

## Statistical Note: Ambulance Quality Indicators (AQI)

In March 2020, Ambulance Services in England received a record number of calls per day to 999, possibly influenced by the COVID-19 pandemic.

After publishing today's Clinical Outcomes data for November 2019, we will pause collecting and reporting Clinical Outcomes data for the next three months.

### 1. Systems Indicators

#### 1.1 Response times

The mean average C1 response time across England was 8 minutes 7 seconds in March, longer than the standard of 7 minutes.

The C1 90th centile response times averaged 14:22 across England in March, so the standard of 15 minutes was met.

For C1T (arrival of transporting vehicle, for C1 patients transported), the mean and 90th centile response times were 11:28 and 21:18 respectively. For both C1 and C1T, these were the longest times since 2018.

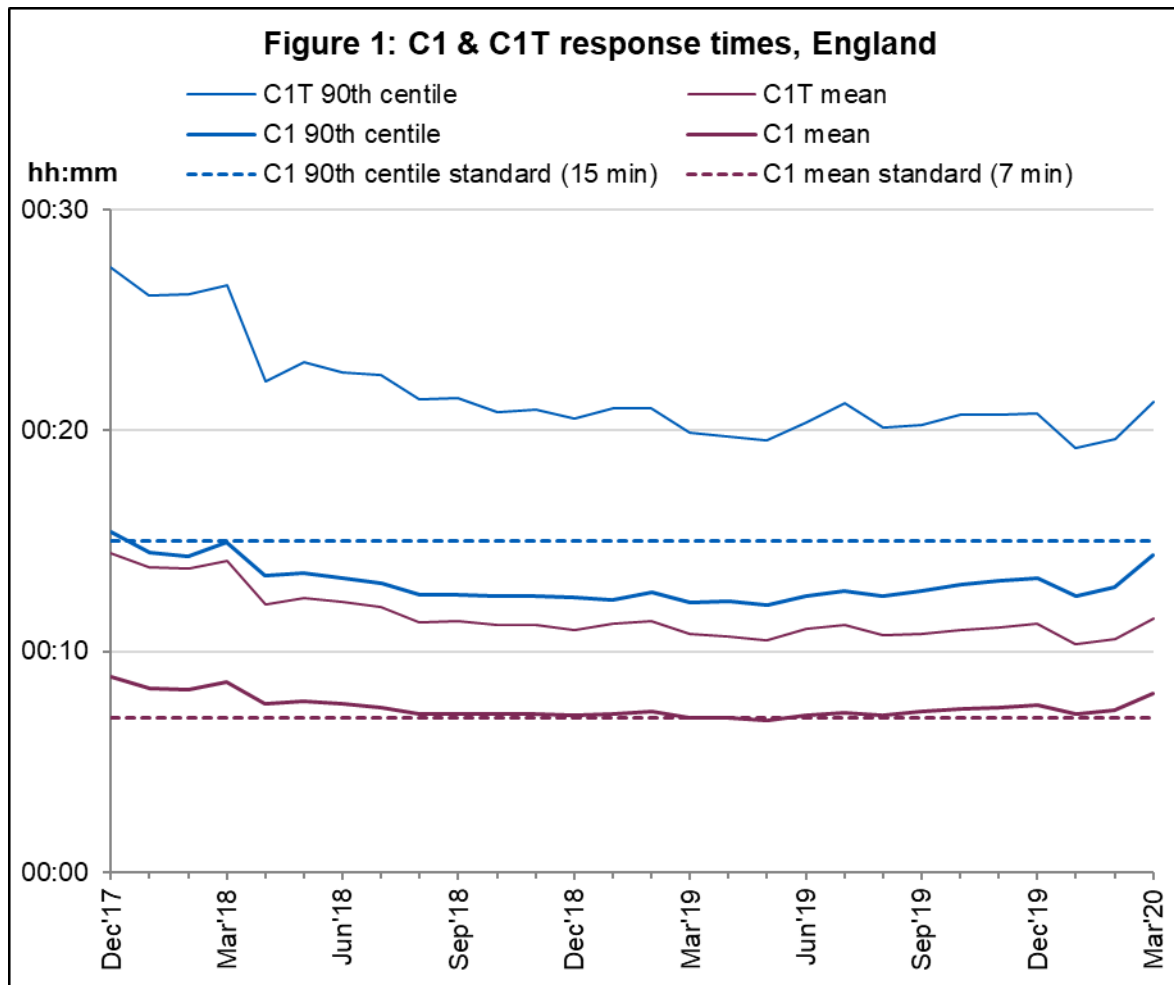
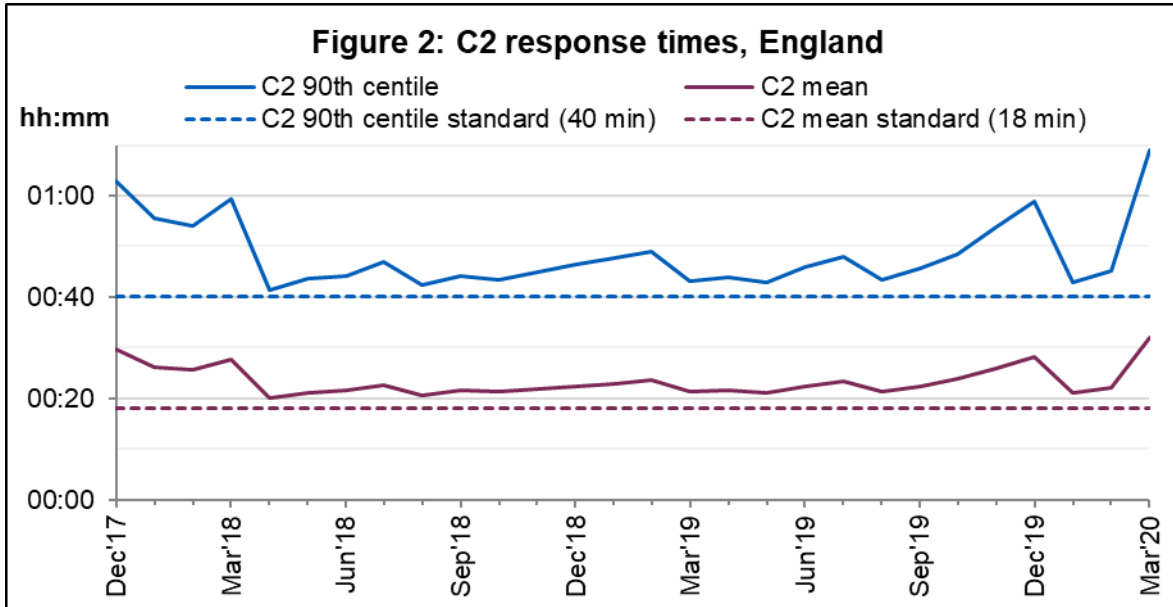
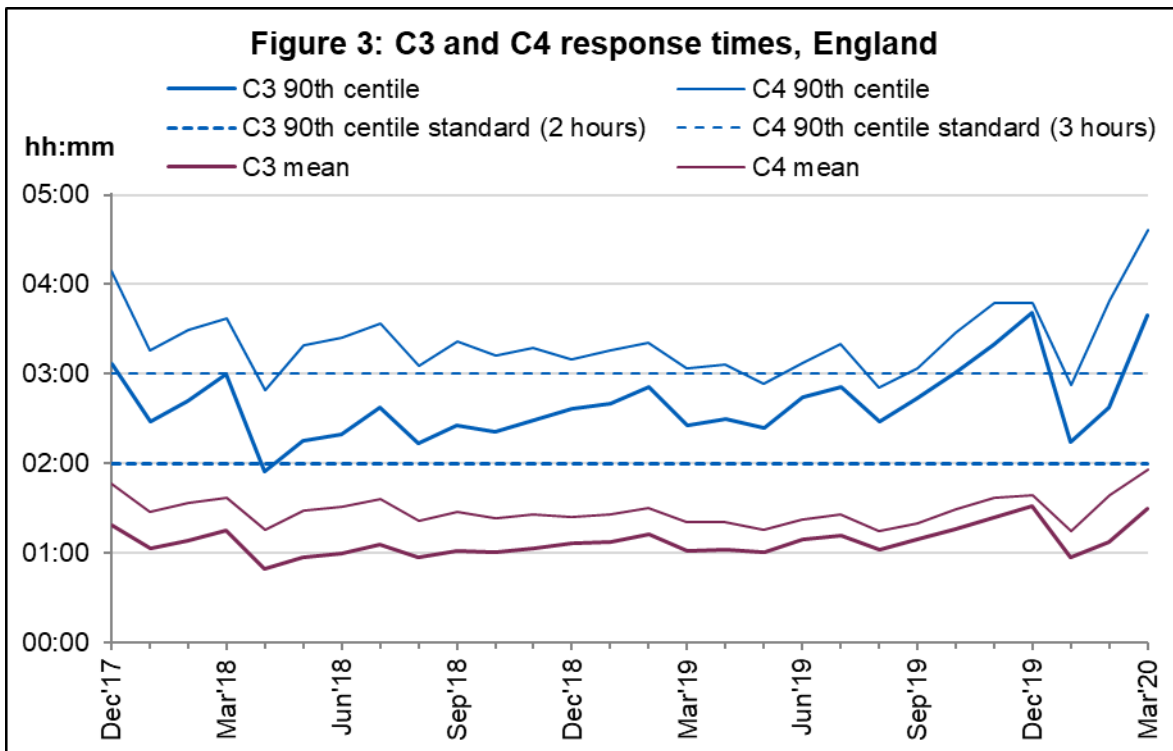


