

Statistical Note: Ambulance Quality Indicators (AQI)

The latest Systems Indicators for November 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

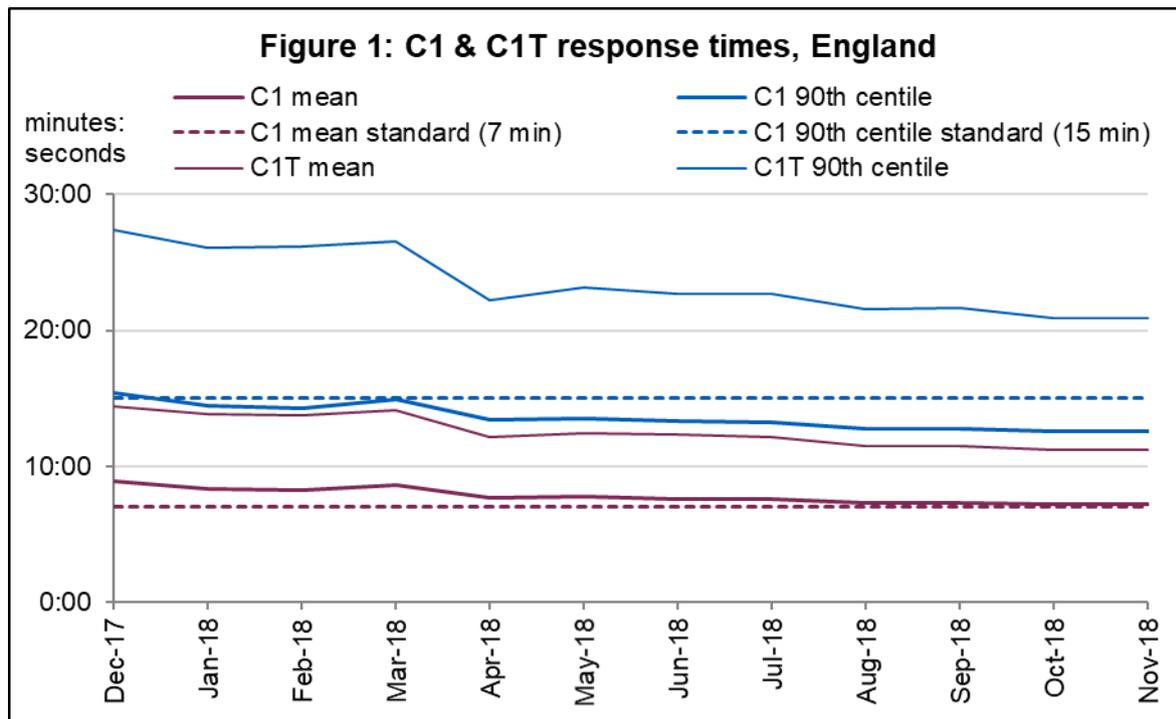
1.1 Response times

In November 2018, both Category C1 response standards showed small improvements on October 2018, making them the shortest times since the current categorisation was first in use throughout England², in December 2017.

The mean average response time across England was 7 minutes 11 seconds, but still longer than the standard of 7:00.

The C1 90th centile response times averaged 12:32 seconds across England, shorter than the standard of 15:00.

The mean for C1T (arrival of transporting vehicle for C1 patients transported) was also the shortest ever, at 11:11, and the 90th centile was 20:55, a small increase on October 2018 (20:52).



