

Statistical Note: Ambulance Quality Indicators (AQI)

In September 2021, for all categories C1-C4, response times were all the longest ever since data was first collected for all of England in April 2018. The number of 999 calls answered each day was the second highest ever, after July 2021.

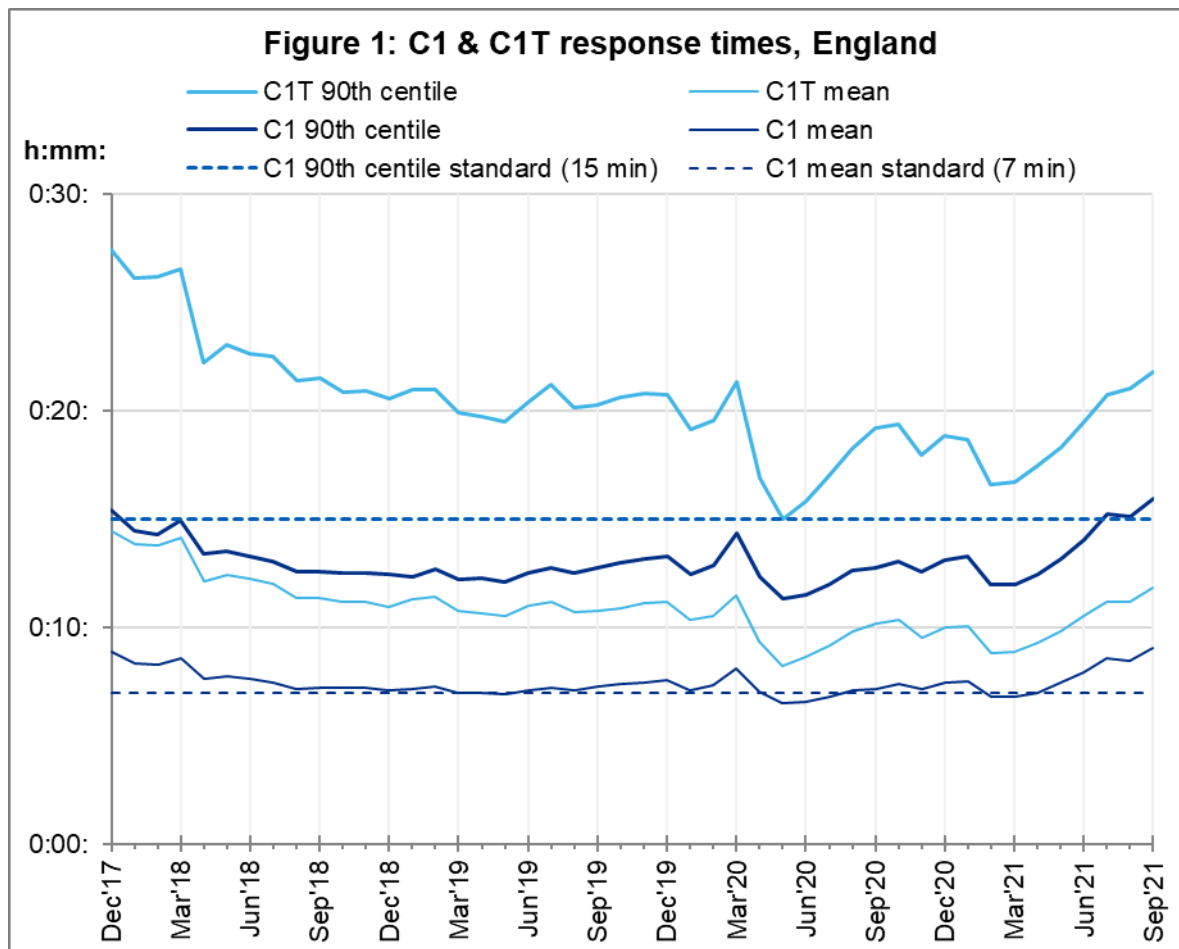
For stroke patients transported by ambulances in England in May 2021, the vast majority received the appropriate diagnosis bundle.

