	800	1,015	1,280	1,336	1,580	1,727
Other/Unknown Locations	138	159	221	167	131	110	60	42	49	59	75
ANYINGINYI HEALTH CLINIC	9	14	30	11	7	13	3	3	2	6	6
TENNANT CREEK AMBULANCE CENTRE	10	6	7	5	2	5	4	3	6	5	8
BRADAAG TENNANT CREEK	0	0	0	0	0	13	9	2	4	10	13
TENNANT CREEK SOBERING UP SHELTER	0	0	4	10	19	3	0	1	0	0	1
THREE WAYS TENNANT CREEK	4	4	7	2	3	2	1	0	0	0	1
TENNANT CREEK PRIMARY SCHOOL	1	1	5	6	0	1	2	4	1	1	1
TENNANT CREEK RENAL UNIT	4	2	4	5	1	2	0	2	1	0	1
MUNGKARTA	0	2	4	1	6	0	5	1	0	1	0
TENNANT CREEK HIGH SCHOOL	1	1	3	1	5	2	0	0	3	0	4
EPENARRA	7	6	3	0	1	0	0	0	0	0	0
ANYINGINYI CONGRESS	3	2	2	1	1	1	0	0	0	1	0
ANYINGINYI HEALTH CLINIC - TENNANT CREEK	5	0	0	0	0	0	0	0	0	0	0
SUS TENNANT CREEK	0	0	0	0	0	0	3	3	0	2	0
CONGRESS MEDICAL CENTRE	1	2	4	0	0	0	0	0	0	0	0
WOGYALA	0	2	1	0	1	1	2	0	0	0	0
MUNGALAWURRU	1	0	1	1	0	0	0	0	0	0	1
CONGRESS MEDICAL CENTRE - TENNANT CREEK	5	0	0	0	0	0	0	0	0	0	0
CONGRESS MEDICAL CENTRE TENNANT CREEK	0	0	1	1	1	1	0	0	0	1	0
WYCLIFFE WELLS	1	1	0	1	0	1	0	0	0	0	0
CATHOLICCARE NT TENNANT CREEK	0	0	0	1	0	0	1	1	1	0	0
Other CPNs	5	6	5	5	8	1	0	2	2	0	3
Unknown CPN	81	110	140	116	76	64	30	20	29	32	36

A 125% increase
in calls from
Residence.

A 64% increase
for patients in
Public Areas

A 93% increase
in calls from
Camps
/Communities

A 3.8%
population
decrease (to
2024)



A paramedic in a dark uniform stands next to an ambulance, holding a medical bag. The scene is overlaid with a purple tint. The ambulance has 'Oxygen' written on its side.

Patient Acuity

Most incidents are triaged as either **emergency** (Priority 0/1) **or urgent** (Priority 2), which combined **accounted for two-thirds of demand** in 2025.

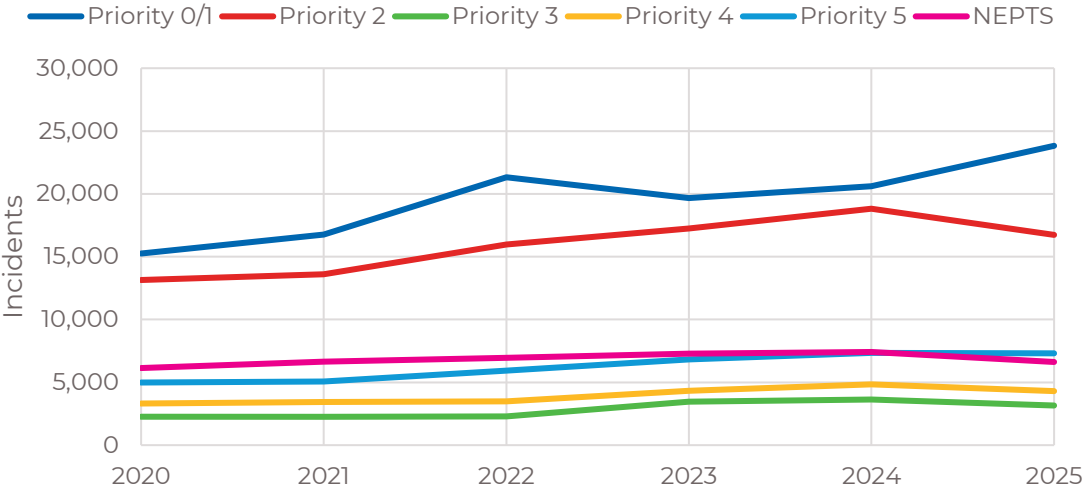
Between 2020 and 2024, similar rates of growth were observed across all priorities, with the largest growth in Priority 2 (+5,673 incidents), and highest rate of growth (60%) in Priority 3 incidents.

