

## Statistical Note: Ambulance Quality Indicators (AQI)

The latest Systems Indicators for April 2019 for Ambulance Services in England showed that one of the six response standards in the Handbook<sup>1</sup> to the NHS constitution was met.

North East Ambulance Service (NEAS) were unable to supply April 2019 data, following the implementation of a major system update. We hope to include the missing data in next month's publication on 13 June.

Revisions to 2018-19 data show Hear & Treat was higher than originally reported.

### 1. Systems Indicators

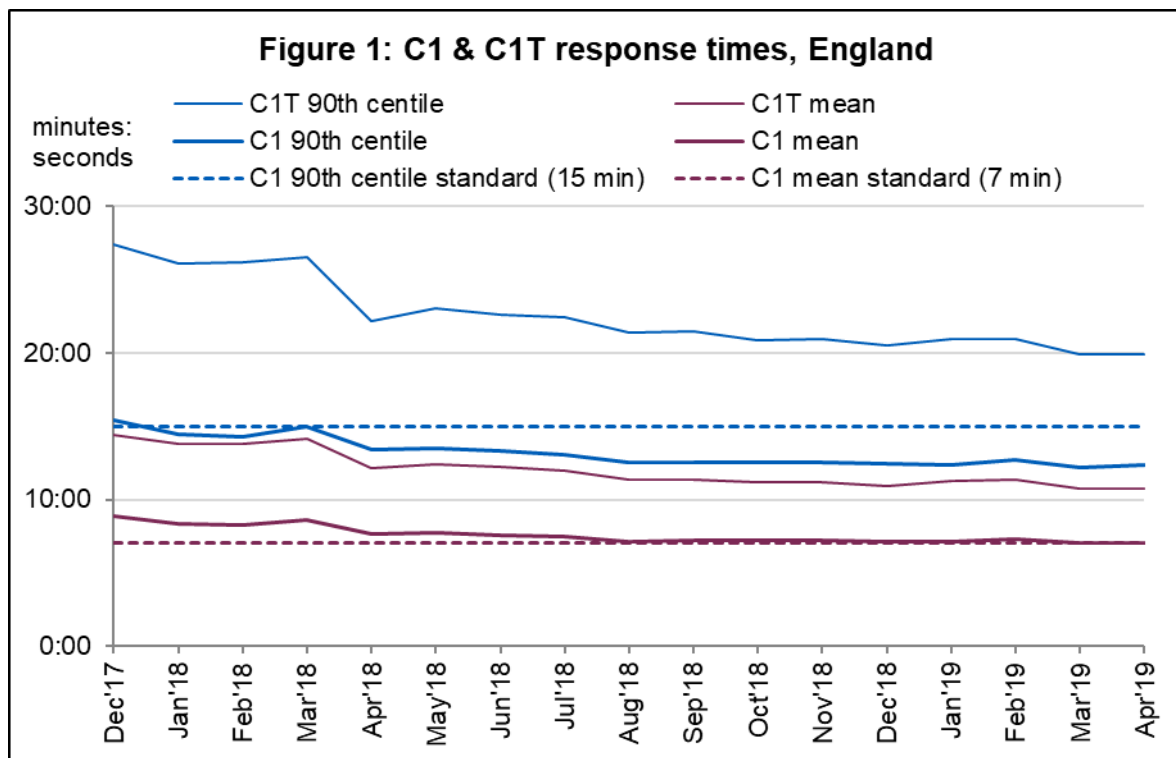
#### 1.1 Response times

In April 2019, for England, response times generally changed little from March 2019.

The mean average C1 response time across England was 7 minutes 1 seconds in April 2019, just over the standard of 7 minutes. NEAS met the standard in each month of 2018-19; had they supplied data, this standard may have been met.

