

## 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 Handbook<sup>1</sup> to the NHS constitution was met.

We have moved the next AQI publication from 12 December to 13 December 2019, in line with Government Statistical Service policy<sup>2</sup> for election days.

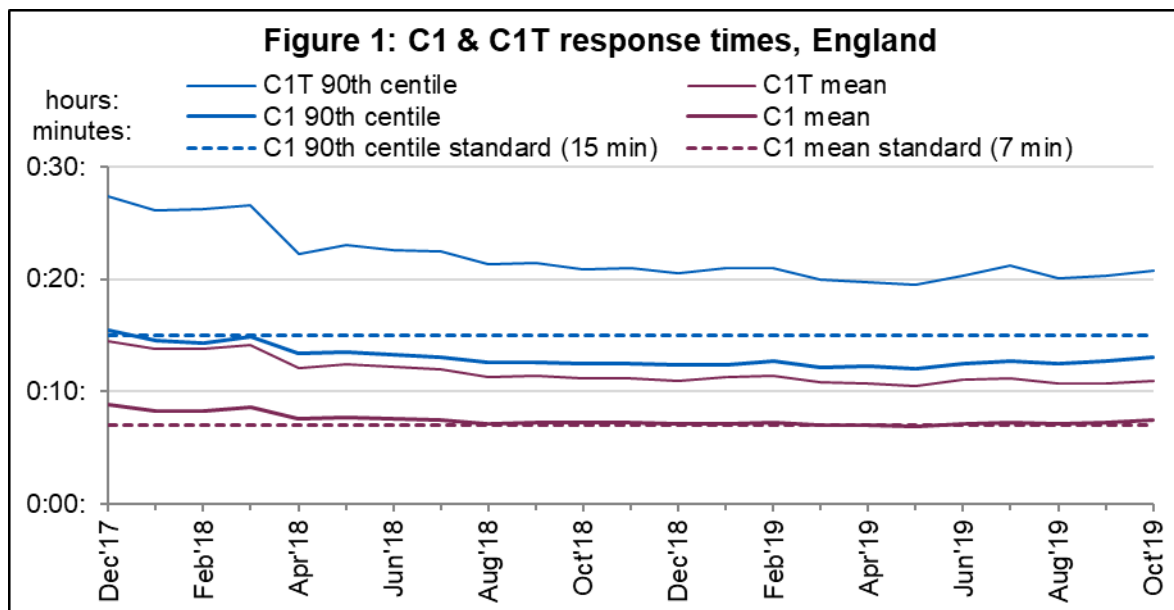
### 1. Latest Systems Indicators

#### 1.1 Response times

Mean and 90th centile response times for England as a whole in October 2019 were longer than in September 2019 for all categories.

The mean average C1 response time across England was 7 minutes 25 seconds in October, longer than the standard of 7 minutes. The C1 90th centile response times averaged 13:02 across England in October 2019, the longest since July 2018, but still meeting the standard of 15 minutes.

For C1T (arrival of transporting vehicle, for C1 patients transported) the mean and 90th centile response times were 10:59 and 20:43 respectively.



Today's publication includes, for the first time, response times for incidents classified according to the July 2019 frameworks<sup>3</sup> on Healthcare Professional Ambulance Responses (HCP) and Inter-Facility Transfers (IFT).

<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)

<sup>2</sup> <https://gss.civilservice.gov.uk/policy-store/gss-policy-on-publishing-official-statistics-on-polling-days>.

<sup>3</sup> IFT framework: [www.england.nhs.uk/publication/inter-facility-transfers-framework](http://www.england.nhs.uk/publication/inter-facility-transfers-framework). HCP framework: [www.england.nhs.uk/publication/healthcare-professional-ambulance-responses-framework](http://www.england.nhs.uk/publication/healthcare-professional-ambulance-responses-framework)

October 2019 data show that for category C1, HCP (9:11) and IFT (8:01) incidents have a longer mean response time than other C1 incidents (7:23); although for C2, the mean response times are all similar (23:26, 23:24, 23:53 respectively). 90th centile response times are also different for C1 but similar for C2.

The mean average response time for England for all C2 incidents is in Figure 2. It was 23:50 in October 2019, the longest since March 2018. The C2 90th centiles averaged 48:35 across England, the longest time since February 2019.

