

Statistical Note: Ambulance Quality Indicators (AQI)

For all four categories C1-C4, the average and 90th centile response times in March 2022 were the longest since the categories were introduced in 2017.

The number of 999 calls answered per day in March 2022 was the fourth largest over that time frame.

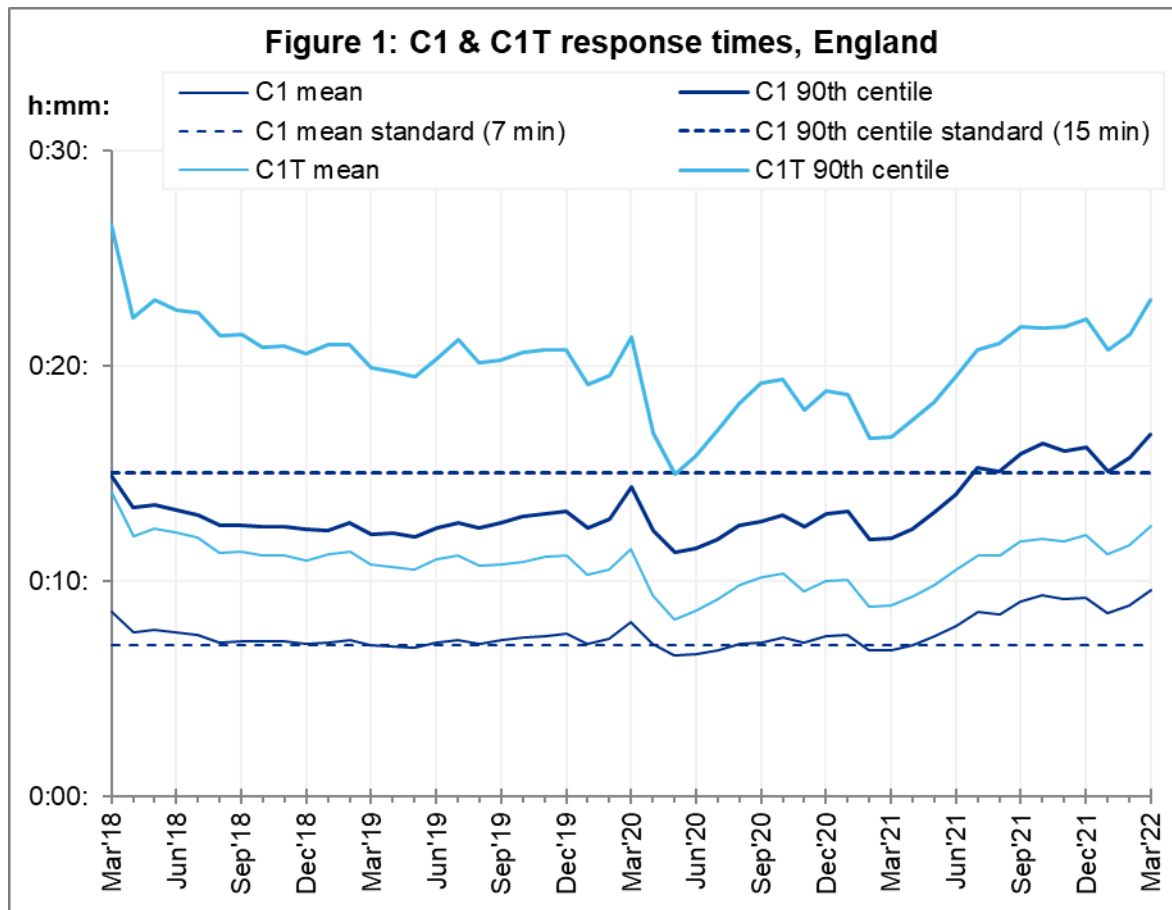
For stroke patients, the proportion who received the diagnostic bundle in November 2021 was smaller than in the previous four years.