However, **between 2024 and 2025** priorities diverged, with **reductions across all categories except for Priority 0/1**, which grew by 16%.

Consequently, the Priority 1 proportion of demand increased from 34% in 2024 to 38% in 2025.

NEPTS workload has seen the **lowest increase over the past five years** and represented 11% of demand in 2025.

Demand by Priority



Demand Growth

Priority	Period		
	2020 to 2024	2020 to 2025	2024 to 2025
Priority 0/1	35%	56%	16%
Priority 2	43%	27%	-11%
Priority 3	60%	39%	-13%
Priority 4	46%	30%	-11%
Priority 5	47%	47%	0%
NEPTS	21%	8%	-11%
Overall	39%	38%	-1%

Note: Incident priorities changed in 2019, so incidents prior to this are not comparable to current priorities.

Incident Priority by Area

Similar trends to those Territory-wide have been observed across most areas of the Territory, with priorities diverging in 2025, except for in Nhulunbuy.

The proportion of incidents triaged as **emergency** (Priority 0/1) is **highest in Darwin** (44%) and **lowest in Nhulunbuy** (27%) and **Tennant Creek** (28%). This has been true in **each of the last five years**.

NEPTS represents a much higher proportion of workload in Nhulunbuy than any other area.

Proportion of Incidents Priority 0/1

Area	Year					
	2020	2021	2022	2023	2024	2025
Alice Springs	31%	31%	35%	30%	31%	35%
Darwin	37%	40%	43%	38%	36%	44%
Katherine	29%	28%	31%	31%	30%	33%
Nhulunbuy	25%	22%	27%	23%	25%	27%
Tennant Creek	24%	26%	27%	24%	26%	28%
Overall	100%	100%	100%	100%	100%	100%

Demand by Priority and Area (2025)

Area	Priority 0/1	Priority 2	Priority 3	Priority 4	Priority 5	NEPTS	Overall
	Emergency	Urgent	Non-Emergency			NEPTS	
Alice Springs	35%	30%	6%	7%	14%	9%	100%
Darwin	44%	25%	4%	7%	9%	11%	100%
Katherine	33%	28%	6%	8%	14%	10%	100%
Nhulunbuy	27%	23%	5%	4%	16%	24%	100%
Tennant Creek	28%	29%	6%	7%	18%	11%	100%
Overall	38%	27%	5%	7%	12%	11%	100%

Incident Priority by Patient Location

The **proportion of incidents at a residence** has been gradually **increasing across all priorities** (excluding NEPTS), with the largest proportion, and largest increase, for non-emergency patients.

In 2025, 55% of Priority 0/1 incidents were at a residential location, up from 47% in 2020.

Proportion of Incidents at Residence

Priority	Year					
	2020	2021	2022	2023	2024	2025
Priority 0/1	47%	48%	50%	52%	53%	55%
Priority 2	49%	49%	51%	52%	53%	56%
Priority 3	46%	50%	54%	56%	58%	61%
Priority 4	49%	52%	54%	55%	59%	62%
Priority 5	54%	52%	55%	60%	61%	63%
Overall	42%	43%	45%	47%	49%	51%

Demand by Priority at Locations (2025)

Location Type	Priority 0/1	Priority 2	Priority 3	Priority 4	Priority 5	NEPTS	Overall
	Emergency	Urgent	Non-Emergency			NEPTS	
Aged Care	2%	3%	3%	1%	1%	0%	2%
Airport	0%	0%	0%	0%	0%	61%	7%
Camp/Community	9%	12%	14%	12%	20%	0%	11%
Hospital	0%	0%	0%	0%	0%	37%	4%
Hostel	3%	3%	3%	2%	4%	0%	3%
Public Area	24%	20%	12%	19%	10%	0%	18%
Remote Community	1%	1%	2%	0%	0%	0%	1%
Residence	55%	56%	61%	62%	63%	1%	51%
Other	6%	5%	5%	3%	1%	1%	4%
Overall	100%	100%	100%	100%	100%	100%	100%

Incident Priority by Patient Location

As previously demonstrated, there has been a significant increase in the number of patients calling from their residence over the past ten years.

