

Statistical Note: Ambulance Quality Indicators (AQI)

In March 2021, the number of ambulance 999 calls per day, and response times in all categories, were similar to February 2021, and less than the 2020-21 averages.

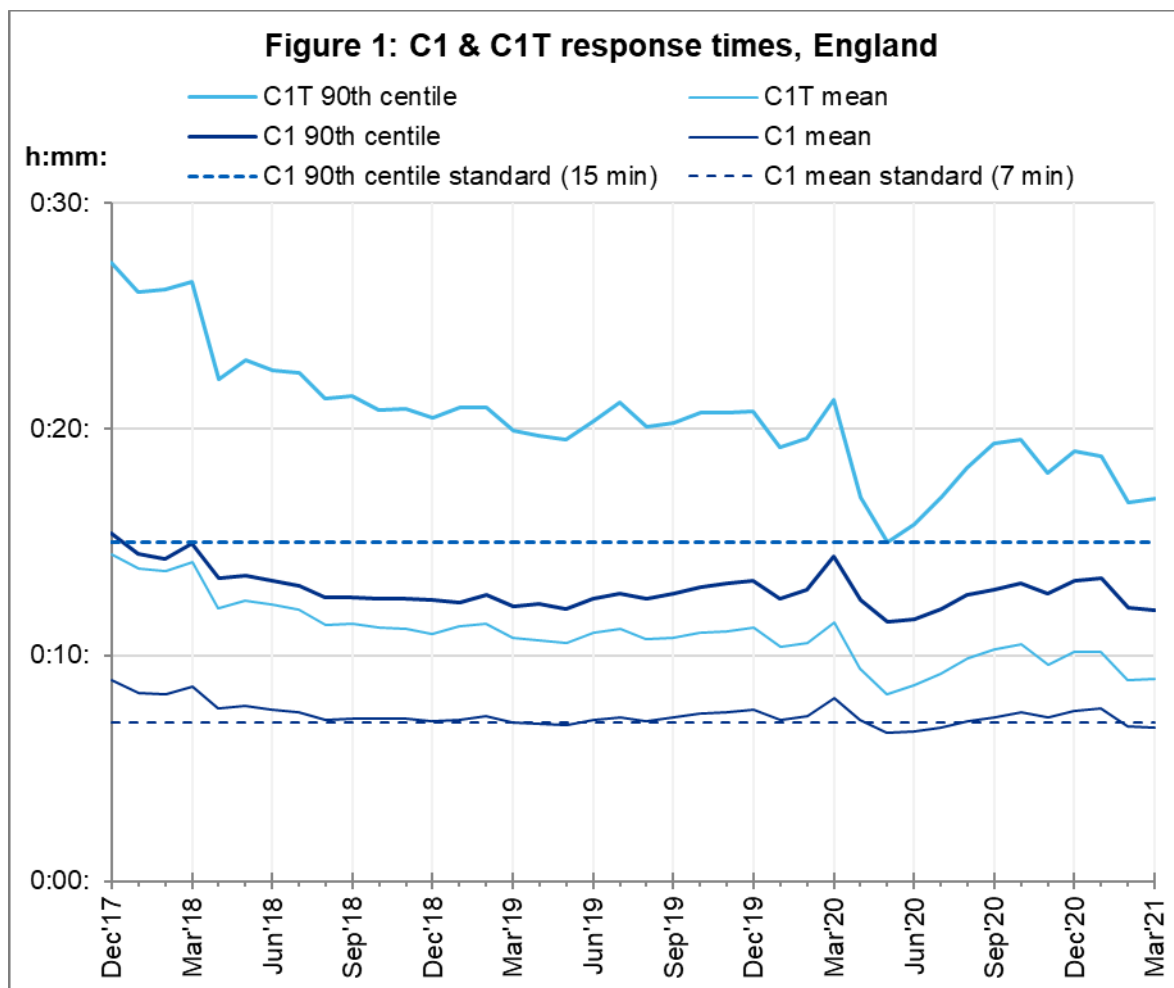
In section 2 of this document, we announce changes that we will introduce in the 10 June 2021 AQI publication.