1. Ambulance Systems Indicators

1.1 Response times

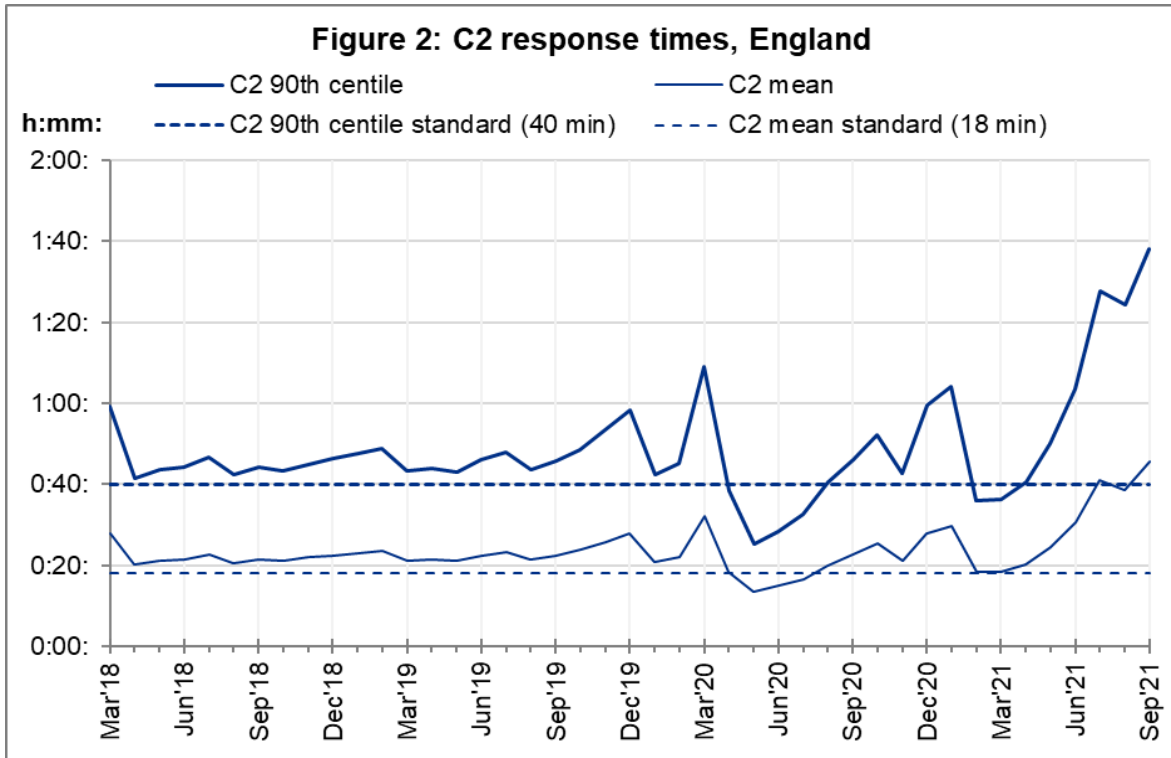
In September 2021, the England mean average response time for Category C1, the most urgent incidents, was 9 minutes 1 second, and the C1 90th centile was 15:56, so neither the 7-minute mean nor the 15-minute 90th centile standards¹ were met.

For C1T (response times for arrival of transporting vehicle, for C1 patients transported), the mean was 11:49, and the 90th centile was 21:47. (Figure 1)

