

Statistical Note: Ambulance Quality Indicators (AQI)

In England, for all four categories, the average response times in March 2024 were the shortest since August 2023. For categories 1 and 2, the 90th centile response times were also the shortest since August 2023.

In March 2024, the average 999 call answer time was 5 seconds, the shortest since April 2021.

The average time from hospital arrival to CT scan for stroke patients conveyed by Ambulance Services in England in November 2023 was shorter than in all months of 2021-22 and 2022-23.

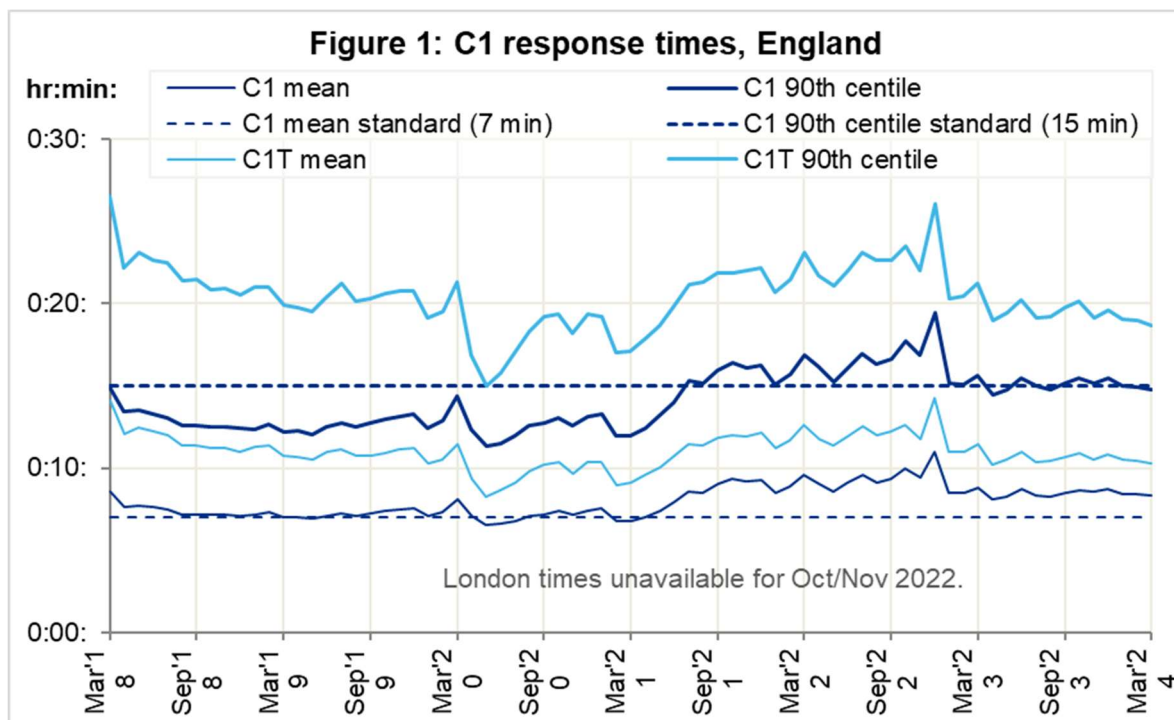
1. Ambulance Systems Indicators (AmbSYS)

1.1 Response times

For England, the mean average response time in March 2024 for C1, the most urgent category, was 8 minutes 20 seconds, which is longer than the standard¹ of 7 minutes. However, the 90th centile time was 14:48, which is within the standard of 15 minutes.