1. Ambulance Systems Indicators (AmbSYS)

1.1 Response times

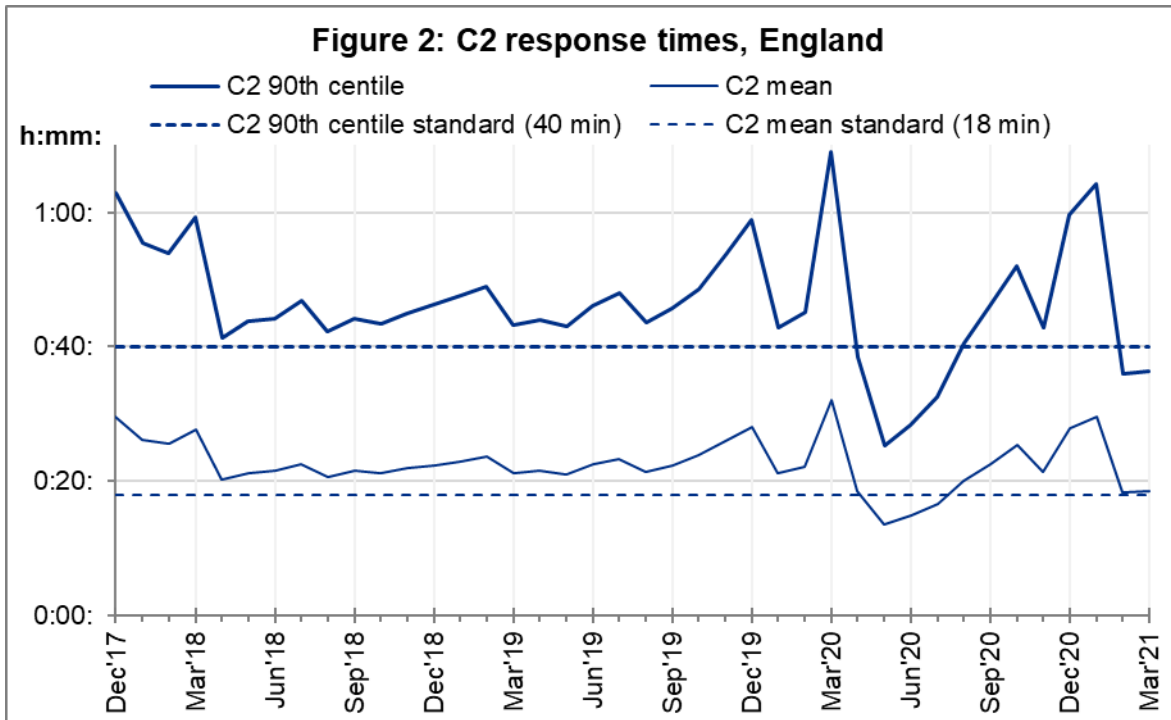
In March 2021, the mean average C1 response time for England was 6 minutes 47 seconds, and the C1 90th centile response time was 11:58 (Figure 1), so both the 7-minute and 15-minute standards in the NHS Constitution¹ were met.

For C1T (response times for arrival of transporting vehicle, for C1 patients transported), the mean was 8:56, and the 90th centiles averaged 16:57 (Figure 1).

