

Statistical Note: Ambulance Quality Indicators (AQI)

In March 2023, for all categories, ambulance response times were longer than in the previous two months, and longer than the response time standards¹, but shorter than in most months of 2022.

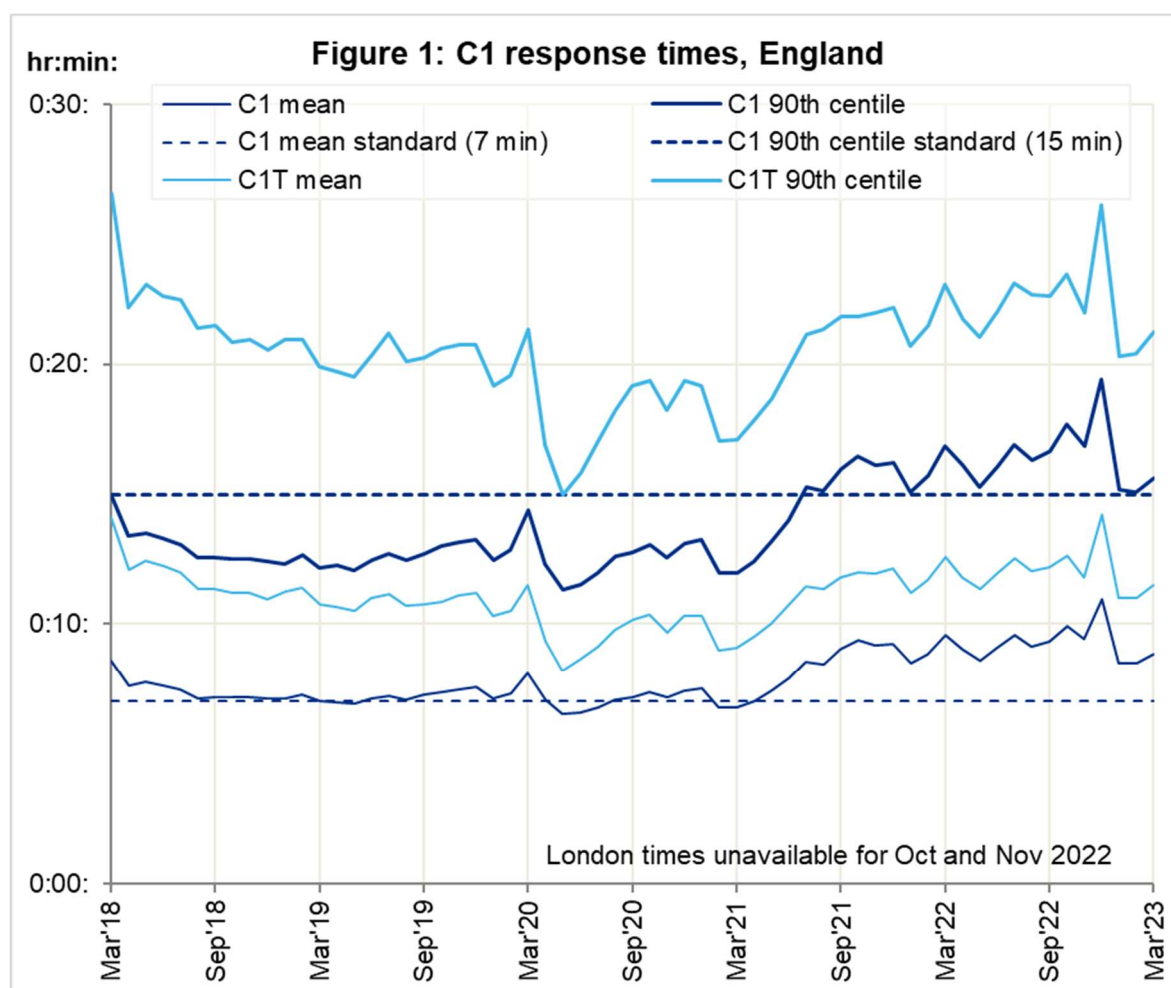
In November 2022, the recommended bundle of diagnostic measures was recorded for a higher proportion of stroke patients than in the year ending September 2022.

