

Statistical Note: Ambulance Quality Indicators (AQI)

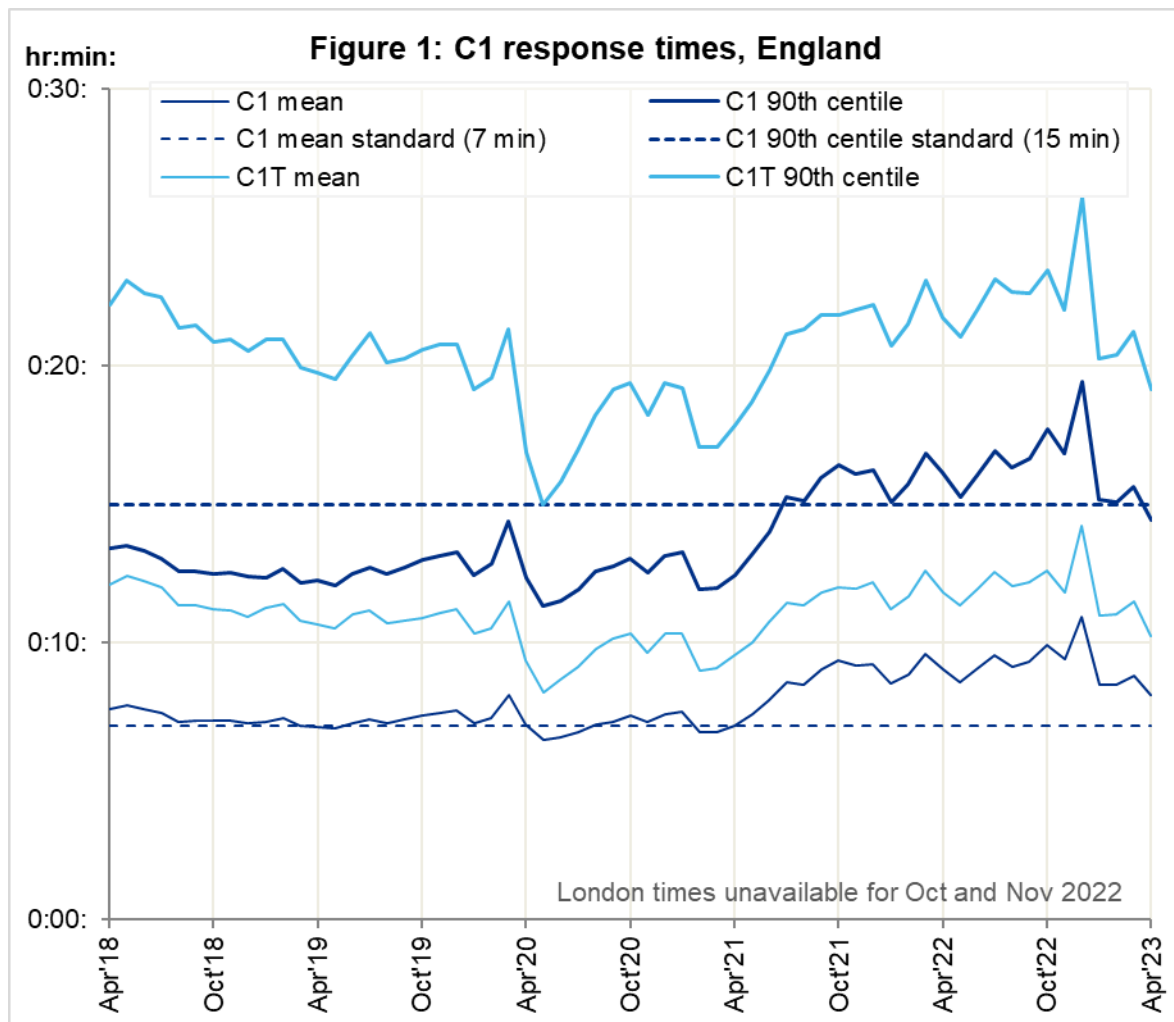
In April 2023, for all categories, the average ambulance response times were shorter than in every month of 2022.