1. Ambulance Systems Indicators

1.1 Response times

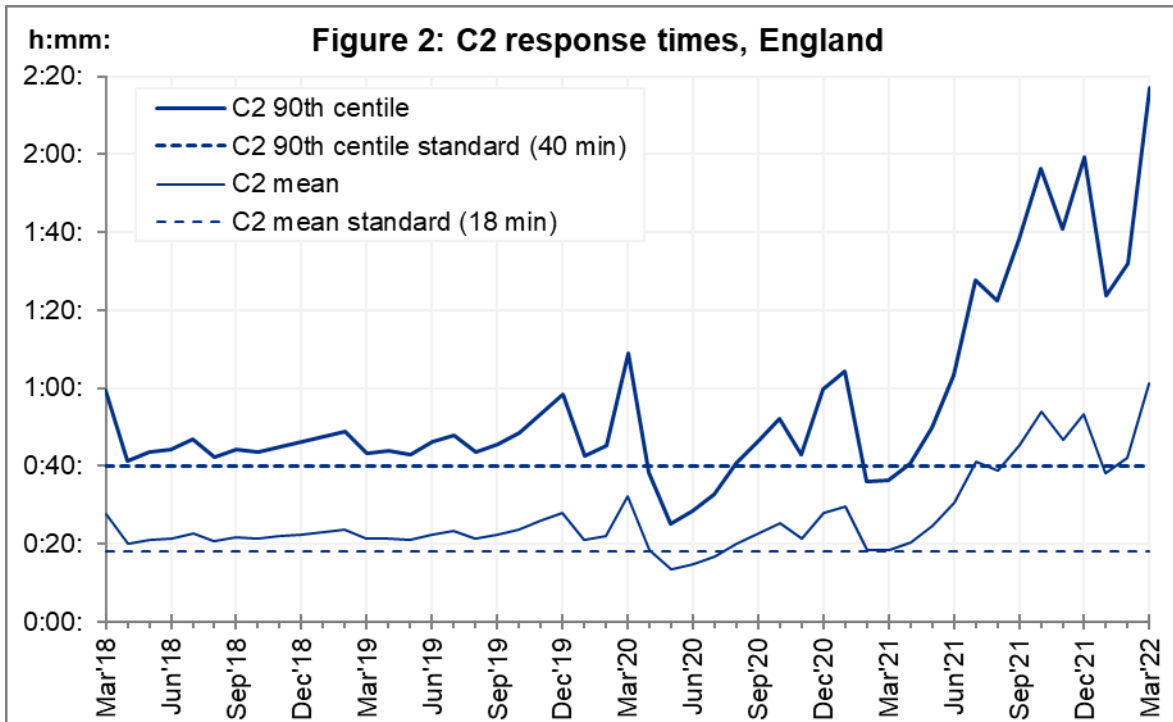
In March 2022, the England mean average response time for Category C1, the most urgent incidents, was 9:35, and the C1 90th centile was 16:50, so neither the 7-minute mean nor the 15-minute 90th centile standards¹ were met.

For C1T (response times for arrival of transporting vehicle, for C1 patients transported), the mean was 12:34, and the 90th centile was 23:04 (Figure 1).

