

Statistical Note: Ambulance Quality Indicators (AQI)

For all four categories C1-C4, the average and 90th centile ambulance response times in April 2022 were shorter than in March 2022, but longer than nearly all other months since the categories were introduced in 2017.

The number of incidents per day resulting in conveyance to ED was the lowest since May 2020.

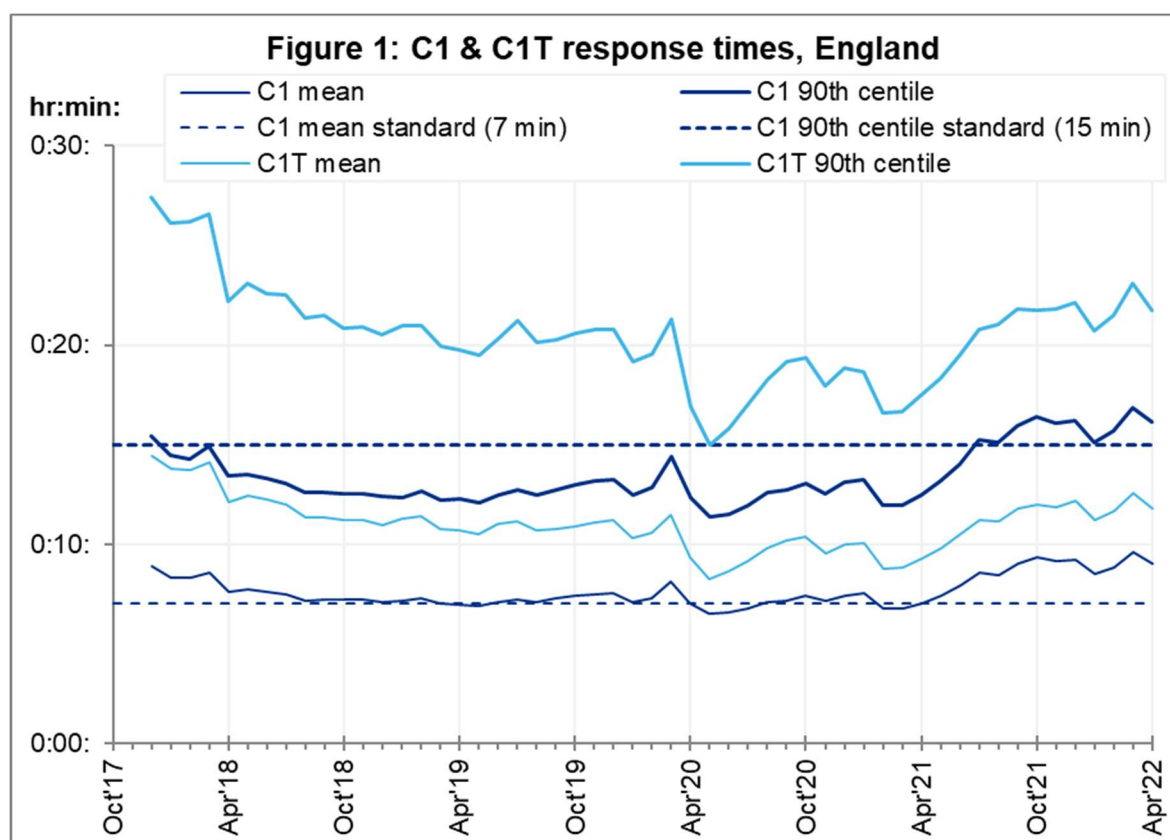
For sepsis patients transported by ambulances in England in December 2021, the proportion that received the appropriate care bundle was the highest since the series began in June 2018.