1. Ambulance Systems Indicators

1.1 Response times

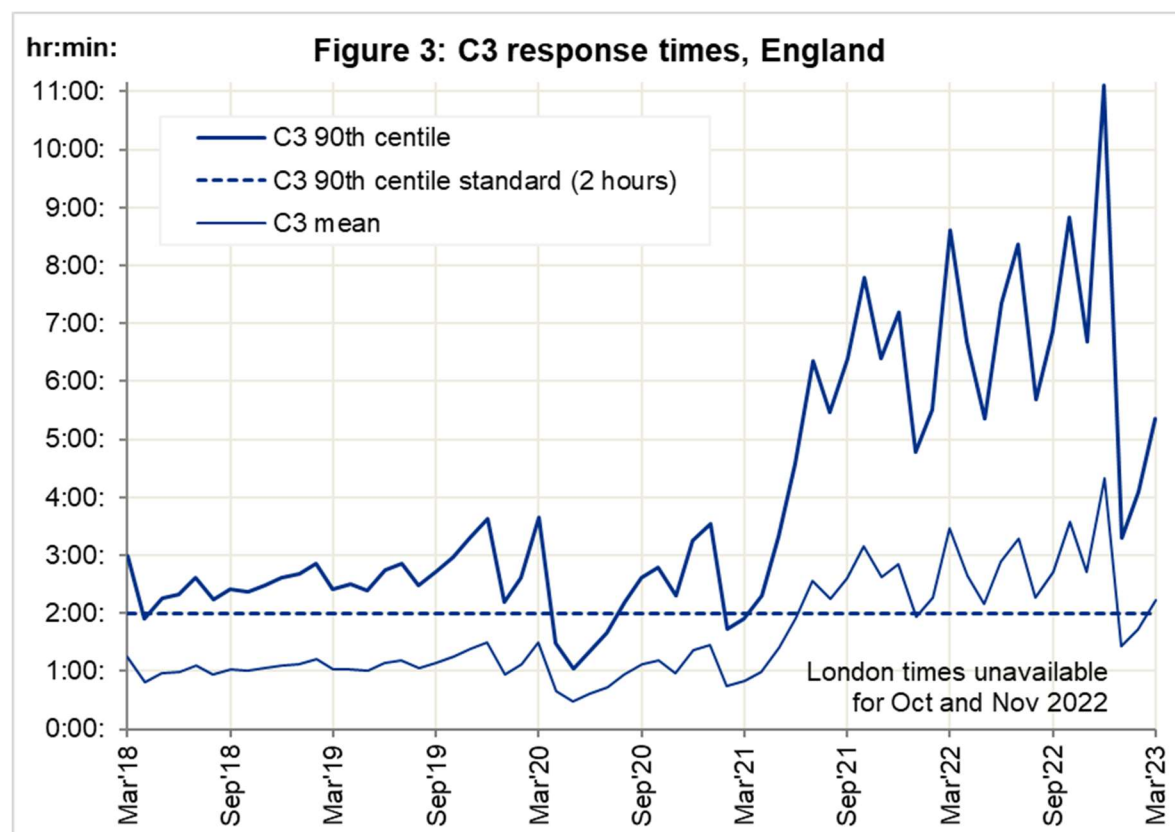
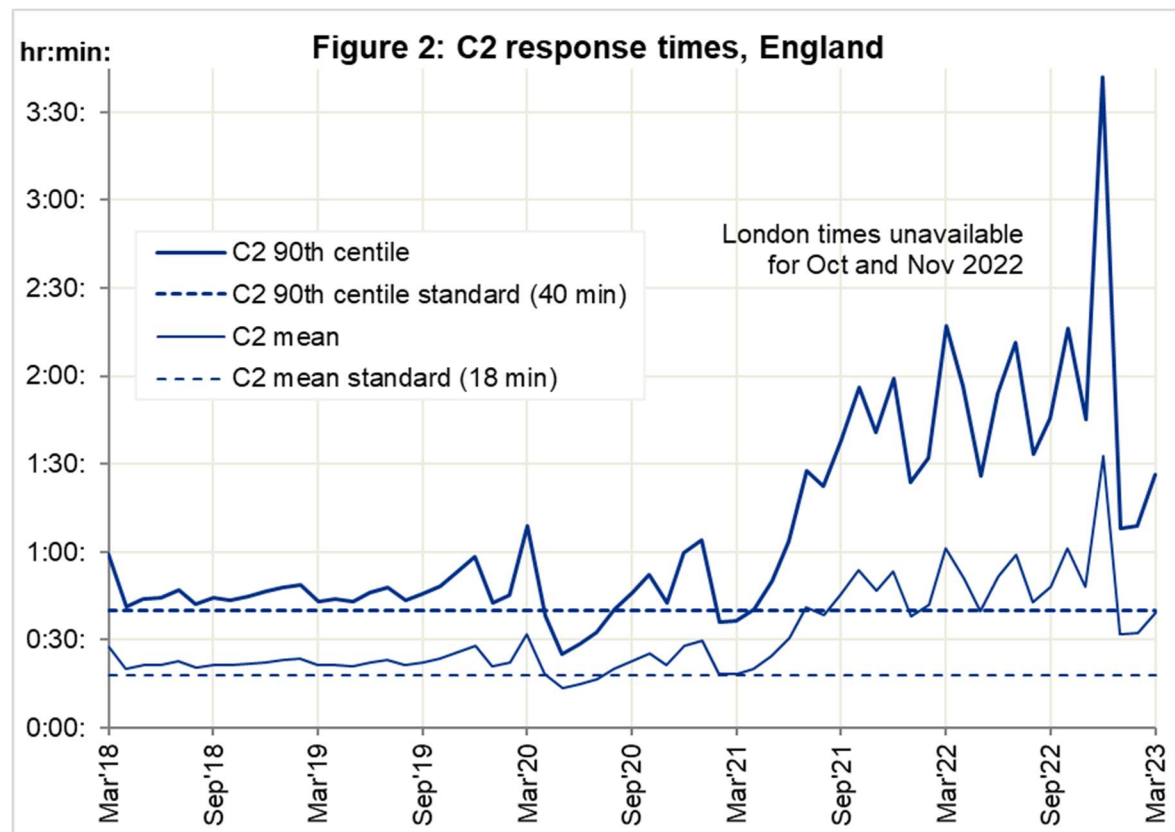
For England, the mean average response time for the most urgent Category, C1, was 8 minutes 49 seconds in March 2023, and the 90th centile was 15:38 (Figure 1).

