



Statistical Note: Ambulance Quality Indicators (AQI)

The latest Systems Indicators for ambulance services in England show that one of the six response standards in the Handbook¹ to the NHS constitution was met. However, response times for all categories in September 2019 were longer than in the previous month.

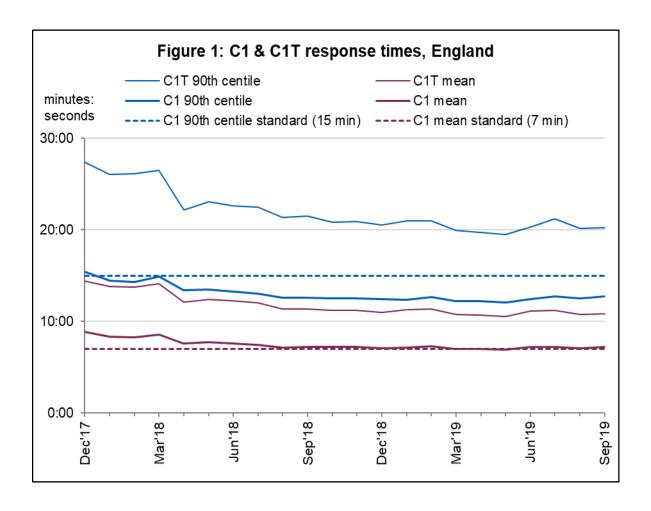
1. Latest Systems Indicators

1.1 Response times

The mean average C1 response time across England was 7 minutes 15 seconds in September 2019, slightly longer than the standard of 7 minutes.

The C1 90th centile response times averaged 12:44 across England in September 2019, and therefore meeting the standard of 15 minutes.

For C1T (arrival of transporting vehicle, for C1 patients transported) the mean and 90th centile response times were 10:48 and 20:15 respectively.



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





Figure 2 shows the C2 mean average response time for England was 22:22 in September, longer than the standard of 18 minutes. The C2 90th centiles averaged 45:41 across England, also longer than the standard (40 minutes).

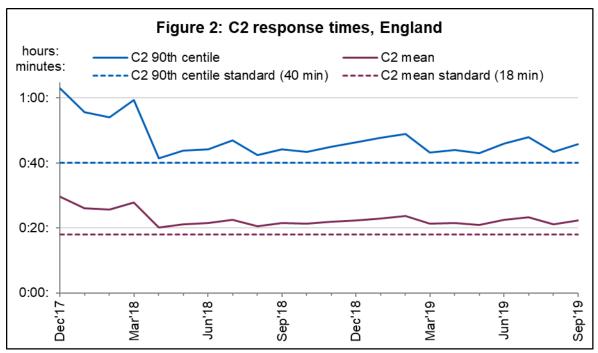
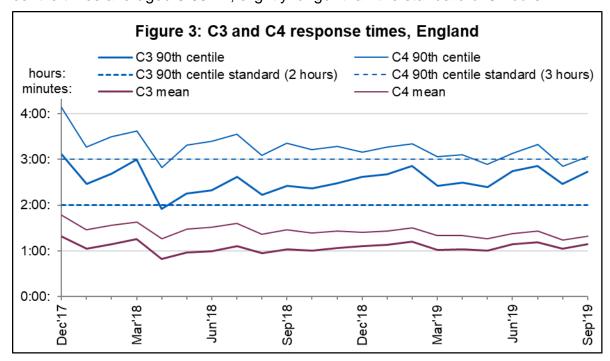


Figure 3 shows that for England in September 2019, the C3 mean average response time was 1:09:03, longer than in August. The C3 90th centile times averaged 2:44:15, longer than the standard of 2 hours.

The C4 mean average response time was 1:19:34 in September. The C4 90th centile times averaged 3:03:24, slightly longer than the standard of 3 hours.





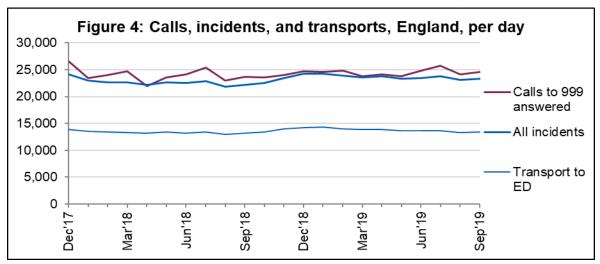


1.2 Other Systems Indicators

The mean average call answer time across England in September 2019 was 10 seconds. The 95th and 99th centile times averaged 60 and 120 seconds respectively. All were longer than in August 2019.