1. Ambulance Systems Indicators

1.1 Response times

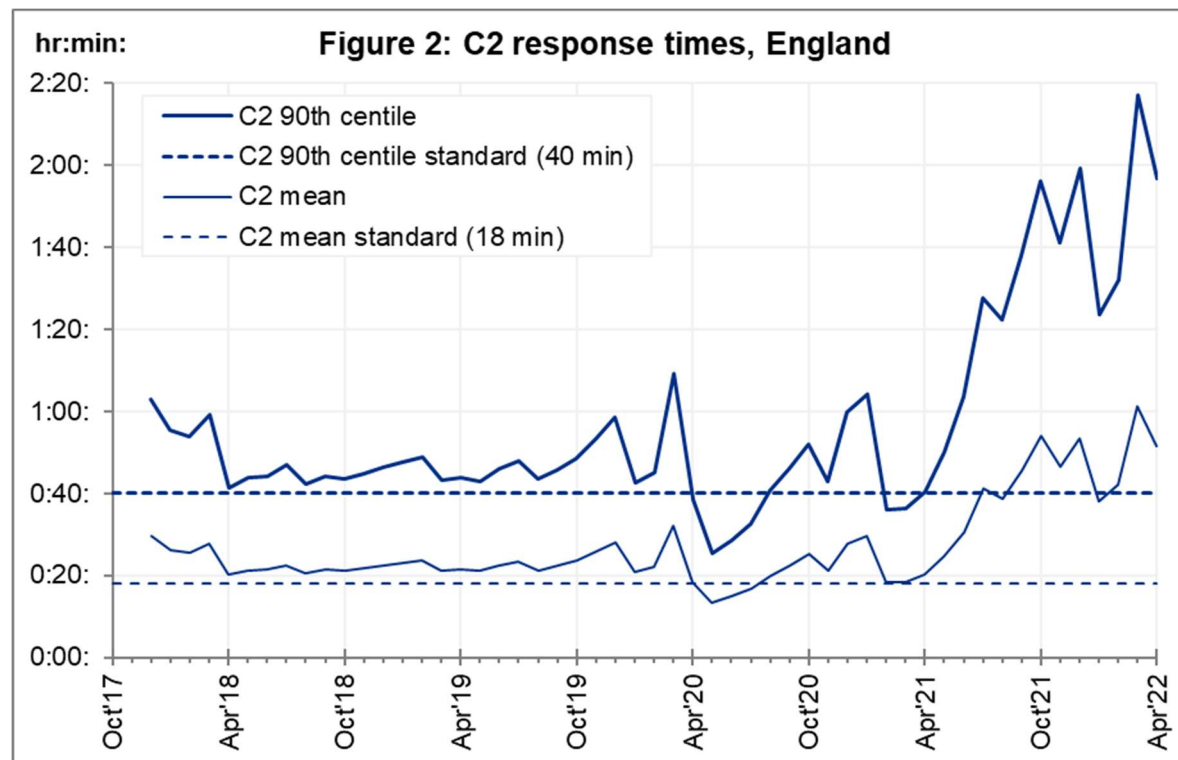
In April 2022, the England mean average response time for Category C1, the most urgent incidents, was 9:02, and the 90th centile was 16:07, so neither the 7-minute mean nor the 15-minute 90th centile standards¹ were met.

For C1T (response times for arrival of transporting vehicle, for C1 patients transported), the mean was 11:47, and the 90th centile was 21:43 (Figure 1).

