Statistical Note: Ambulance Quality Indicators (AQI)

The latest Systems Indicators for December 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

In December 2018, both Category C1 response time measures were the shortest ever, since the current categorisation was first in use throughout England\(^2\) in December 2017.

The mean average response time across England was 7 minutes 6 seconds, just longer than the standard of 7 minutes.

The C1 90th centile response times averaged 12:24 across England, shorter than the standard of 15 minutes.

The mean and 90th centile for C1T (arrival of transporting vehicle, for C1 patients transported) were also the shortest times ever, at 10:56 and 20:28 respectively.

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\(^2\) 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.
Figure 2 shows the C2 mean average response time for England was 22:22 in December 2018, longer than the standard of 18 minutes. The C2 90th centile averaged 46:21 across England, also longer than the standard of 40 minutes. Both C2 times were the longest they had been since July.

Across England in December 2018, the C3 90th centile times averaged 2:36:23, longer than the standard of 2 hours. The C3 mean average response time was 1:06:17. Both C3 times were the longest they had been since July.

Across England in December 2018, the C4 90th centile times averaged 3:09:39, longer than the standard of 3 hours. The C4 mean average response time was 1:25:38. Both C4 times decreased from the November figures.
1.2 Other Systems Indicators

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

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

- 24.7 thousand calls to 999 answered, a 2% increase on November;
- 24.0 thousand incidents that received a response from an Ambulance Service, an increase of 3% on November;
- 14.1 thousand incidents where a patient was transported to an Emergency Department (ED), a 2% increase on November, and the highest count per day in the series.

![Figure 4: Calls, incidents, and transports, England, per day](image)

However, as a proportion of all incidents, incidents with transport to ED had the smallest proportion in December (59.0%) since July 2018.

Other incidents in December (Figure 5) comprised 5.1% with a patient transported elsewhere, 30.1% where patients were attended but not transported (see and treat), and 5.8% resolved on the telephone (hear and treat).

![Figure 5: Hear, See, Treat, Convey](image)
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, they will next feature in the 14 February 2019 Statistical Note.

For August 2018, timeliness data for STEMI (a type of heart attack) are not available. We are working with data suppliers on a solution and hope to publish these data alongside the September 2018 data on 14 February 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**


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

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.