The mean average for C1T (time to the arrival of the transporting vehicle for C1 incidents) increased to 11:29, and the 90th centile to 21:15.

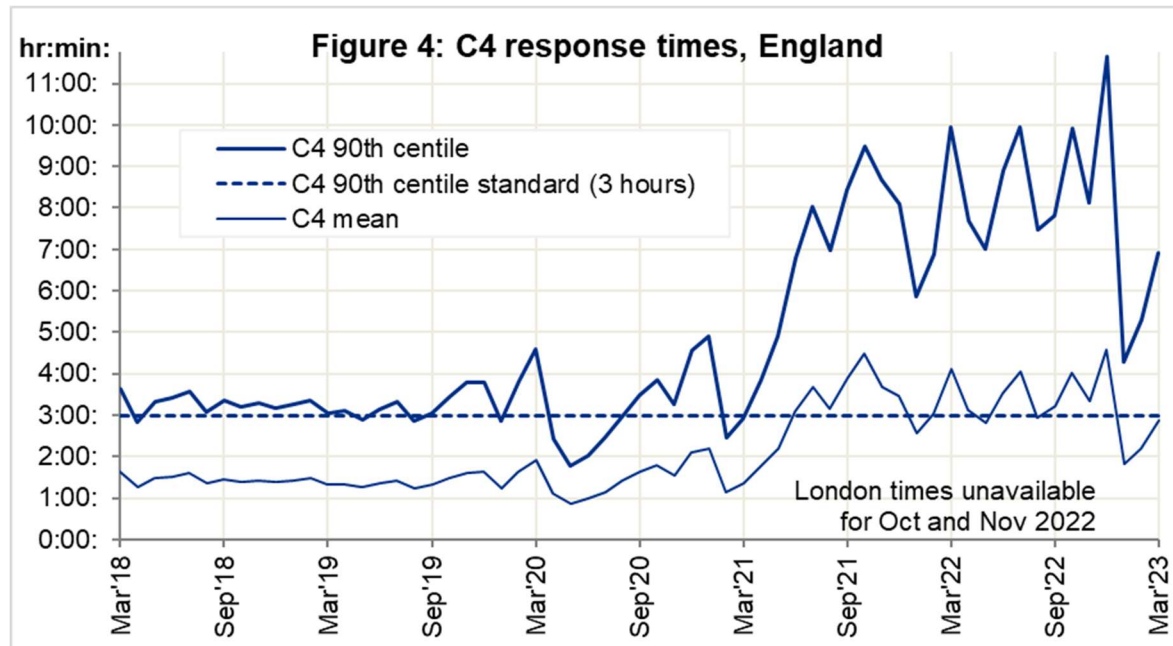


¹ Standards in the NHS Constitution Handbook: www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england/the-handbook-to-the-nhs-constitution-for-england

The C2 average in March 2023 was 39:33, and the 90th centile was 1:26:15 (Figure 2). C3 averaged 2:13:40 with a 90th centile of 5:21:12 (Figure 3).



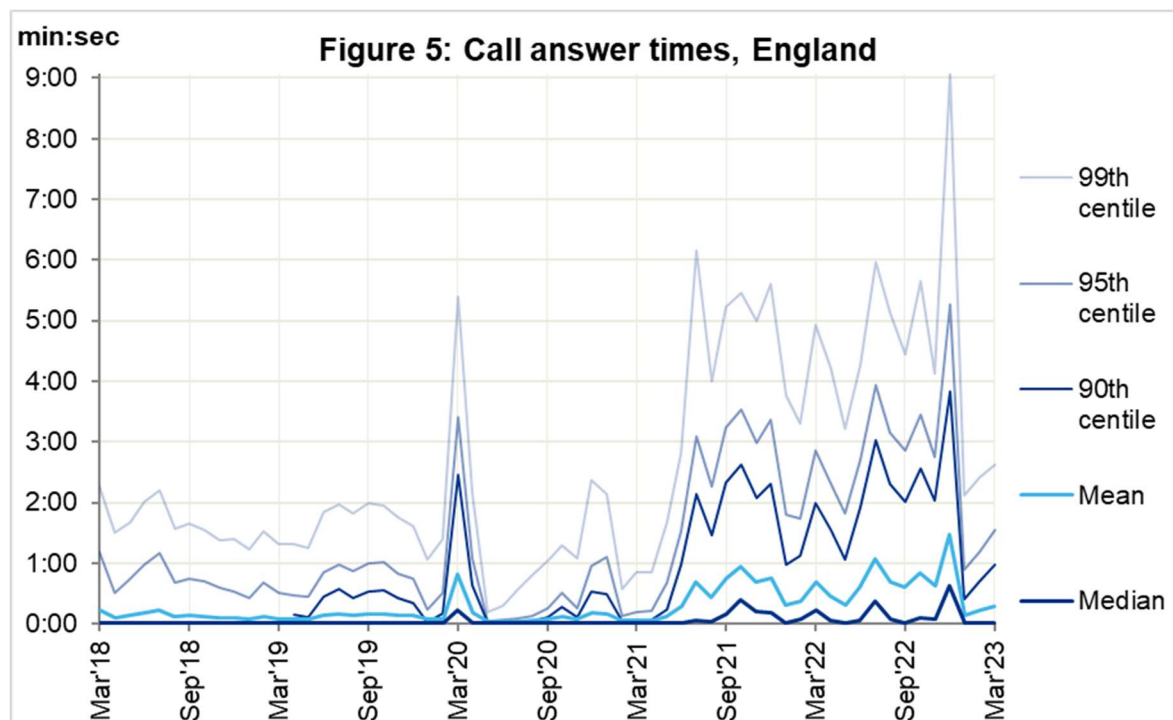
C4 averaged 2:51:47 in March 2023 with a 90th centile of 6:54:22 (Figure 4).



