

Statistical Note: Ambulance Quality Indicators (AQI)

Ambulance response times in January 2023 improved for all four categories of response and they were all below the averages for 2021-22, though none of the six response time standards ¹ were met.

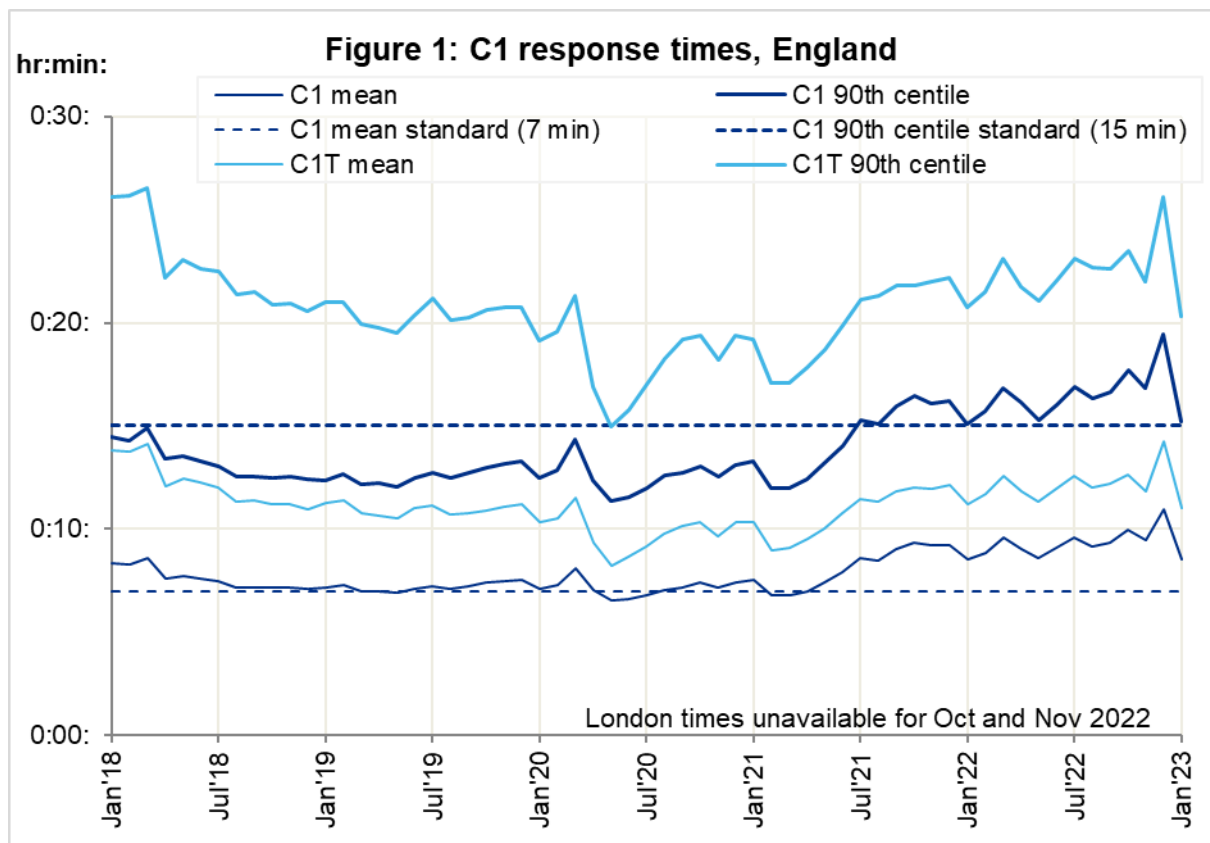
The number of 999 calls answered per day was the lowest since March 2021, with the lowest average call answer time since May 2021.