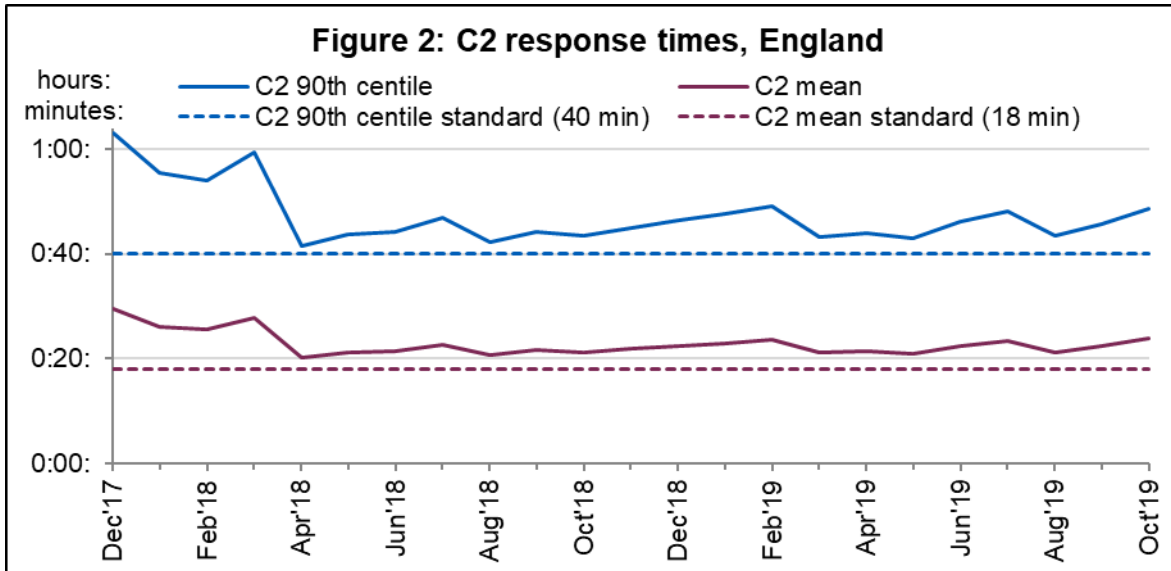
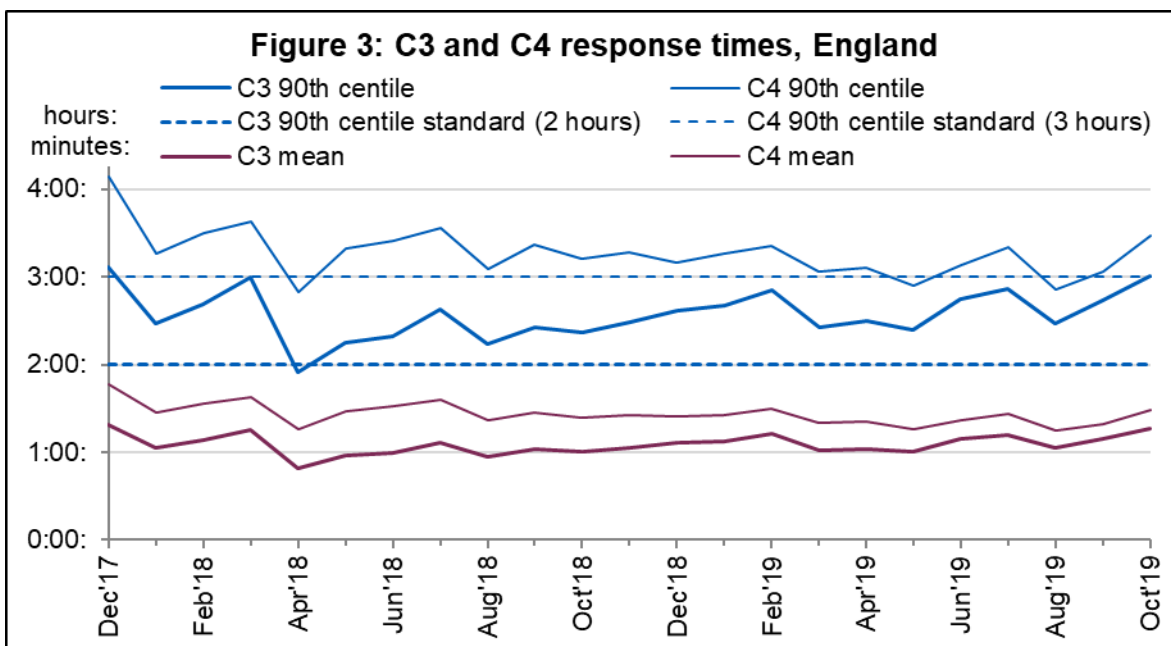