1. Ambulance Systems Indicators

1.1 Response times

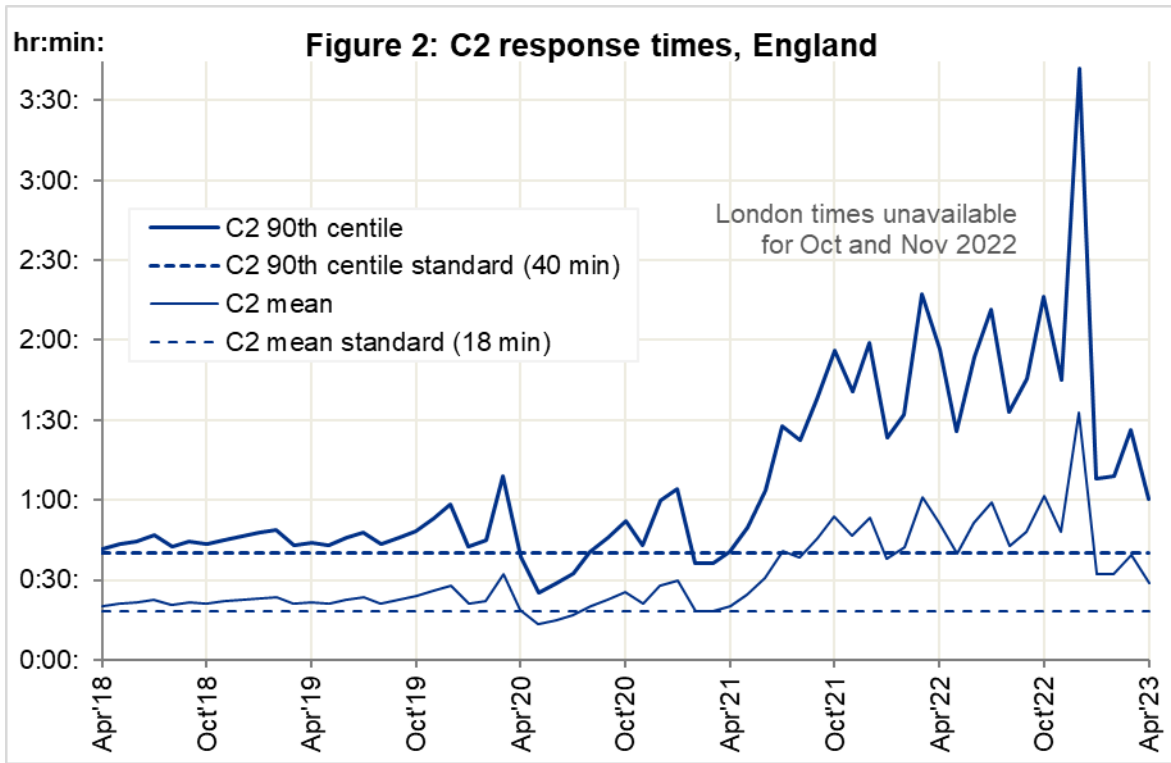
For England, the mean average response time for the most urgent Category, C1, was 8 minutes 7 seconds in April 2023, and the 90th centile was 14:27. Both were the shortest since June 2021, and the 90th centile standard¹ was met for the first time since then.

The mean average for C1T (time to the arrival of the transporting vehicle for C1 incidents) reduced to 10:16, and the 90th centile to 19:10.