However, while this has led to an increasing number of emergency (Priority 0/1) patients at residential locations, similar rate increases were experienced across all incident priorities at residences.

A such, **the prioritisation** (and therefore presenting acuity) **of patients calling from their residence has not materially changed**, with Priority 0/1 incidents fluctuating between 37% and 43% of demand since 2020.

Only incidents in Public Areas saw a notable change in prioritisation, increasing to 52% P0/1 in 2025, from c. 45% in the preceding four years. A trend cannot be determined here.

For Camps/Communities, no significant prioritisation change has been observed over the past five years.

Acuity of Patients at Residence

Priority	Year					
	2020	2021	2022	2023	2024	2025
Priority 0/1	38%	40%	43%	37%	36%	41%
Priority 2	34%	33%	32%	33%	33%	29%
Priority 3	5%	6%	5%	7%	7%	6%
Priority 4	9%	9%	7%	9%	9%	8%
Priority 5	14%	13%	13%	15%	15%	15%
Overall	100%	100%	100%	100%	100%	100%

Acuity of Patients at Public Area

Priority	Year					
	2020	2021	2022	2023	2024	2025
Priority 0/1	44%	46%	49%	44%	44%	52%
Priority 2	33%	34%	33%	35%	36%	30%
Priority 3	4%	3%	3%	5%	5%	3%
Priority 4	9%	8%	7%	9%	8%	7%
Priority 5	10%	8%	8%	7%	7%	7%
Overall	100%	100%	100%	100%	100%	100%

Acuity of Patients at Camp/Community

Priority	Year					
	2020	2021	2022	2023	2024	2025
Priority 0/1	31%	30%	35%	29%	29%	33%
Priority 2	35%	34%	34%	33%	34%	30%
Priority 3	6%	6%	5%	7%	6%	7%
Priority 4	9%	9%	7%	9%	9%	8%
Priority 5	19%	22%	19%	23%	22%	22%
Overall	100%	100%	100%	100%	100%	100%

Incident Priority by Patient Location

With no clear trend in the prioritisation of patients by location, the overall increase in the proportion of Priority 0/1 incidents is largely due to the fact that incidents in **residential locations** (41% P0/1 in 2025) **and public areas** (52% P0/1 in 2025) were **typically higher priority than those at other locations**, for example camps /communities (33% P0/1 in 2025), hospitals and airports (NEPTS workload).

So, larger increases in the number of patients at residences and in public areas has naturally driven the proportion of emergency (Priority 0/1) incidents higher.

Demand at Location by Priority (2025)

Location Type	Priority 0/1	Priority 2	Priority 3	Priority 4	Priority 5	NEPTS	Overall
	Emergency	Urgent	Non-Emergency			NEPTS	
Aged Care	42%	40%	7%	5%	5%	1%	100%
Airport	2%	1%	0%	0%	0%	96%	100%
Camp/Community	33%	30%	7%	8%	22%	0%	100%
Hospital	0%	0%	0%	0%	0%	100%	100%
Hostel	41%	30%	5%	6%	17%	0%	100%
Public Area	52%	30%	3%	7%	7%	0%	100%
Remote Community	30%	52%	14%	1%	1%	1%	100%
Residence	41%	29%	6%	8%	15%	0%	100%
Other	54%	31%	6%	4%	3%	2%	100%
Overall	38%	27%	5%	7%	12%	11%	100%



A paramedic in a dark uniform stands in the back of an ambulance, holding a medical bag. The scene is overlaid with a purple tint. The text "Patient Complaints, Diagnoses and Status" is centered in white.

Patient Complaints, Diagnoses and Status

Chief Complaint

The **most frequent complaints** from callers are of **feeling sick** (17%, up from 16% of patients in 2015), **chest pain** (14%, up from 9%) and **breathing problems** (12%, up from 9%).

Demand increases have been seen across almost all chief complaints, with the largest growth in patients presenting with **chest pain**, which have **more than doubled over the past five years** (+104%), closely followed by breathing problems (+88%).

As previously demonstrated, between 2024 and 2025 priorities diverged. This was caused by a sustained increase in callers complaining of chest pain and breathing problems (most commonly Priority 0/1), whilst at the same time many other chief complaints reduced.

After regular increases between 2020 and 2024, the number of **assaults fell by 20% in 2025**. Incidents tied to psychiatric conditions fell by 26%.