1.2 Other Systems Indicators

Ambulance Services answered 798,907 calls in March 2023. This was 25,771 per day, which was more than in January and February 2023, but fewer than in each of the nineteen months before that.

The average 999 call answer time in March 2023 was 17 seconds. Similarly, this was longer than in January and February 2023, but shorter than in each of the eighteen months before that (Figure 5).



Incidents per day in March 2023 increased 3% to 22,493, and incidents with conveyance to ED per day increased 2% to 11,673 (Figure 6).

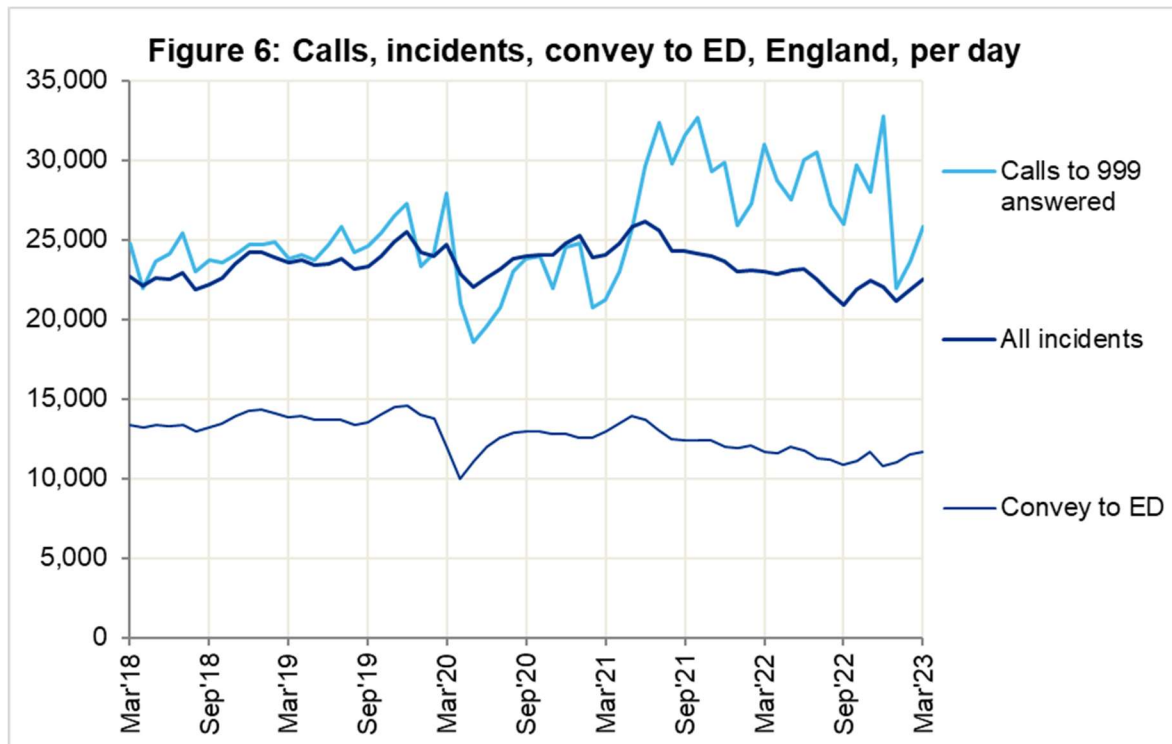
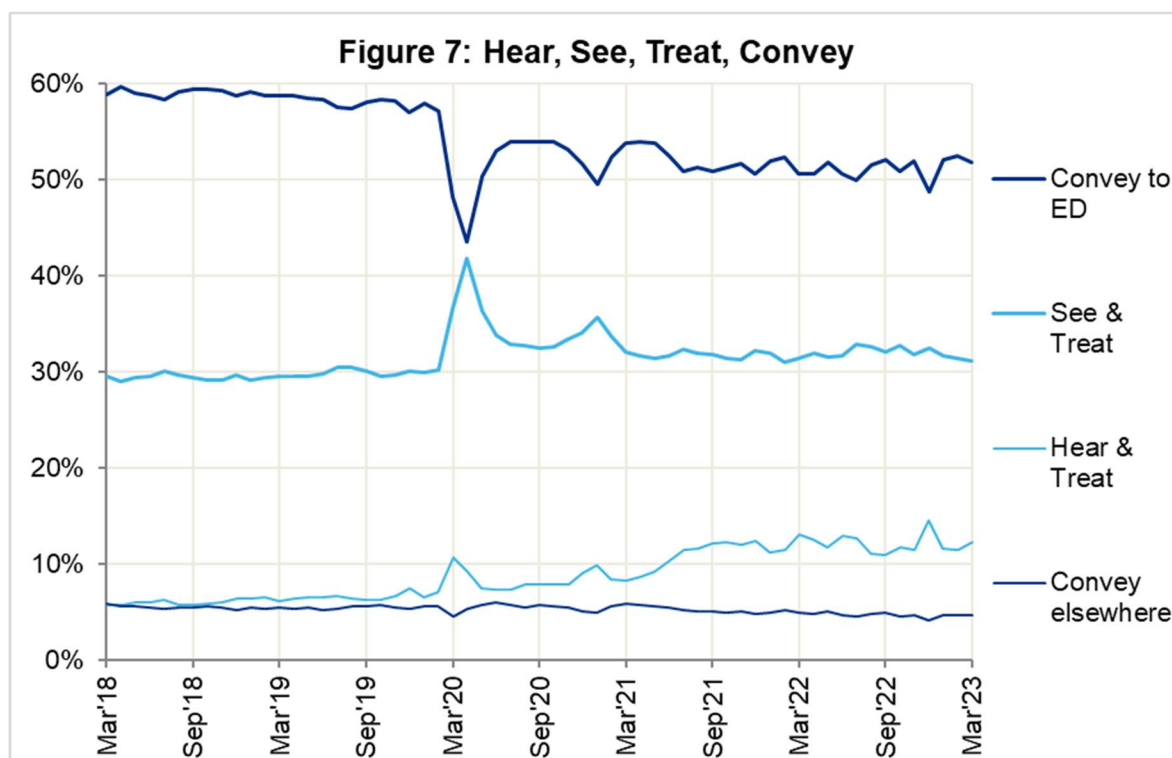