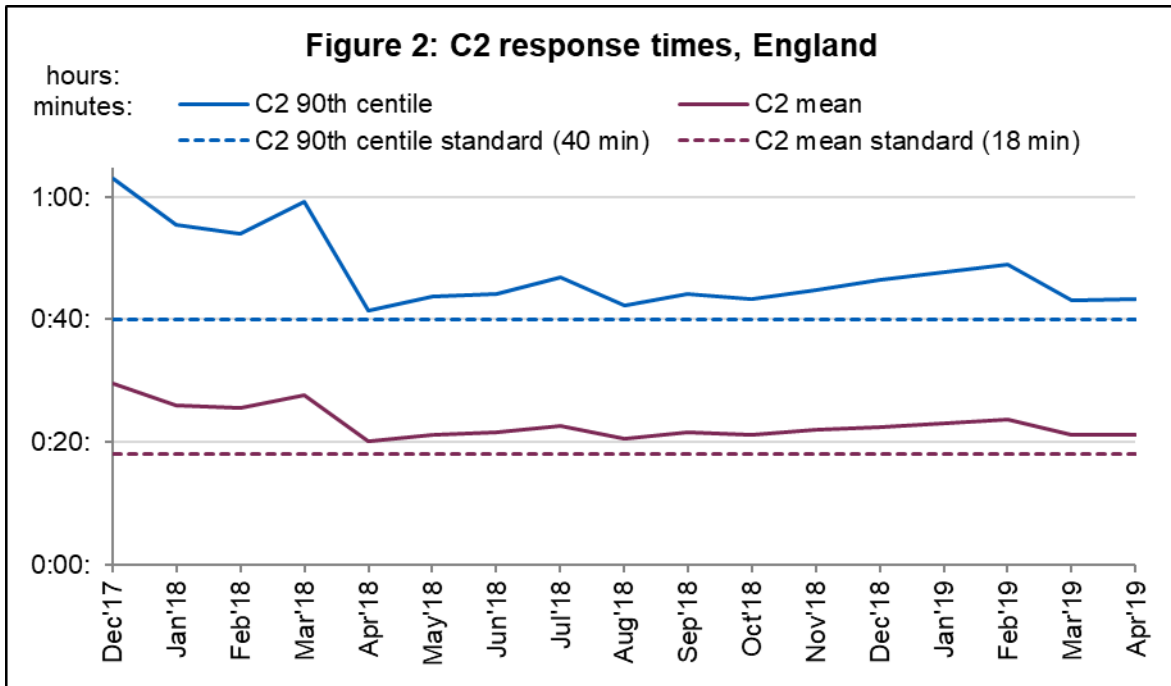
The C1 90th centile response times averaged 12:19 across England in April 2019, shorter than the standard of 15 minutes.

The mean and 90th centile response times for C1T (arrival of transporting vehicle, for C1 patients transported) were 10:47 and 19:56 respectively.



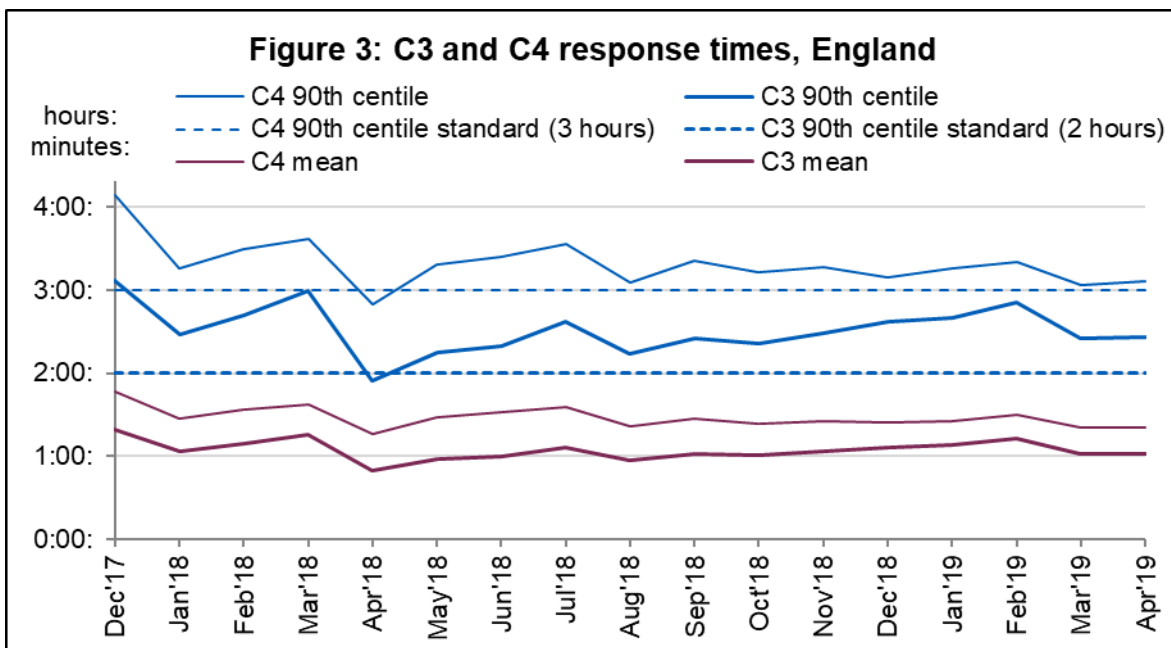
<sup>1</sup> Ambulance standards are in the Handbook to the NHS Constitution: [www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england](http://www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england)

