

Statistical Note: Ambulance Quality Indicators (AQI)

July 2021 was the first month where the Ambulance Services of England answered over a million calls. In fact, it was also the first month that they answered more than 900,000 calls. Response times continued to increase in tandem with call volume, and none of the standards in the NHS Constitution¹ were met.

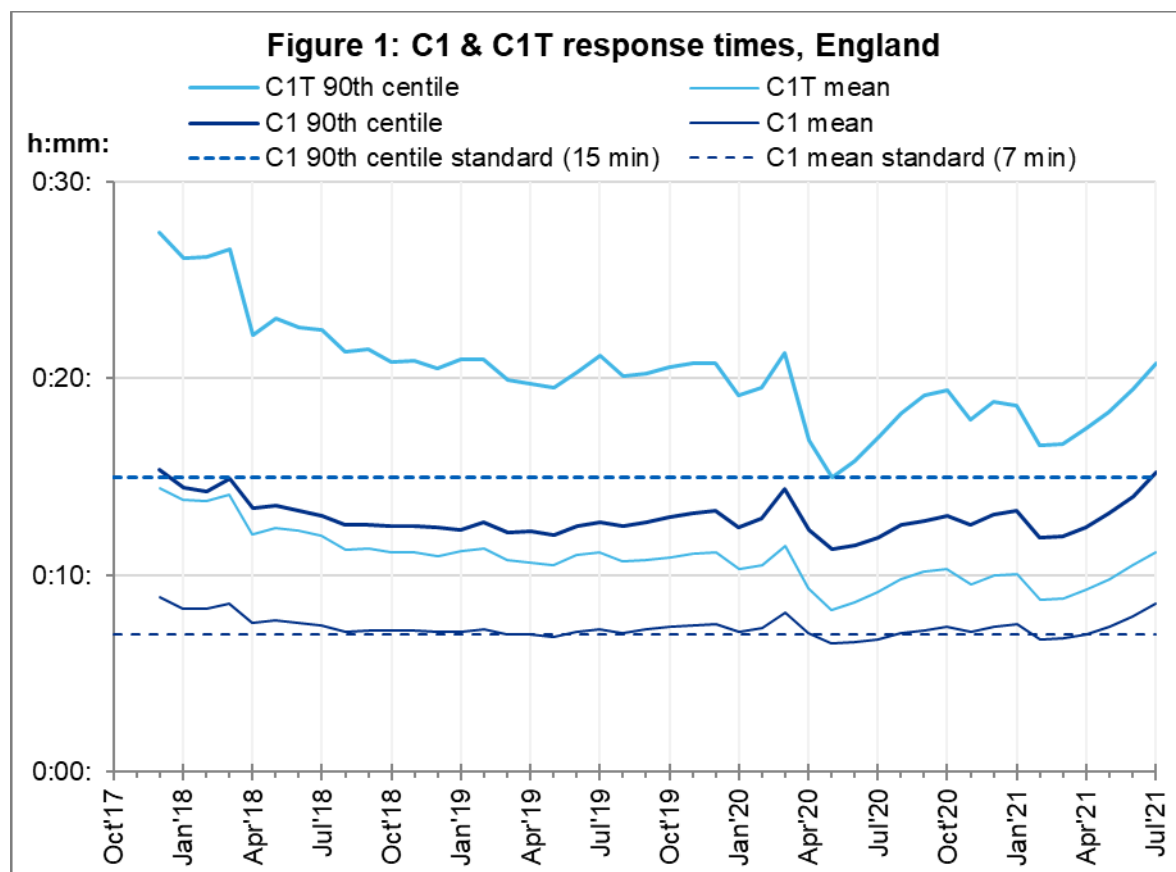
We are collecting revisions for Ambulance Clinical Outcomes and will publish these in our next publication on 9 September 2021. Our next revisions for Ambulance Systems Indicators are planned for publication on 9 December 2021.