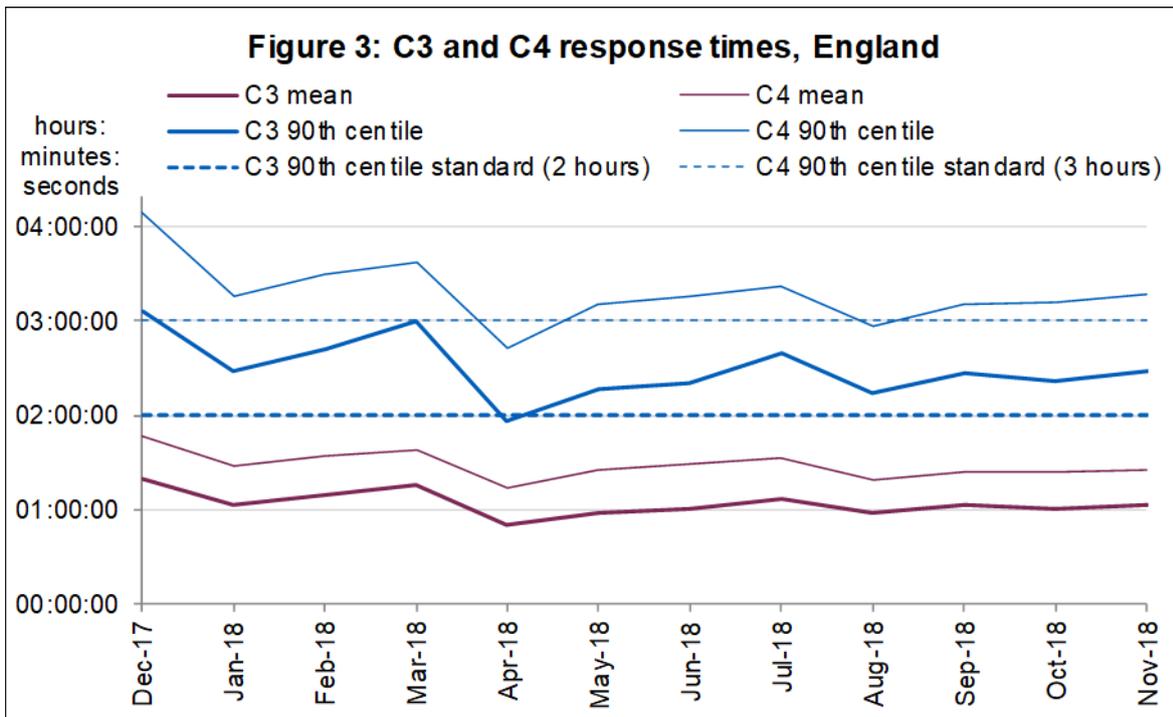
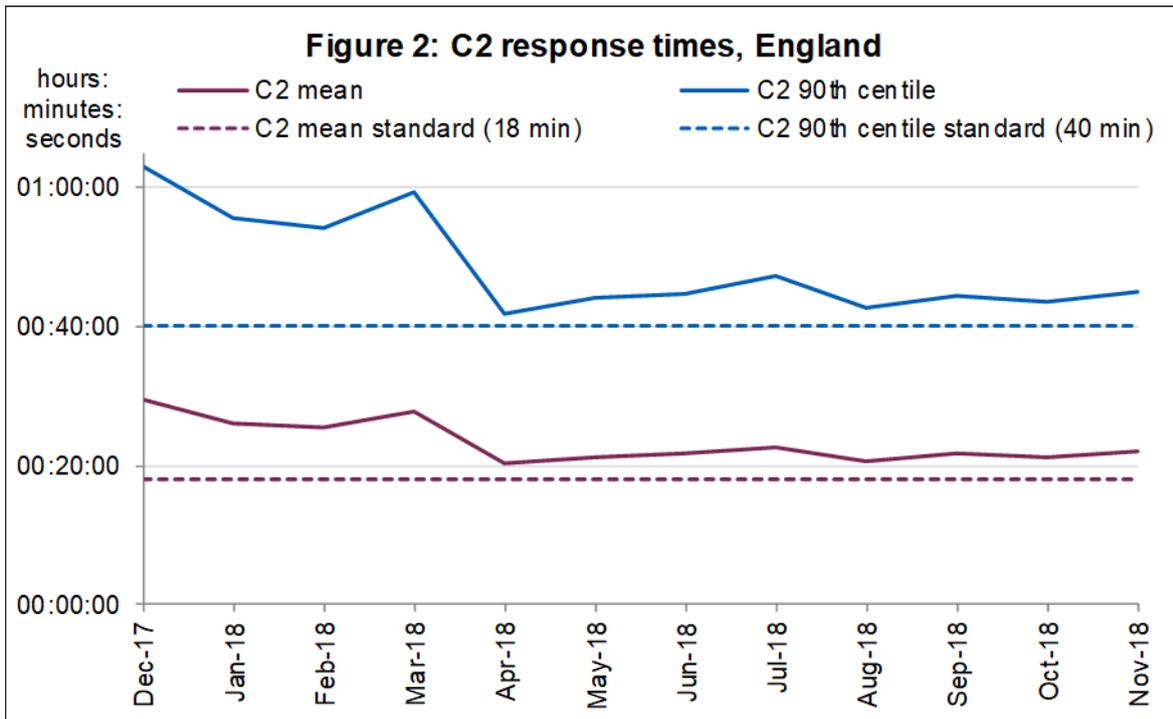
¹ Ambulance standards are in the September 2017 addendum to the Handbook to the NHS Constitution: www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england