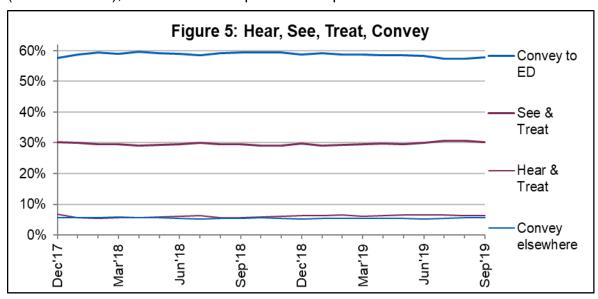
Per day, there were (Figure 4):

- 24.6 thousand calls to 999 answered in September 2019, a 1.9% increase on August;
- 23.3 thousand incidents received a response (whether on the telephone or on the scene) from an ambulance service in September 2019, 0.6% more than in August;
- 13.5 thousand incidents where a patient was transported to an Emergency Department (ED) in September 2019, 1.5% more than in August.



For incidents in September 2019, the proportion where a patient was transported to an Emergency Department (ED) was 57.8%. The proportion where a patient was attended but not transported (see and treat) was 30.3%.

Other incidents in September (Figure 5) comprised 6.3% resolved on the telephone (hear and treat), and 5.6% with a patient transported somewhere other than ED.







2. Clinical Outcomes

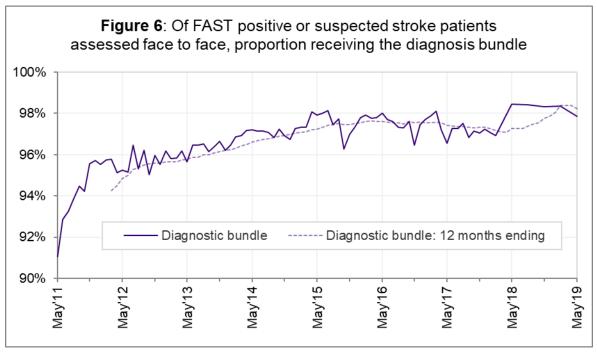
We continue to publish Clinical Outcomes data in spreadsheets each month; and (for England as a whole) discuss data for each topic area in the month when we publish new bundle data for that topic. Today we will describe stroke data up to May 2019.

2.1 Stroke

The FAST procedure helps assess whether someone has suffered a stroke:

- Facial weakness: can the person smile? Has their mouth or eye drooped?
- Arm weakness: can the person raise both arms?
- Speech problems: can the person speak clearly and understand what you say?
- Time to call 999 for an ambulance if you spot any one of these signs.

Of stroke patients in England assessed face-to-face in May 2019, the proportion that received an appropriate diagnostic bundle was 97.9%. Although this is not a lot less than the average for 2018-19 (98.4%), the difference is statistically significant².



As described in the <u>AQI statistical note</u> from 12 September 2019, for April 2019 data onwards, the patient count and times from call to hospital arrival after a stroke are now supplied at record-level by ambulance services to the Sentinel Stroke National Audit Project (SSNAP) at King's College London, who then provide the times in aggregate form to NHS England.

For stroke patients across England, the mean average time from call until arrival at hospital was 1 hour 20 minutes in May 2019. The mean, median, and 90th centile measures were all similar to April 2019, which was the first time these data were provided by SSNAP.

² Calculated using Student's t-test with 95% significance.





The mean average time across England for stroke from arrival at hospital until CT scan was 1:20 in May 2019, and the mean average time from arrival at hospital until thrombolysis was 1:00. The mean, median, and 90th centile measures for both time to CT scan and to thrombolysis were all longer than the those in May 2018.

3. Further information on AQI

3.1 The AQI landing page and Quality Statement

<u>www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators</u>, or <u>http://bit.ly/NHSAQI</u>, 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 section 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

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.

The Quality Statement described in section 3.1 includes information on:

- the "Ambulance Services" publications³ by NHS Digital, with data from before 2000, to 2014-15;
- a dashboard with an alternative layout for AQI data up to April 2016;
- 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

Northern <u>www.health-ni.gov.uk/articles/emergency-care-and-ambulance-</u>

Ireland: statistics

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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; Finance, Performance and Planning Directorate; NHS England and NHS Improvement; 0113 825 4606; i.kay@nhs.net; Room 5E24, Quarry House, Leeds, LS2 7UE.

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.