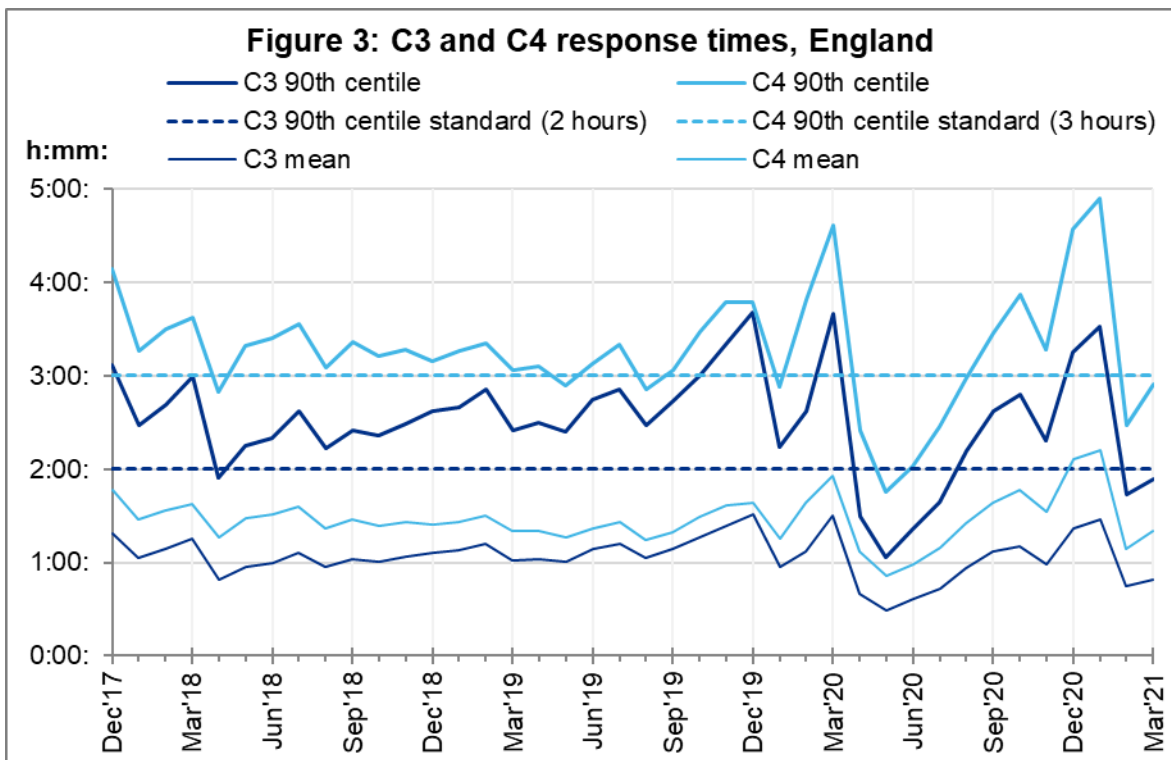


¹ Standards for Ambulance Services: www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england/the-handbook-to-the-nhs-constitution-for-england

For C2 in March 2021, the mean average response time was 18:24 for England, and the 90th centiles averaged 36:16 across England (Figure 2).



In March 2021, the C3 and C4 mean average response times (Figure 3) were 49:21 and 1:20:36, and the 90th centile times averaged 1:53:37 and 2:54:34 respectively. All 90th centile standards were met. The C2, C3, and C4 response times (mean and 90th centile) were longer than in February, but shorter than the previous six months.



1.2 Other Systems Indicators

In March 2021, the 95th centile call answer times averaged 12 seconds and the 99th centile averaged 51 seconds, both below the 2020-21 average.

In March 2021, per day, there were (Figure 4):

- 21.2 thousand calls to 999 answered, 2% more than in February 2021;
- 24.0 thousand incidents that received a response (whether on the telephone or on the scene) from an ambulance service, 1% more than in February;
- 13.0 thousand incidents where a patient was transported to an Emergency Department (ED), 3% more than in February.