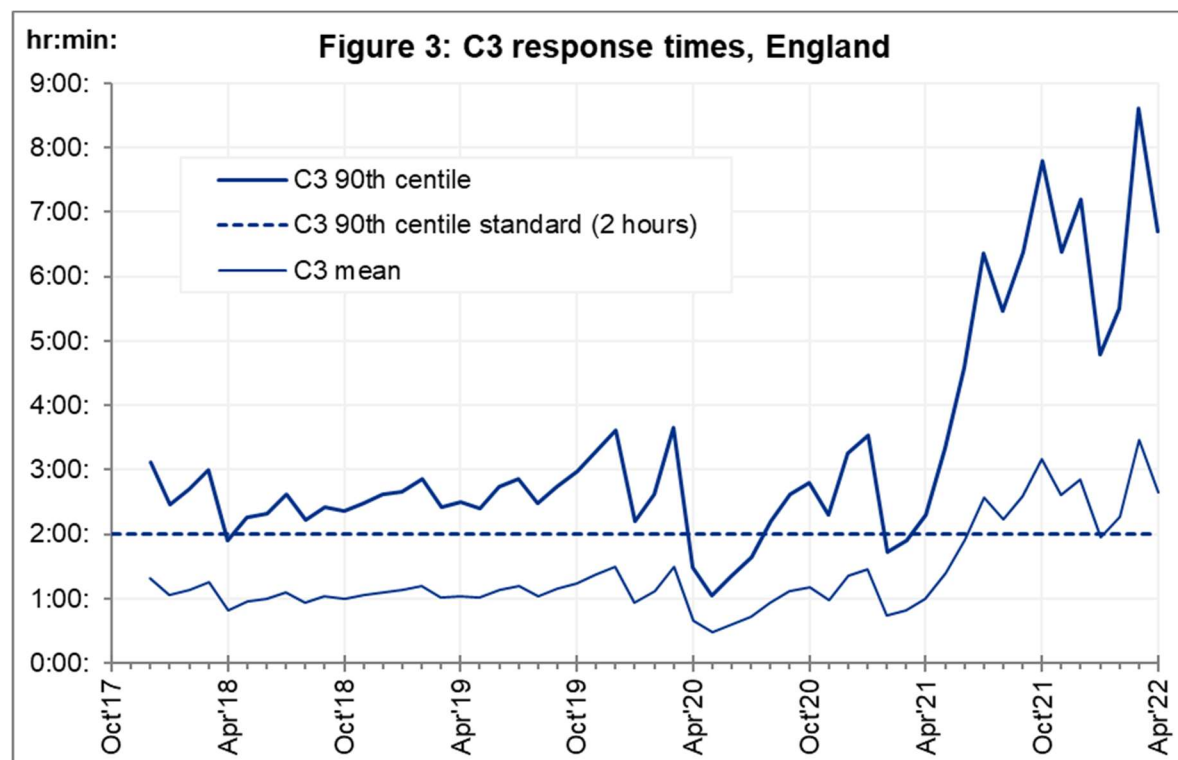


¹ Standards in the NHS Constitution Handbook: www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england/the-handbook-to-the-nhs-constitution-for-england

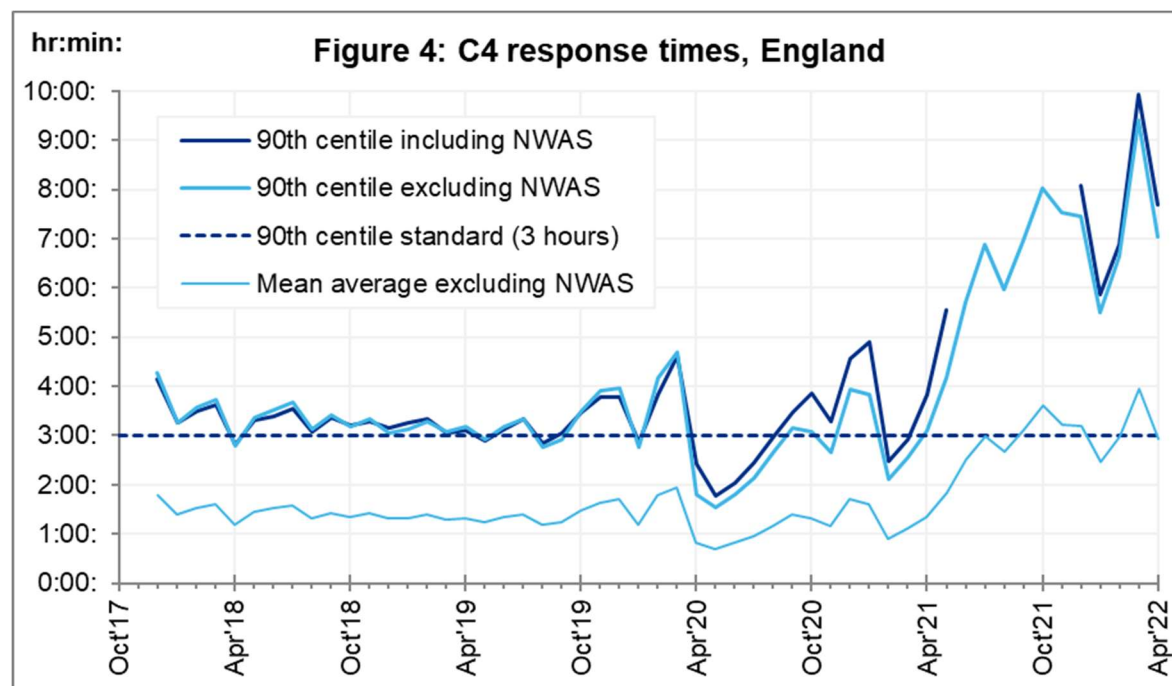
For C2 the England average response time in April 2022 was 51:22, and the 90th centile was 1:56:34, so the 18- and 40-minute standards were not met (Figure 2).