1. Ambulance Systems Indicators

1.1 Response times

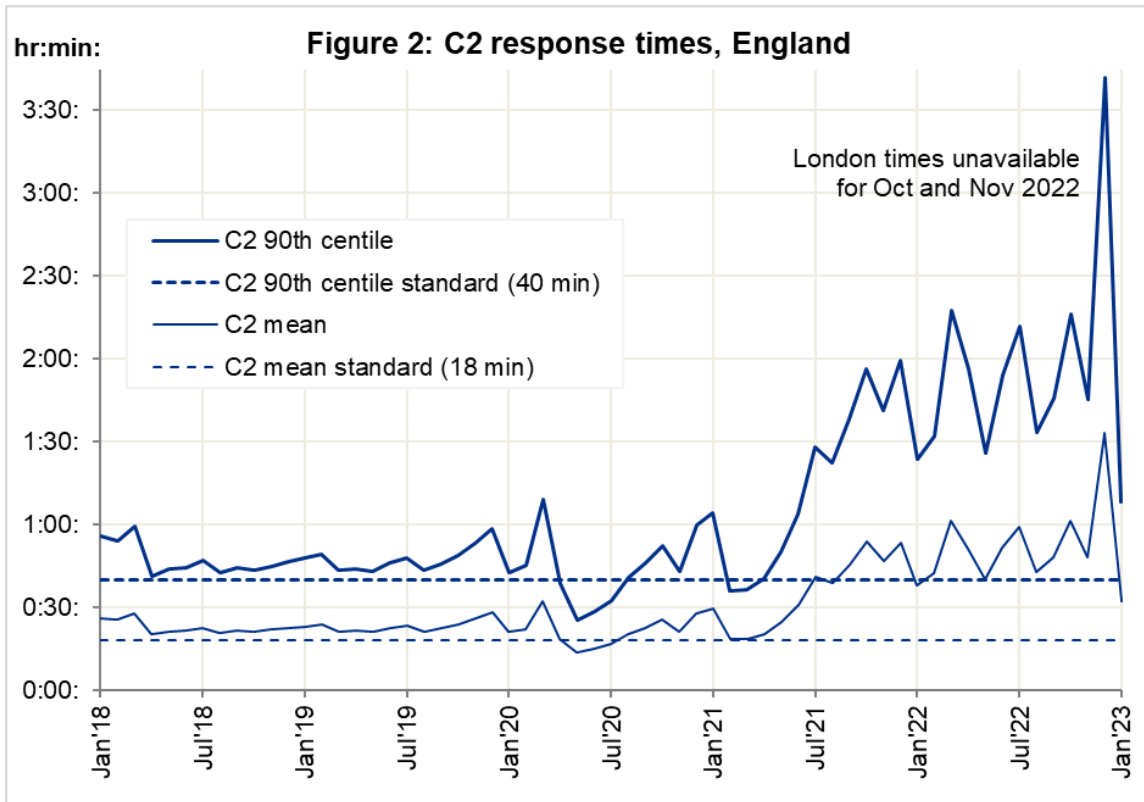
In January 2023 for England, the mean average response time for the most urgent Category, C1, was 8 minutes 30 seconds, and the 90th centile was 15:11, the lowest since August 2021 and January 2022 respectively, but still above the standards of 7 and 15 minutes (Figure 1).

The mean average for C1T (time to the arrival of the transporting vehicle for C1 incidents) was 11:00, the lowest since June 2021.