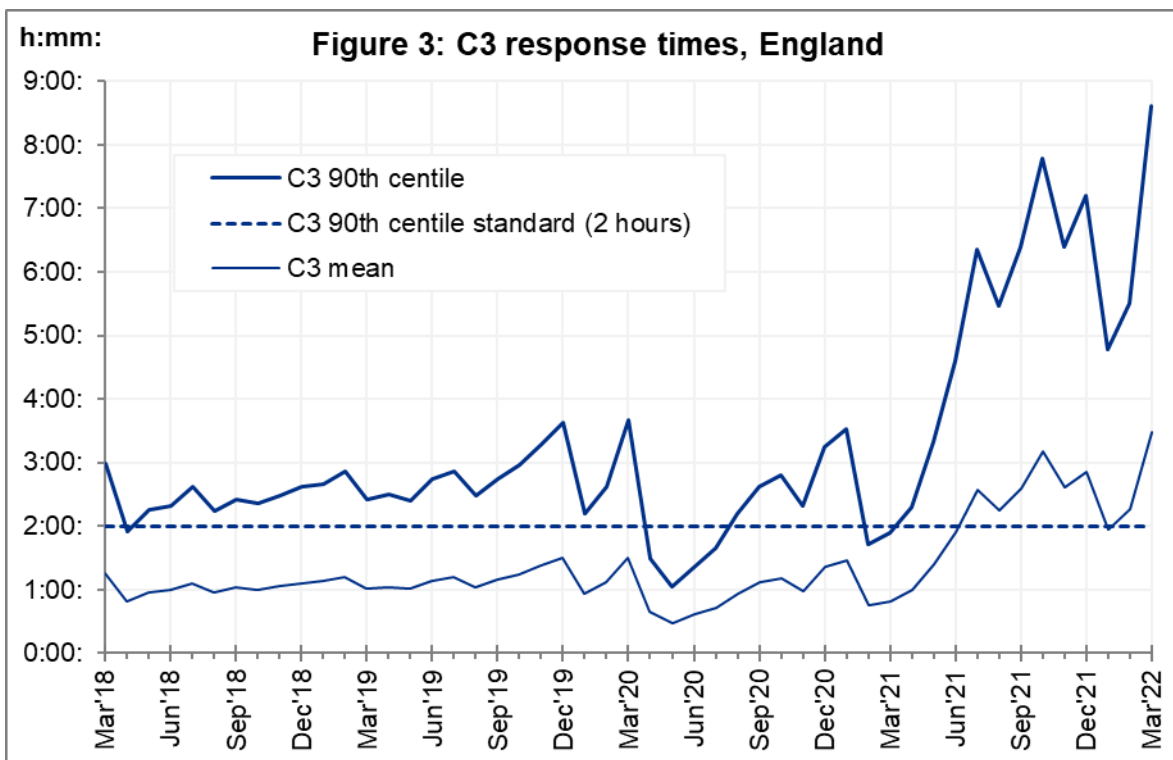


¹ Standards in the NHS Constitution Handbook: www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england/the-handbook-to-the-nhs-constitution-for-england

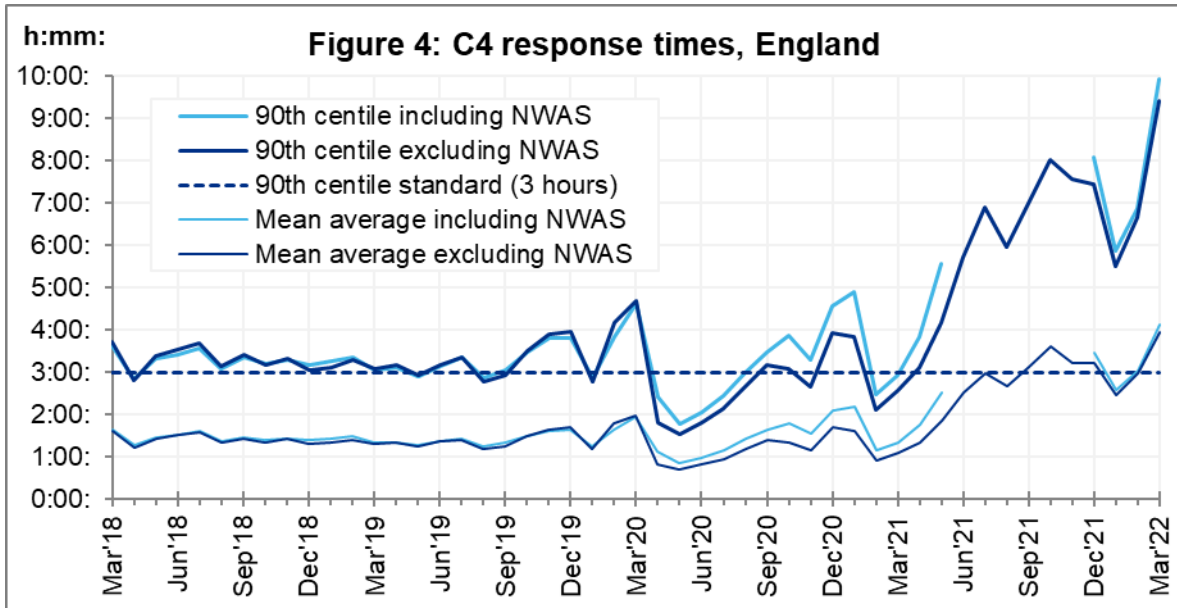
For C2 the England average response time in March 2022 was 1:01:03, and the 90th centile was 2:17:10, so the 18- and 40-minute standards were not met (Figure 2).



