

Statistical Note: Ambulance Quality Indicators (AQI)

The number of 999 calls per day in July 2020 was more than in May and June 2020, but fewer than in every other month since the AQI measures began in 2017. Similarly, in July 2020, the average C1 and C2 Ambulance Service response times across England were longer than in May and June, but shorter than in all other previous months since 2017.

As announced in our 9 July 2020 Statistical Note, today we have started to publish Ambulance Clinical Outcomes data again.

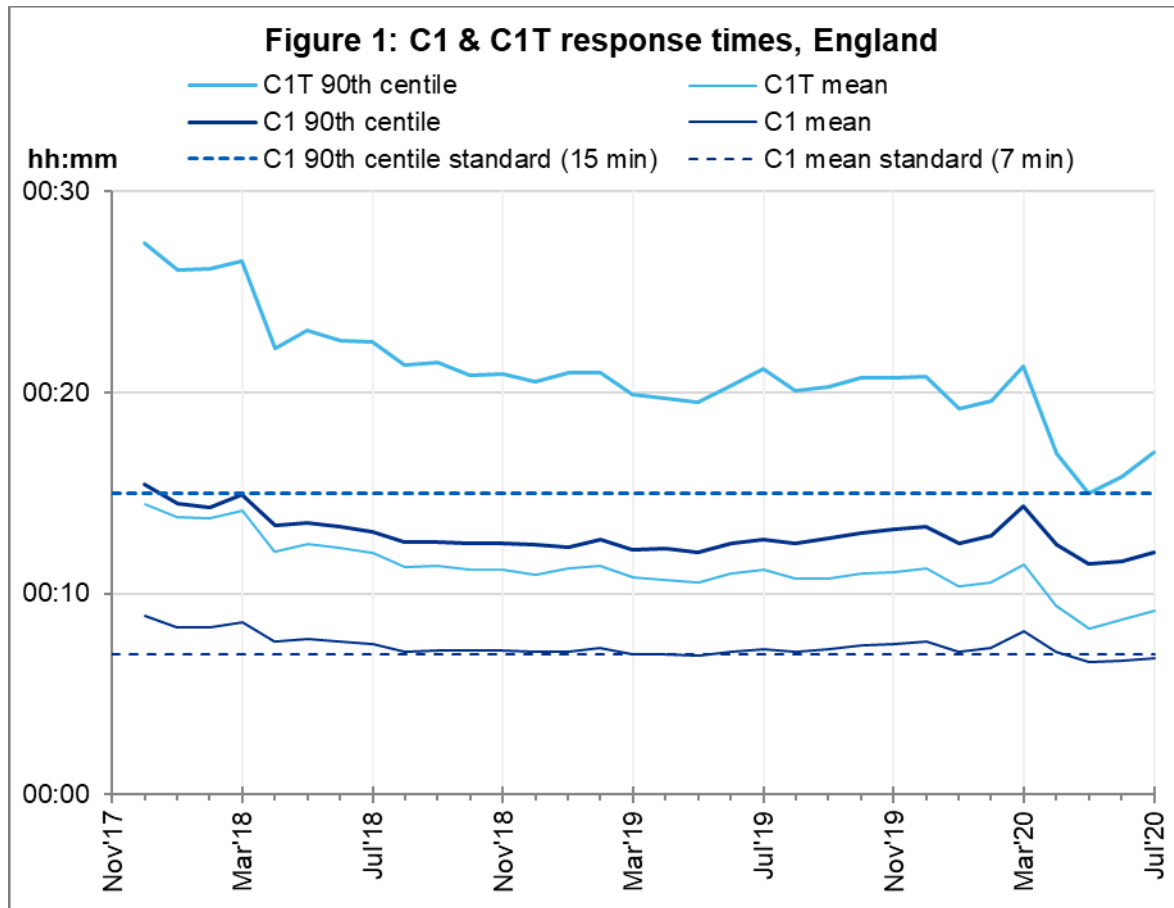
1. Systems Indicators

1.1 Response times

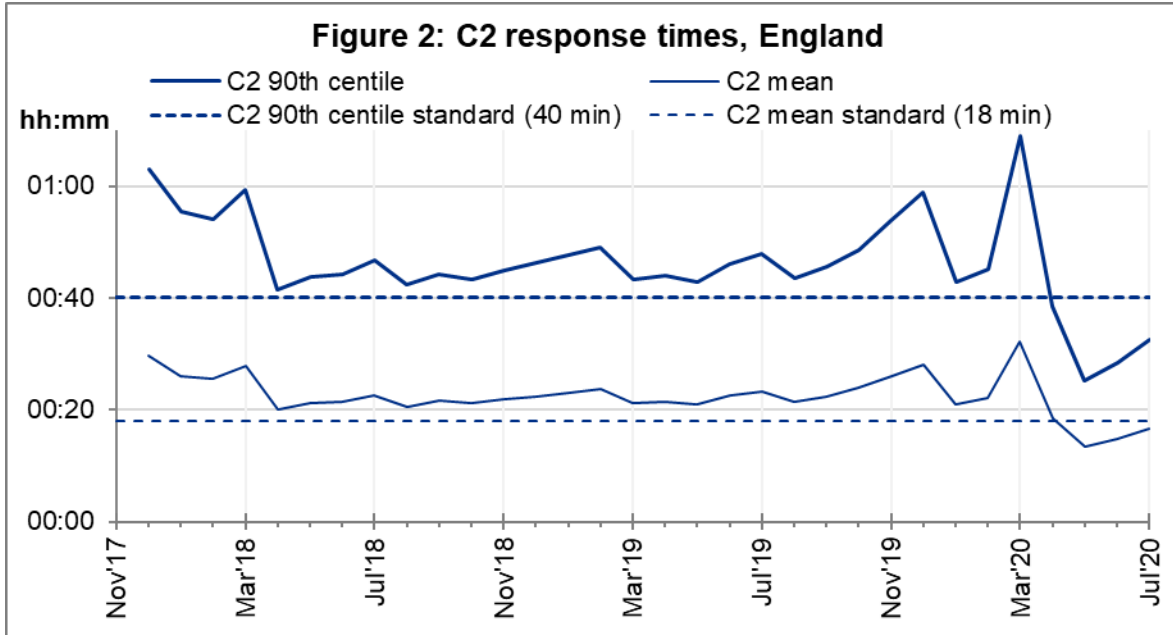