Note: Recording of chief complaints changed in 2019, so incidents prior to this are not comparable.
Top 14 chief complaints shown here,

Demand Growth

Chief Complaint	Period		
	2020 to 2024	2020 to 2025	2024 to 2025
Chest Pain/Chest Discomfort	73%	104%	18%
Breathing Problem	67%	88%	13%
Abdominal Pain/Problem	44%	38%	-4%
Sick Person (Specific Diagnosis)	40%	44%	3%
Assault/Sexual Assault/Stun Gun	34%	8%	-20%
Traumatic Injuries (Specific)	34%	32%	-2%
Unconscious/Fainting (Near)	32%	22%	-8%
Convulsions/Fitting	25%	20%	-4%
Falls	23%	35%	10%
Haemorrhage/Lacerations	18%	28%	9%
SJANT Specific	16%	2%	-12%
Psychiatric/Suicide Attempt	1%	-26%	-26%
Interfacility Evaluation/Transfer	-6%	2%	9%
Traffic/Transportation Incident	-13%	-23%	-12%
Other	84%	62%	-12%

Proportion of Incidents

Chief Complaint	Year		
	2020	2022	2025
Chest Pain/Chest Discomfort	9%	12%	14%
Breathing Problem	9%	11%	12%
Abdominal Pain/Problem	4%	4%	4%
Sick Person (Specific Diagnosis)	16%	16%	17%
Assault/Sexual Assault/Stun Gun	7%	6%	5%
Traumatic Injuries (Specific)	2%	2%	2%
Unconscious/Fainting (Near)	3%	4%	3%
Convulsions/Fitting	3%	2%	3%
Falls	5%	5%	5%
Haemorrhage/Lacerations	3%	3%	3%
SJANT Specific	14%	12%	10%
Psychiatric/Suicide Attempt	5%	4%	3%
Interfacility Evaluation/Transfer	6%	5%	4%
Traffic/Transportation Incident	2%	2%	1%
Other	12%	12%	14%

Chief Complaint by Ethnicity

Two-thirds of the overall 38% growth experienced between 2020 and 2025 is attributed to the **three** most numerous **complaints**, with almost half of that growth by the top two alone:

- Chest Pain/Discomfort: 9.8% (26% of growth)
- Breathing Problems: 7.9% (21% of growth)
- Sick Person: 7.0% (18% of growth)

Of these three complaints driving the demand increase, **90% of the incident growth** since 2020 is from **Aboriginal and Torres Strait Islanders** (of patients with known age).

Proportion of Incidents (2025) – Top 14 Chief Complaints

Chief Complaint	Patient Ethnicity	
	Aboriginal/Torres Strait Islander	Non-Aboriginal Australian
Assault/Sexual Assault/Stun Gun	90%	10%
Chest Pain/Chest Discomfort	84%	16%
Abdominal Pain/Problem	83%	17%
Breathing Problem	83%	17%
Sick Person (Specific Diagnosis)	82%	18%
Haemorrhage/Lacerations	77%	23%
SJANT Specific	76%	24%
Convulsions/Fitting	72%	28%
Traumatic Injuries (Specific)	64%	36%
Psychiatric/Suicide Attempt	63%	37%
Interfacility Evaluation/Transfer	59%	41%
Unconscious/Fainting (Near)	55%	45%
Falls	49%	51%
Traffic/Transportation Incident	27%	73%
Other	67%	33%
Overall	75%	25%

Note: Excludes patients with no known/recorded ethnicity.

Chief Complaint by Area

Significant **growth** in patients presenting with **chest pain and breathing problems** has been seen **across all areas of the Territory**. Growth was highest outside of Darwin, due to greater Aboriginal and Torres Strait Islander populations.

However, lower growth in all chief complaints in Darwin mean that these incidents represent a similar proportion of demand in Darwin as in other areas.

Other chief complaints, including Sick Person, have seen minimal growth (under 10%) in Darwin, but much larger increases across the rest of the Territory.

This is likely owing to a higher Aboriginal and Torres Strait Islander population and lower availability of primary care alternatives outside Darwin.

Demand Growth (2020 to 2025)

Chief Complaint	Area					Overall
	Alice Springs	Darwin	Katherine	Nhulunbuy	Tennant Creek	
Chest Pain/Chest Discomfort	124%	82%	144%	101%	138%	104%
Breathing Problem	107%	70%	110%	130%	132%	88%
Sick Person (Specific Diagnosis)	69%	6%	105%	181%	86%	44%
Other	26%	9%	51%	29%	40%	19%

Proportion of Incidents (2025)

Chief Complaint	Area					Overall
	Alice Springs	Darwin	Katherine	Nhulunbuy	Tennant Creek	
Chest Pain/Chest Discomfort	14%	14%	14%	11%	15%	14%
Breathing Problem	14%	12%	10%	10%	10%	12%
Sick Person (Specific Diagnosis)	20%	13%	19%	18%	23%	17%
Other	52%	61%	57%	61%	52%	57%

Patient Diagnoses and Status at Scene

Additional information is available on **patient diagnosis and status** from ePCR data, once the crew arrive at scene.

