

Statistical Note: Ambulance Quality Indicators (AQI)

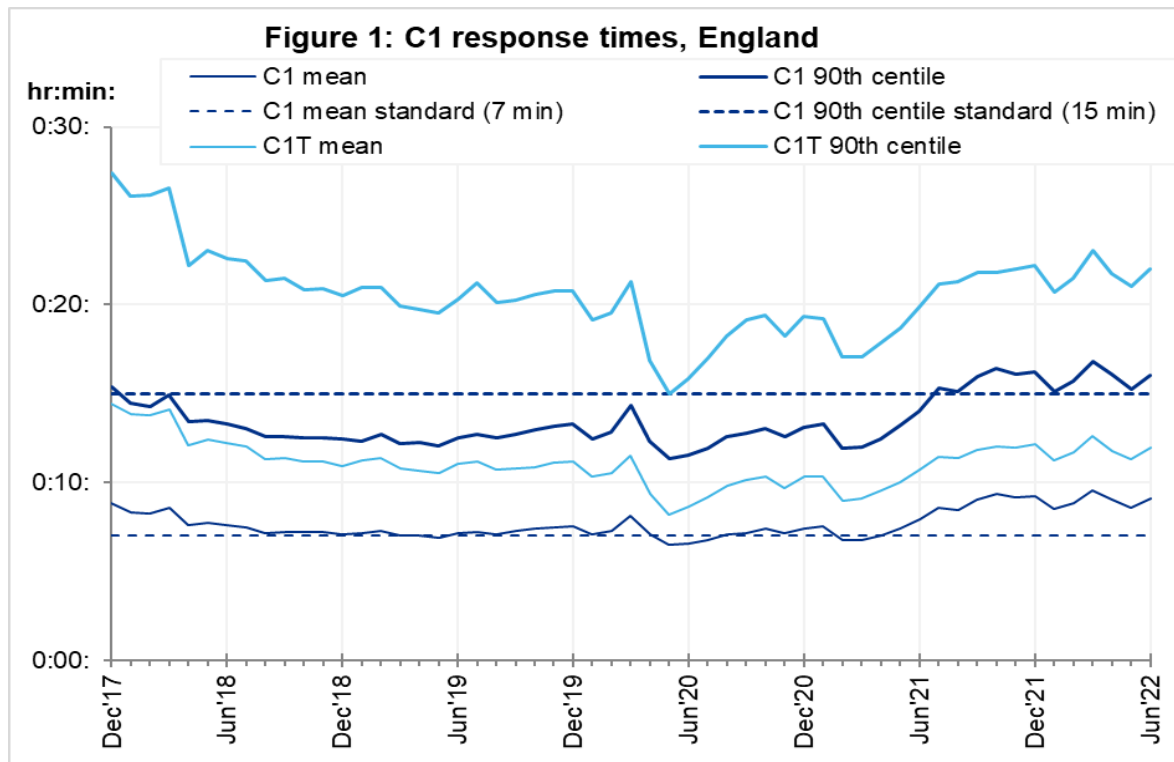
For all four categories C1-C4, the average and 90th centile ambulance response times in June 2022 have increased from May 2022, however, they are still lower than they were in March 2022.

Ambulance journey times for stroke patients in February 2022 were longer than in previous winters but shorter than during autumn 2021.