1. Ambulance Systems Indicators

1.1 Response times

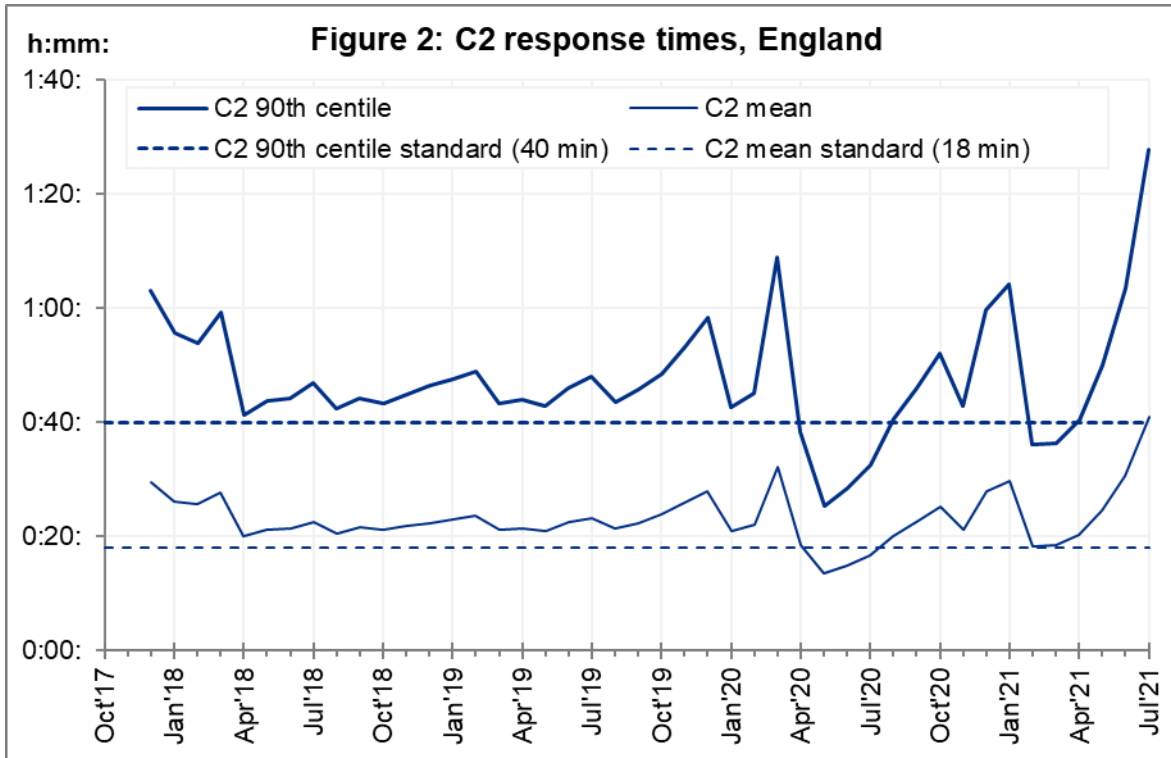
In July 2021, the mean average C1 response time for England was 8 minutes 33 seconds, and the C1 90th centile response time was 15:15. Both were the longest times since 2017-18. (Figure 1)

For C1T (response times for arrival of transporting vehicle, for C1 patients transported), the mean was 11:12, and the 90th centile was 20:45.