However, this information requires manual entry and is **incomplete**, with a diagnosis not recorded for a 18% of incidents and patient status missing for 16% of incidents which received a vehicle response on scene.

Therefore, some **caution should be observed when interpreting this analysis and drawing conclusions based on these data items.**

Nevertheless, this information can provide some additional insights into patient conditions, to supplement the chief complaint which is recorded by the call handler.

Patient Diagnosis – Chest Pain

An increase in patients **complaining of chest pain** was the single biggest driver of demand growth since 2020.

However, diagnosis data suggests that in 2025 **only 14%** of patients (with known diagnosis) who complained of chest pain were **diagnosed with cardiovascular problems** (down from 18% in 2020). Of these, 10% were chronic conditions.

For **Aboriginal and Torres Strait Islanders**, **12%** of those complaining of chest pain were diagnosed with cardiovascular problems, compared to **27% for Non-Aboriginal Australians**.

Incidents diagnosed as **cardiovascular** (across all chief complaints) have **increased** (47%) at **less than half** the **rate of growth** in **chest pain complaints** (104%).

Complaints of chest pain were frequently diagnosed as respiratory issues (for example, chest infections), soft tissue injuries and “other” pain.

Note: Excludes patients with no known/recorded diagnosis

Chest Pain Chief Complaint - Top 20 Diagnoses (2025)

Diagnosis	Patient Ethnicity		Overall
	Aboriginal /Torres Strait Islander	Non-Aboriginal Australian	
Chest Pain - Non Cardiac	15%	10%	14%
Pain – Other	9%	8%	9%
Chest Infection	7%	3%	6%
Angina	4%	9%	5%
Soft tissue injury	4%	2%	3%
Acute Abdomen	3%	5%	3%
Generally Unwell	3%	3%	3%
Influenza	3%	1%	3%
Sepsis	3%	2%	3%
Generalised Abdominal Pain	3%	2%	3%
Anxiety	2%	4%	2%
Angina – Unstable	2%	4%	2%
Missed Dialysis	3%	0%	2%
Cardiac Dysrhythmia	2%	5%	2%
Gastro-Oesophageal Reflux Disease	2%	1%	2%
Back Pain	2%	2%	2%
Upper Respiratory Tract Infection	2%	1%	2%
NSTEMI	1%	3%	1%
Asthma	1%	0%	1%
Nausea / Vomiting	1%	2%	1%
Other	28%	32%	29%

Patient Diagnosis – Breathing Problems

An increase in patients **complaining of breathing problems** was the second biggest driver of demand growth since 2020.

In 2025, **37%** of patients (with known diagnosis) who complained of breathing problems were **diagnosed with respiratory issues** (unchanged since 2020). Of these, 17% were chronic.

The proportion of those diagnosed with respiratory problems following a complaint of breathing problems was similar for Aboriginal and Torres Strait Islanders and Non-Aboriginal Australians.

Incidents diagnosed as **respiratory** (across all chief complaints) have **increased** (80%) at **a similar rate to growth** in **breathing problem complaints** (88%).

Complaints of breathing problems were frequently diagnosed (8% of the time) as missed dialysis (for Aboriginal and Torres Strait Islanders) and being “generally unwell”.

Note: Excludes patients with no known/recorded diagnosis

Breathing Problems Chief Complaint - Top 20 Diagnoses (2025)

Diagnosis	Patient Ethnicity		Overall
	Aboriginal /Torres Strait Islander	Non-Aboriginal Australian	
Asthma	10%	6%	9%
Chest Infection	9%	7%	8%
Chronic Obstructive Pulmonary Disease	6%	13%	7%
Missed Dialysis	8%	0%	7%
Respiratory Distress	5%	7%	5%
Generally Unwell	4%	5%	5%
Sepsis	3%	5%	3%
Anxiety	3%	5%	3%
Acute Pulmonary Oedema	3%	3%	3%
Influenza	3%	2%	3%
Upper Respiratory Tract Infection	3%	1%	3%
Pain - Other	2%	2%	2%
Shortness of Breath	2%	2%	2%
Chest Pain - Non Cardiac	2%	1%	2%
Acute Abdomen	2%	2%	2%
Common Cold	2%	0%	2%
Fever	1%	1%	1%
Generalised Abdominal Pain	1%	1%	1%
Cardiac Dysrhythmia	1%	3%	1%
Respiratory Disorder - Other	1%	2%	1%
Other	27%	31%	27%