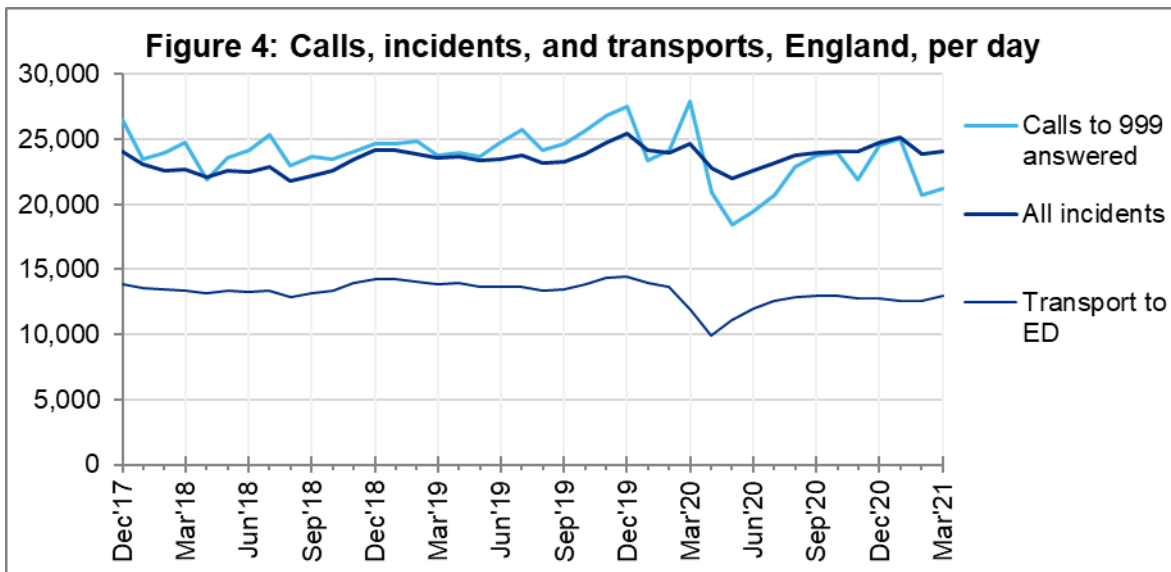
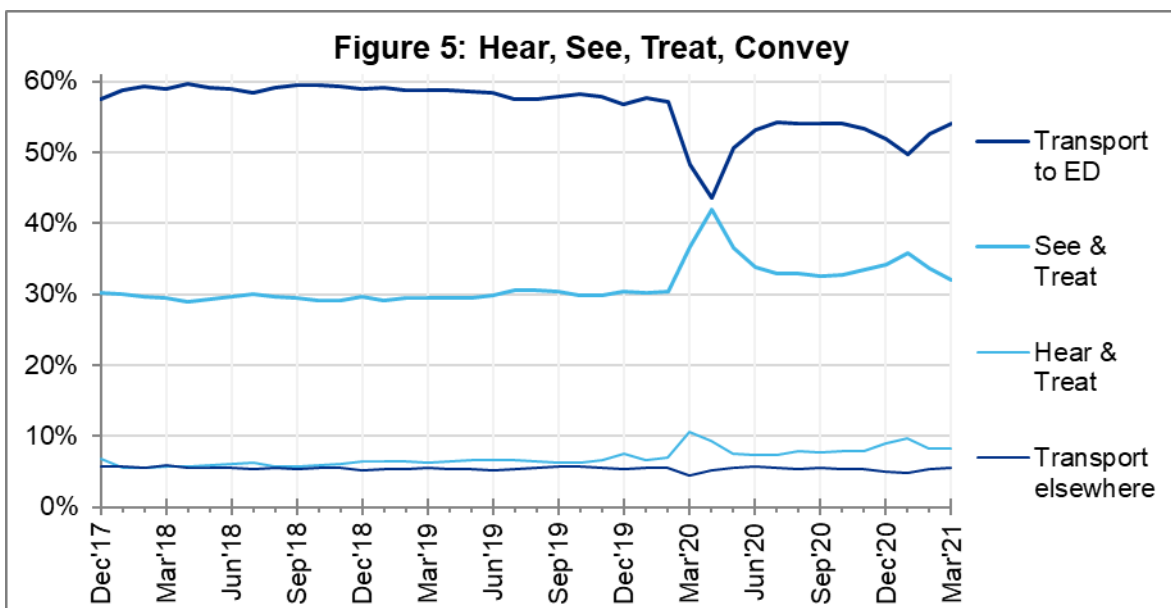


Figure 5 shows that in March 2021, 54.0% of incidents featured transport to ED, up from 52.6% in February 2021, and 32.1% were closed at the scene (See & Treat), down from 33.7%. There was less change in incidents resolved on the telephone (Hear & Treat), 8.3% in March 2021, and transport other than to ED, 5.6%.