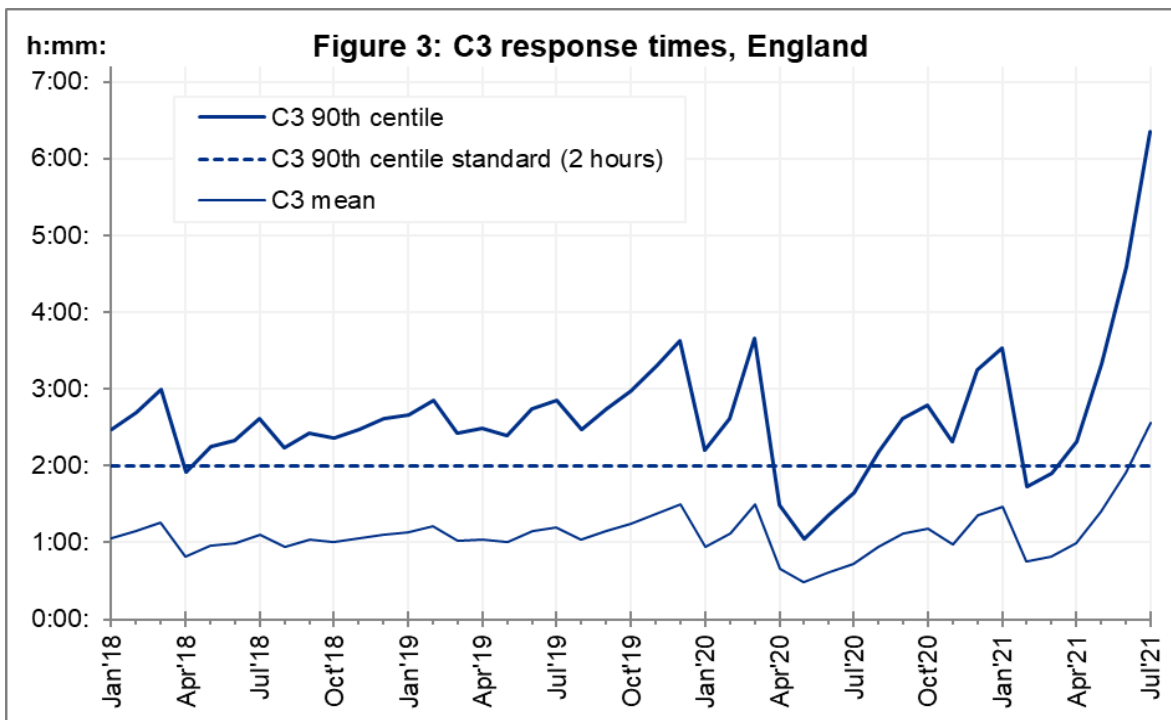


¹ Standards in the NHS Constitution Handbook: www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england/the-handbook-to-the-nhs-constitution-for-england

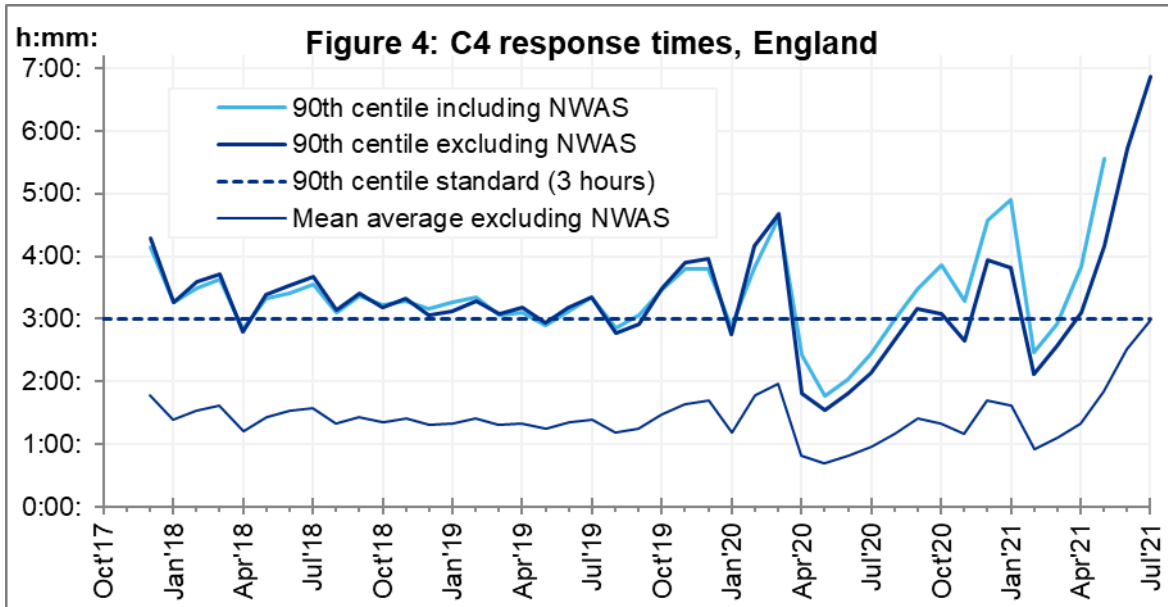
The July 2021 average response times for C2, C3, and C4, were all the longest ever since the categories were introduced in 2017. So were the 90th centiles. This was true for England as a whole, and also for most of the individual Trusts.