For C3 (Figure 3), the April 2022 mean average response time was 2:38:41 and the 90th centile was 6:41:39. Both were shorter than in October 2021, December 2021, and March 2022, but longer than in all other months (as was the C2 mean).

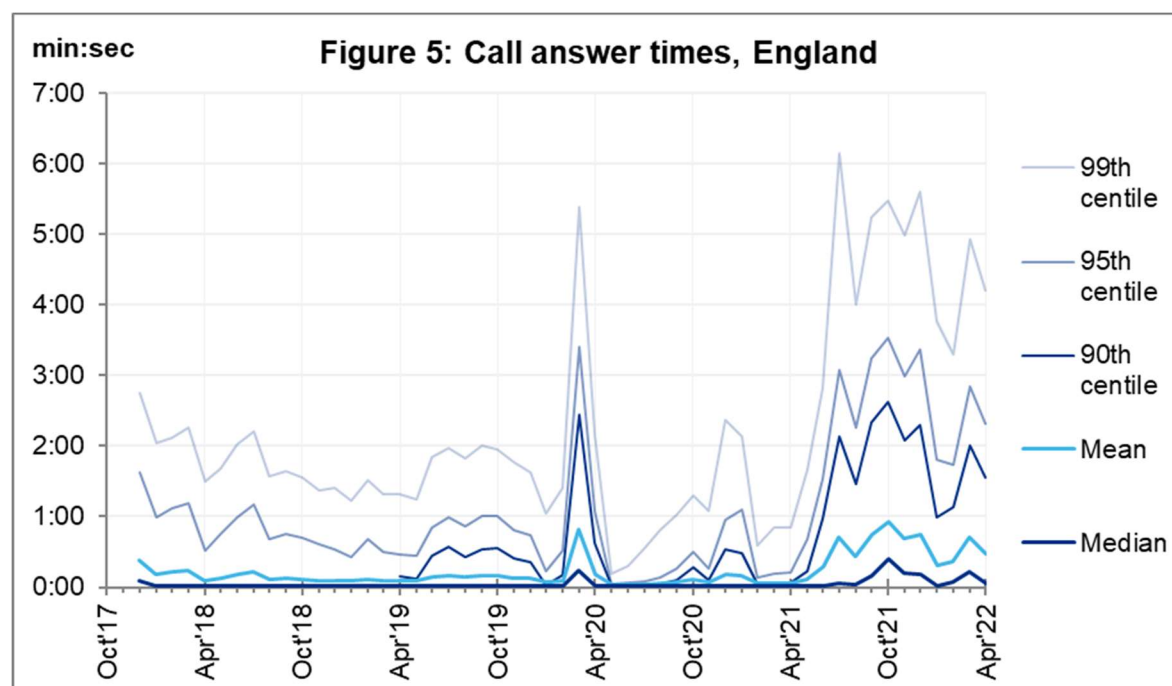


For April 2022, the C4 mean average response time was 3:08:03 and the 90th centile was 7:41:17. C4 data are unavailable for June to November 2021 for North West Ambulance Service (NWS), but Figure 4 shows the 90th centile for England was clearly longer than the 3-hour standard throughout that time and since.



