



Statistical Note: Ambulance Quality Indicators (AQI)

Ambulance response times in September 2020 for the three most severe categories were similar to those in September 2019.

These times peaked in the early days of the COVID-19 pandemic in March 2020, which had a record number of 999 calls. These times then fell in summer 2020, which had far fewer 999 calls than summer 2019.

1. Systems Indicators

1.1 Response times

In September 2020, the mean average C1 response time England was 7 minutes 16 seconds, so the 7-minute standard was not met; but the C1 90th centile response times averaged 12:55 across England, so the 15-minute standard was met.¹

For C1T (response times for arrival of transporting vehicle, for C1 patients transported), the mean was 10:17, and the 90th centiles averaged 19:21.

All four of these measures were the highest since March 2020.



¹ Standards for Ambulance Services: <u>www.gov.uk/government/publications/supplements-to-the-nhs-</u>constitution-for-england/the-handbook-to-the-nhs-constitution-for-england





For C2 in September 2020, the mean average response time was 22:32 for England, and the 90th centiles averaged 46:03 across England. Therefore, the C2 standards of 18 and 40 minutes respectively, which were met in each month from May to July 2020, were not met in September (Figure 2).



For C3 in September, the mean average response time was 1:06:49, and the C3 90th centile times averaged 2:37:06. Like the C2 mean and 90th centile times, the C3 times were longer than in each previous month of 2020-21, but shorter than the averages for 2019-20.

For C4 in September, the mean average response time was 1:38:08. The C4 90th centile times averaged 3:27:55, so the three-hour standard was not met (Figure 3).







1.2 Other Systems Indicators

The 95th and 99th centile call answer times averaged 16 and 62 seconds respectively across England in September 2020, each more than in each of the previous four months, but less than in all other months prior to 2020.

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

- 23.8 thousand calls to 999 answered, 3.6% more than in August;
- 24.0 thousand incidents that received a response (whether on the telephone or on the scene) from an ambulance service, 0.7% more than in August;
- 13.0 thousand incidents where a patient was transported to an Emergency Department (ED), 0.9% more than in August.



Figure 5 shows that in September 2020, 7.7% of incidents were resolved on the telephone (Hear & Treat), 32.6% were closed at the scene (See & Treat), 54.1% featured conveyance to ED, and the other 5.6% featured conveyance to non-ED. None of these proportions changed more than 0.3 percentage points from August.







2. Ambulance Clinical Outcomes

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

As announced at <u>www.england.nhs.uk/statistics/covid-19-and-the-production-of-</u> <u>statistics</u> and in our 9 July Statistical Note, we restarted publication of AmbCO in August, with data for December 2019. This month we publish data for February 2020, along with descriptions below of the latest stroke data.

Next month, we will revert to the original schedule, publishing June 2020 data on 12 November. Later in 2020-21, we will publish the data that we are able to collect for March, April, and May 2020.

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 February 2020, the proportion that received an appropriate diagnostic bundle was 98.3%, not significantly² greater than the average for the year ending September 2019, 98.2% (Figure 6).



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





For stroke patients transported by ambulance services in England:

- the mean average time from call until arrival at hospital was 1 hour 20 minutes in both January and February 2020.
- In each of December 2019, January 2020, and February 2020, the median time from arrival at hospital until CT scan was 36 minutes, although the 90th centile continued to exceed 3 hours.
- In each of December 2019, January 2020, and February 2020, the median time from arrival at hospital until thrombolysis was 50 minutes, with a 90th centile between 93 and 97 minutes.
- For all of these measures, the times over December 2019, January 2020, and February 2020 were very similar to the averages for 2019-20 so far; and the times for January 2020 were all the same or less than the times for December 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, 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 <u>www.england.nhs.uk/statistics/statistical-work-areas/winter-daily-sitreps</u>.





The Quality Statement described in section 3.1 includes information on:

- the "Ambulance Services" publications by NHS Digital <u>https://digital.nhs.uk/data-and-information/publications/statistical/ambulance-services</u>, 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: <u>https://statswales.gov.wales/Catalogue/Health-and-Social-</u> <u>Care/NHS-Performance/Ambulance-Services</u>

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

Northernwww.health-ni.gov.uk/articles/emergency-care-and-ambulance-
statisticsIreland:statistics

3.4 Contact information

Media: NHSEI Media team, <u>nhsengland.media@nhs.net</u>, 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.