For C3 (Figure 3), the March 2022 mean average response time was 3:28:13 and the 90th centile was 8:36:33, so the 90th centile standard was again exceeded not only by the 90th centile measure, but also by the mean average measure. This is also true for C2 and C4.



For March 2022, the C4 mean average response time was 4:07:42 and the 90th centile was 9:56:03. C4 data are unavailable for June to November 2021 for North West Ambulance Service (NWAS).



1.2 Other Systems Indicators

In March 2022, per day, there were (Figure 5):

- 31.0 thousand calls to 999 answered, 14% more than in February 2022, 46% more than in March 2021, and 11% more than in March 2020;
- 23.0 thousand incidents received a response (whether on the telephone or on the scene) from an ambulance service, very similar to the February 2022 figure;
- 11.7 thousand incidents where a patient was conveyed to an Emergency Department (ED), 3.8% less than in February 2022.

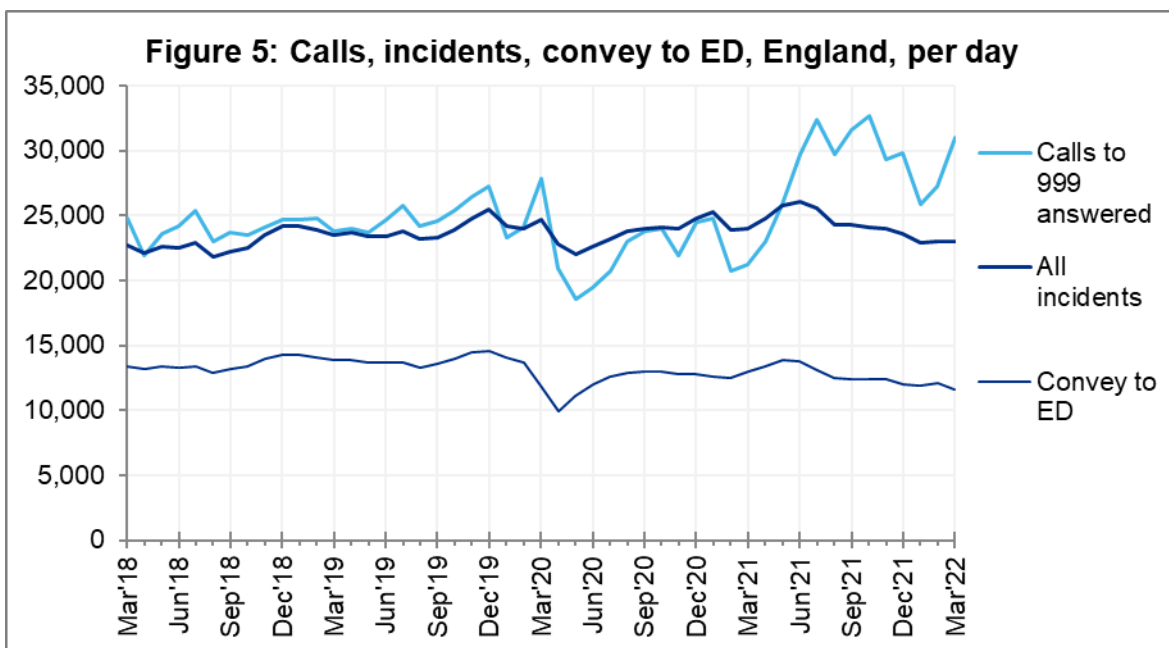
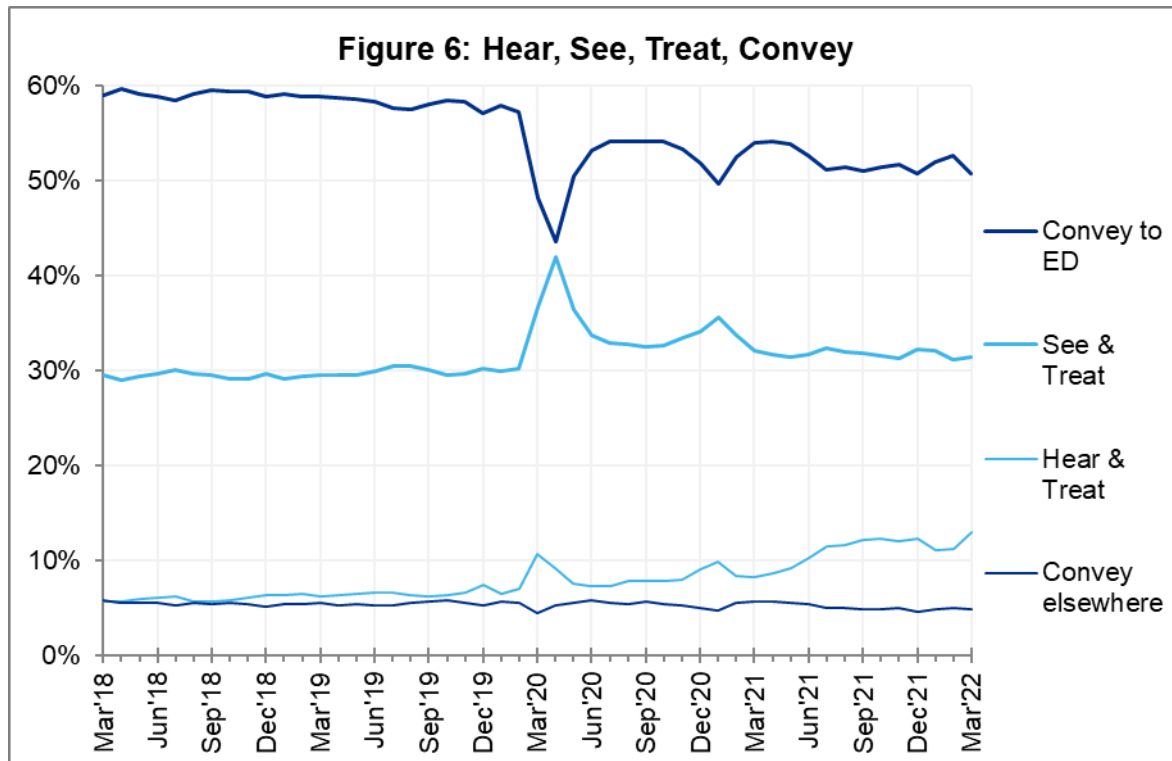