Figure 7 shows that, incidents resolved on the telephone (Hear & Treat) increased from 11.4% in February 2023 to 12.3% in March. Other outcomes did not increase; 52% had conveyance to ED, 5% had conveyance to non-ED, and 31% were resolved on the scene (See & Treat).



2. Ambulance Clinical Outcomes (AmbCO)

We continue to describe stroke data when we publish AmbCO data for February, May, August, or November, and data for STEMI (a type of heart attack) and cardiac arrest in each month before that.

Although our last sepsis data were for June 2022 in the November 2022 publication, our sepsis data in the March 2023 publication did include a small revision for West Midlands, along with the Isle of Wight data that were previously unavailable.

2.1 Stroke data

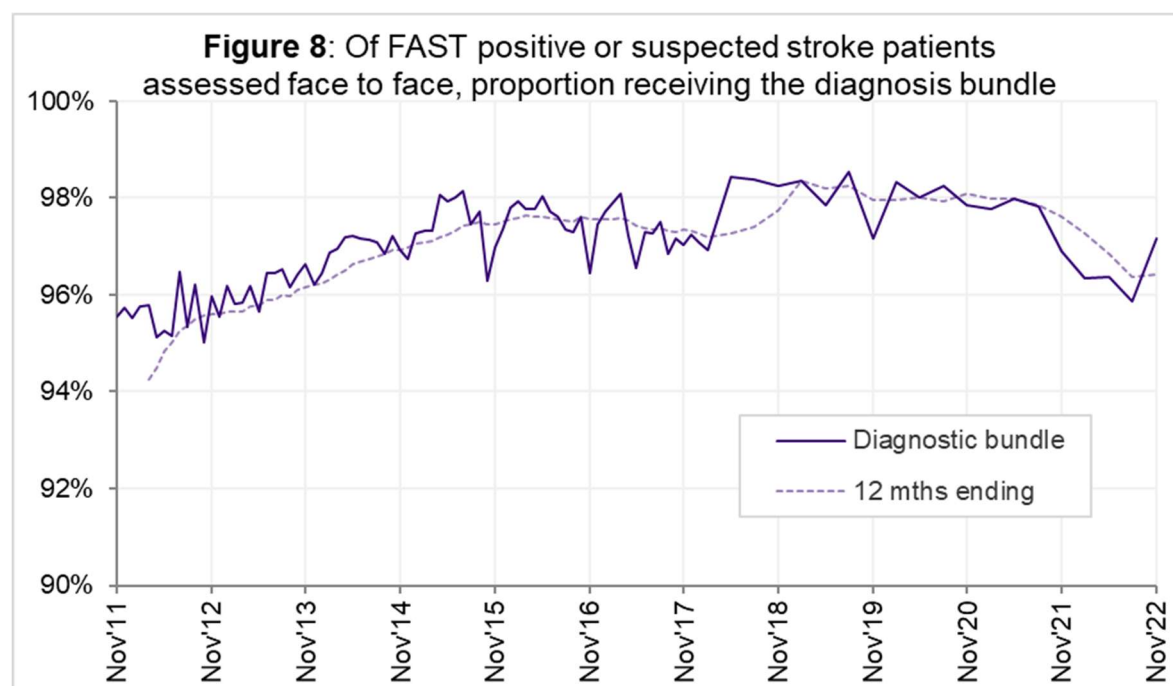
The FAST procedure helps assess whether someone has suffered a stroke:

- 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.

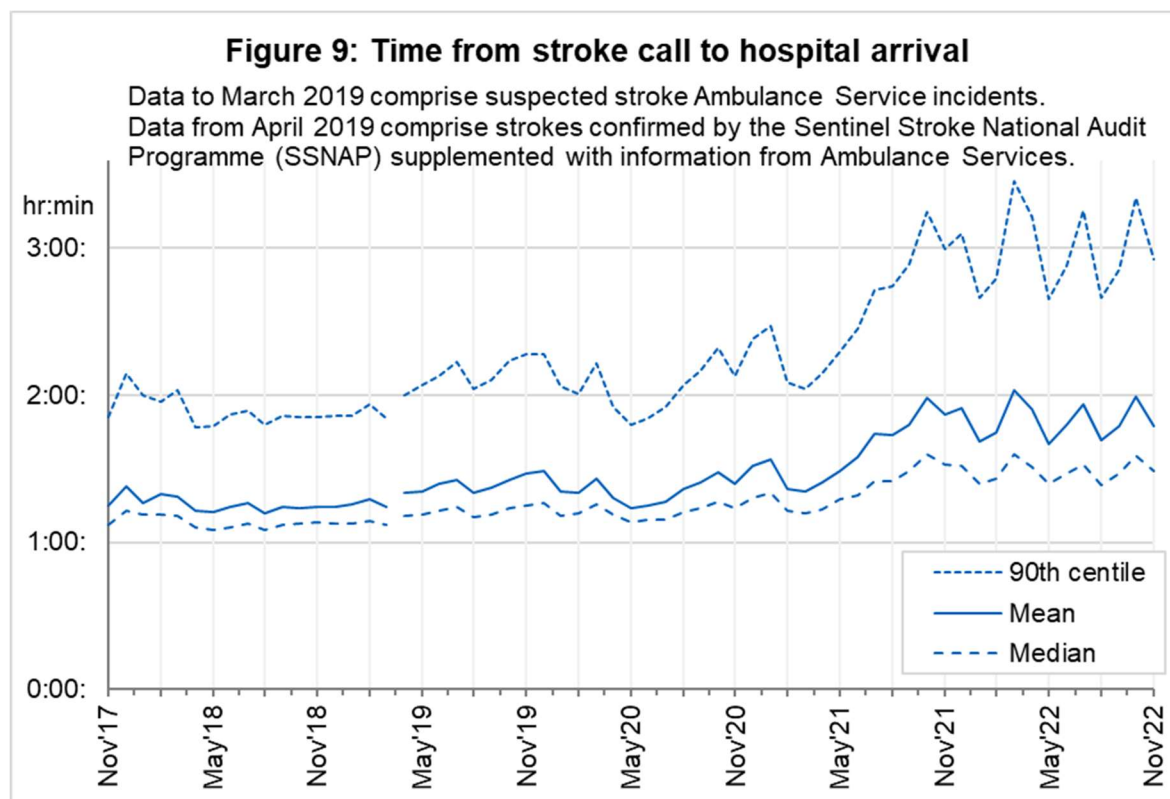
In November 2022, of 9,022 such patients in England, 8,765 (97.2%) received that diagnosis bundle (Figure 8), a small but significant² increase on the average of 96.4% for the year ending September 2022.