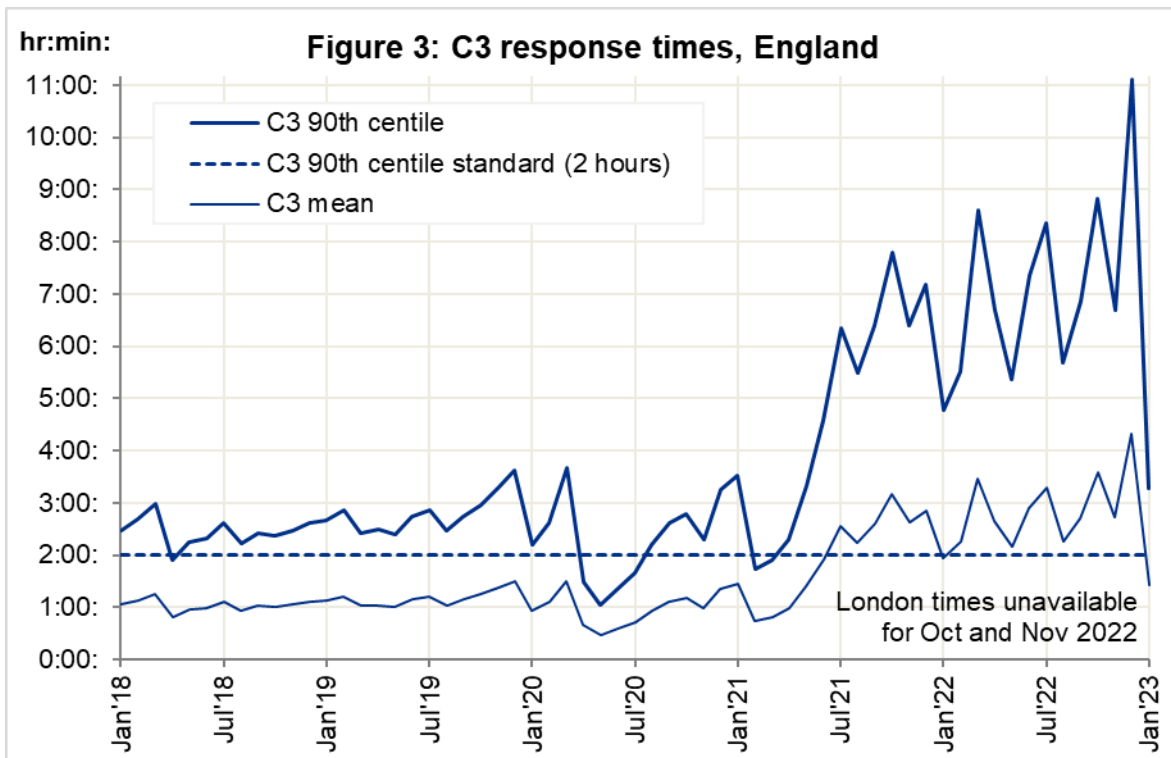


¹ Standards in the NHS Constitution Handbook: www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england/the-handbook-to-the-nhs-constitution-for-england

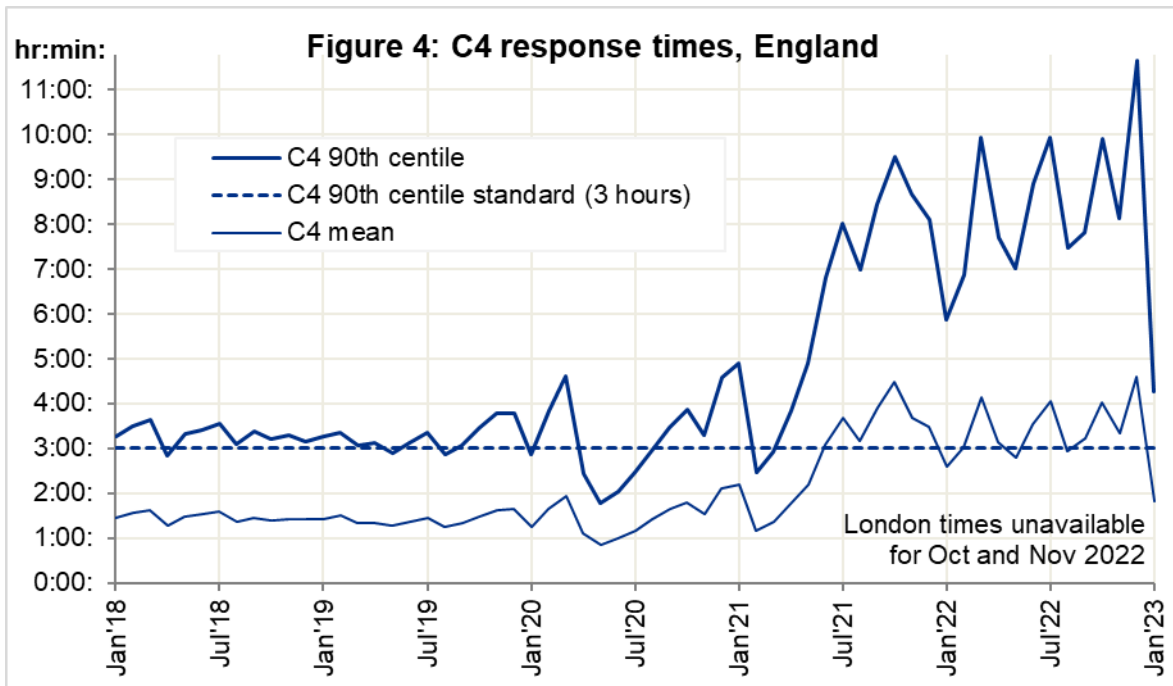
The average C2 response time in England in January 2023 was 32:06 and the 90th centile was 1:08:01, each the lowest since June 2021.



C3 averaged 1:26:09 with a 90th centile of 3:17:28 in January 2023, each less than a third of the December 2022 times (Figure 3).



