

Statistical Note: Ambulance Quality Indicators (AQI)

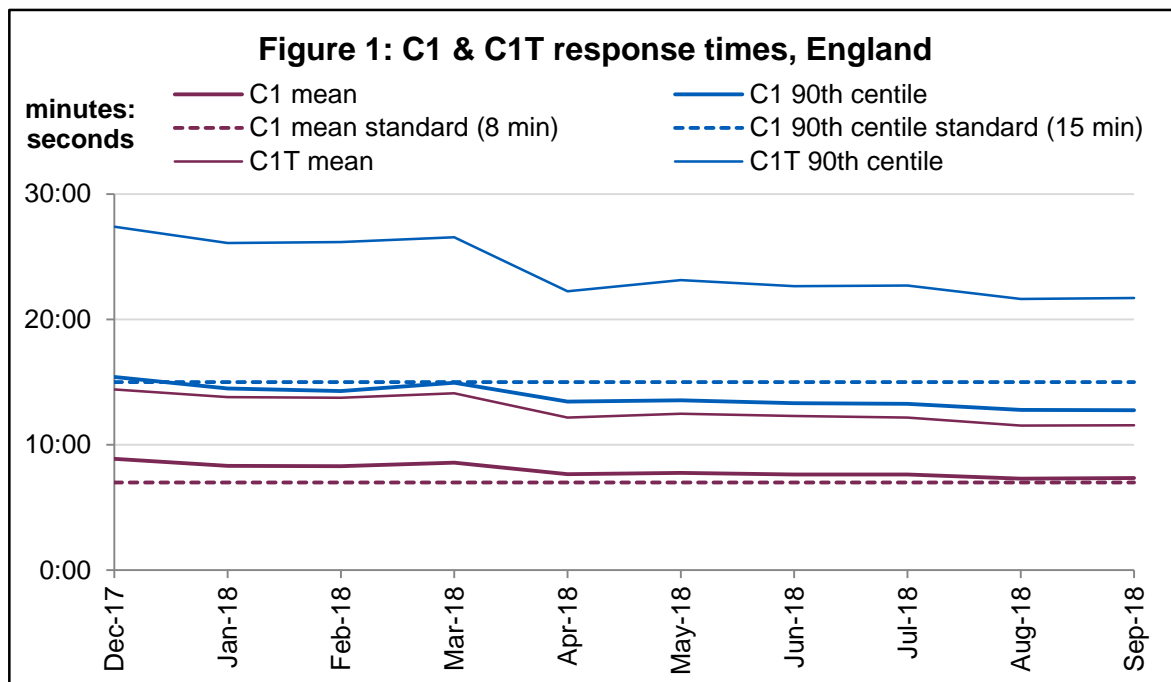
The latest Systems Indicators for September 2018 for Ambulance Services in England showed that one of the six response standards in the Handbook¹ to the NHS constitution was met.

1. Systems Indicators

1.1 Response times

In September 2018, across England, the C1 90th centile response time was 12 minutes and 46 seconds, the same as August, making it the joint shortest time ever (since the current categorisation was first in use throughout England² in December 2017).

The C1 mean across England was 7 minutes 20 seconds in September 2018, a small increase on August (7 minutes and 17 seconds), which was the shortest time since the series began.