Figure 2 shows the C2 mean average response time for England was 21:13 in April 2019, longer than the standard of 18 minutes. The C2 90th centiles averaged 43:23 across England, also longer than the standard of 40 minutes.



For England in April 2019, the C3 mean average response time was 1:01:15, the shortest since October 2018. The C3 90th centile times averaged 2:25:42, longer than the standard of 2 hours.

The C4 mean average response time was 1:20:55 for England in April 2019. The C4 90th centile times averaged 3:06:37, longer than the standard of 3 hours.

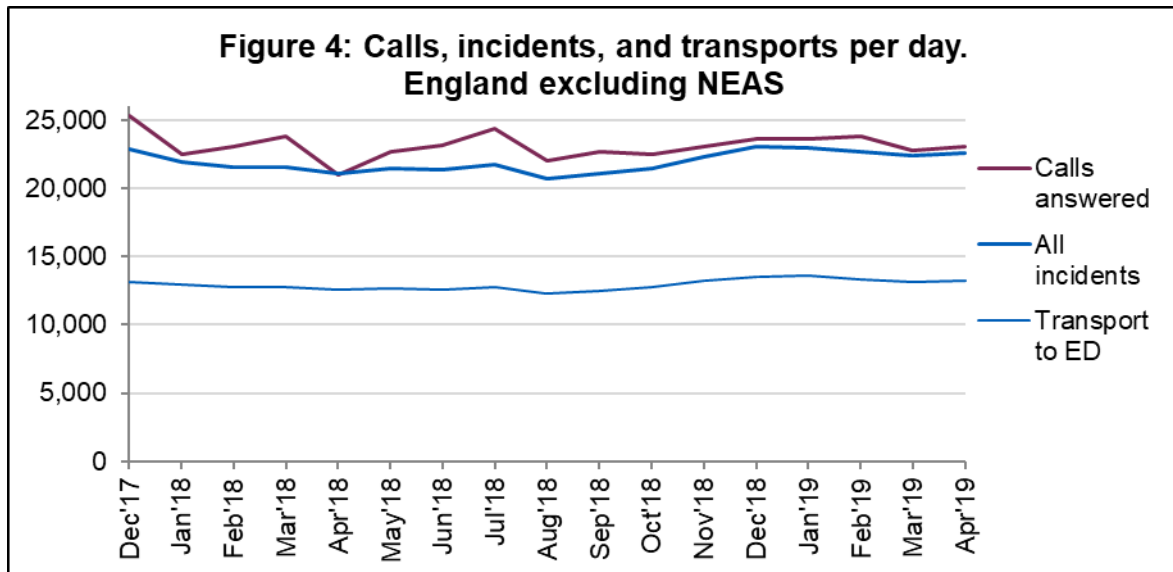


## 1.2 Other Systems Indicators

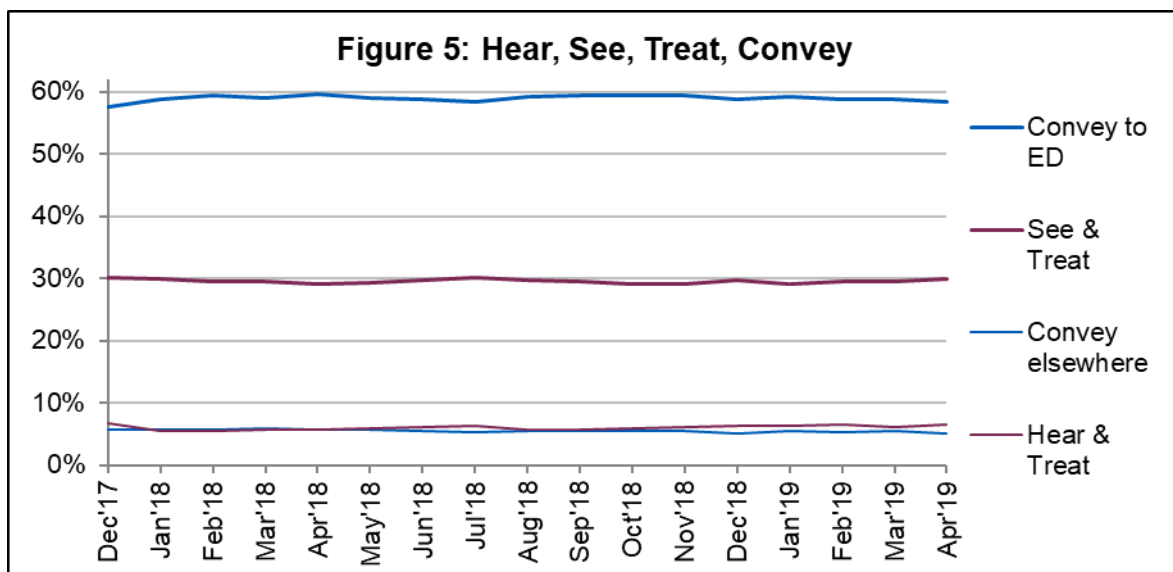
The mean average call answer time in April 2019 was 5 seconds, as it was in March 2019. For the first time, besides the 95th and 99th centile call answer times, we have collected the 90th centiles; these averaged 9 seconds in April 2019.

Per day, excluding NEAS, there were (Figure 4):

- 23.1 thousand calls to 999 answered in April 2019, a 1.3% increase on March;
- 22.6 thousand incidents that received a response from an Ambulance Service in April, an increase of 1.0% on March;
- 13.2 thousand incidents where a patient was transported to an Emergency Department (ED) in April, a 0.4% increase on March.



The proportion of incidents where a patient was transported to ED was 58.4% in April 2019. Other incidents (Figure 5) comprised 5.1% with a patient transported elsewhere, 30.0% where patients were attended but not transported (see and treat), and 6.4% resolved on the telephone (hear and treat). The proportion transported (either to ED or elsewhere) was lower than in all the months of 2018-19.