1. Ambulance Systems Indicators

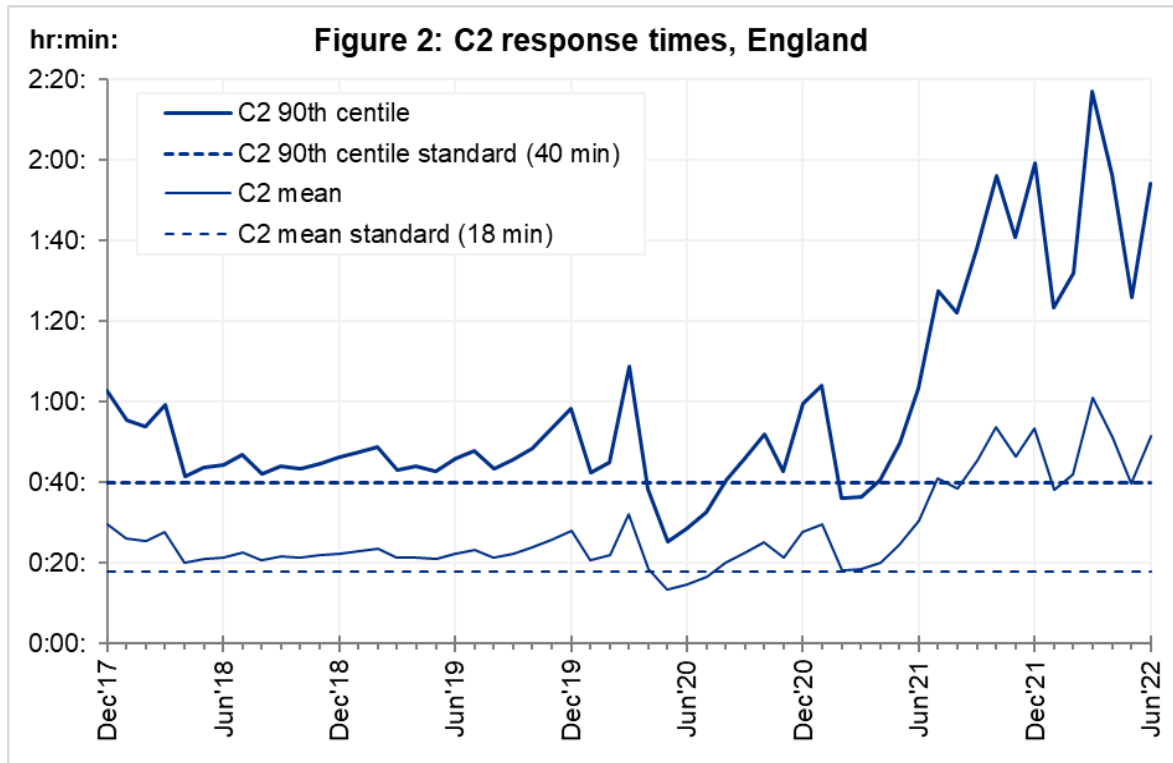
1.1 Response times

In June 2022, the England mean average response time for Category C1, the most urgent incidents, was 9:06, and the 90th centile was 16:03 (Figure 1), so neither the 7-minute mean nor the 15-minute 90th centile standards¹ were met. In June 2022, the C1T mean for England was 11:57, and the 90th centile was 22:02.