The England average C2 response time was 41:04 for England, and the 90th centile was 1:27:44 (Figure 2). The England average C3 response time was 2:33:43, and the 90th centile was 6:20:48 (Figure 3).



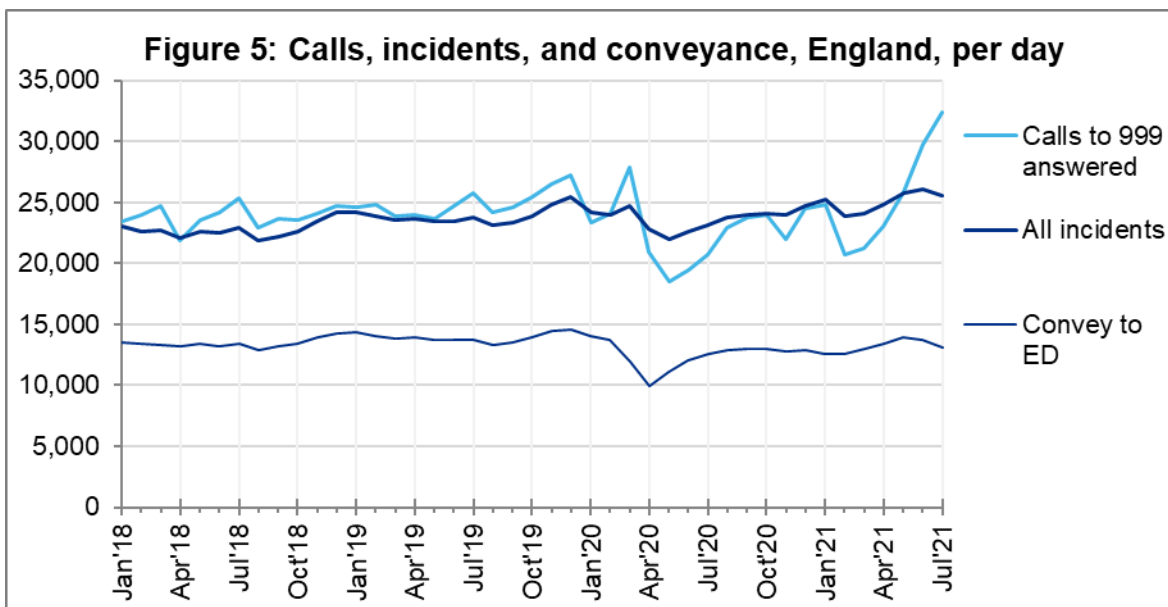
C4 information for North West Ambulance Service is unavailable for June and July 2021. The dark lines in Figure 4, for England excluding the North West, show that the July 2021 C4 mean (2:57:40) and C4 90th centile (6:52:02) were both more than double their April 2021 values; and the pale line shows that the only months of 2021 where the C4 standard of 3 hours was met for all England were February and March.