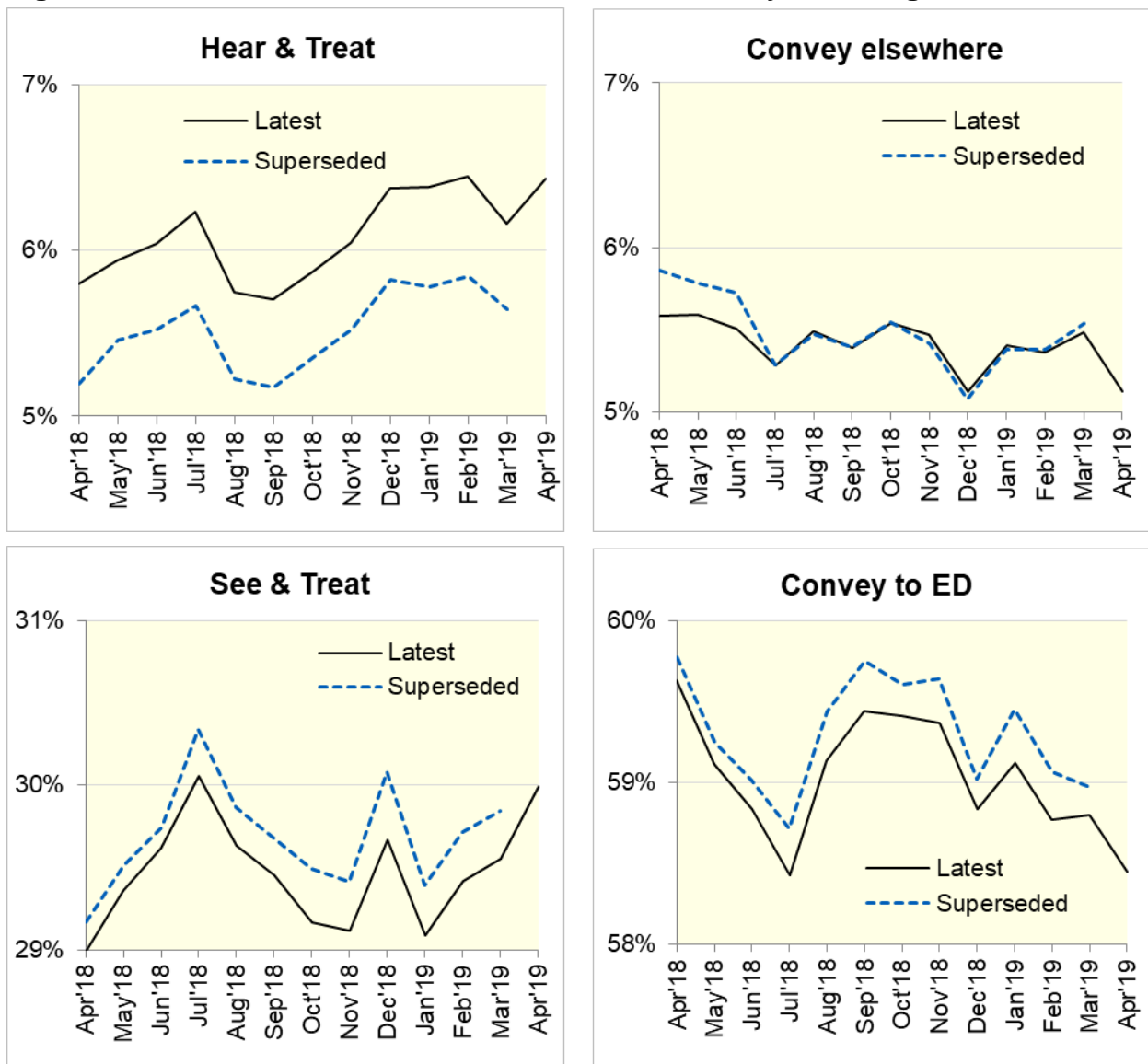
### 1.3 Revisions

All data items received a revision at some point between April 2018 to March 2019 by at least one Ambulance Service. Revisions are included in the data in Sections 1.1 and 1.2 above.

All eleven Ambulance Services supplied us with revisions, although East Midlands (EMAS) and Yorkshire (YAS) Ambulance Services only revised a single month each, June 2018 and November 2018 respectively.

For England as a whole, Figure 6 shows that the proportions of incidents closed as Hear & Treat were revised upwards by up to 0.6%, with smaller revisions for other outcomes.