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, until 9 October 2018, it still used the old Red 1 / Red 2 / Green categories operationally, so its response times reflected the old category used at the time of the incident, and not the new category that the incident corresponded to.

The C2 mean response time for England in November 2018 was 21:56, longer than the standard of 18 minutes.

Across England, the C2, C3, and C4 90th centile response times averaged 44:53, 2:28:30, and 3:17:08, also all longer than their respective standards of 40:00, 2:00:00, and 3:00:00.

All these November 2018 values were the longest times since July 2018.



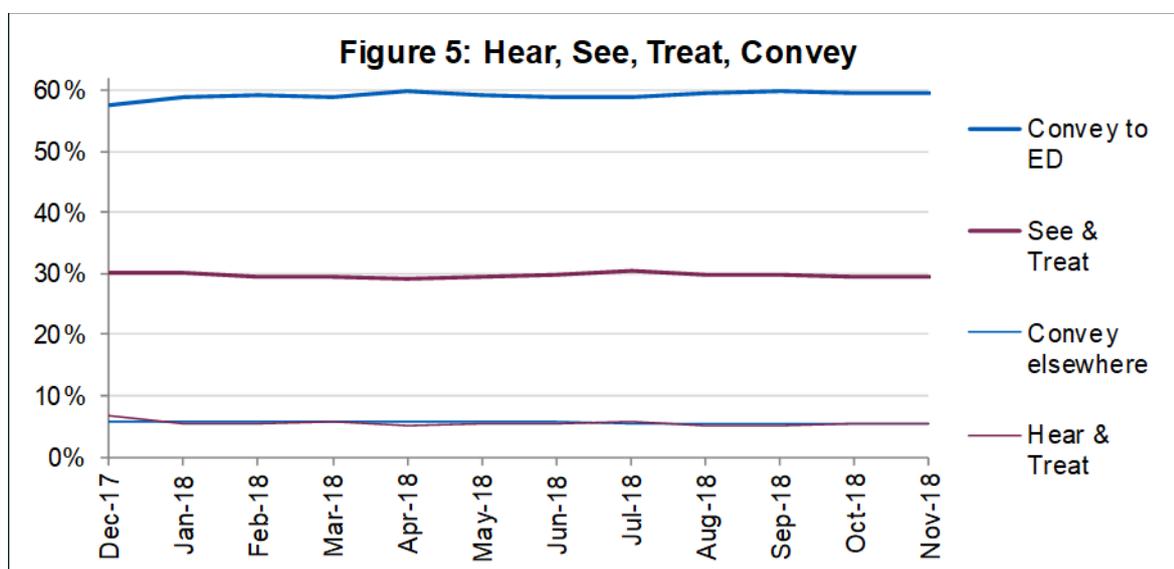
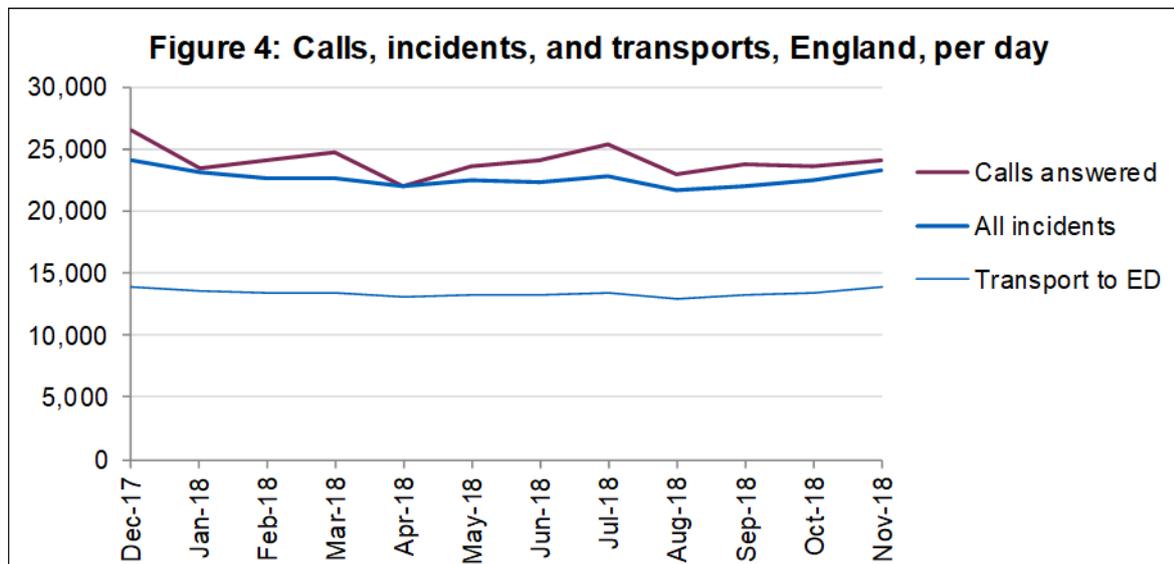
1.2 Other Systems Indicators

The mean average call answer time in November was 6 seconds, the joint shortest time in the series (with April 2018).

In November 2018, per day, there were (Figure 4):

- 24.1 thousand calls to 999 answered, a 3% increase on October;
- 23.3 thousand incidents that received a response from an Ambulance Service, an increase of 4% on October;
- 13.9 thousand incidents where a patient was transported to an Emergency Department (ED), an 4% increase on October and the highest count per day in 2018. However, as a proportion of all November 2018 incidents, it was 59.6%, the same as in October.

Other incidents in November (Figure 5) comprised 5.4% with a patient transported to a destination other than ED; 29.4% where patients were attended but not transported (see and treat); and 5.5% resolved on the telephone (hear and treat). These proportions all changed less than 0.2 percentage points from October.