Figure 2 shows that the mean average response time for England, in March 2020, for all C2 incidents, was 32:06, and the C2 90th centiles averaged 1:09:01 across England. Both were the longest since these data items were first collected nationally in December 2017.



In March, the England C3 mean average response time was 1:30:07, and the C3 90th centile times averaged 3:39:42, longer than the standard of two hours. Both were slightly shorter than longest previous times, in December 2019 (Figure 3).

In March, the England C4 mean average response time was 1:55:50, and the C4 90th centile times averaged 4:36:37, longer than the standard of three hours. Like the C2 times, these were the longest since these data items were first collected.

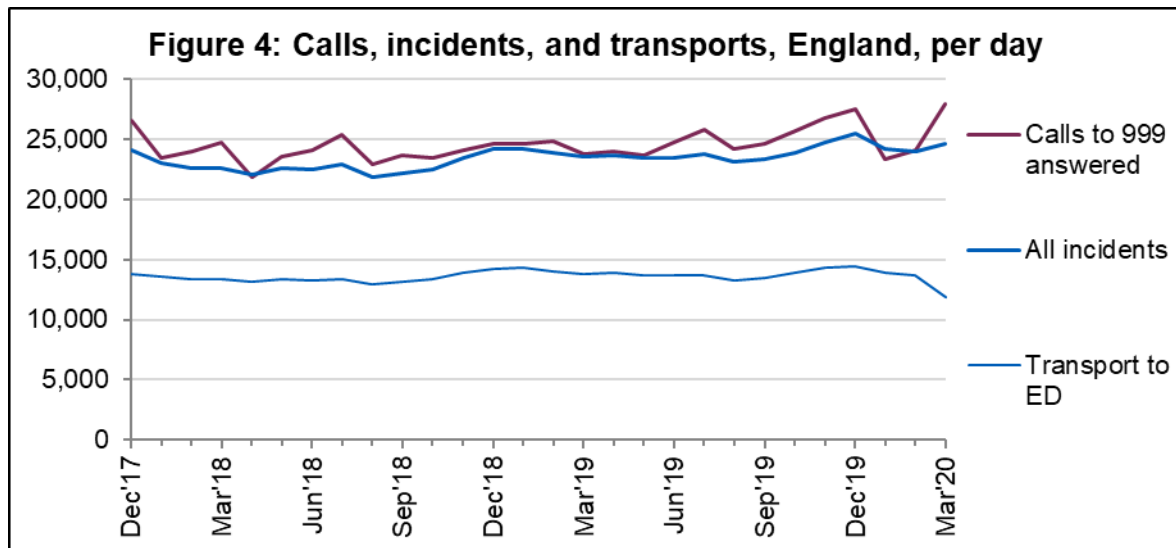


## 1.2 Other Systems Indicators

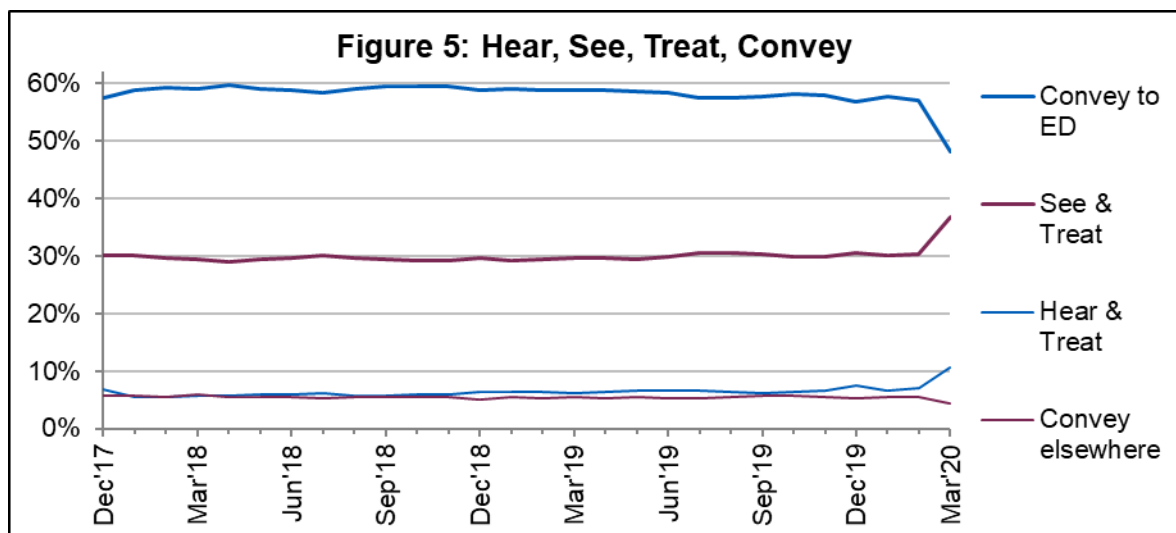
Across England, the mean average call answer time in March 2020 was 49 seconds, and the 95th centile times averaged 203 seconds. The previous highest times were 23 and 97 seconds respectively in December 2017.

Per day, there were (Figure 4):

- 28.0 thousand calls to 999 answered in March, 1.5% larger than the previous largest number in the series, for December 2019;
- 24.7 thousand incidents that received a response (whether on the telephone or on the scene) from an ambulance service in March, the largest number except for November and December 2019;
- 11.9 thousand incidents where a patient was transported to an Emergency Department (ED) in March, 8% less than the previous smallest number in the series, for August 2018.



A patient was transported to an Emergency Department (ED) in 48% of incidents in March 2020 (Figure 5), less than the previous smallest proportion (57%). A patient was transported elsewhere in 4.4% of incidents, also a record low, both as a proportion of incidents, and as a count per day.



Other incidents in March 2020 comprised 37% with a patient attended but not transported (See & Treat), and 11% resolved on the telephone (Hear & Treat).

## 2. Clinical Outcomes

Today, we continue our monthly publication of spreadsheets with Clinical Outcomes data, and we discuss the topic where we have new quarterly bundle data, which today is for stroke.