1.2 Other Systems Indicators

Figure 5 shows that the average, 90th centile, and 95th centile answer times for ambulance 999 calls in England peaked in October 2021, with the average at 56 seconds. In April 2022 the average reduced to 28 seconds.



In April 2022, per day, there were (Figure 6):

- 28.7 thousand calls to 999 answered, 7% fewer than in March 2022 but 24% more than in April 2021;
- 22.8 thousand incidents receiving a response from an ambulance service (whether on the telephone or on the scene), within 1% of the March 2022 figure;
- 11.5 thousand incidents where a patient was conveyed to an Emergency Department (ED), also within 1% of the March 2022 figure.

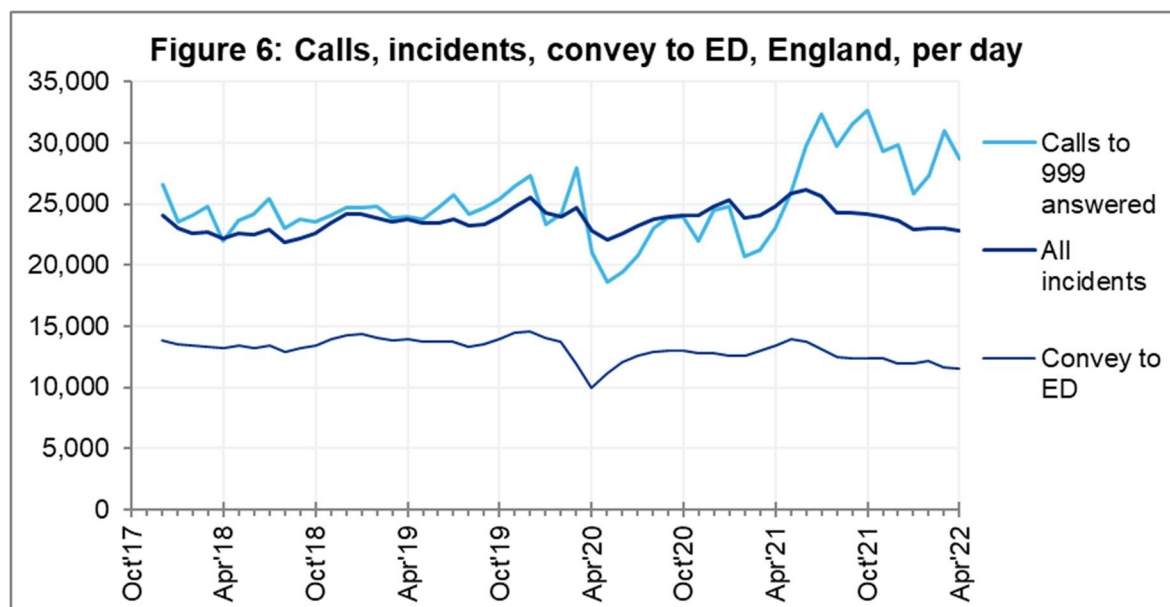
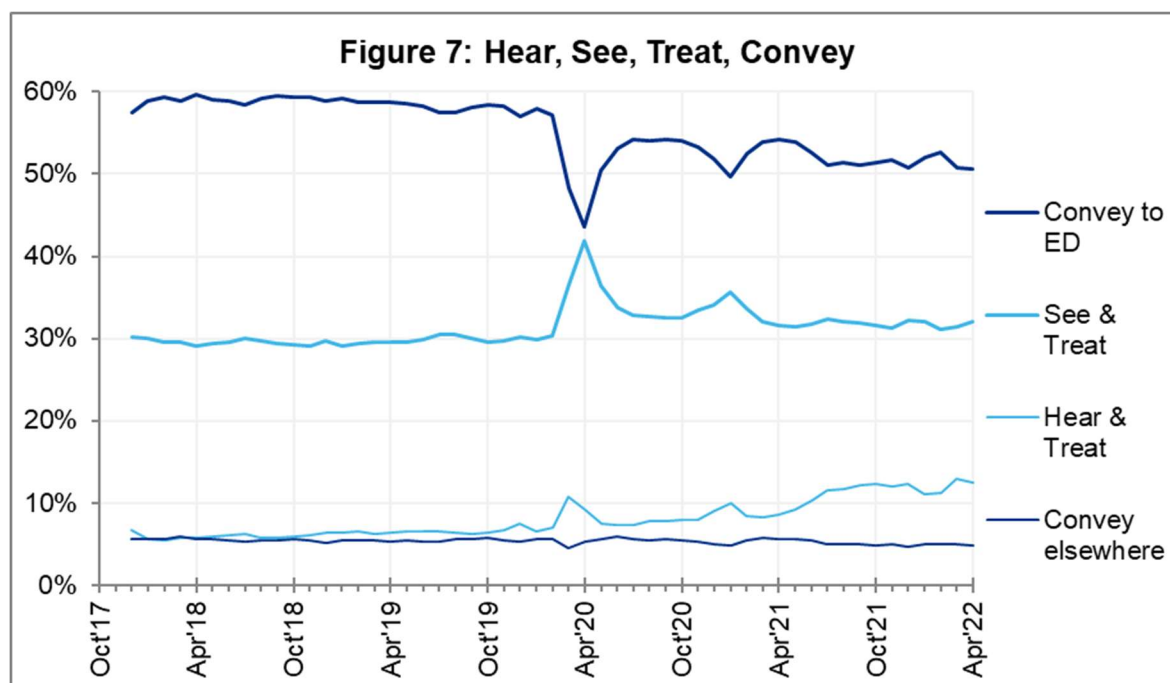