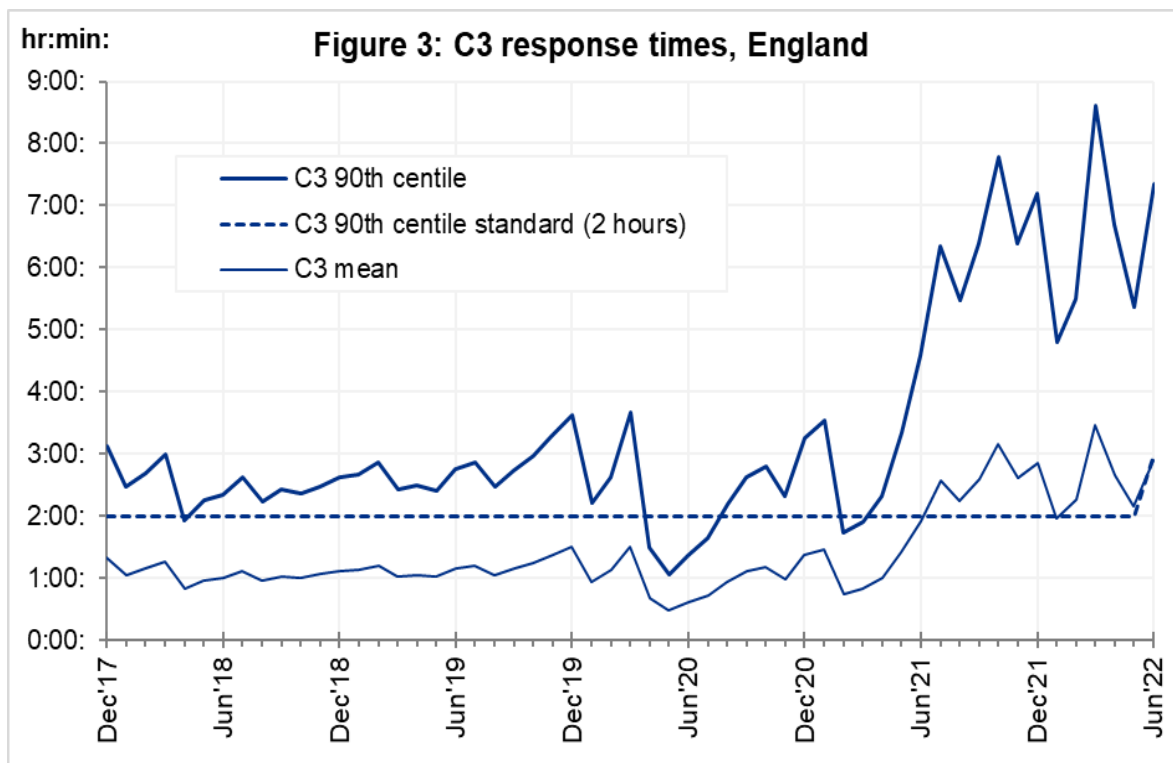


¹ Standards in the NHS Constitution Handbook: www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england/the-handbook-to-the-nhs-constitution-for-england

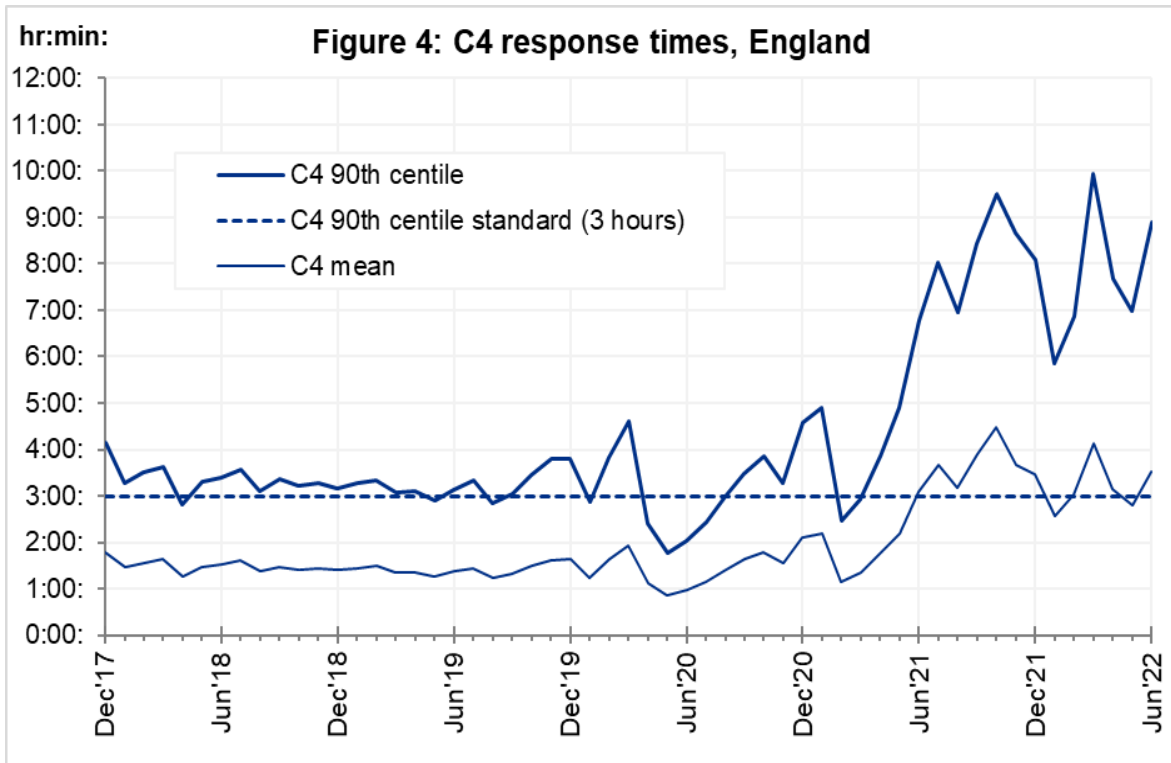
The C2 mean response time in June 2022 was 51:38, and the 90th centile was 1:54:17, so the 18 and 40-minute standards were not met (Figure 2).



For C3 (Figure 3), the June 2022 mean average response time was 2:53:54 and the 90th centile was 7:21:14 so the 2-hour 90th centile standard was not met.

