

**1976**

236 ambulance services

**1992**

the ambulance sector starts working on the development and creation of the Regional Ambulance Service [RAV]

**1995**

129 ambulance services: many are in private hands; in the following years an increasing number of ambulances are acquired by public services

**1997**

the memorandum 'Met zorg verbonden' (issued by the Dutch Ministry of Health, Welfare and Sport [VWS] and the Dutch Ministry of the Interior and Kingdom Relations [BZK]) introduces the term RAV

**2011**

on 1 December 2011, the creation of the RAV was finalised; each of the 25 RAV regions has a legal entity that is the sole party responsible for providing ambulance transport in the region

**2013**

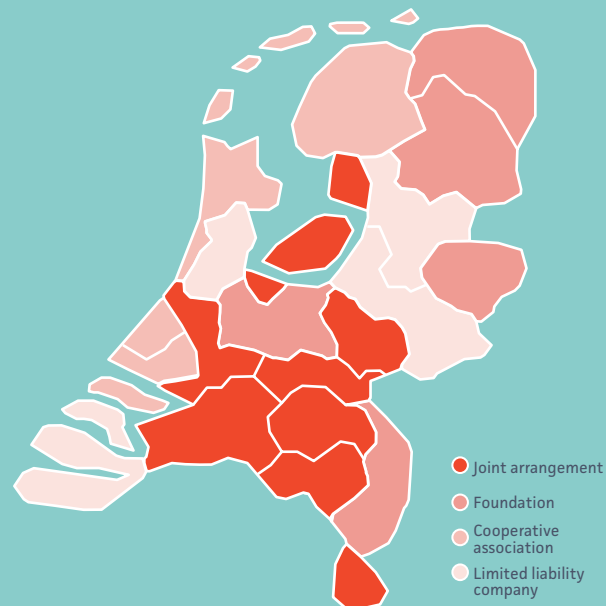
the Dutch Interim Ambulance Care Act [Twaz] comes into force; every legal entity (as referred to on 1 December 2011) is designated by the Dutch Minister of VWS as RAV

## Regional Ambulance Service (RAV)

Section 4 of the Twaz stipulates that the Minister of VWS must designate an RAV in every RAV region. The RAV is responsible for maintaining an ambulance care dispatch centre and for providing or having others provide ambulance care. Ambulance care is always provided on the instructions of the ambulance care dispatch centre. Parties other than the RAV may not provide ambulance care.

## Map of RAV legal entities in 2017

Within the ambulance sector, four different types of legal entities are active: joint arrangements, foundations, cooperative associations and limited liability companies. The cooperative associations have varying compositions of public and/or private legal entities.



## Ambulance care: public and private

- The ambulance sector has long been a sector in which both public and private legal entities, with or without the possibility of profit distribution, are active. That is possible without impediments within the Twaz system.
- Ambulance care is a public function. Ambulance care is standardised and regulated to a great extent. The sector offers a uniform and high-quality product.
- The sector is financed from a single macro budget, on the basis of one set of policy rules of the Dutch Healthcare Authority [NZA]. Citizens are entitled to use ambulance care on the basis of the Dutch Healthcare Insurance Act [Zorgverzekeringswet] and pay for ambulance care via the healthcare insurance premium.
- In 2015, 54% of ambulance deployments were carried out by an ambulance care provider with a private legal form.\*

**The current system involving public and private legal entities is functioning effectively. Public and private providers of ambulance care offer an ambulance care product of equal value.**

\* Source: Ambulance care organisation [Ordering ambulancezorg], SiRM, 2017