Patient Diagnosis by Year

Of those incidents with a known diagnosis, the largest growth between 2020 and 2025 was for those diagnosed as “other” pain, followed by Sepsis, which has more than tripled over the past five years (though represents only 2% of incidents.)

Combined, growth in the top 10 diagnoses accounted for 43% of the overall demand increase since 2020.

While some growth has been seen in chronic conditions (for example, COPD), **most of the growth (c. 85%)** since 2020 has been **driven by acute conditions**.

Diagnosis - Top 10 Growth

Diagnosis	Year						Growth 2020 to 2025	% Growth	% of 2020 Diagnoses
	2020	2021	2022	2023	2024	2025			
Pain - Other	1,541	1,706	2,141	2,627	2,983	2,835	1,294	84%	5%
Sepsis	424	476	592	940	1,139	1,326	902	213%	2%
Transport Request	4,892	5,508	6,061	6,350	6,535	5,782	890	18%	13%
Soft Tissue Injury	3,925	4,508	5,013	5,146	5,442	4,813	888	23%	9%
Influenza	87	39	481	344	558	814	727	836%	1%
Chest Pain - Non Cardiac	794	923	1,213	1,284	1,418	1,435	641	81%	2%
Chest Infection	892	974	1,422	1,414	1,461	1,470	578	65%	2%
Upper Respiratory Tract Infection	106	121	194	348	379	591	485	458%	2%
Chronic Obstructive Pulmonary Disease	284	285	401	535	650	713	429	151%	2%
Acute Abdomen	961	1,128	1,278	1,369	1,419	1,335	374	39%	1%

Chronic Conditions

Diagnoses related to **chronic conditions** have **grown by 29%** over the **past five years**.

This increase is lower than the overall rate of demand growth, and therefore chronic conditions **account for a decreasing proportion of demand** (16% in 2025, compared to 17% in 2020).

The largest growth has been seen in Chronic Obstructive Pulmonary Disease (+429) and Asthma (+366).

Incidents related to **Mental Health conditions** have **fallen by more than a third** since 2020.

Chronic Conditions - Top 20 Diagnoses

Diagnosis	Year					
	2020	2021	2022	2023	2024	2025
Chronic Obstructive Pulmonary Disease	284	285	401	535	650	713
Asthma	447	503	687	702	814	813
Cardiac Dysrhythmia	372	411	467	518	612	608
Missed Dialysis	771	830	1,075	950	1,038	991
Hyperglycaemia	149	180	202	263	329	355
Seizure	1,010	1,000	1,065	1,184	1,272	1,181
Angina	368	326	385	482	525	536
Hypertension	153	219	205	249	265	303
Anxiety	543	554	621	703	647	680
Chronic Pain	100	139	192	187	171	219
Angina - Unstable	133	163	195	276	298	231
Hypoglycaemia	165	145	160	181	168	225
Gastro-Oesophageal Reflux Disease	155	133	218	196	214	210
Migraine	47	60	53	63	70	80
Congestive Heart Failure	15	27	27	26	31	37
Renal Failure	60	56	69	66	53	74
Cancer	38	59	41	37	58	51
Mental Health Problems	35	33	23	36	22	22
Psychosis	107	106	103	104	89	70
Mental Health Disorder	1,460	1,218	1,209	1,328	1,218	923
Other	105	105	85	128	115	88
Total	6,517	6,552	7,483	8,214	8,659	8,410

Growth 2020 to 2025	% Growth
429	151%
366	82%
236	63%
220	29%
206	138%
171	17%
168	46%
150	98%
137	25%
119	119%
98	74%
60	36%
55	35%
33	70%
22	147%
14	23%
13	34%
-13	-37%
-37	-35%
-537	-37%
-17	-16%
1,893	29%

