Statistical Note: Ambulance Quality Indicators (AQI)

The latest Systems Indicators for May 2018 for Ambulance Services in England showed that one of the six response standards in the Handbook\(^1\) to the NHS constitution was met.

1. Systems Indicators

1.1 Response times

For each of the six standards, for England as a whole, response times in May 2018 were longer than in April, but shorter than all earlier months of 2018.

For Category C1, the most life-threatening incidents, the mean average response time was 7 minutes 46 seconds in May 2018, 8 seconds more than in April.

Four Services met the mean standard of 7 minutes: London (LAS), North East (NEAS), South Central (SCAS), and West Midlands (WMAS).

The Isle of Wight (IOW) Ambulance Service has provided data for April and May 2018, including response times against the new categories\(^2\) C1 to C4. However, operationally, it is still using the old Red 1 / Red 2 / Green categories, so its response times will reflect the old category used at the time of the incident, rather than the new category that the incident will correspond to. In this Statistical Note, we include IOW in England data; but otherwise, charts, and descriptions of which trusts met the standards, or had the shortest / longest response time, exclude IOW.

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The standard for the 90th centile response time for Category C1 (Figure 2) is 15 minutes. Performance varied in May from 9:45 for NEAS to 15:47 for South Western (SWAS). Eight Services met the standard in May, the same number as in April.

Figure 2: C1 90th centile response times 2018

Figure 3 shows that four Services met the C2 mean response time standard of 18 minutes in May: NEAS, SCAS, South East Coast (SECAmb), and WMAS. The longest average response time was 30:46 for East Midlands (EMAS).

Figure 3: C2 mean response time 2018

The 90th centile response time for C2 averaged 44:05 across England in May compared with 41:42 in April. Figure 4 shows that the five Services that met the 40:00 standard in April met it again in May.
The 90th centile response times across England for C3 and C4 averaged 2:16:30 and 3:10:10 respectively in May. NEAS and WMAS met both the 2 hour C3 and 3 hour C4 standards. EMAS, LAS and SCAS met the C4 standard.
1.2 Other Systems Indicators

The mean average call answer time in May was 8 seconds; like the response times in section 1.1, this was more than in April but less than in each earlier month in 2018.

In May 2018, per day, there were:

- 23.6 thousand calls to 999 answered per day, an increase of 8% on April;
- 22.5 thousand incidents per day that received a response from an Ambulance Service, an increase of 2% on April;
- 13.3 thousand incidents per day where a patient was transported to an Emergency Department (ED), an increase of 1% on April.

The proportion of incidents where a patient was transported to ED was 59% in May. Other incidents comprised 6% where a patient was transported elsewhere, 30% where patients were attended but not transported, and 5% resolved on the telephone. Each of these proportions changed less than 1 percentage point from each earlier month of 2018.

2. Clinical Outcomes

We continue to publish new Clinical Outcomes data in spreadsheets each month, but only describe them in this Statistical Note once a quarter, so they will feature in the 12 July 2018 Statistical Note.

Today’s 14 June 2018 Clinical Outcome data include the third month (January 2018) of the new timeliness measure for ST-elevation myocardial infarction (STEMI, a type of heart attack).

However, the new timeliness measure for stroke introduced for November 2017 data in the 12 April 2018 AQI publication remains unavailable for December 2017 and January 2018. These data will be added to AQI publications later in 2018.

3. Further information on AQI

3.1 The AQI landing page and Quality Statement

www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators, or http://bit.ly/NHSAQI, is the AQI landing page, and it holds:

- a Quality Statement for these statistics, which includes information on relevance, accuracy, timeliness, coherence, and user engagement;
- the specification guidance documents for those who supply the data;
- timetables for data collection and publication;
- time series spreadsheets and csv files from April 2011 up to the latest month;
- links to individual web pages for each financial year;
- contact details for the responsible statistician (also in 3.4 below).

The web pages for each financial year hold:

- separate spreadsheets of each month’s data;
- this Statistical Note, and equivalent versions from previous months;
- the list of people with pre-release access to the data.
Publication dates are also at

3.2 AQI Scope
The AQI include calls made by dialling either the usual UK-wide number 999 or its international equivalent 112.

As described in the guidance mentioned in section 3.1, calls made to NHS 111 are included in all Systems Indicators except data on contacts and calls, items A0 to A6.

3.3 Related statistics in England

The Quality Statement described in section 3.1 has more information on the AQI. This includes a dashboard on the AQI landing page, which has an alternative layout for the AQI data up until April 2016. It also describes the “Ambulance Services” publications\(^3\) by NHS Digital, with data from before 2000 to 2013-14; and has information on the comparability of data for other countries of the UK:

Wales: http://wales.gov.uk/statistics-and-research/ambulance-services

Scotland: See Quality Improvement Indicators (QII) documents at www.scottishambulance.com/TheService/BoardPapers.aspx


3.4 Contact information
Media: NHS England Media team, nhsengland.media@nhs.net, 0113 825 0958.

The person responsible for producing this publication is Ian Kay, Operational Information for Commissioning (Central), NHS England, Room 5E24, Quarry House, Leeds, LS2 7UE; 0113 825 4606; i.kay@nhs.net

3.5 National Statistics
The UK Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics.

Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods; and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.

\(^3\) https://digital.nhs.uk/data-and-information/publications/statistical/ambulance-services