2. Changes to AQI publication from 10 June 2021

2.1 Survival measure

Our next publication on 13 May 2021, with Ambulance Clinical Outcomes (AmbCO) data for December 2020, will be the last one to show nationally, for patients with cardiac arrest and resuscitation by ambulance service, how many survive to discharge from hospital (data items R3n, R3s, R4n, and R4s). From our 10 June 2021 publication, we will instead publish, for this monthly cohort (and for the Utstein subset currently used for R4n), how many patients survive for 30 days.

The information to produce these new data items is entirely owned by ambulance services, rather than relying on third-party suppliers, which should lead to better quality data, with fewer cases where the outcome is not known.

2.2 Revisions process

On 10 June 2021, alongside the AmbSYS data for May 2021, we will publish revisions to AmbSYS data from October 2019 to April 2021. These revisions have been delayed by the COVID-19 pandemic.

On 9 September 2021, alongside the AmbCO data for April 2021, we will publish revisions to AmbCO data from March 2020 (and possibly earlier) to March 2021.

On those occasions, as always, we will publish the revised data in the Time Series spreadsheets and comma-separated variable (csv) files on the AQI landing page (www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators).

However, we will no longer re-publish the data in individual monthly spreadsheets. On 10 June, we will remove the AmbSYS spreadsheets that only contain one month of data from October 2019 to April 2021, and on 9 September, we will similarly remove the AmbCO spreadsheets that will have been superseded. Older spreadsheets, that we will not revise again, will remain where they are.

After those dates, in each month, in addition to the Time Series spreadsheets and csv files, we will continue to publish an AmbSYS and an AmbCO spreadsheet purely containing the latest month of data for each collection; but when the time comes for us to publish revisions, we will remove all superseded monthly spreadsheets, and only publish revised data in the AmbSYS and AmbCO Time Series spreadsheets and csv files.

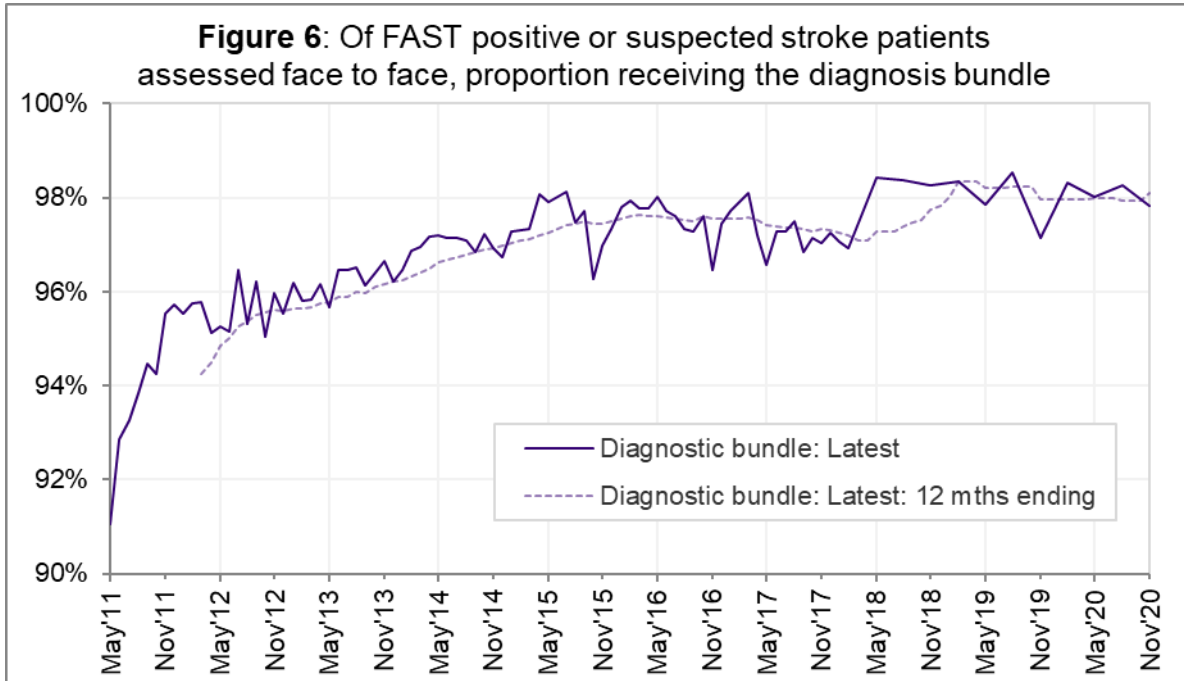
3. Ambulance Clinical Outcomes (AmbCO)