Figure 7 shows that in April 2022, 51% of incidents had a conveyance to ED, 5% had conveyance elsewhere, 32% were resolved on the scene (See & Treat) and 13% were resolved on the telephone (Hear & Treat). These proportions all changed by less than one percentage point from March 2022.



2. Ambulance Clinical Outcomes (AmbCO)

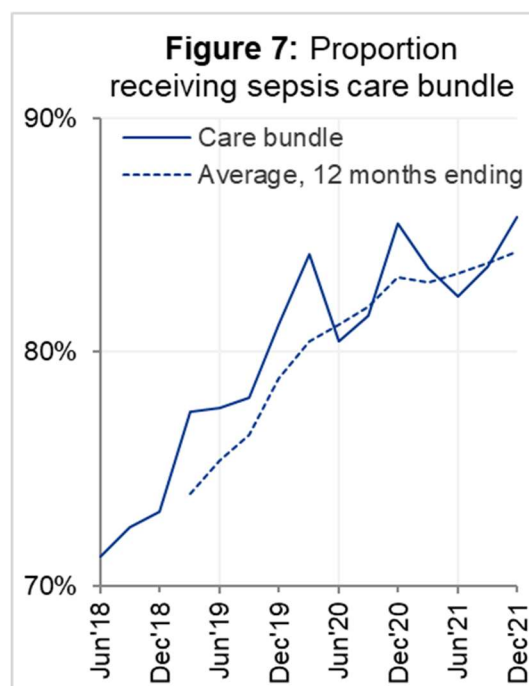
On 10 March, alongside the latest AmbCO data for October 2021, we published revisions from January to September 2021.

We continue to collect and publish data for the sepsis care bundle once every three months, and in those months, we will summarise those data in this Statistical Note.

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 December 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 85.8% (Figure 7), significantly² more than for the year ending September 2021 (83.8%) and the highest proportion since the series began in June 2018.



The only revision to sepsis bundle data was for June 2021 London Ambulance Service data, and it only altered their bundle proportion by a fraction of a percentage.

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).

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

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.