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



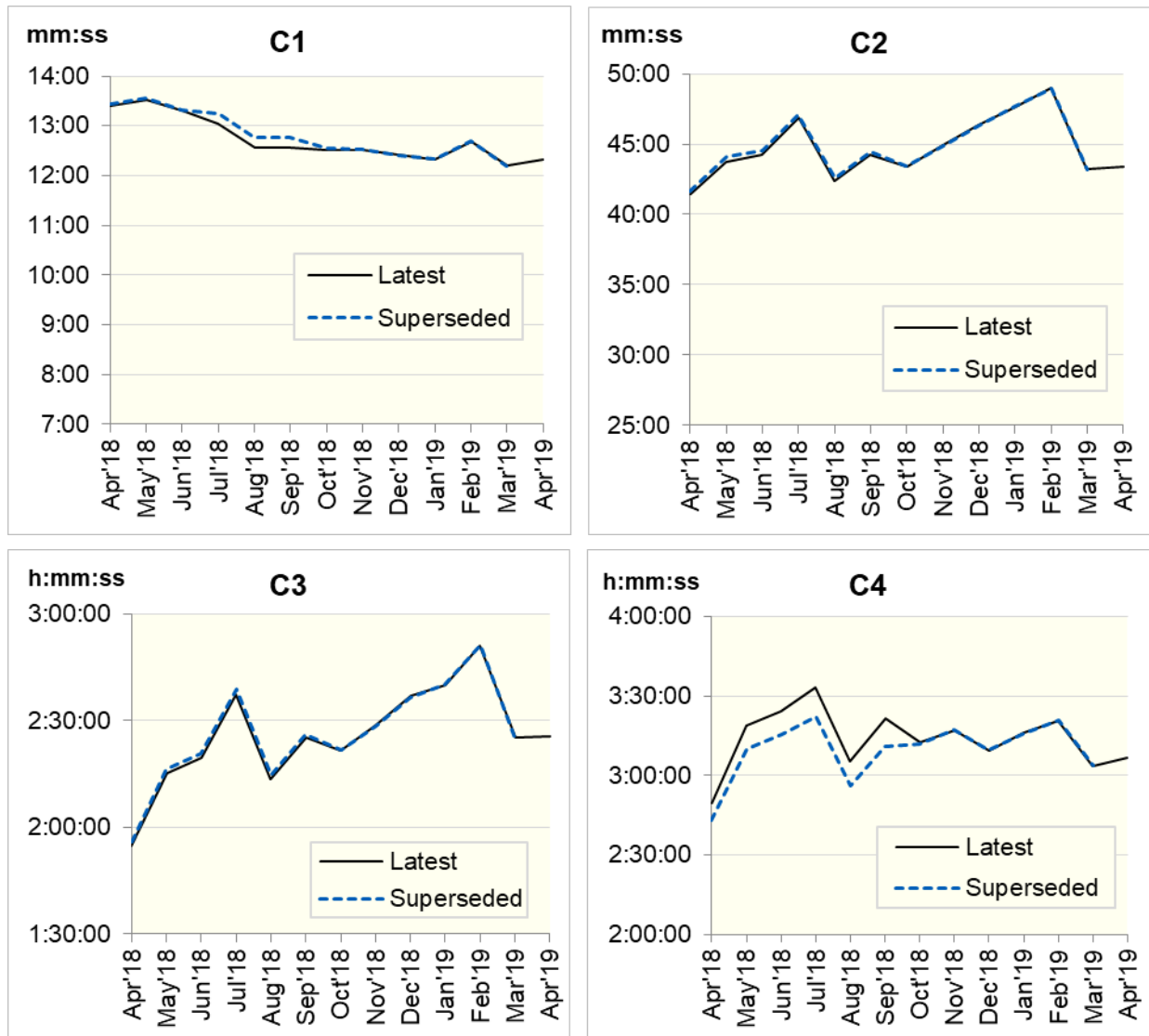
The total count of contacts was revised down by just 0.1% over the whole 12-month period. Revisions to the counts of calls answered (A1) were even smaller. Total incidents (A7) across all categories increased by 0.6% for the year, mainly because of extra incidents identified as C5 by London Ambulance Service (LAS).

Other data items with little change were mean call answer time (A3), which was only revised by South East Coast (SECamb); and the data items on bystander cardio-pulmonary resuscitation (A49 to A52), which were only revised in the south (by Isle of Wight, SECamb, and South Western).