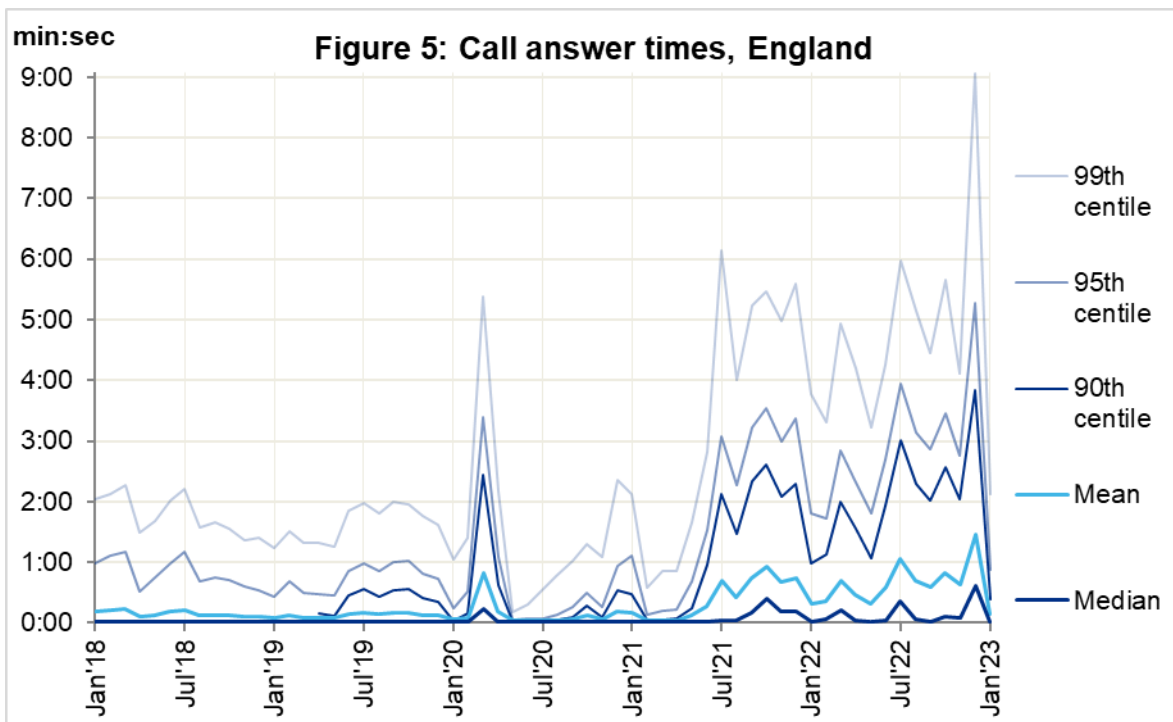
C4 averaged 1:48:46 in January 2023 with a 90th centile of 4:16:35 (Figure 4).



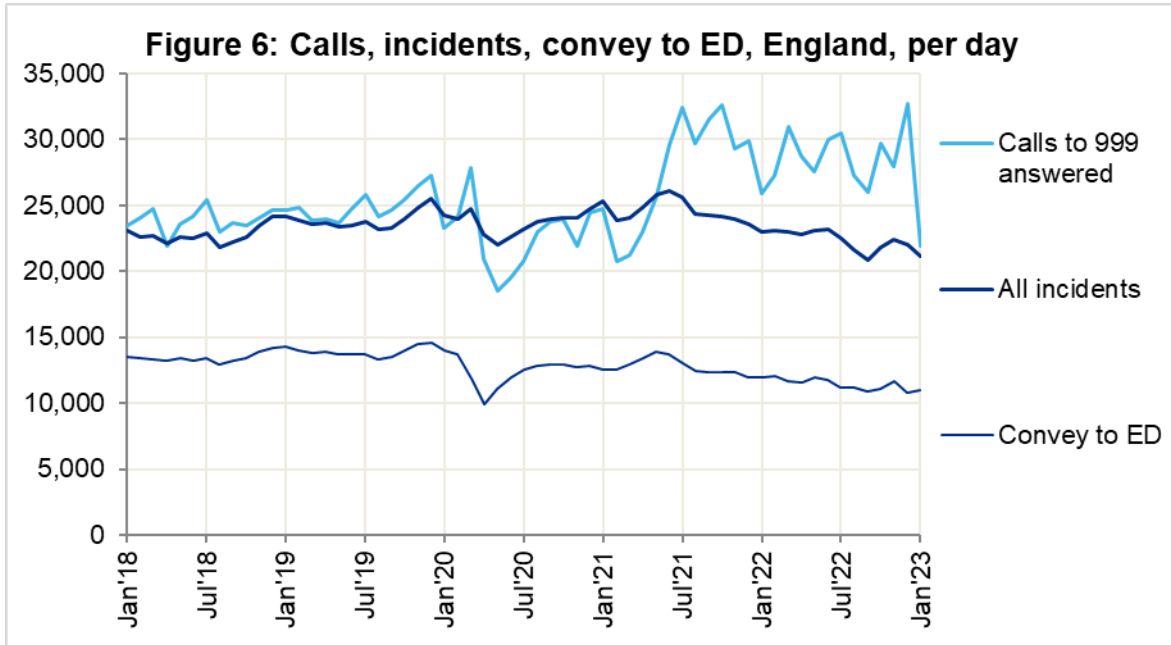
1.2 Other Systems Indicators

Ambulance Services answered 679,517 calls in January 2023, or 21,920 per day, both 33% fewer than in December 2022.