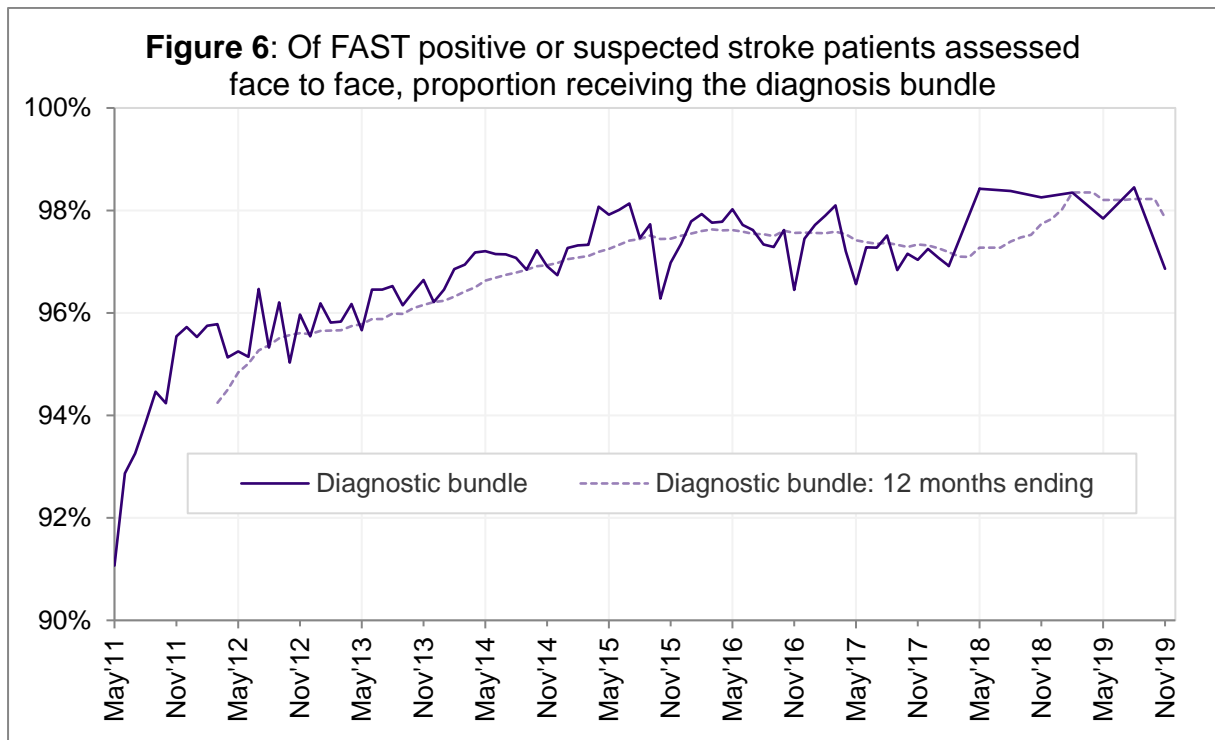
However, we have suspended the collection of Clinical Outcomes data between 1 April and 30 June 2020, due to the COVID-19 coronavirus pandemic, as announced at [www.england.nhs.uk/statistics/statistical-work-areas](http://www.england.nhs.uk/statistics/statistical-work-areas), so we will not publish any Clinical Outcomes data in our May, June, or July publications.

### 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 November 2019, the proportion that received an appropriate diagnostic bundle was 96.9%, significantly<sup>1</sup> less than the average for the year ending August 2019, 98.2% (Figure 6).



<sup>1</sup> Calculated using Student's t-test with 95% significance.

For stroke patients transported by ambulance services in England in November 2019, the mean (1 hour 28), median (1:15) and 90th centile (2:18) time from call until arrival at hospital were all the longest since the time series started in 2017.

For time from arrival at hospital until CT scan in November 2019, the 90th centile time was 3:37, the longest in the series; but the mean average of 1:22 and the median of 0:37 were similar to the previous months of 2019.

For time from arrival at hospital until thrombolysis in November 2019, the mean (0:58), median (0:50), and 90th centile (1:37) were in line with the previous months of 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](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 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 and A114.

### 3.3 Related statistics

Ambulance handover delays of over 30 minutes at each Emergency Department are published by NHSEI during winter 2012-13, 2013-14, 2014-15, 2017-18, 2018-19, and 2019-20, 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 by NHS Digital <https://digital.nhs.uk/data-and-information/publications/statistical/ambulance-services>, 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)

### 3.4 Contact information

Media: NHSEI Media team, [nhsengland.media@nhs.net](mailto:nhsengland.media@nhs.net), 0113 825 0958.

The person responsible for producing this publication is Ian Kay; Performance Analysis Team; Finance, Performance and Planning Directorate; NHS England and NHS Improvement; [england.nhsdata@nhs.net](mailto:england.nhsdata@nhs.net); 0113 825 4606.

### 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.