Figure 6 shows that in March 2022, the proportion of incidents conveyed to ED decreased to 50.7% from 52.6% in February 2022, while Hear & Treat (incidents resolved on the telephone) increased to 12.9% from 11.2%. The changes were smaller for incidents resolved on the scene (See & Treat, 31.5% in March 2022) and conveyance to non-ED (4.9% in March 2022).



2. Ambulance Clinical Outcomes (AmbCO)

On 10 March, alongside the latest AmbCO data for October 2021, we published revisions from January to September 2021.

We continue to summarise data for STEMI (a type of heart attack) and cardiac arrest in this Statistical Note when we publish January, April, July, or October AmbCO data; stroke data in the following month; and sepsis data in the month after that.

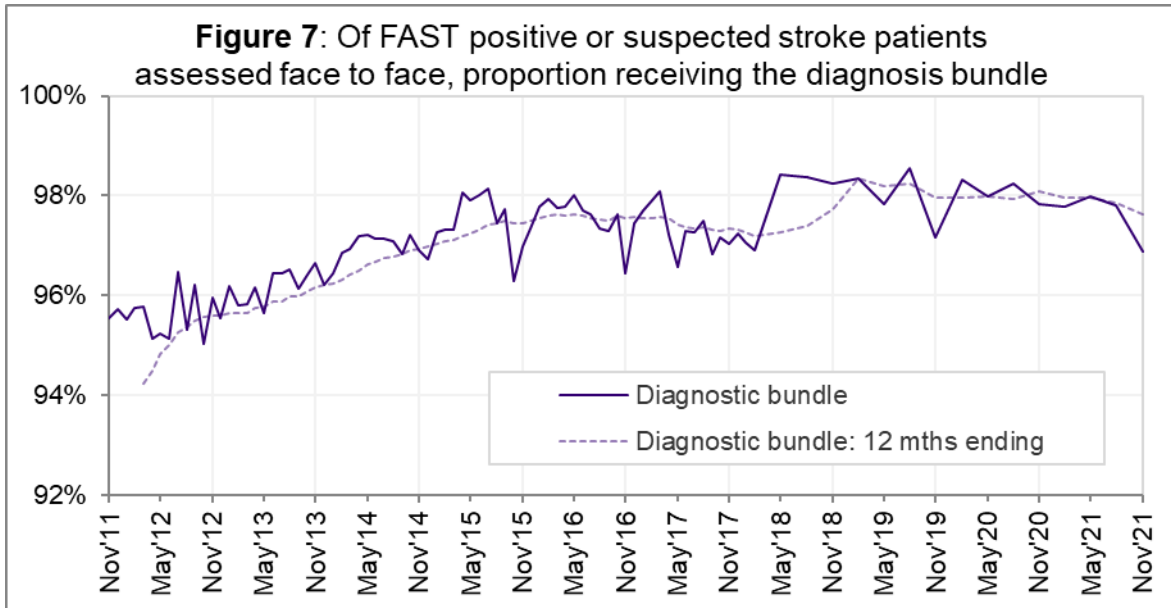
We continue to collect and publish data for the stroke diagnostic bundle once every three months. For those months, we will describe such data in this Statistical Note, along with the stroke timeliness data that we continue to collect every month.

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.

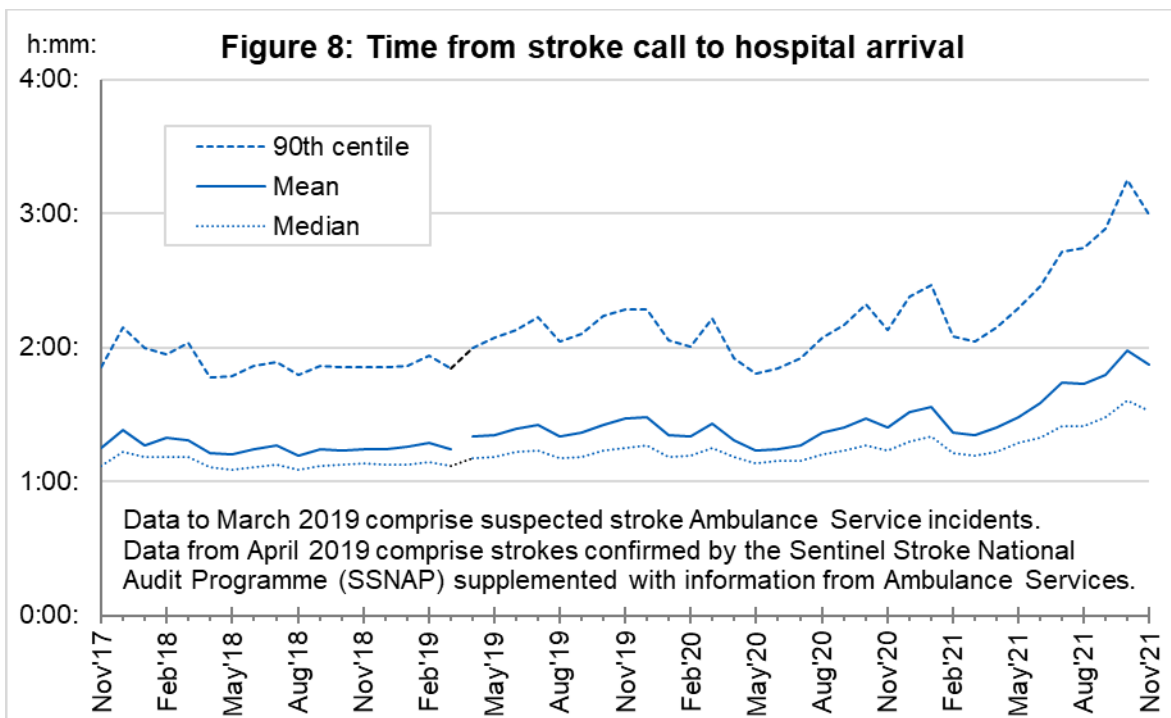
Stroke patients in England receiving an ambulance should receive a diagnosis bundle; a FAST assessment, blood glucose, and two blood pressures should all be recorded.