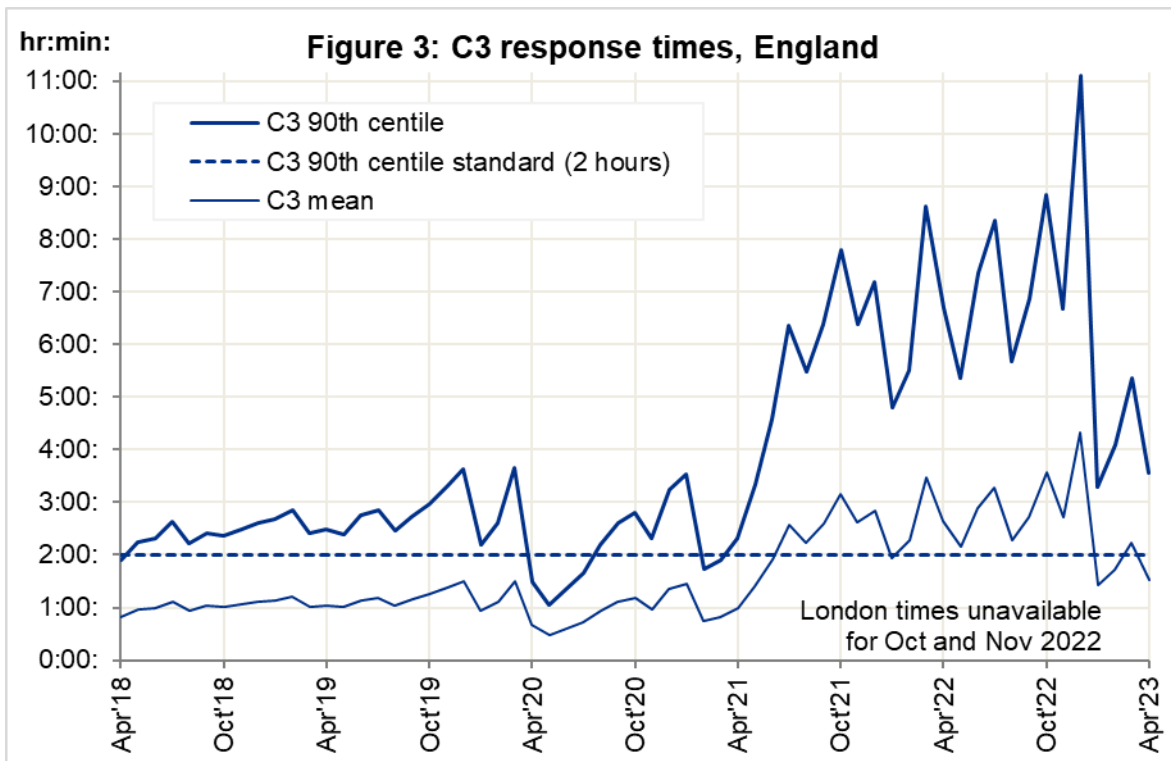


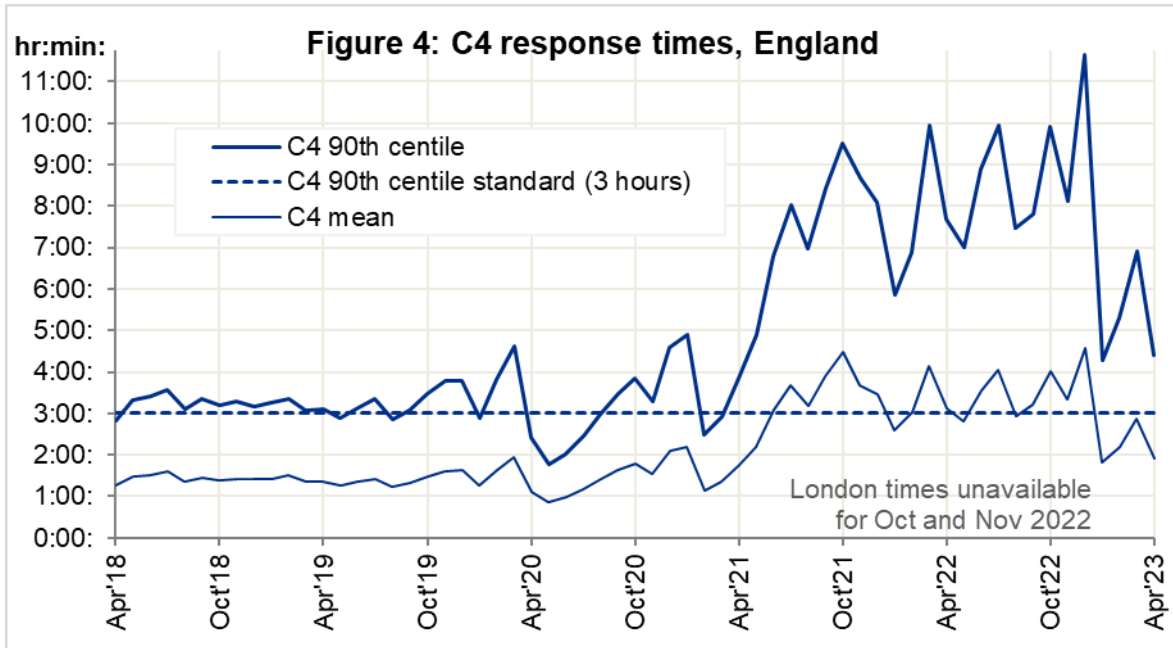
¹ Standards in the NHS Constitution Handbook: www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england/the-handbook-to-the-nhs-constitution-for-england

The C2 average in April 2023 was 28:35, and the 90th centile was 1:00:32; both were the shortest since May 2021 (Figure 2).



In April 2023, the C3 average was 1:30:55 with a 90th centile of 3:32:57 (Figure 3), and the C4 average was 1:54:16, with a 90th centile of 4:24:55 (Figure 4); these were all shorter than in February and March 2023, but longer than in January.

