

Statistical Note: Ambulance Quality Indicators (AQI)

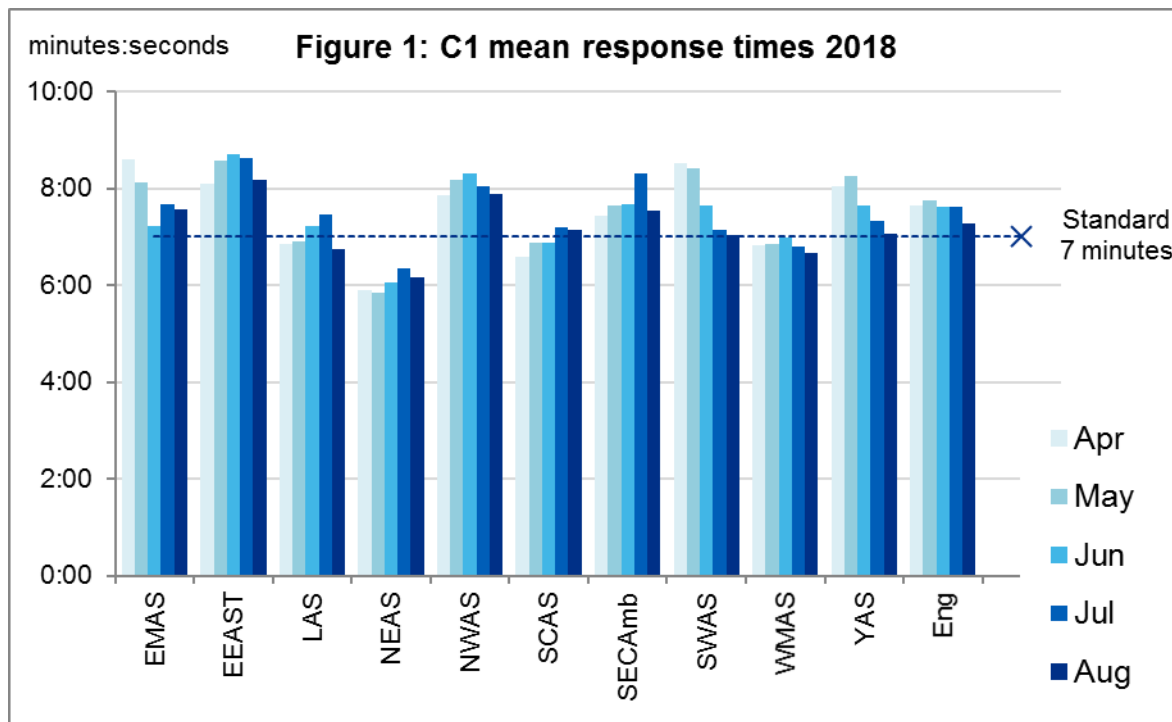
The latest Systems Indicators for August 2018 for Ambulance Services in England showed that two of the six response standards in the Handbook¹ to the NHS constitution were met.

1. Systems Indicators

1.1 Response times

In August 2018, across England all six of the response standards showed improvements on July 2018. For both the C1² mean and C1 90th centile response times, the England figure was the shortest ever (since the current categorisation was first in use throughout England³ in December 2017).

The C1 mean across England was 7 minutes 17 seconds in August 2018, the shortest time ever. Three Services met the C1 mean standard of 7 minutes in August 2018: London (LAS), North East (NEAS) and West Midlands (WMAS).