1.3 Revisions

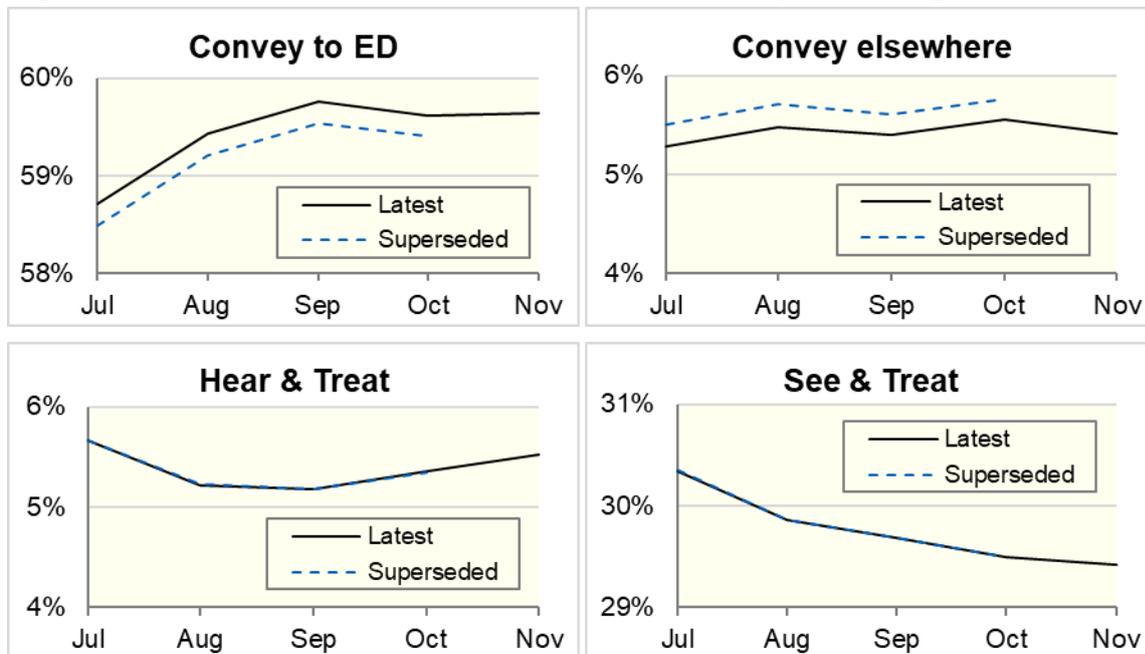
Eight trusts supplied us with revisions to data for July to October 2018, which are included in the data in Sections 1.1 and 1.2 above. East of England (EEAST), Isle of Wight (IOW) and London (LAS) Ambulance Services did not revise data.

Data items not revised by any Trust included those for incidents where, in response to a call from a Healthcare Professional (HCP), a 3 hour response was agreed (data items A60, A68, A69, and A70). The only other data item not revised by any Trust was the mean time to call answer (A3).

The total count of contacts was revised by +0.7% over the whole 4-month period. Revisions to the counts of calls answered (A2) were much smaller.

Data for conveyance to Emergency Department (item A53) and conveyance elsewhere (item A54) were revised by 0.2%, mainly due to revisions exceeding 2 percentage points by South East Coast Ambulance Service (SECamb).

Figure 6: Revisions to Hear/See & Treat and conveyance, England, 2018



For Trusts' C1 and C2 response times, revisions were all less than 1%. However, there were revisions of over 2% to some Trusts' C1T, C3 and C4 times; although only Yorkshire Ambulance Service revisions to September data altered response times at the England level by more than 0.5%.

Figure 7: Trusts' revisions of over 2% to response times with standards

Trust	Indicator	Month	From	To	Revision
North East	C4 90th centile	Jul	2:34:24	2:29:59	-2.9%
SECamb	C4 90th centile	Sep	4:01:15	4:06:21	+2.1%
Yorkshire	C3 90th centile	Jul	2:07:31	2:02:07	-4.2%
	C3 90th centile	Aug	1:59:28	1:46:42	-10.7%
	C4 90th centile	Sep	3:51:53	2:41:03	-30.5%

2. Latest Clinical Outcome data

We continue to publish new Clinical Outcomes data in spreadsheets each month, but only describe them in this Statistical Note once per quarter.

For June 2018 onwards, MINAP has had a shortfall in data from acute trusts, during a transition between two information collection methods. We aim to rectify this situation with the next Clinical Outcome revisions in spring 2019.

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 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:

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



3.3 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, incidents resulting from a call to NHS 111 are included in all Systems Indicators except call data items A1 to A6.

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.