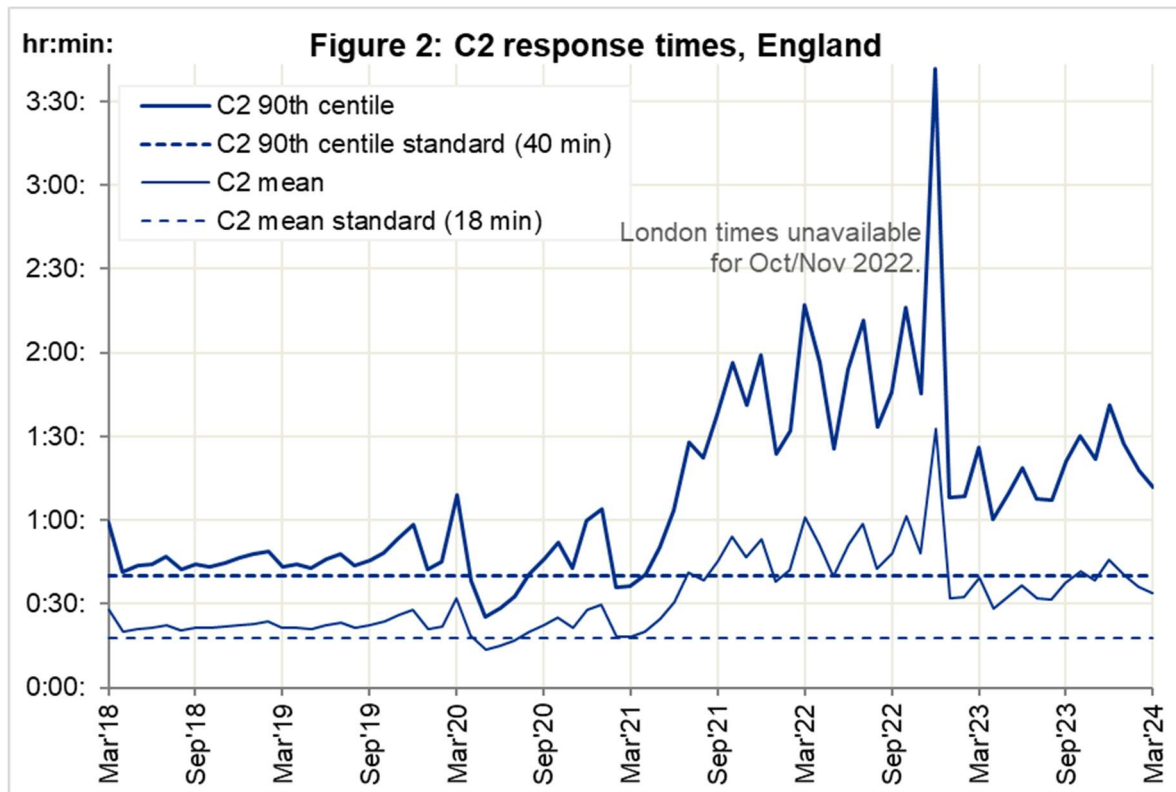
Both were shorter than in every month from September 2023 to February 2024 inclusive.

For C1T (time to the arrival of the transporting vehicle for C1 incidents), the average was 10:16, and the 90th centile was 18:39 (Figure 1).