Figure 3 shows that for England in October, the C3 mean average response time was 1:15:48, and the C3 90th centile times averaged 3:00:38, over one hour longer than the standard of 2 hours. Both were the longest times since December 2017.

The C4 mean average response time was 1:29:01 in October 2019. The C4 90th centile times averaged 3:28:04, longer than the standard of 3 hours, and the longest time since July 2018.

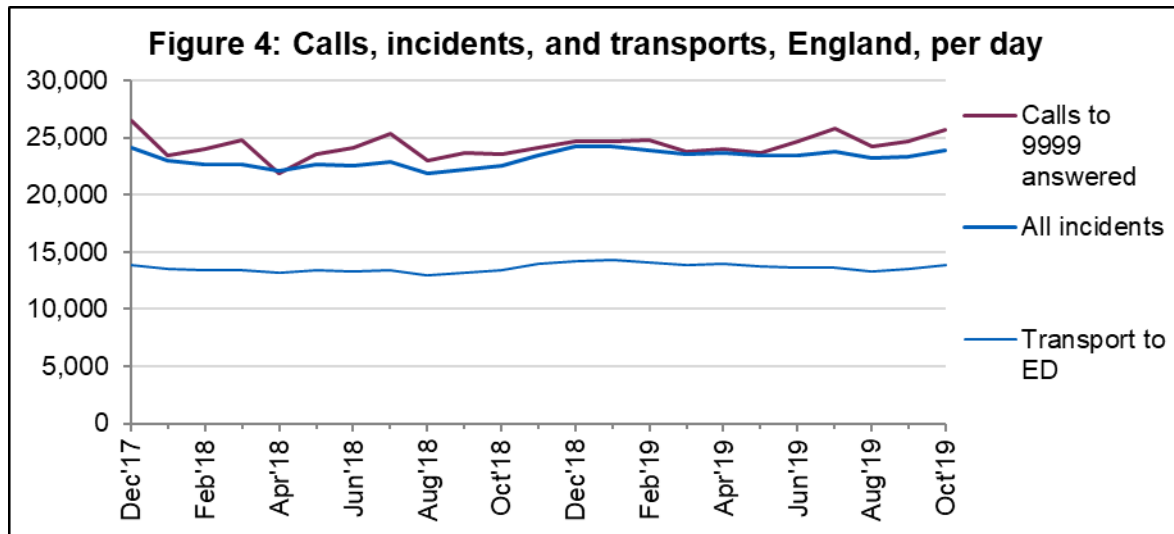


## 1.2 Other Systems Indicators

The mean average call answer time across England in October 2019 was 10 seconds, and the 90th and 99th centile times averaged 33 and 117 seconds respectively. All were therefore little changed from September 2019.