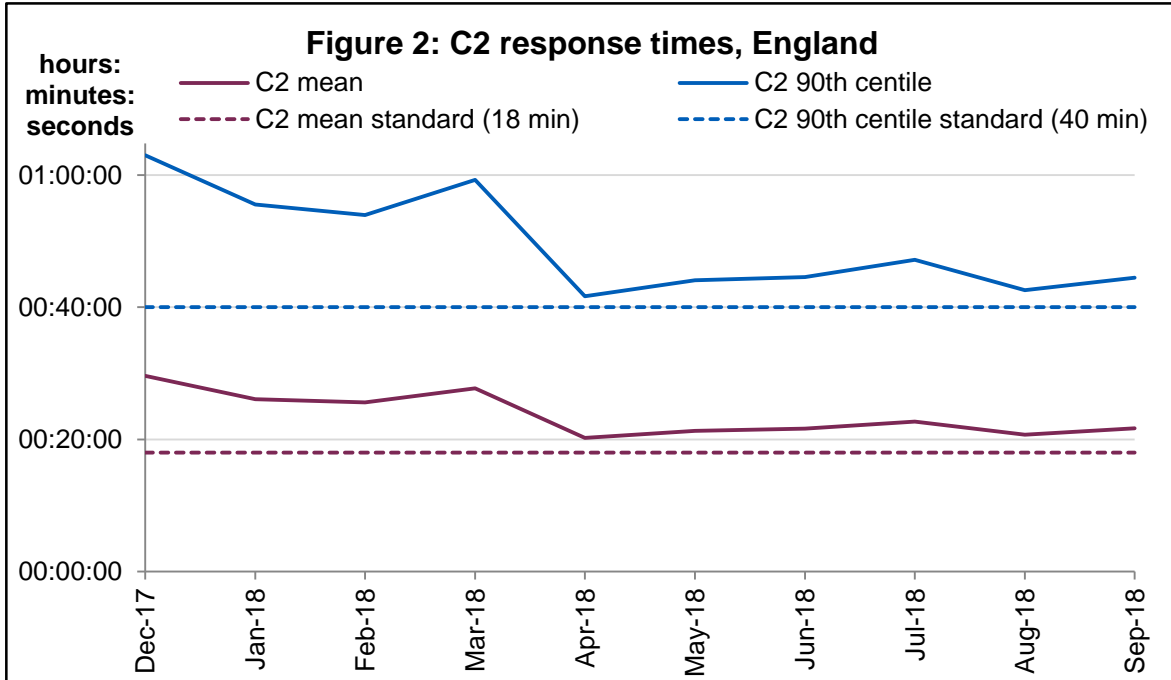


Both the C1T mean and C1T 90th centile were similar to the previous month at 11 minutes 33 seconds and 21 minutes and 43 seconds, respectively.

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

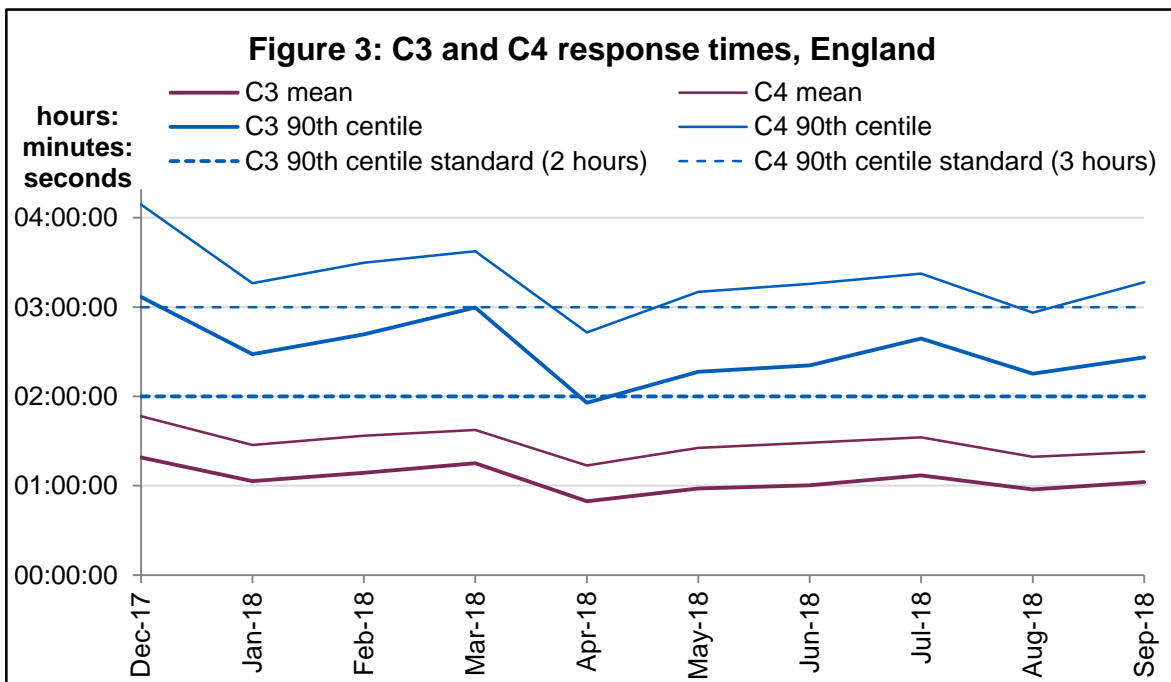
² The Isle of Wight (IOW) Ambulance Service has provided data from April 2018, including response times against the new categories C1 to C4. However, for the time period covered by these data, it still used the old Red 1 / Red 2 / Green categories operationally, so its response times will reflect the old category used at the time of the incident, rather than the new category that the incident corresponds to.

Figure 2 shows the C2 mean average response time for England was 21:41 in September 2018; longer than the 18 minute standard. The C2 90th centile for England was 44:28, also longer than the standard of 40 minutes.



Across England, the mean response time for C3 averaged 1:02:28 and for C4 it averaged 1:22:54. These mean average response times were longer than those in August.

Both the C3 90th centile and C4 90th centile response times were longer than the standards of 2 hours and 3 hours respectively and also showed increases on August.



1.2 Other Systems Indicators

The mean average call answer time in September was 8 seconds, and for the ninth month in a row, the median call answer time was 1 second.

In September 2018, per day, there were:

- 23.7 thousand calls to 999 answered per day, an increase of 3% on August;
- 22.0 thousand incidents per day received a response from an Ambulance Service, an increase of 2% on August;
- 13.1 thousand incidents per day where a patient was transported to an Emergency Department (ED), an increase of 2% on August.