The revisions we published last month did not change these monthly proportions for England by more than 0.1 percentage points.



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

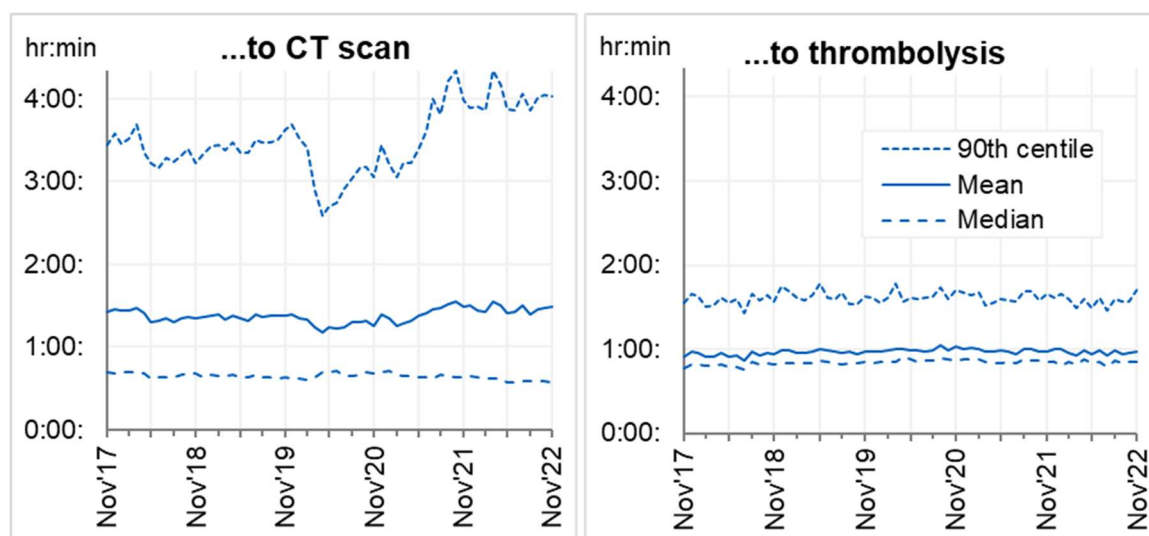
The average time from 999 call until arrival at hospital for ambulance patients in England who had a stroke was 1 hour 47 minutes in November 2022 (Figure 9, middle line). This was similar to the average for 2022-23 so far (1:49) but longer than in all months before September 2021.



The average time from hospital arrival to CT scan in November 2022 was 1:28, similar to the average for 2022-23 so far and 2021-22 (both 1:27). (Figure 10)

For time from hospital arrival to thrombolysis, the average is always between 55 to 60 minutes, but the November 90th centile (1:42) was the longest for over two years.

Figure 10: Time from hospital arrival for stroke...



The revisions we published last month included times for many more stroke incidents, including 109 more patients having a CT scan in May 2022, but none of the above times for England changed by more than two minutes.

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

NHS England publishes ambulance handover delays at hospital during winter 2012-13 to 2014-15 and winter 2017-18 to 2022-23 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.