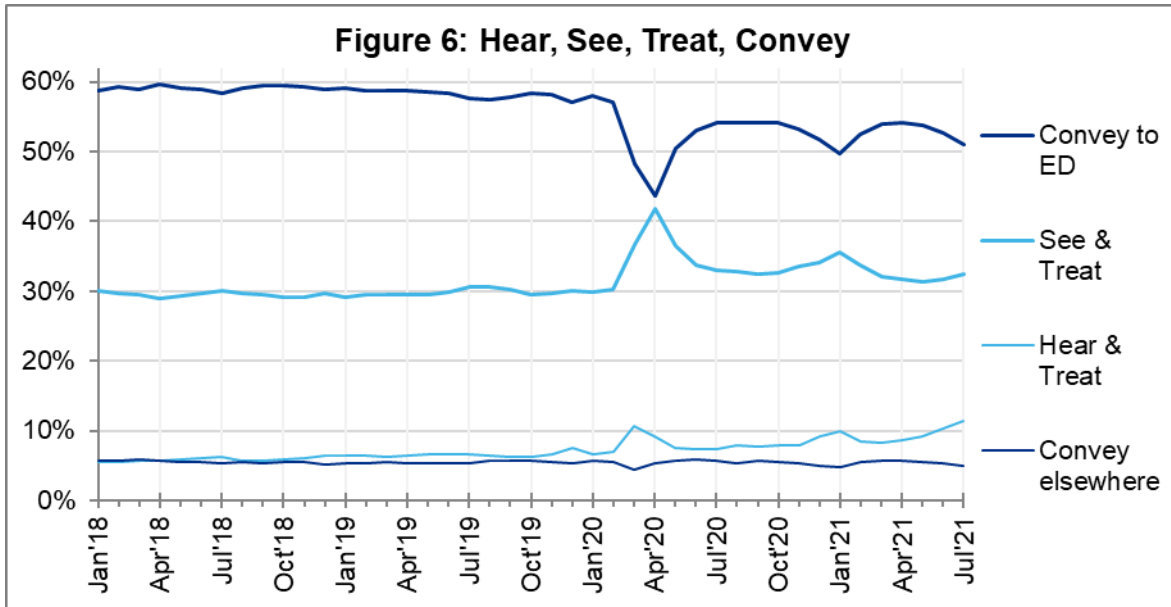
1.2 Other Systems Indicators and revisions

In July 2021, per day, there were (Figure 5):

- 32.4 thousand calls to 999 answered, 9% more than in June 2021;
- 25.6 thousand incidents that received a response (whether on the telephone or on the scene) from an ambulance service, 2% less than in June;
- 13.1 thousand incidents where a patient was conveyed to an Emergency Department (ED), 5% less than in June.



In July 2021, 11.5% of incidents were resolved on the telephone (Hear & Treat); the highest figure since the measure was first introduced in 2017. Incidents resolved at the scene (See & Treat) also increased, although not as much, from 31.7% to 32.5%; while conveyance to ED decreased to 51.0%, and conveyance to non-ED decreased to 5.0% (Figure 6).

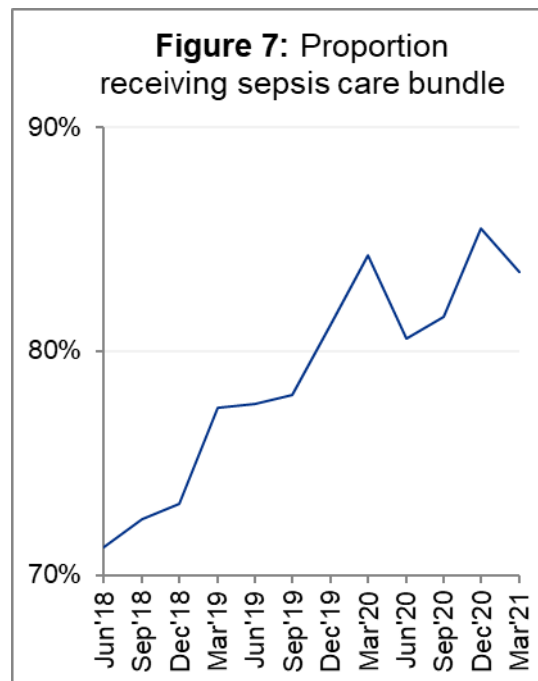


2. Ambulance Clinical Outcomes (AmbCO)

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 March 2021, 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 83.5% (Figure 7). Compare to the 2020-21 average of 83.0%, this was not significantly different (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 the call indicators, 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 Centiles

The centile data for England in this document, also published in spreadsheets alongside this document, are not precise centiles calculated from national record-level data. Instead, they are the centiles calculated from each individual trust's record-level data, weighted by their incident count, and averaged across England. So, if England only had two trusts, with centiles of 7:10 and 7:40, and the former had twice as many incidents as the latter, the England centile would be 7:20.

3.5 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.

3.6 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.