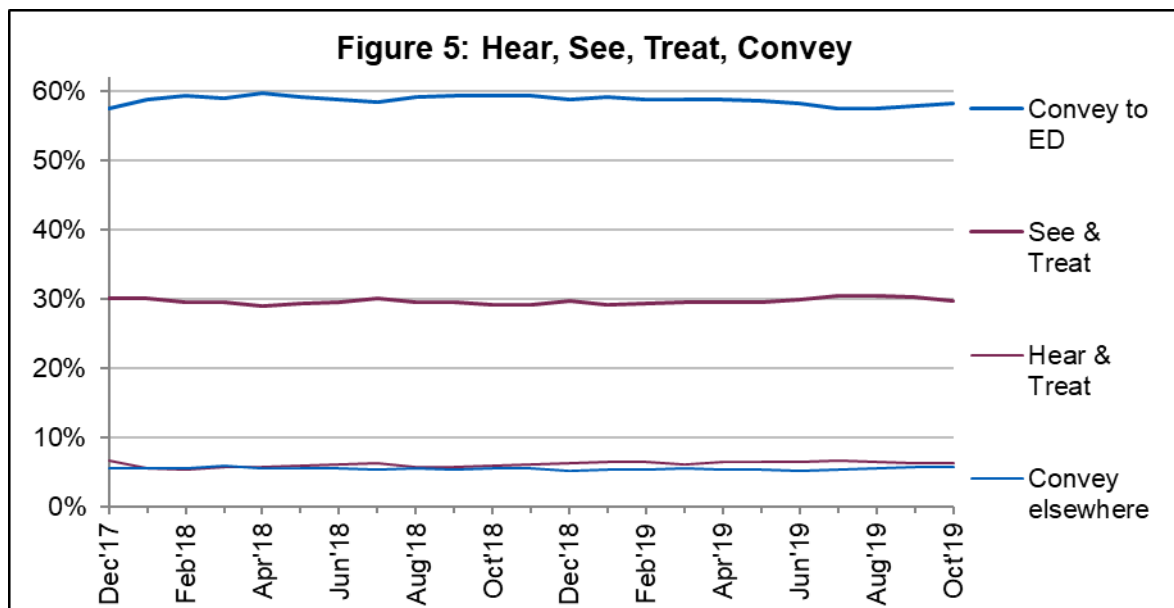
Per day, there were (Figure 4):

- 25.7 thousand calls to 999 answered in October, a 4.3% increase on September;
- 23.9 thousand incidents received a response (whether on the telephone or on the scene) from an ambulance service in October, 2.4% more than September;
- 13.9 thousand incidents where a patient was transported to an Emergency Department (ED) in October, 3.1% more than in September.



In October, a patient was transported to an Emergency Department (ED) in 58.2% of incidents, and a patient was attended but not transported (see and treat) in 29.8%. Both these proportions are about average for 2019.

Other incidents in October comprised 6.3% resolved on the telephone (hear and treat), and 5.7% with a patient transported somewhere other than ED (Figure 5).



### 1.3 Systems Indicators revisions

Of the eleven ambulance services, only East Midlands Ambulance Service (EMAS) supplied no revisions to data from April to September 2019. Just two data items were not revised by any ambulance service: the median call answer time (A4) and the count of HCP 3-hour responses (A60).

For England as a whole, the largest revisions occurred to time to bystander cardio-pulmonary resuscitation, and Section 136 incidents, but they were almost all due to London (LAS) supplying data for these items in 2019 where they previously had not.

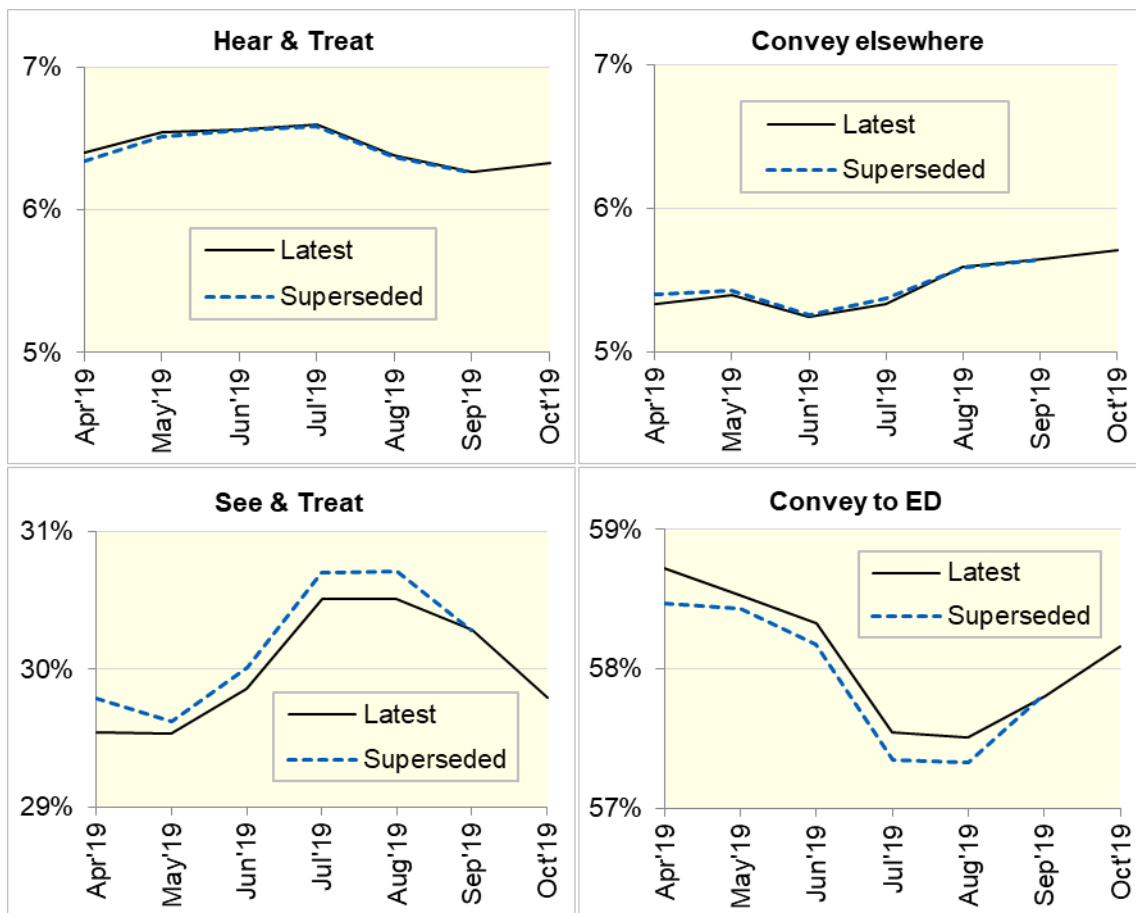
Over the whole six-month period, the total count of contacts was revised up by 1.0%. Revisions were smaller to calls answered (-0.2%) and total incidents (+0.1%).