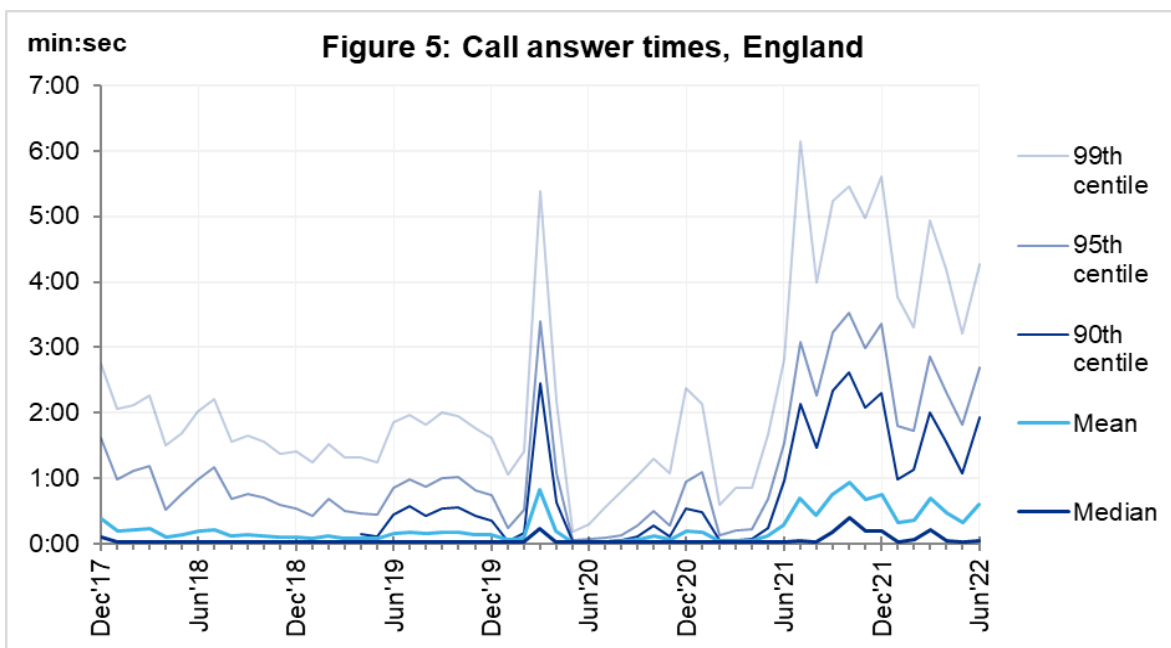


For C4 (Figure 4), the June 2022 mean average response time was 3:32:07 and the 90th centile was 8:53:11 so the 3-hour 90th centile standard was not met.



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 (excluding March 2020), whilst the 99th centile peaked in July 2021. The mean in June 2022 increased to 36 seconds from 19 seconds in May 2022.



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

- 30.0 thousand calls to 999 answered, 9% more than in May 2022, and 1% more than in June 2021;
- 23.1 thousand incidents receiving a response from an ambulance service (whether on the telephone or on the scene), 0.2% more than the May 2022 figure;
- 11.7 thousand incidents where a patient was conveyed to an Emergency Department (ED), 2% less than the May 2022 figure.