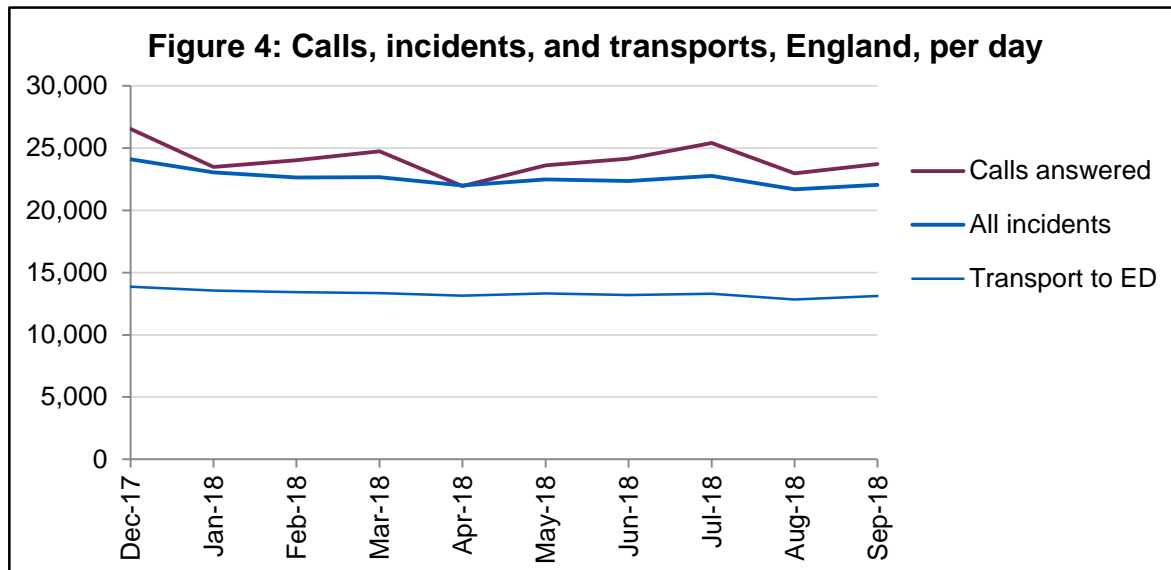
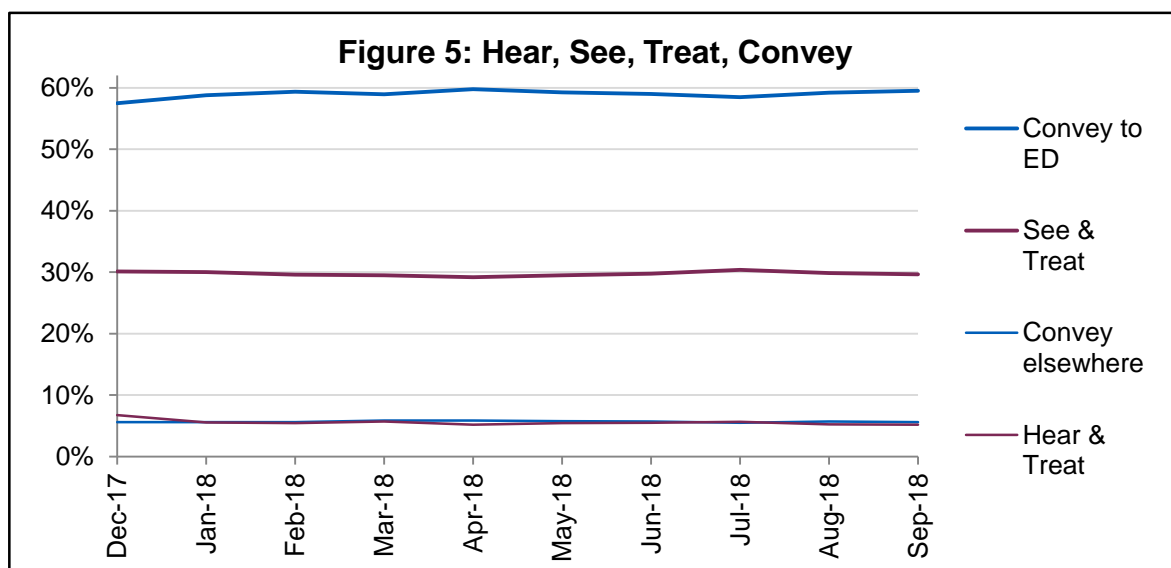


Figure 5 shows the proportion of incidents where a patient was transported to ED was 59.5% in September, an increase on August (59.2%). Other incidents in September comprised 5.6% where a patient was transported elsewhere, 29.7% where patients were attended but not transported (see and treat), and 5.2% resolved on the telephone (hear and treat).



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 8 November 2018 Statistical Note. We will also publish revisions to Clinical Outcomes from April 2017 to April 2018 inclusive on that date.

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" publications³ 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:

³ <https://digital.nhs.uk/data-and-information/publications/statistical/ambulance-services>



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

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.