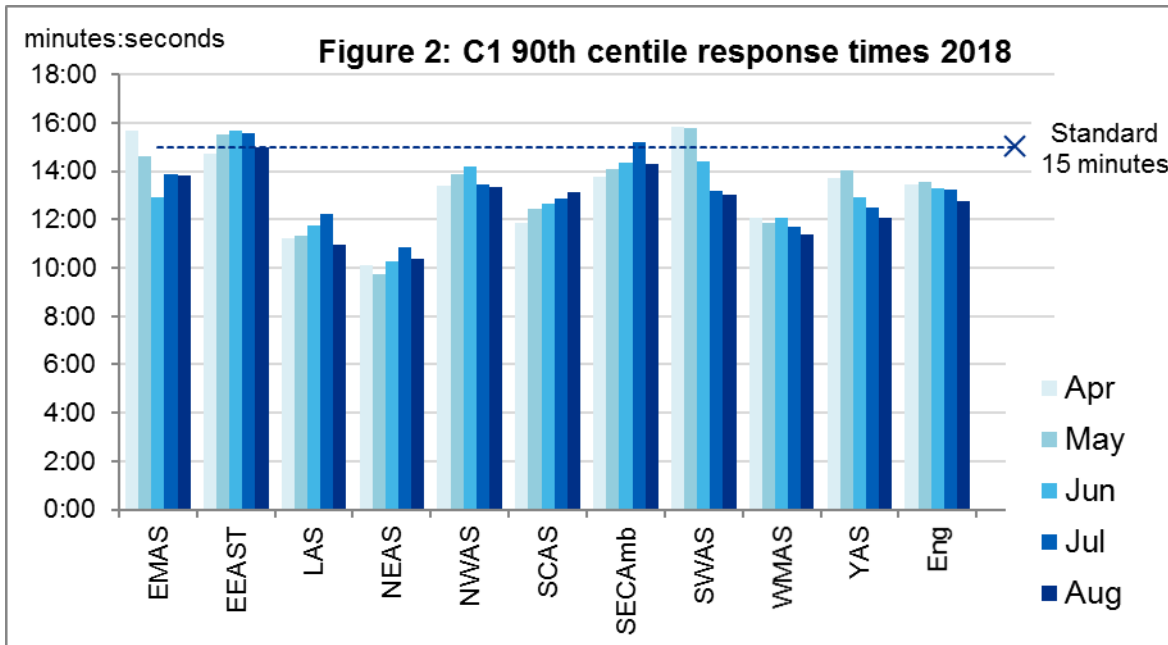


¹ Ambulance standards are in the September 2017 addendum to the Handbook to the NHS Constitution: www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england

² Categories introduced across England in 2017: www.england.nhs.uk/urgent-emergency-care/arp

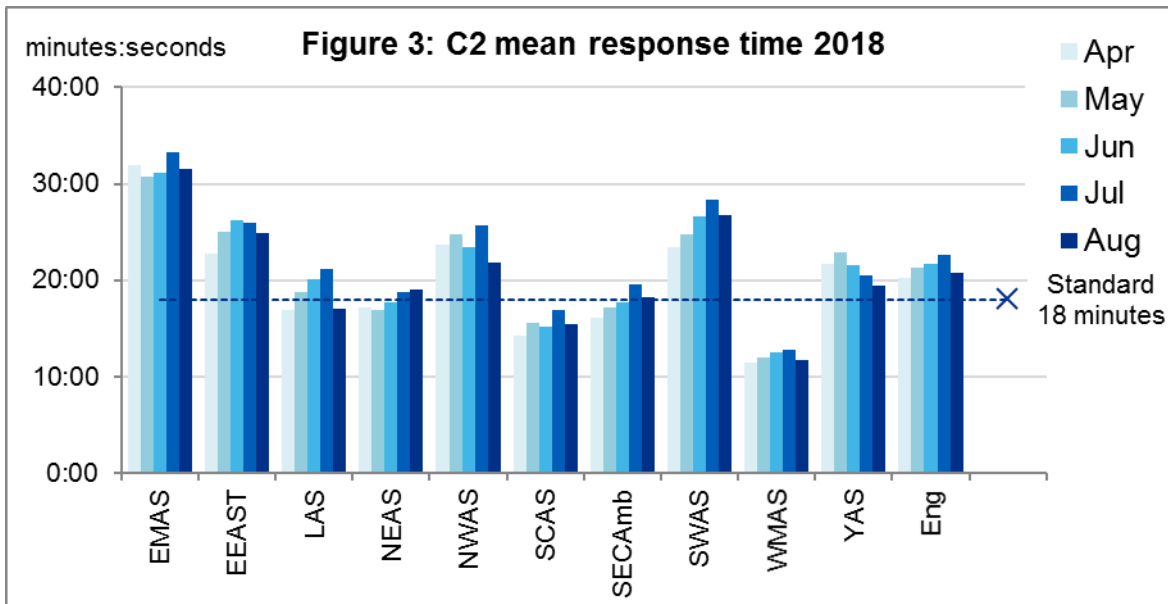
³ The Isle of Wight (IOW) Ambulance Service has provided data from April 2018, including response times against the new categories C1 to C4. However, it is still using the old Red 1 / Red 2 / Green categories operationally, so its response times will reflect the old category used at the time of the incident, rather than the new category that the incident corresponds to. In this Statistical Note, we include IOW in England data from April; but exclude IOW in charts, and descriptions of which trusts met the standards, or had the shortest / longest response time.

The C1 90th centile response time averaged 12:46 across England in August 2018, the shortest ever. It ranged from 10:23 for NEAS to 14:59 for East of England (EEAST), so for the first time ever, all Services the 15 minute standard (Figure 2).