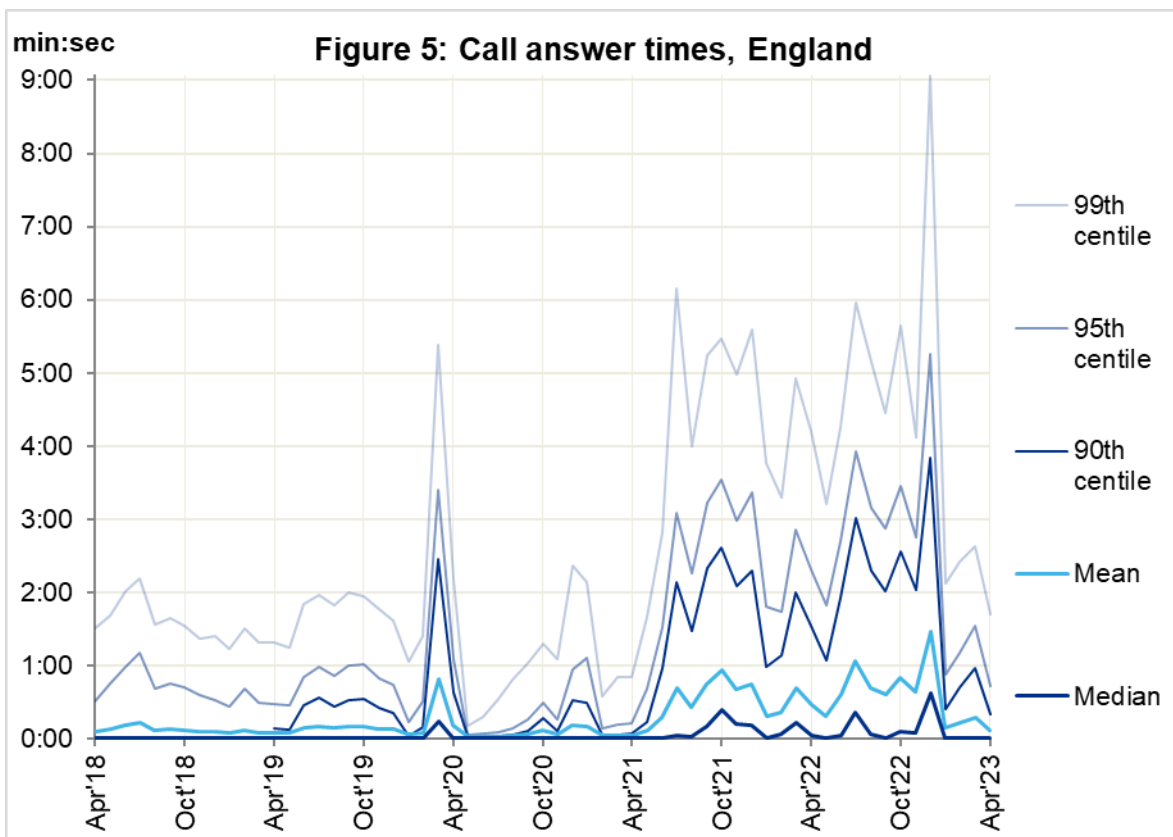




1.2 Other Systems Indicators

Ambulance Services answered 707,499 calls in April 2023. This was 23,583 per day, which was fewer than in every month of 2022.

The average 999 call answer time in April 2023 was 7 seconds, the lowest since May 2021, as were the 90th, 95th, and 99th centile answer times (Figure 5).



There were 674,552 incidents in April 2023 or 22,485, almost the same as 22,493 in March 2023. 357,362 had conveyance to ED, the most per day (11,912) since May 2022 (Figure 6).