In July 2020, the mean average C1 response time across England was 6 minutes 47 seconds, meeting the 7-minute response time standard.

The C1 90th centile response times averaged 12:02 across England, so the standard of 15 minutes was also met.

For C1T (response times for arrival of transporting vehicle, for C1 patients transported), the mean was 9:09, and the 90th centiles averaged 17:00 across England.

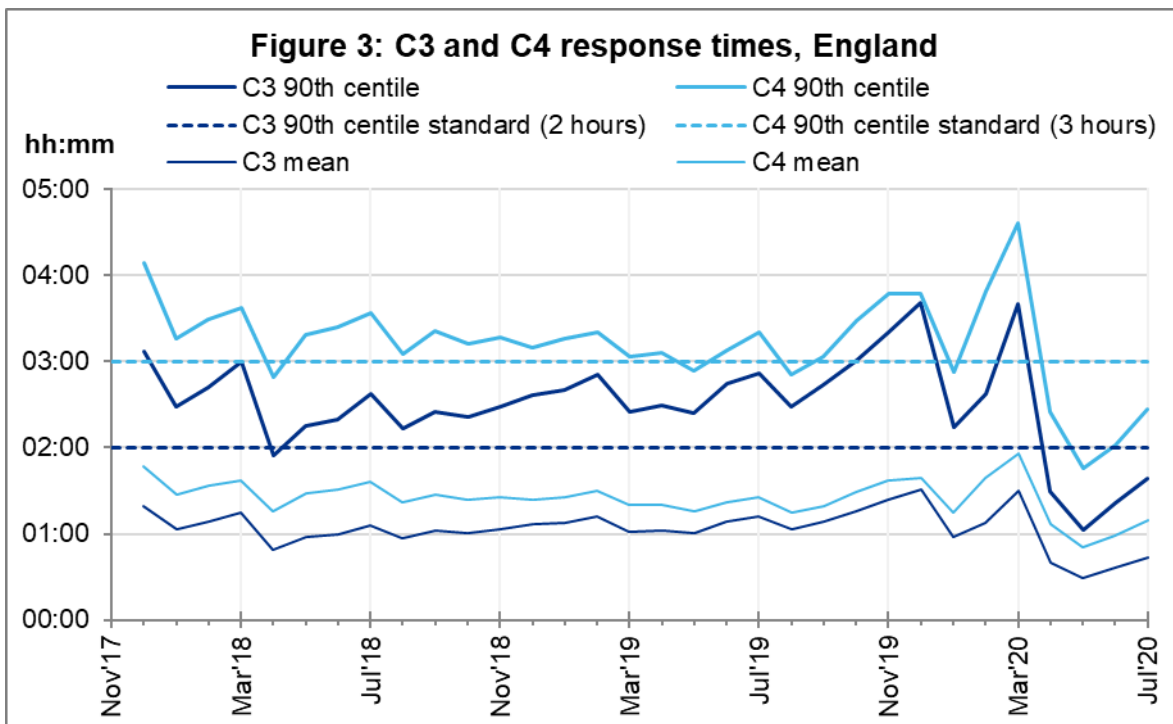


For C2 in July 2020, the mean average response time was 16:39 for England, meeting the 18-minute standard for the third time ever. The 90th centiles averaged 32:33 across England, meeting the 40-minute standard for the fourth time ever.