Patient Status at Scene

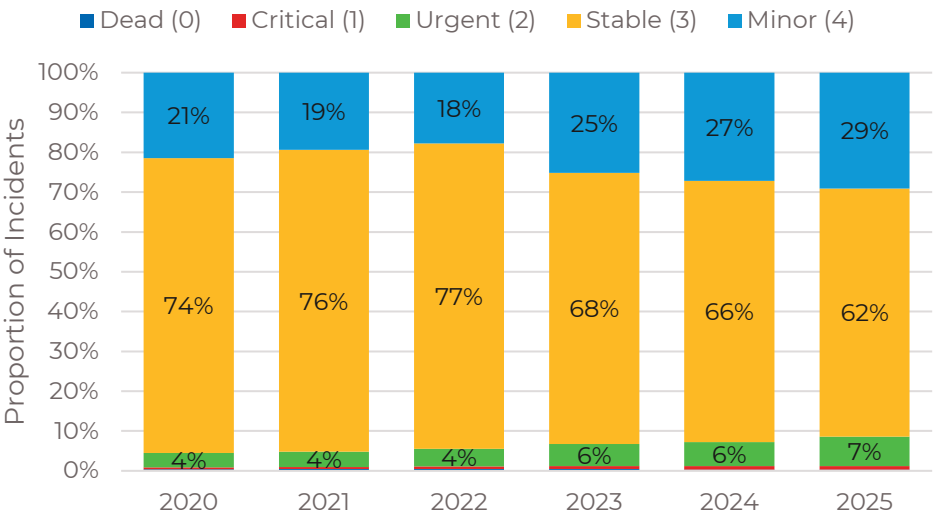
Patients are assigned one of five statuses by the at scene, depending on the severity of their symptoms: Dead, Critical, Urgent, Stable and Minor.

While most patients are determined to be stable at scene, as demand has grown, **patients are increasingly being classified as minor**, particularly since 2022.

The proportion of patients classified as minor has increased **across all priorities**, to nearly one in three (29%) incidents in 2025 (with known status), up from 21% in 2020.

Approximately **half of the incident growth** since 2020 is attributed to **patients classified as minor** at scene.

Status at Scene



Proportion of Minor Incidents by Priority

Priority	Year					
	2020	2021	2022	2023	2024	2025
Priority 1	15%	13%	13%	16%	17%	20%
Priority 2	22%	19%	19%	28%	29%	32%
Priority 3	22%	22%	20%	32%	35%	38%
Priority 4	34%	33%	31%	41%	47%	50%
Priority 5	44%	38%	37%	46%	52%	56%
NEPTS	14%	16%	12%	18%	18%	19%
Overall	21%	19%	18%	25%	27%	29%

Note: Diagnosis information not recorded prior to 2020.

Note: Excludes patients with no known/recorded status

Patient Status by Chief Complaint

Patients with the three most frequent presentations (which collectively accounted for two-thirds of growth), are increasingly classified as minor at scene.

For those initially presenting with **chest pain**, **24%** of patients (with known status) were **considered minor** in 2025, up from 19% in 2020. This was almost **twice as common for Aboriginal and Torres/Straight Islanders** (26%) compared to Non-Aboriginal Australians (14%)

For those initially presenting with breathing problems, 22% of patients were considered minor at scene, up from 16% in 2020.

Nearly half (48%) of patients with a sick person chief complaint were classified as minor, up from 36% in 2020.

Note: Excludes patients with no known/recorded status

Chest Pain Chief Complaint (2025)

Status at Scene	Patient Ethnicity		Overall
	Aboriginal /Torres Strait Islander	Non-Aboriginal Australian	
Dead (0)	0%	0%	0%
Critical (1)	0%	1%	1%
Urgent (2)	5%	10%	6%
Stable (3)	68%	74%	69%
Minor (4)	26%	14%	24%
Overall	100%	100%	100%

Breathing Problems Chief Complaint (2025)

Status at Scene	Patient Ethnicity		Overall
	Aboriginal /Torres Strait Islander	Non-Aboriginal Australian	
Dead (0)	0%	0%	0%
Critical (1)	1%	2%	1%
Urgent (2)	11%	22%	13%
Stable (3)	65%	62%	64%
Minor (4)	24%	15%	22%
Overall	100%	100%	100%

Sick Person Chief Complaint (2025)

Status at Scene	Patient Ethnicity		Overall
	Aboriginal /Torres Strait Islander	Non-Aboriginal Australian	
Dead (0)	0%	0%	0%
Critical (1)	0%	0%	0%
Urgent (2)	4%	8%	4%
Stable (3)	45%	58%	47%
Minor (4)	51%	34%	48%
Overall	100%	100%	100%

Patient Status by Area

There is **significant variation** in both the proportion of **patients classified as minor**, and the rate of change **across the Territory**.