For Ambulance response times, revisions were mainly in the first half of 2018/19, and largest for C1 and particularly C4. For England as a whole, the largest revision was an increase of 6% in July 2018 for the C4 90th centile.

For each category, the patterns of revisions to the mean response times were similar to the patterns of revisions to 90th centile response times shown in Figure 7.

**Figure 7: Revisions to 90th centile response times, England:**



All revised data are available in our published Time Series spreadsheet and csv.

## 2. Clinical Outcomes

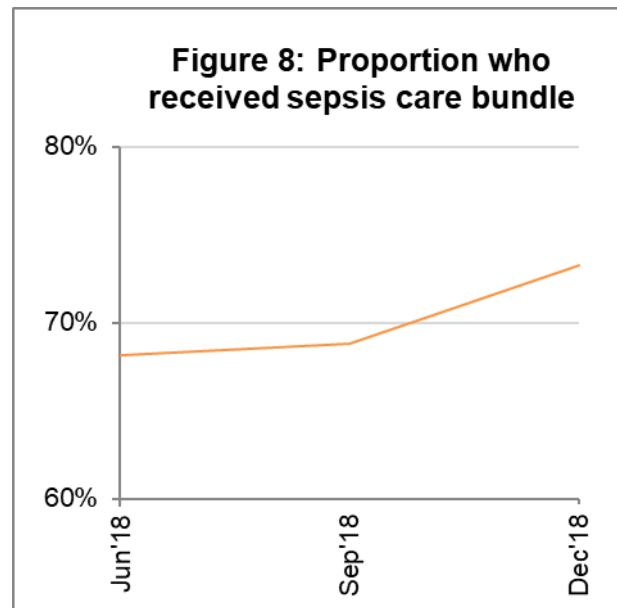
We continue to publish Clinical Outcomes data in spreadsheets each month, and as is now standard, we discuss each topic area in the month when we publish new bundle data for that topic. Today we will describe the sepsis data. This is just the third month in which the sepsis bundle data has been collected.

### 2.1 Sepsis

Sepsis is a time-critical condition. Early recognition and management of sepsis in the pre-hospital setting can reduce mortality and improve the health and well-being of patients.

Making a diagnosis quickly and ensuring early transport of a patient to an appropriate Emergency Department capable of providing further tests, treatment and care (including appropriate antibiotics for those who are eligible) represents a standard of ambulance care.

In December 2018, the proportion of patients with suspected sepsis and a NEWS (National Early Warning Score) or NEWS2 of 7 or above who received the sepsis care bundle was 73.3%, an improvement on September 2018 (68.8%).



## 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](http://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](http://www.gov.uk/government/statistics/announcements?keywords=ambulance).

### 3.2 Related statistics

Ambulance handover delays of over 30 minutes at each Emergency Department were published by NHS England for winter 2012-13, 2013-14, 2014-15, 2017-18, and 2018-19, at [www.england.nhs.uk/statistics/statistical-work-areas/winter-daily-sitreps](http://www.england.nhs.uk/statistics/statistical-work-areas/winter-daily-sitreps).

The Quality Statement described in section 3.1 includes information on: a dashboard with an alternative layout for AQI data up to April 2016; the “Ambulance Services” publications<sup>2</sup> by NHS Digital, with data from before 2000, to 2014-15; and the comparability of data for other countries of the UK:

Wales: <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Performance/Ambulance-Services>

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

Northern Ireland: [www.health-ni.gov.uk/articles/emergency-care-and-ambulance-statistics](http://www.health-ni.gov.uk/articles/emergency-care-and-ambulance-statistics)

### 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](mailto:nhsengland.media@nhs.net), 0113 825 0958.

The person responsible for producing this publication is Ian Kay;  
Finance, Performance and Planning Directorate  
NHS England and NHS Improvement  
Room 5E24, Quarry House, Leeds, LS2 7UE; 0113 825 4606; [i.kay@nhs.net](mailto: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.

---

<sup>2</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/ambulance-services>