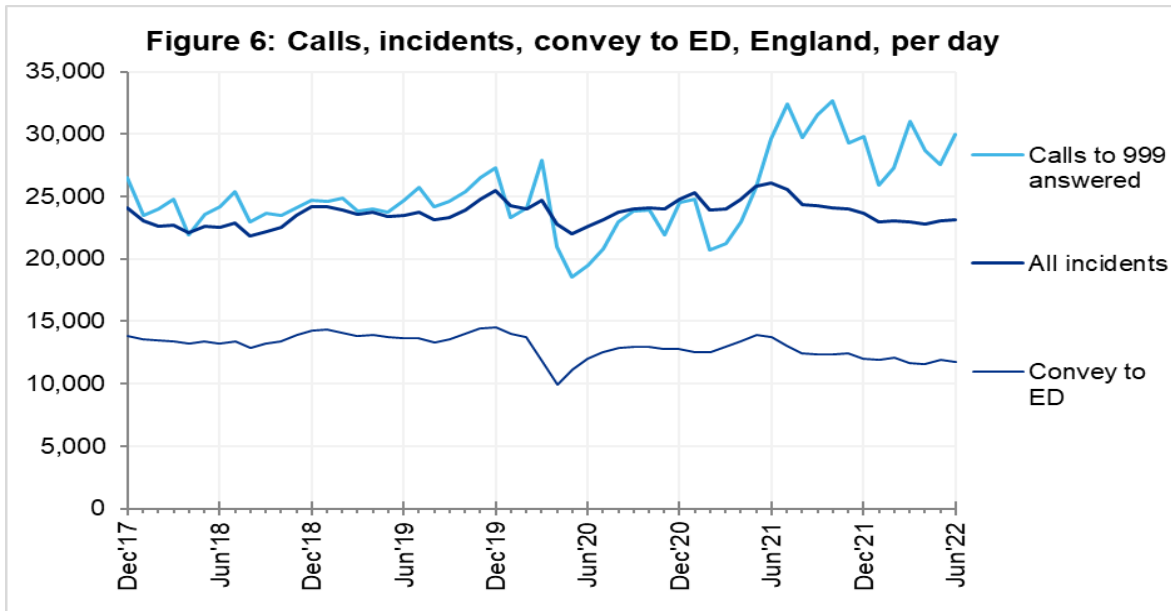
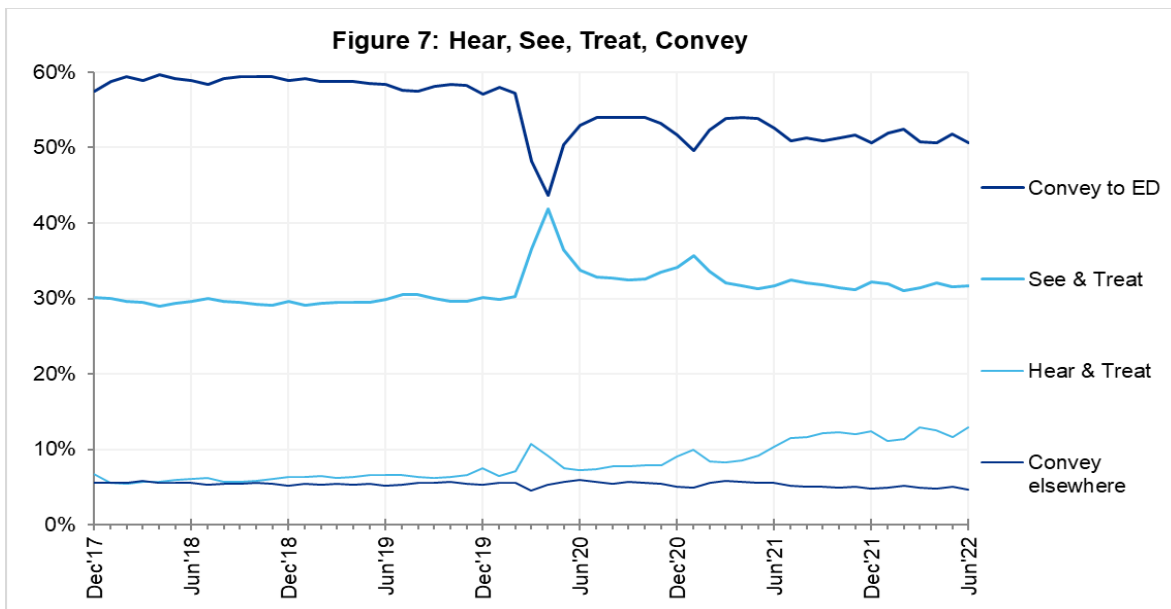
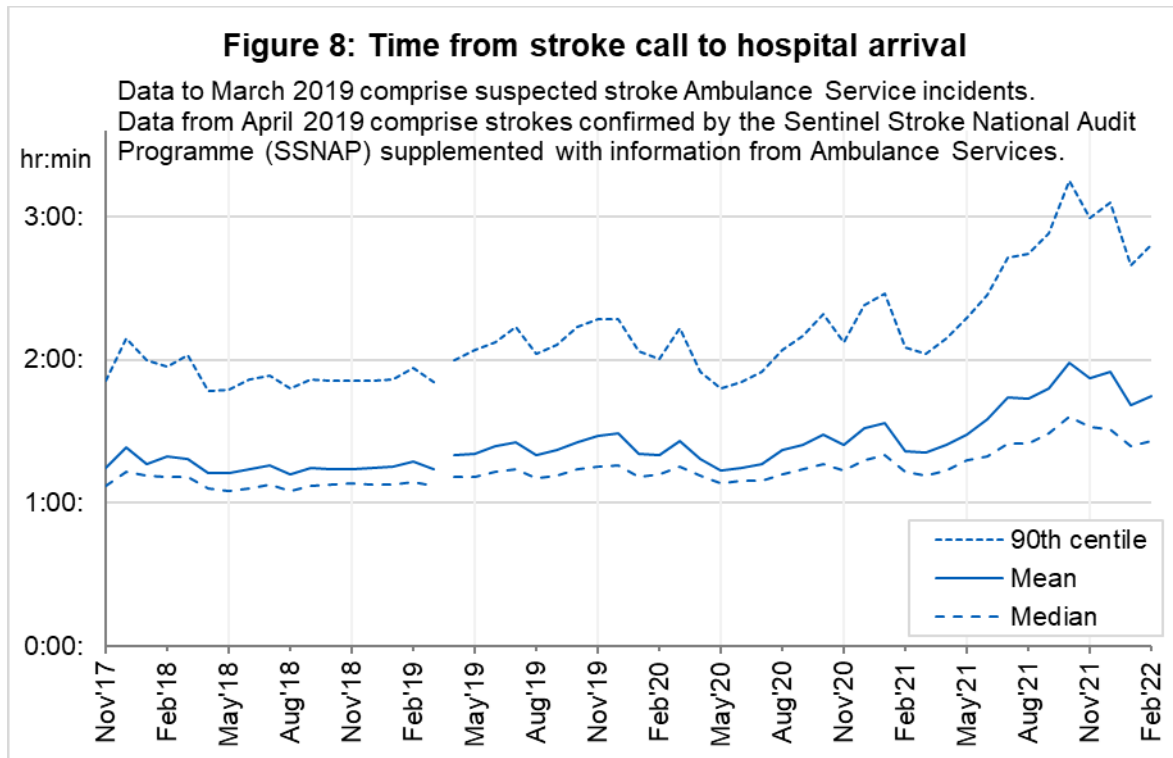