The proportion of patients classified as minor is **lowest in Darwin** (24% in 2025) with little increase observed over the past five years (23% in 2020). This is likely owing to a lower Aboriginal and Torres Strait Islander population and greater availability of primary care alternatives.

In Katherine, the proportion of patients classified as minor is higher (40% in 2025) but at same rate as in 2020, whereas rates have **doubled in Alice Springs**, **quadrupled in Nhulunbuy** and are now **five times higher in Tennant Creek** than in 2020.

In Tennant Creek, half of patients (with known status) were classified as minor in 2025.

Proportion of Minor Incidents by Area

Status at Scene	Year					
	2020	2021	2022	2023	2024	2025
Alice Springs	15%	14%	16%	27%	25%	27%
Darwin	23%	21%	17%	22%	24%	24%
Katherine	40%	30%	24%	36%	38%	41%
Nhulunbuy	8%	12%	15%	14%	27%	33%
Tennant Creek	11%	14%	17%	28%	43%	50%
Overall	21%	19%	18%	25%	27%	29%

Note: Excludes patients with no known/recorded status

Summary

- Demand for ambulance services across the Territory has grown significantly, by more than a third between 2020 and 2025, and by over 60% since 2015, with more than half of growth outside of Darwin.
- There is little evidence that demand is being driven by population growth, which explains just 3% (of the 38%) growth since 2020, with a further 3% attributed to the aging population.
- Most of the demand growth (ie, 32% of the 38%) has been driven by an increased propensity for Aboriginal and Torres Straight Islanders to call for ambulance.
- In 2015, Aboriginal and Torres Straight Islanders called (and received) an ambulance 4.2 more frequently per capita than a non-Aboriginal Australian. By 2024, this disparity had increased to 6.4 times more frequently (492 incidents per year per 1,000 people).
- The Territory has the highest demand per capita of any Australian ambulance services, with a rate of increase of more than three times the national average over the past ten years. In some areas of the Territory, demand per capita have more than doubled since 2015.
- In 2024, Aboriginal and Torres Straight Islanders represented less than a third of the Territory's population, but generated nearly three-quarters of demand.
- Had the Aboriginal and Torres Strait Islander demand per capita remained as it was in 2015, there would have been at least 15,000 fewer incidents in 2024 than actually occurred.

The key drivers behind the growth in demand per capita are:

- **Repeat callers.** The number of repeat callers and the frequency with which they call has increased year-on-year. In 2025, the top 6% most frequent callers, those calling five or more times, were responsible for a quarter of demand. Of these repeat callers, 85% were Aboriginal or Torres Straight Islanders.
- **Patients calling from their residence.** The proportion of patients calling from their residence has more than doubled since 2015 and now represents half of incidents (compared to a third in 2015). Almost 80% of the growth in Aboriginal and Torres Straight Islander demand since 2015 has been driven by patients at residential locations.
- **Patients presenting with complaints of chest pain and breathing problems.** These two complaints, which have doubled in number over the past five years, account for half of all growth since 2020. Of these presentations, 90% of growth is from Aboriginal and Torres Straight Islanders.
- **Sustained increases (of more than half since 2015) in many other acute conditions outside of Darwin.** Less than 15% of the Territory-wide growth since 2020 is related to chronic conditions, which have increased at a lower rate than the overall demand growth.

- Although demand is increasing, the acuity of patients driving the growth is reducing.
- The largest increases have been observed in emergency (Priority 0/1) incidents, driven by significant growth in patients presenting with chest pain and breathing problems, which are typically higher acuity.
- However, whilst increases in high-acuity dispositions are considerable (47% cardiovascular, 80% breathing problems), these represent only a small amount of the observed growth
- Increasingly, paramedics arriving at scene to incidents are diagnosing less severe conditions to be the primary illness. Consequently, the proportion of patients being classified as minor at scene has increased across all priorities, to nearly one in three incidents (and as many as half of incidents in some areas).
- Approximately half of incident growth since 2020 is attributed to patients classified as minor at scene.
- For those presenting with chest pain, the single biggest biggest driver of demand growth since 2020, it is twice as common for Aboriginal and Torres Strait Islanders to be classified as minor, compared to Non-Aboriginal Australians.

Data suggests that while high-acuity and chronic cases continue to rise, the overall growth in demand across the Territory, particularly outside of Darwin, is primarily driven by Aboriginal and Torres Strait Islander callers presenting with more minor ailments.



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