The England C3 mean average response time was 43:19 in July 2020, and the C3 90th centile times averaged 1:38:58, shorter than the standard of two hours for the fourth consecutive month (Figure 3).

The C4 mean average response time was 1:09:19, and the C4 90th centile times averaged 2:27:08, also shorter than the standard (three hours) for the fourth consecutive month.



1.2 Other Systems Indicators

The 95th and 99th centile call answer times averaged 5 and 33 seconds respectively across England in July 2020, each more than in May and June 2020, but less than in all other months since 2017.

In July 2020, per day, there were (Figure 4):

- 20.7 thousand calls to 999 answered, 6.6% more than in June;
- 23.2 thousand incidents that received a response (whether on the telephone or on the scene) from an ambulance service, 2.6% more than in June;
- 12.6 thousand incidents where a patient was transported to an Emergency Department (ED), 4.7% more than in June.

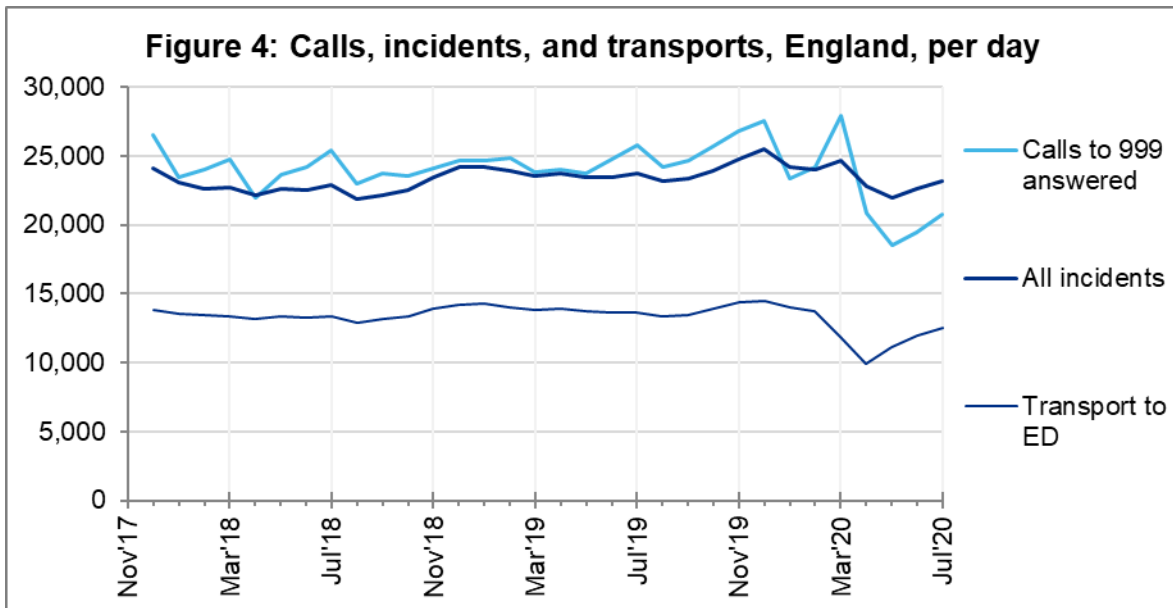
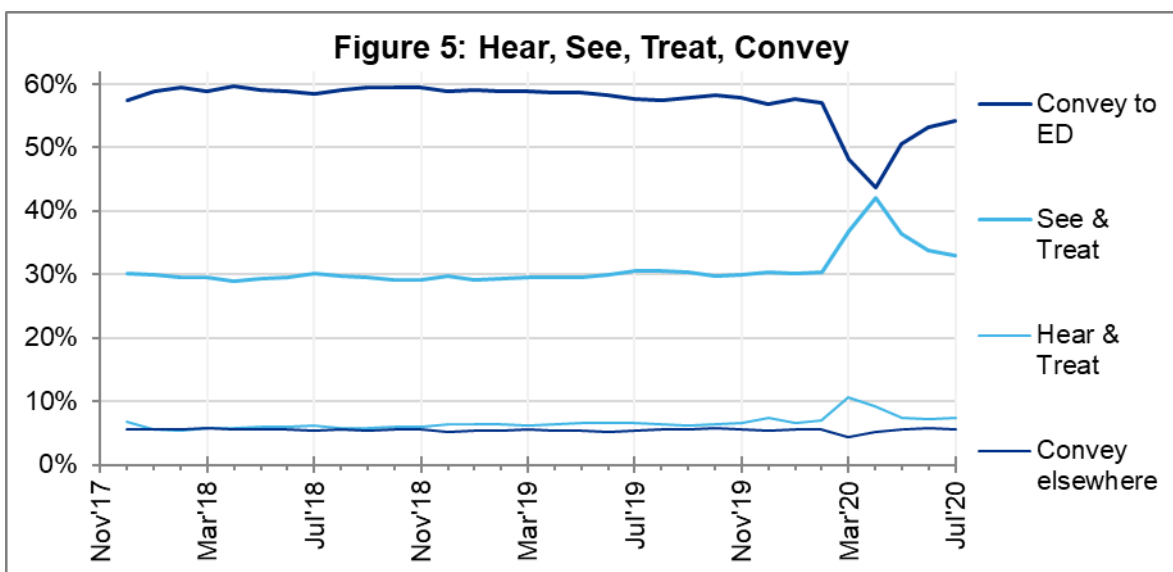