Figure 7 shows that in June 2022, 51% of incidents had a conveyance to ED, 5% had conveyance elsewhere, 32% were resolved on scene (See & Treat) and 13% were resolved on the telephone (Hear & Treat).



2. Ambulance Clinical Outcomes (AmbCO)

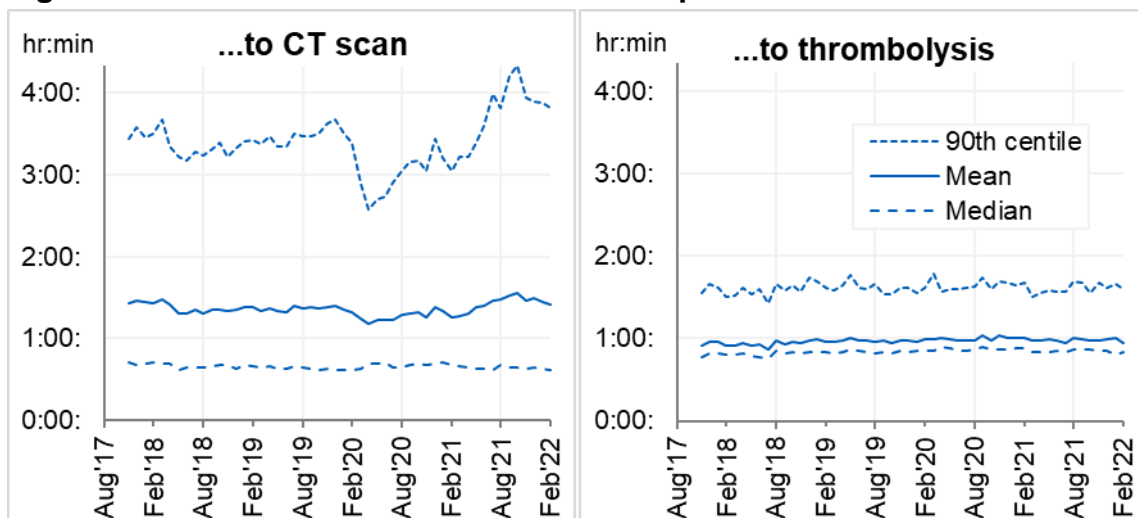


The mean average time from 999 call until arrival at hospital for patients who had a stroke was 1 hour 44 minutes in February 2022 (Figure 8).