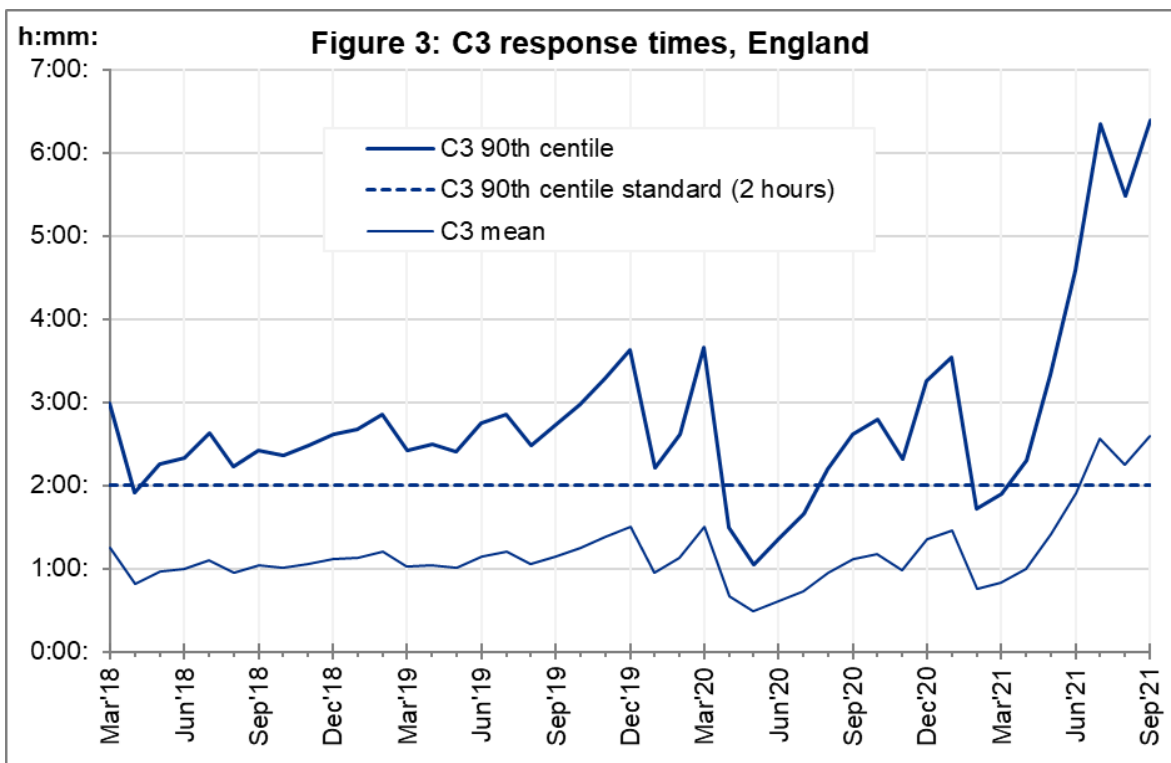


¹ Standards in the NHS Constitution Handbook: www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england/the-handbook-to-the-nhs-constitution-for-england

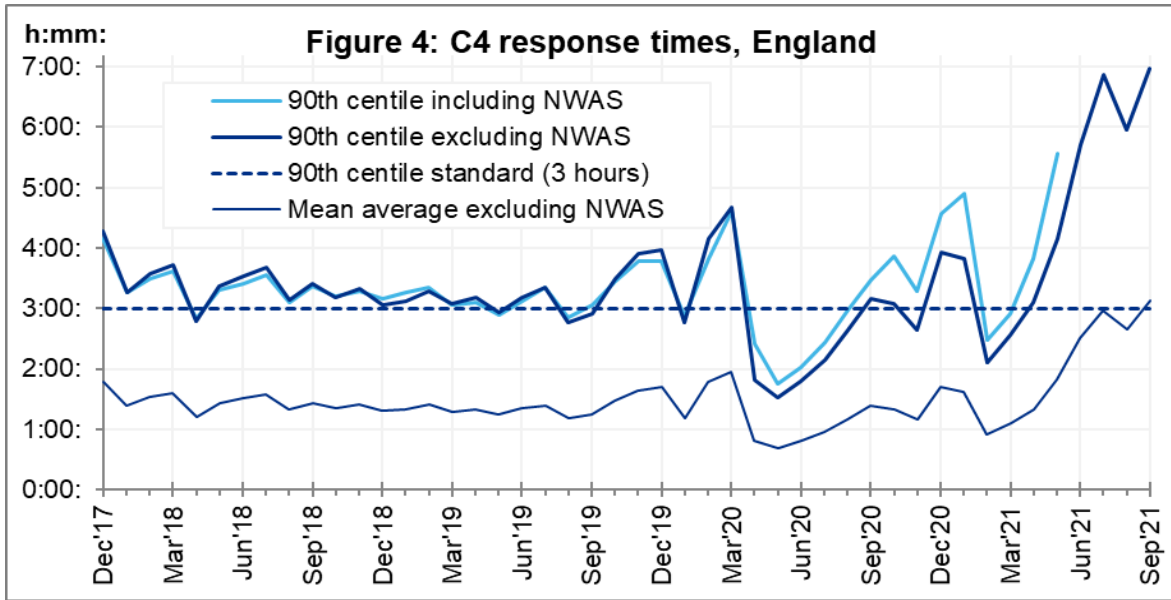
For C2 in England (Figure 2), the average response time in September 2021 was 45:30, and the 90th centile was 1:38:03, so the 18- and 40-minute standards were not met.