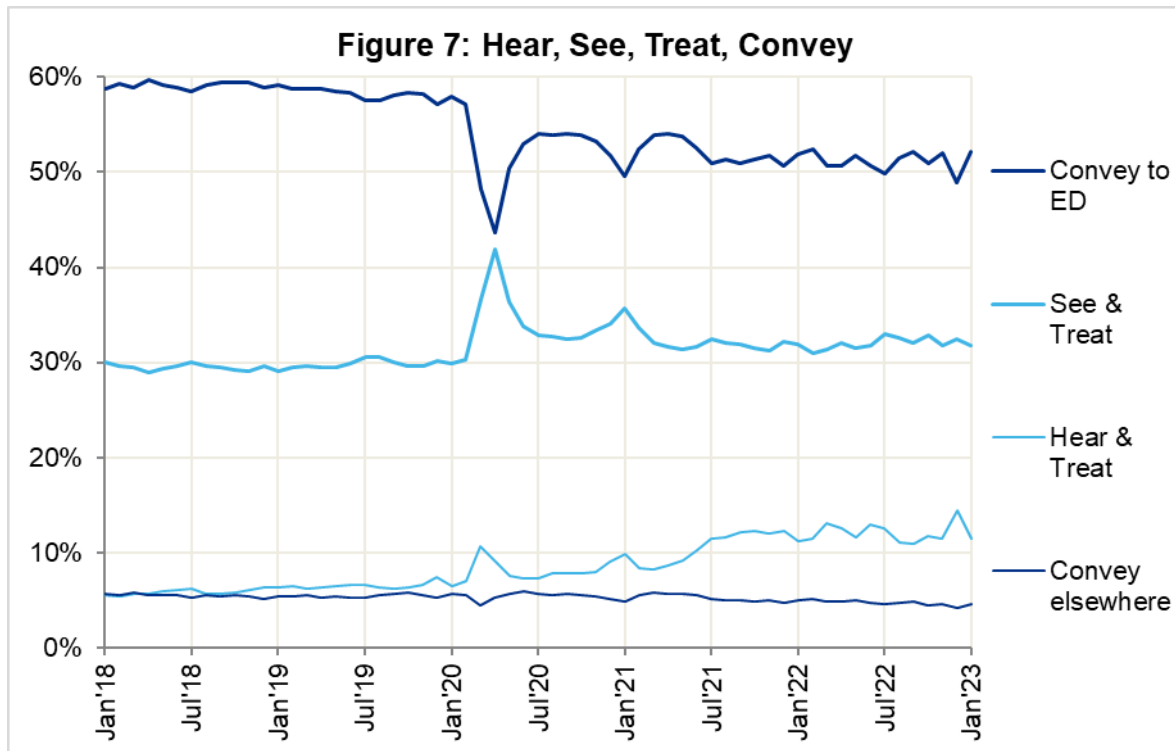
The call answer times in Figure 5 were the lowest since May 2021, with an average of 9 seconds, more than a minute shorter than in December 2022.



Although 33% fewer calls were answered per day in January 2023 than in December 2022, the number of incidents per day only decreased by 4% to 21,106. The number of incidents with conveyance to ED per day increased by 2% to 10,995 (Figure 6).



The outcomes of incidents in January 2023 all returned to within 0.1 percentage points of what they had been in November 2022, following the unusual changes in December 2022 (Figure 7). 52.1% of had conveyance to ED, 4.7% had conveyance to non-ED, 31.7% were resolved on the scene (See & Treat), and 11.5% were resolved on the telephone (Hear & Treat).



2. Ambulance Clinical Outcomes (AmbCO)

In these Statistical Notes, we continue to summarise data for STEMI (a type of heart attack) and cardiac arrest when we publish January, April, July, or October data, and stroke data in the following month. Our latest AmbCO data are for September 2022, so there is no summary this month.

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 in section 3.1, incidents resulting from a call to NHS 111 are included in all the AQI, except the counts of 999 calls (indicators A1, A124, and A125) and answer times (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://easc.nhs.wales/asi>

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: NHS England Media team, nhsengland.media@nhs.net, 0113 825 0958.

The person responsible for producing this publication is Ian Kay, Performance Analysis Team, Transformation Directorate, NHS England, 0113 825 4606, england.nhsdata@nhs.net.

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.