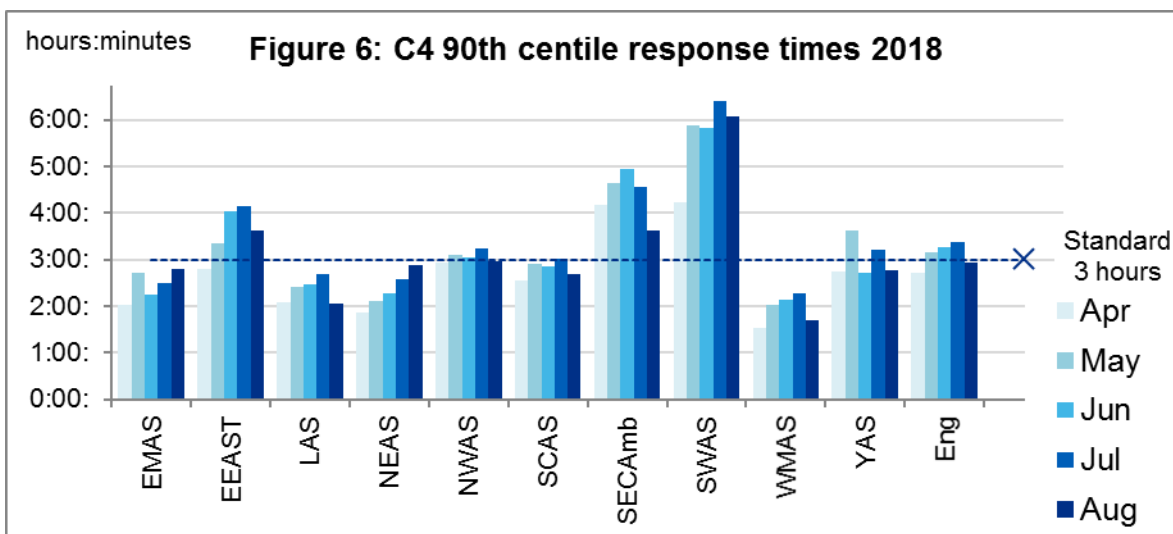
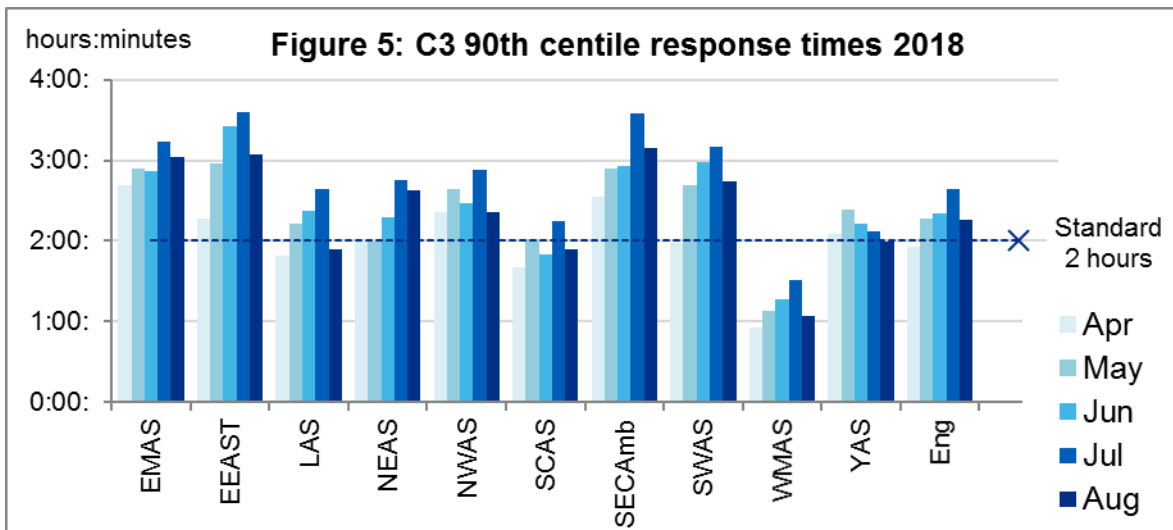
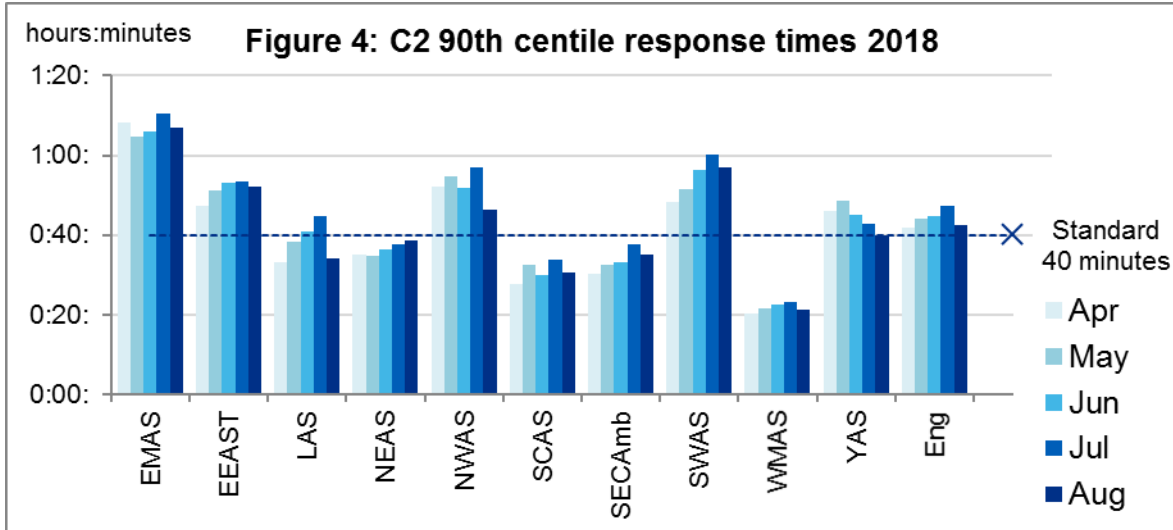
The C2 mean average response time for England was 20:42 in August 2018. This was longer than the 18 minute standard, but the second shortest time recorded, with only April being shorter.