For C3 (Figure 3), the mean average response time was 2:35:45. The 90th centile was 6:23:17, so the two-hour standard was not met.



C4 information for North West Ambulance Service (NWAS) is unavailable after May 2021. The dark lines in Figure 4, for England excluding NWAS, show the C4 mean (3:07:45) and C4 90th centile (6:58:14) in September 2021 were more than in all previous months. The pale line shows February and March were the only months of 2021 where the C4 standard of 3 hours was met for all England.



1.2 Other Systems Indicators and revisions

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

- 31.6 thousand calls to 999 answered, 6.1% more than in August 2021;
- 24.3 thousand incidents that received a response (whether on the telephone or on the scene) from an ambulance service, 0.1% less than in August;
- 12.4 thousand incidents where a patient was conveyed to an Emergency Department (ED), 0.9% less than in August.

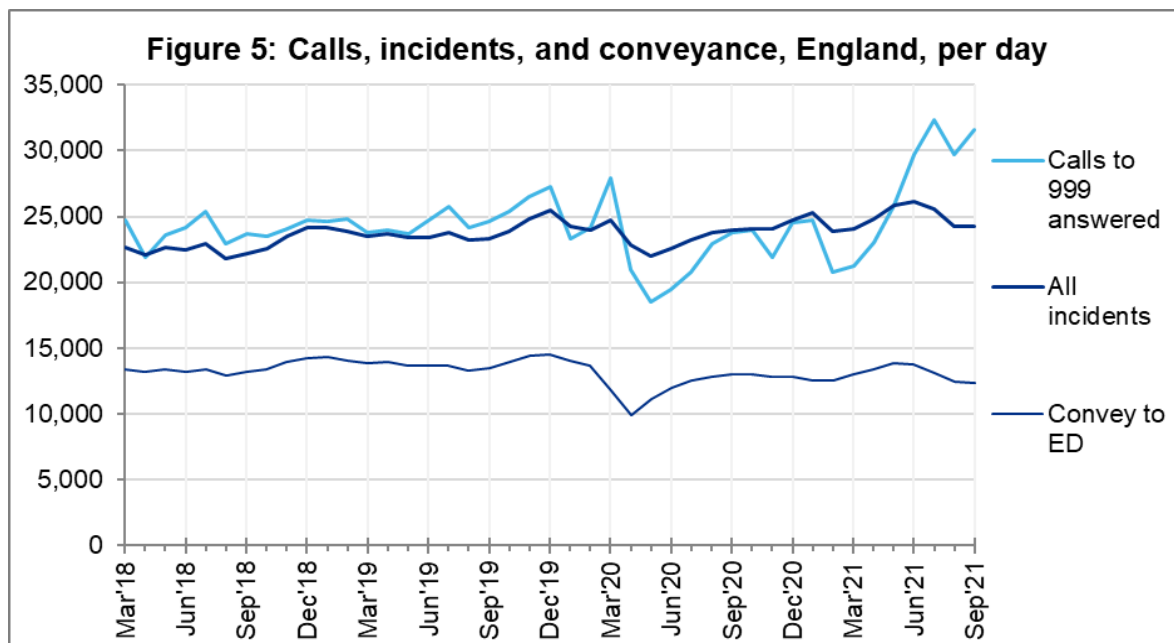
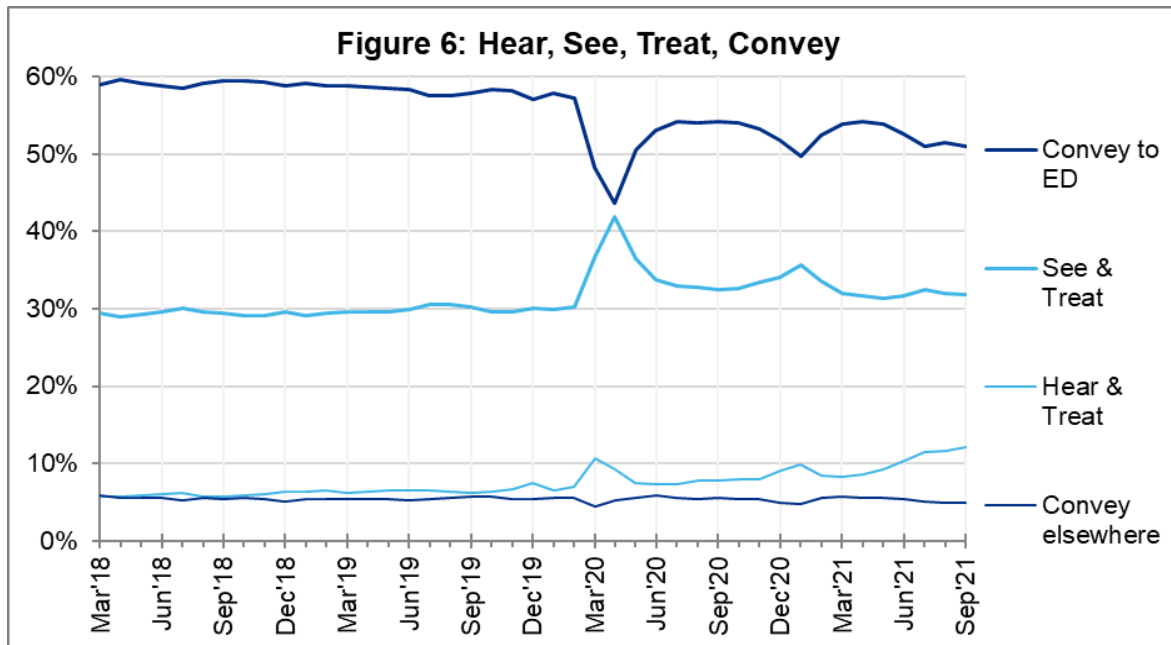


Figure 6 shows that in September 2021, 12.2% of incidents were resolved on the telephone (Hear & Treat), 0.6 percentage points more than in August 2021, and the largest proportion since the measure was redefined in 2017. Other outcome proportions changed less, with 31.9% of incidents resolved at the scene (See & Treat), 51.0% involving conveyance to ED, and 4.9% with conveyance to non-ED.



2. Ambulance Clinical Outcomes (AmbCO)

We continue to collect and publish data for the stroke diagnostic bundle once every three months. For those months, we will describe such data in this Statistical Note, along with the stroke timeliness data that we continue to collect every month.