Response times for categories C1-C4 changed little. For England as a whole, the largest revisions were decreases of 0.9% to both the June 2019 C1 mean and C1T mean, caused by revisions by North East (NEAS) and South East Coast (SECamb).

For incident outcomes, Figure 6 shows that for England as a whole, the largest revision was +0.3 percentage points for the April 2019 convey to ED rate, while revisions to the rates of Hear & Treat and Convey Elsewhere were all less than 0.1 percentage points.

Revised data are used throughout Sections 1.1 to 1.3 above, and are available in our published Time Series spreadsheet and comma-separated variable (csv) file.

**Figure 6: Revisions to incident outcomes, England:**



## 2. Clinical Outcomes

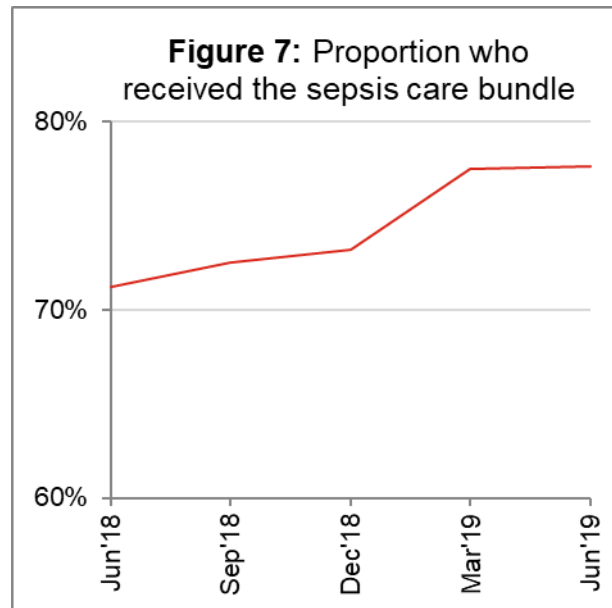
We continue to publish Clinical Outcomes data in spreadsheets each month; and discuss data for each topic area in the month when we publish new bundle data for that topic. Today we will describe the sepsis data.

### 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 June 2019, of patients with suspected sepsis and a NEWS2 (National Early Warning Score 2) of 7 or more, the proportion who received the sepsis care bundle was 77.6%, similar to the previous proportion for March 2019 (77.5%).



## 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 section 3.4 below).

Publication dates are also at

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

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.

### 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:

- the “Ambulance Services” publications<sup>4</sup> 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](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 specification guidance mentioned in section 3.1, incidents resulting from a call to NHS 111 are included in all Systems Indicators the 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; 0113 825 4606; [i.kay@nhs.net](mailto: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.

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<sup>4</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/ambulance-services>