During November 2021, of 9,331 such patients in England, 9,040 (96.9%) had that diagnosis bundle. This is the first time that this proportion has been below 97% since February 2018 (Figure 7).



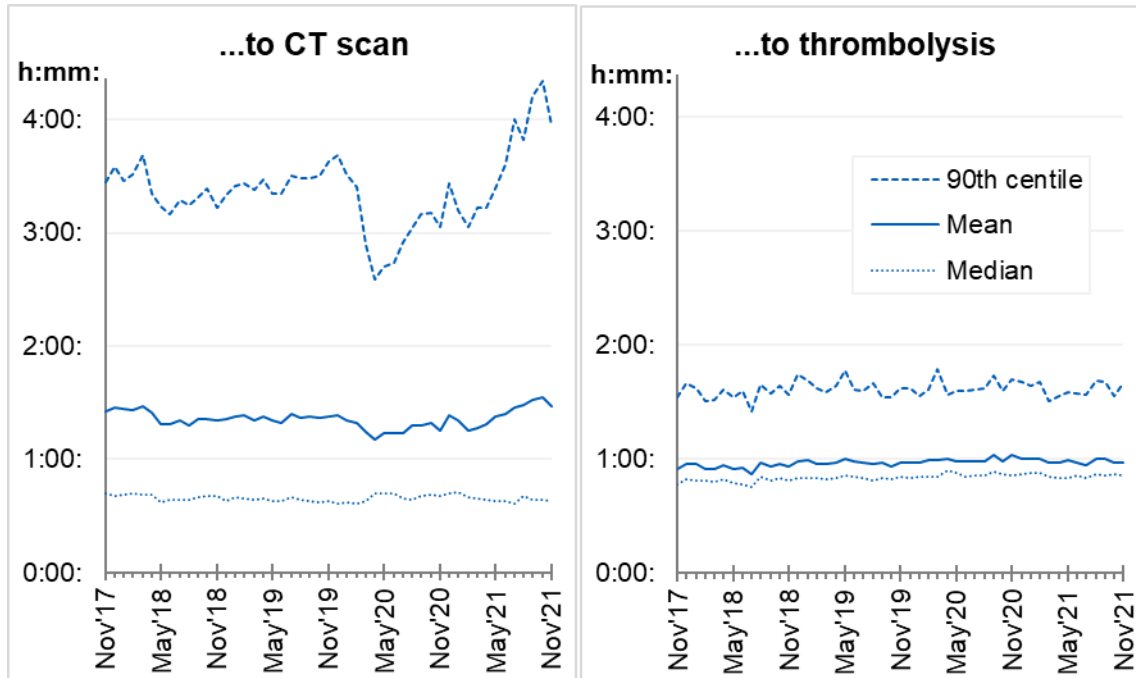
Only London (LAS) and South East Coast (SECamb) Ambulance Services revised their stroke bundle data for our 10 March 2022 publication. None of their monthly bundle proportions changed by more than 0.1 percentage points, so the revisions would be imperceptible if shown on Figure 7.

The mean average time from call until arrival at hospital was 1 hour 52 minutes for stroke patients in November 2021. Like the median and 90th centile, this is less than in October 2021, but that had the longest times in the series (Figure 8).



The median time from hospital arrival to CT scan in November 2021 was 37 minutes, below the median for the year ending March 2021. The 90th centile time from hospital arrival to CT scan was 3 hours 56 minutes in November 2021. This was a decrease from 4 hours 20 minutes the previous month, which was the longest since data was first collected. The median time from hospital arrival to thrombolysis in November 2021, 51 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...



The largest revisions for England times after hospital arrival were two minutes, for the June 2021 90th centile time to thrombolysis, and for the July and August 2021 90th centile times to CT scan.

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 to 2014-15 and winter 2017-18 to 2021-22 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.