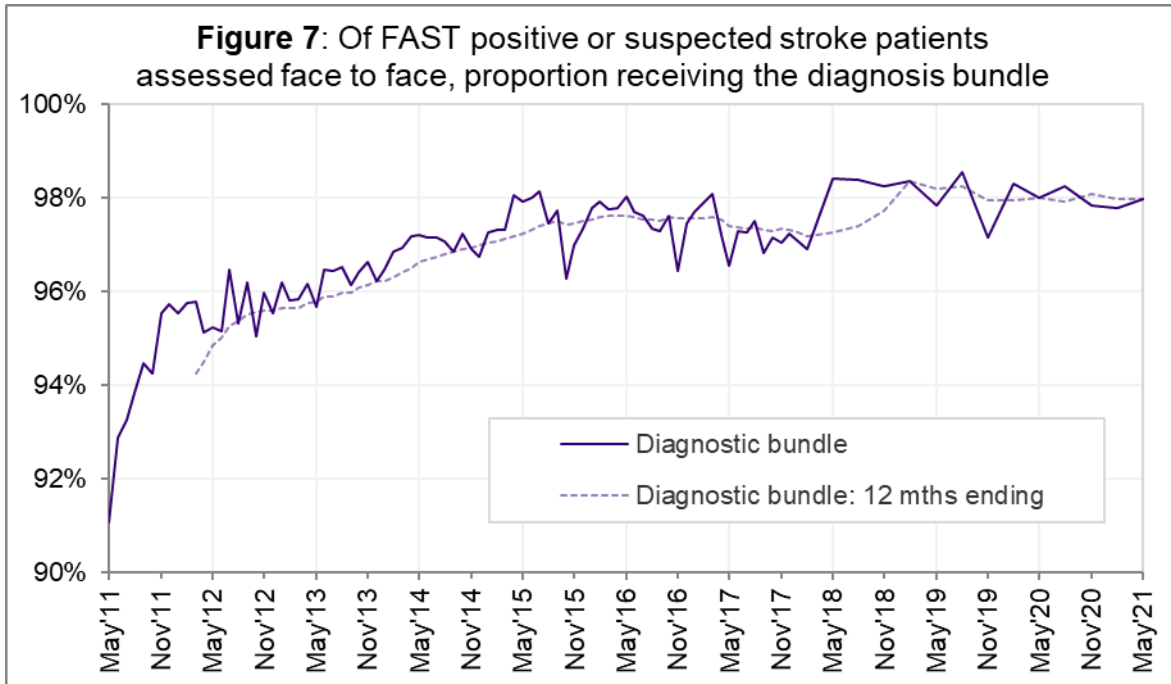
The FAST procedure helps assess whether someone has suffered a stroke:

- 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.

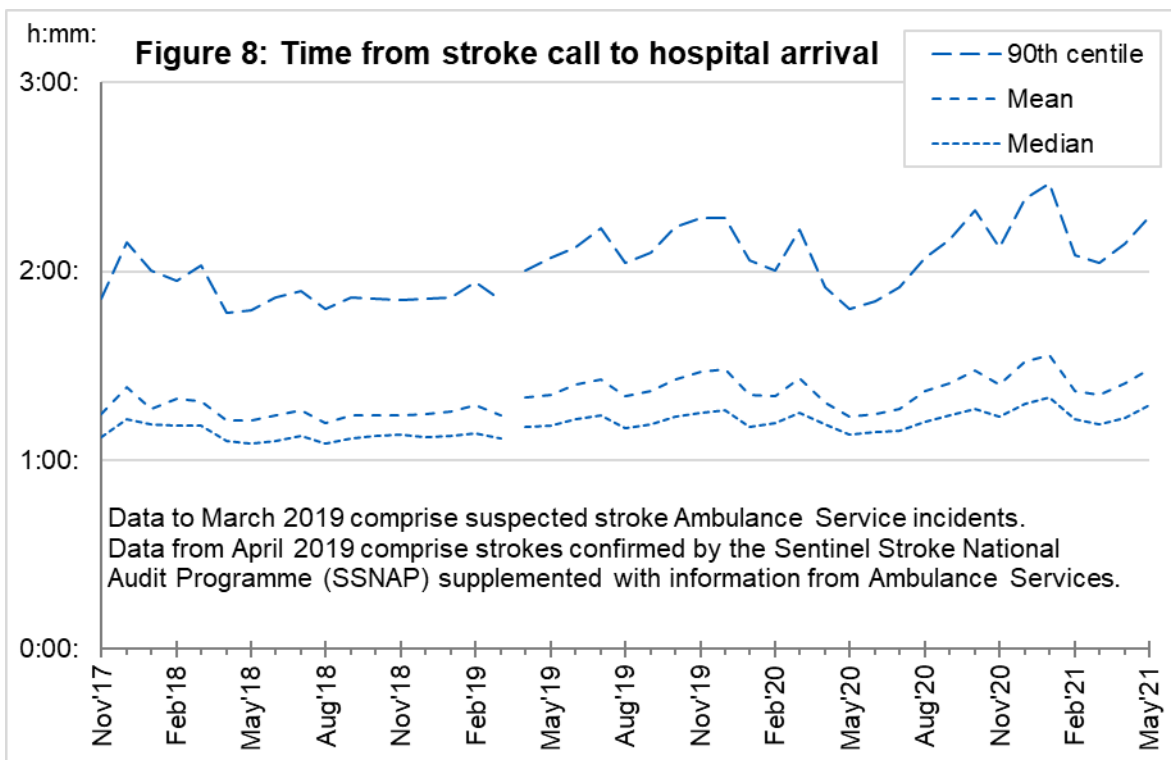
During May 2021, of 9,925 such patients in England, 9,725 (98.0%) had that diagnosis bundle. This proportion has exceeded 97% since 2017/18 (Figure 7).

