Service	Service	FY2018/19		FY2019/20		FY2020/21		Pr2621/22		FY2022/23	
		Spend volue (il)	Volume (# of patients/transportations)	Spend value (K)	Valume (# of patients/bransportations)	Spend value (K)	Volume (# of patients/bromportations)	Spend volue (8)	Volume (# of patients/bransportations)	Spend value (¥)	Volume (# of patients/transportations)
High Dependancy (critically II)	[Independent Provider 1]	Not applicable.									
		Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
		Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
		Not applicable.	Not applicable.	Not applicable.	Not applicable.				Not applicable.	Not applicable.	Not applicable.
Neonatal (newborn / premature)	[Independent Provider 2]	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Neonatal (newborn / premature)	[Independent Provider X]	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
	Findependent Provider 17										
	Findependent Provider 21										
Non-Emergency	[Independent Provider X]										
Other (patients)	Findependent Provider 11										
	Findependent Provider 21										
	[Independent Provider X]										
	Endependent Provider 11										
Other (non-patients)	Findependent Provider 21										
Other (non-patients)	[Independent Provider X]										