Figure 3 shows that LAS, South Central (SCAS) and WMAS met the C2 mean standard. The longest average response was 31:29 for East Midlands (EMAS).



Across England, the 90th centile response time averaged 42:34 for C2 (Figure 4), 2:15:18 for C3 (Figure 5), and 2:56:14 for C4 (Figure 6). The C2 and C3 response times were again longer than the standards of 40:00 and 2 hours respectively, but the C4 standard 3 hours of was met for only the second month (April was the first).

Four Services (LAS, SCAS, WMAS, and YAS) met all three of the C2, C3, and C4 90th centile standards. NEAS met two; while EMAS, North West (NWAS) and South East Coast (SECamb) met one.



1.2 Other Systems Indicators

The mean average call answer time in August was 7 seconds, the shortest time since April (6 seconds).

In August 2018, per day, there were:

- 23.0 thousand calls to 999 answered per day, a decrease of 10% on July;
- 21.7 thousand incidents per day that received a response from an Ambulance Service, a decrease of 5% on July;
- 12.8 thousand incidents per day where a patient was transported to an Emergency Department (ED), a decrease of 3% on July.

The proportion of incidents where a patient was transported to ED was 59.2% in August, an increase on July (58.5%). Other incidents in August comprised 5.7% where a patient was transported elsewhere, 29.9% where patients were attended but not transported, and 5.2% resolved on the telephone.

2. Clinical Outcomes

The Clinical Outcome spreadsheets published today include new data items. One is a count of all cardiac arrests, including those where an Ambulance Service responded but resuscitation was not attempted, which we will continue to collect and publish each month.

The other two new data items measure the delivery of a care bundle for patients who had return of spontaneous circulation (ROSC) after a cardiac arrest. As with other Clinical Outcome bundle data, we will collect and publish this item one month in three during 2018, so it will next feature in the 13 December 2018 publication.

We are also now receiving cardiac arrest data on ROSC and survival to discharge from the Out-of-Hospital Cardiac Arrest Outcome (OHCAO) registry at Warwick University, who collate data from Ambulance Services.

We have published a new Clinical Outcomes specification PDF, dated 20180903, on www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators.

This combines the cardiac arrest and bundle data items dating back to 2011 that we continue to collect, with the new cardiac arrest items described above, and the stroke and STEMI timeliness data items that we introduced in the 12 April 2018 publication.

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 8 November 2018 Statistical Note.

On 8 November, we will also publish revisions to Clinical Outcome data for April 2017 to March 2018 inclusive. This is later than our previous revisions schedule; it will improve the completeness of data on survival to discharge following a cardiac arrest, particularly for the last few months.

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

www.gov.uk/government/statistics/announcements?keywords=ambulance.

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 calls, items A1 to A6.

3.3 Related statistics in England

Ambulance handover delays of over 30 minutes at each Emergency Department were published by NHS England for winter 2012-13, 2013-14, 2014-15 and 2017-18 at www.england.nhs.uk/statistics/statistical-work-areas/winter-daily-sitreps.

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. The Statement also describes the "Ambulance Services" publications⁴ 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

Northern Ireland: www.health-ni.gov.uk/articles/emergency-care-and-ambulance-statistics

⁴ <https://digital.nhs.uk/data-and-information/publications/statistical/ambulance-services>



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.