Figure 5 shows 7.3% of incidents were resolved on the telephone (Hear & Treat) in July 2020, the same as in June. Conveyance to ED increased a little from 53.1% in June to 54.2% in July, with small decreases in conveyance to non-ED (5.5% in July) and incidents closed at the scene (See & Treat, 33.0% in July).



2. Ambulance Clinical Outcomes

On 9 April 2020, we published Ambulance Clinical Outcomes data for November 2019, but wrote in the Statistical Note that we would pause collection and publication of Clinical Outcomes data. This was to release capacity across the NHS to support the response to COVID-19.

As announced at www.england.nhs.uk/statistics/covid-19-and-the-production-of-statistics and in our 9 July Statistical Note, today we are restarting publication of Clinical Outcomes, with data for December 2019.

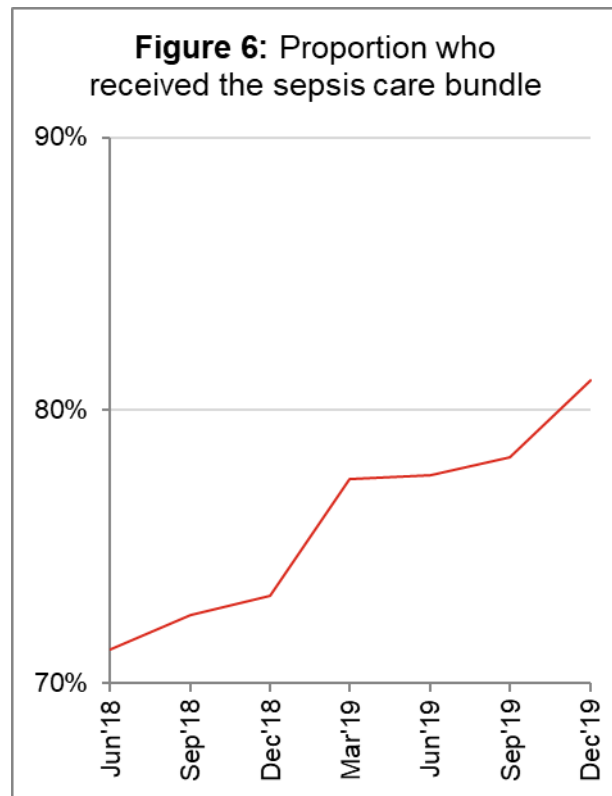
We will publish Clinical Outcomes for January and February 2020 in our next two publications on 10 September and 8 October respectively, and then revert to the original schedule, starting with June 2020 data in our 12 November publication.

During 2020-21, we will also publish data for March, April, and May 2020, but we may not be able to collect all the data for these months that we would have done if the pandemic had not occurred.

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 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 81.1%, (Figure 6), a significant¹ increase on the previous proportion for September 2019 (78.3%).



¹ Calculated using Student's t-test with 95% significance.

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 section 3.4 below).

Publication dates are also at

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.

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

Northern Ireland: www.health-ni.gov.uk/articles/emergency-care-and-ambulance-statistics



3.4 Contact information

Media: NHSEI Media team, 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; 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.