3.1 Stroke

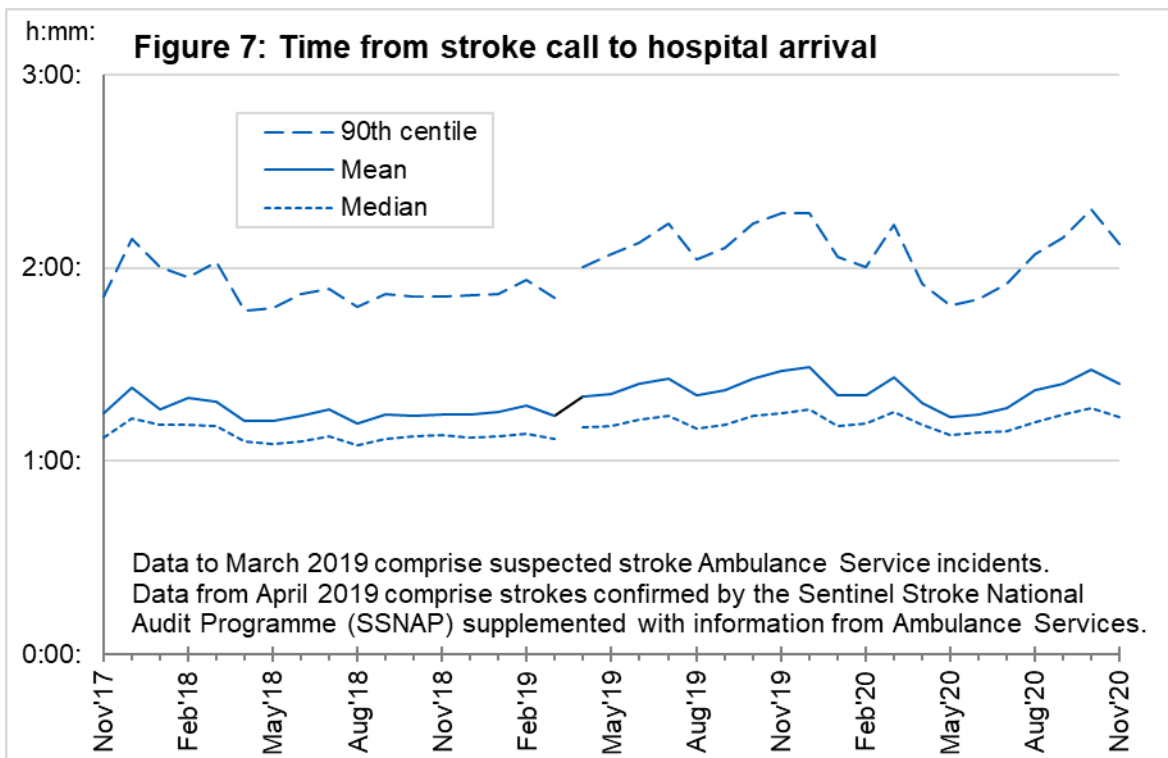
The FAST procedure helps assess whether someone has suffered a stroke:

- 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.