The mean average time from hospital arrival to CT scan in February 2022 was 1 hour 25 minutes for stroke patients who had a CT scan. This was longer than in all the months of 2018-19, 2019-20, or 2020-21, but shorter than in each of the last six months of 2021. That is also true for the mean time from call to hospital arrival.

The mean average time from hospital arrival to thrombolysis was 56 minutes in February 2022, which is as low as it ever was in the months of 2019, 2020, or 2021, although it didn't exceed 62 minutes either in those years (Figure 9).

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

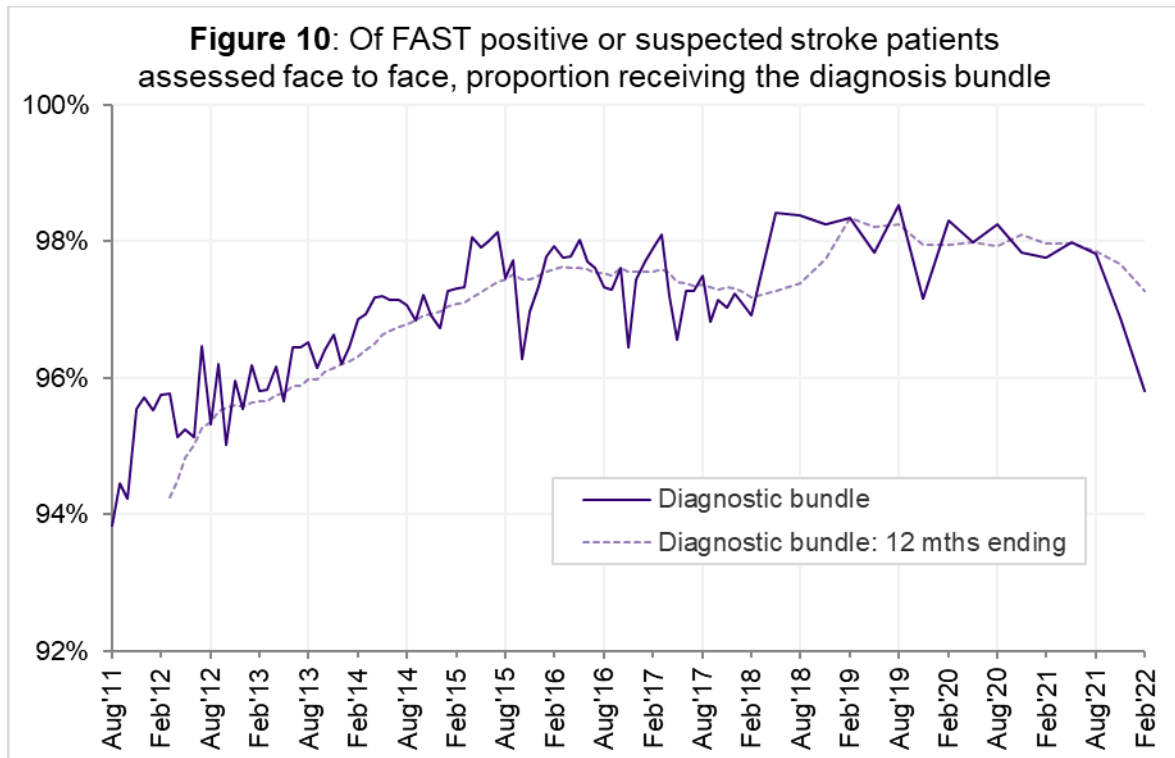


The FAST procedure helps assess whether someone has suffered a stroke:

- 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 February 2022, of 8,982 such patients in England, 8,606 (96%) received that diagnosis bundle (Figure 10). However, both North West and West Midlands Ambulance Services advised us of a possible reporting problem where their February 2022 data did not capture all patients where the bundle was delivered. Excluding them from all months, the February 2022 proportion is 97.4%, the same as for the year ending September 2021.



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 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.

3.3 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.

3.4 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.