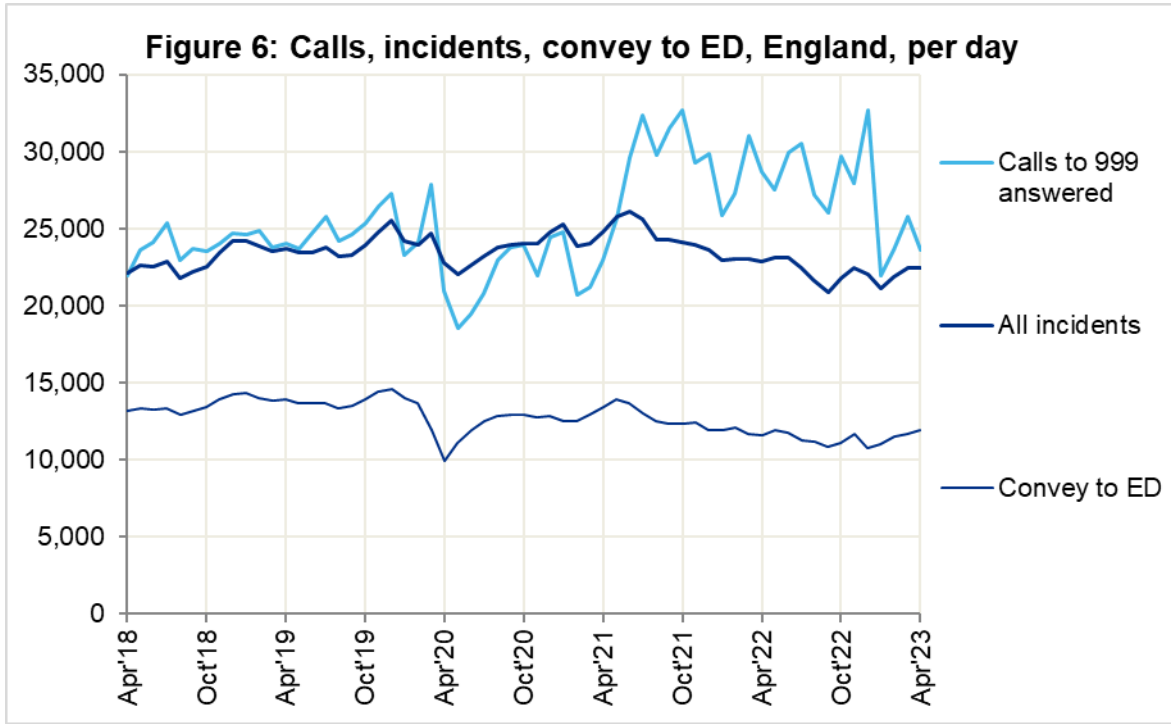
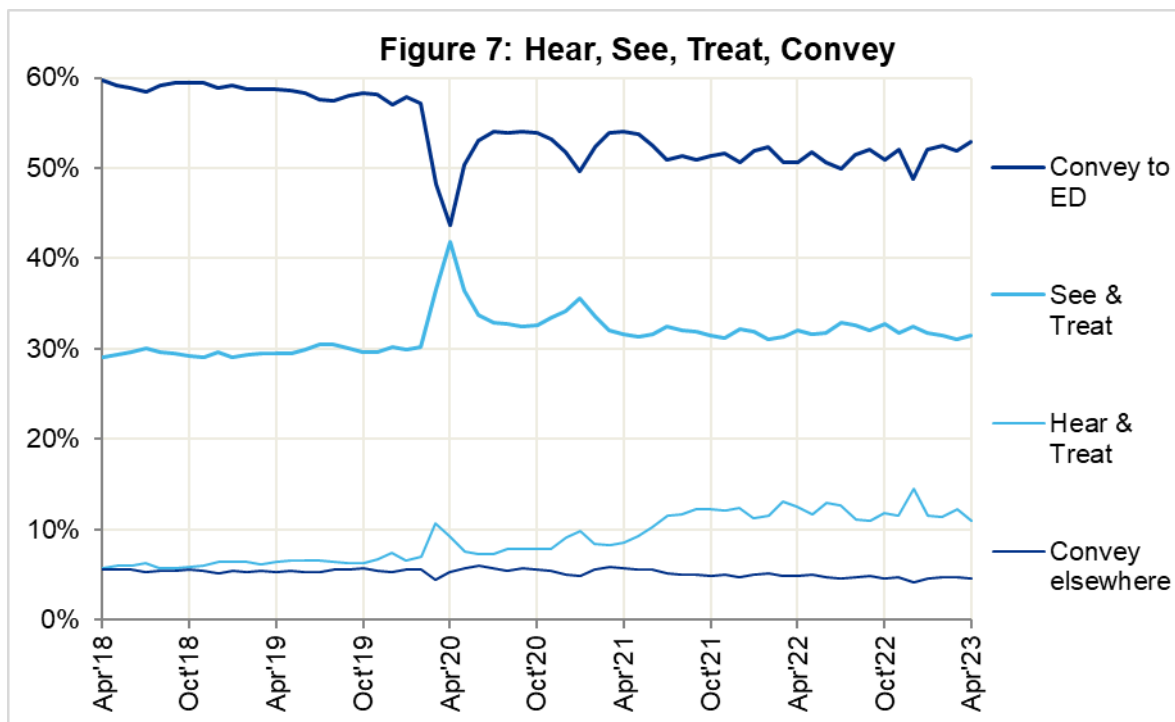


Figure 7 shows that 53.0% of incidents had conveyance to ED in April 2023, the most since May 2021, while incidents resolved on the telephone (Hear & Treat) reduced to 11.0%. Conveyance to non-ED (4.6%) and incidents resolved on the scene (See & Treat, 31.4%) changed little (Figure 7).



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. Today's publication includes AmbCO data for December 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

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.