Stroke patients in England receiving an ambulance should receive a diagnosis bundle; a FAST assessment, blood glucose, and two blood pressures should all be recorded. In November 2020, this happened for 97.8% of such incidents (Figure 6), very similar to the proportion for the year ending September 2020 (97.9%).



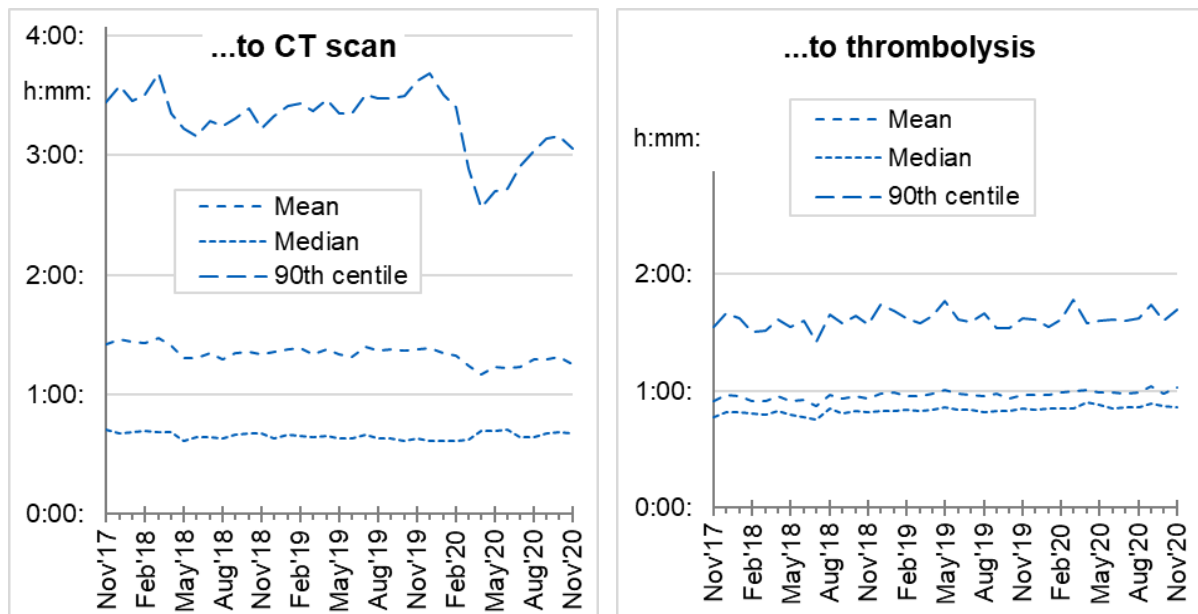
The mean average time from call until arrival at hospital was 1 hour 24 minutes in November 2020. Like the median and 90th centile times, this was a decrease on October 2020; and within a minute of the averages for 2019-20 (Figure 7).



In November 2020, the mean average times for stroke from hospital arrival to CT scan of 75 minutes was the same as the average for 2020-21 so far, as was the median of 40 minutes, although the 90th centile of 3:03 was larger than most earlier months of 2020-21.

For times from hospital arrival to thrombolysis, the mean average was 62 minutes in November 2020. Like the median and 90th centile, this was within four minutes of the average for 2020-21 so far (Figure 8).

Figure 8: Time for stroke incidents from hospital arrival...



4. Further information on AQI

4.1 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 4.4 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.

4.2 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 4.1, incidents resulting from a call to NHS 111 are included in all Systems Indicators the except call data items, A1 to A6 and A114.

4.3 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 4.1 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

4.4 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 (NHSEI); england.nhsdata@nhs.net; 0113 825 4606.

4.5 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.