Only London (LAS), North East (NEAS), South East Coast (SECamb), and West Midlands (WMAS) Ambulance Services revised their stroke bundle data for our 9 September 2021 publication. None of their monthly bundle proportions changed by more than 0.5%, so the revisions would be imperceptible if shown on Figure 7.



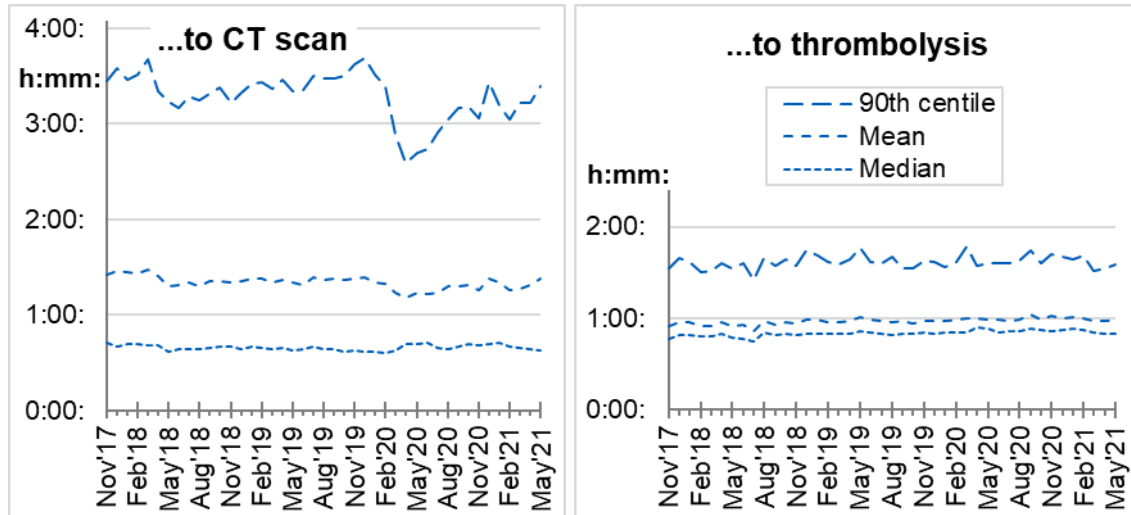
Revisions to the times from call to hospital arrival, and from hospital arrival to clinical intervention, for stroke would also be imperceptible if shown in Figures 8 and 9. The only revision for England of more than one minute was the December 2020 90th centile time from hospital arrival to CT scan, from 3 hours 24 minutes to 3:26.

The mean average time from call until arrival at hospital was 1 hour 28 minutes in May 2021. Like the median and 90th centile times, this was the longest since January 2021 (Figure 8).



The median time from hospital arrival to CT scan in May 2021 was 37 minutes, below the median for the year ending March 2021. The median time from hospital arrival to thrombolysis in May 2021, 50 minutes, was the same for the previous two months, yet below the median for the year ending March 2021 (Figure 9).

Figure 9: Time for stroke incidents from hospital arrival...



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 3.5 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 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.

3.4 Related statistics

NHSEI publishes ambulance handover delays at Emergency Departments of over 30 minutes 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

3.5 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.