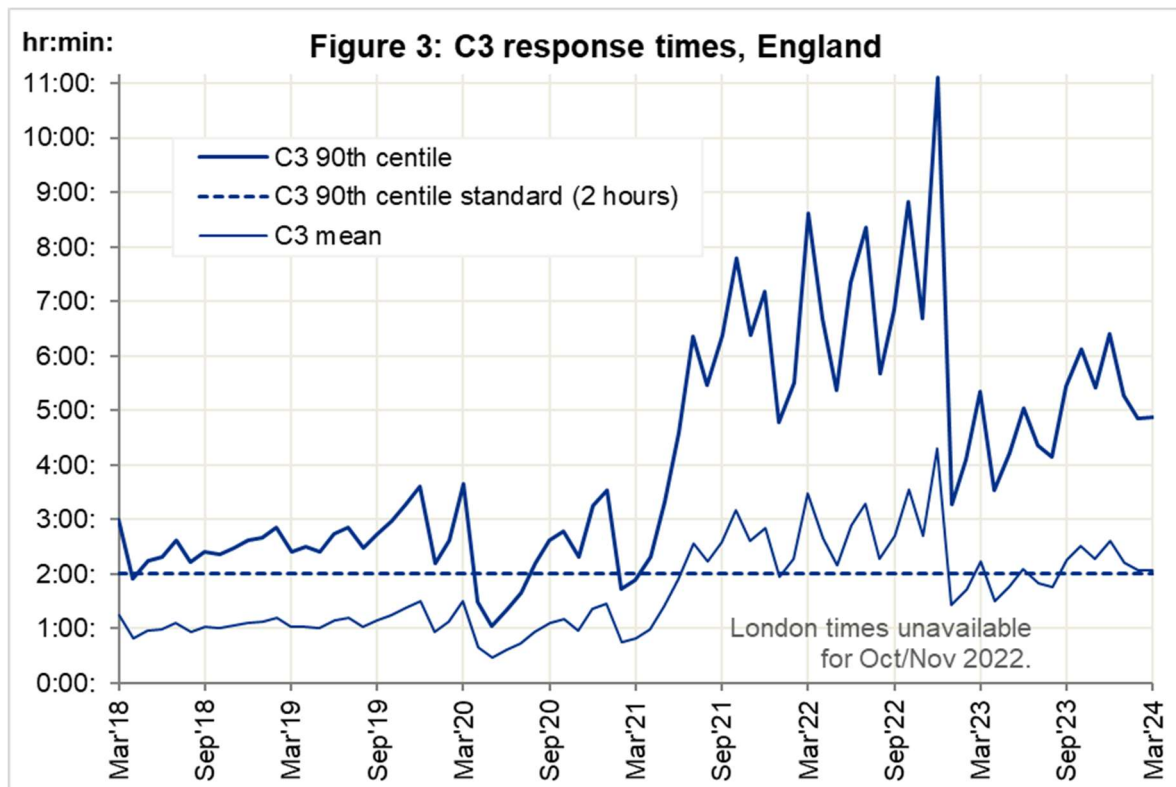


¹ Standards in the NHS Constitution Handbook: www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england/the-handbook-to-the-nhs-constitution-for-england

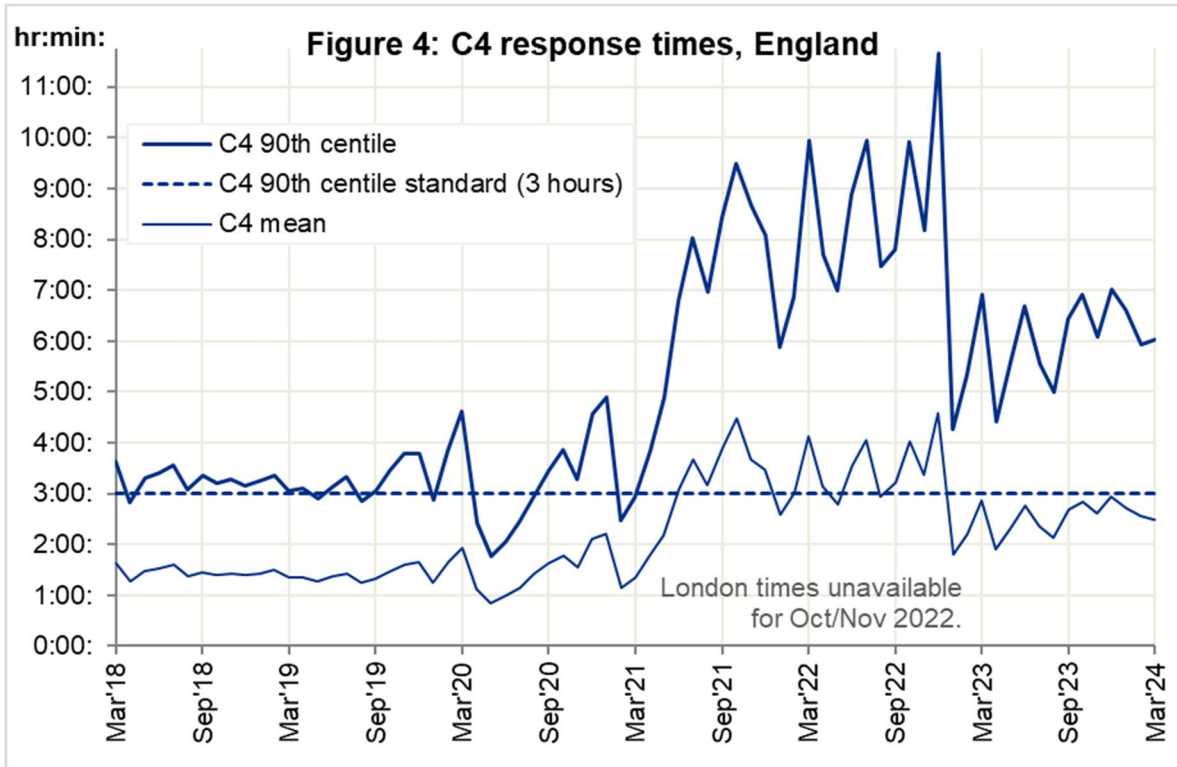
The England C2 average in March 2024 was 33:50 and the 90th centile was 1:11:51. Both of these were shorter than in every month of 2022. (Figure 2)



The March 2024 C3 average was 2:03:47, which was shorter than the averages for 2021-22, 2022-23 and 2023-24. The 90th centile was 4:52:42. (Figure 3)

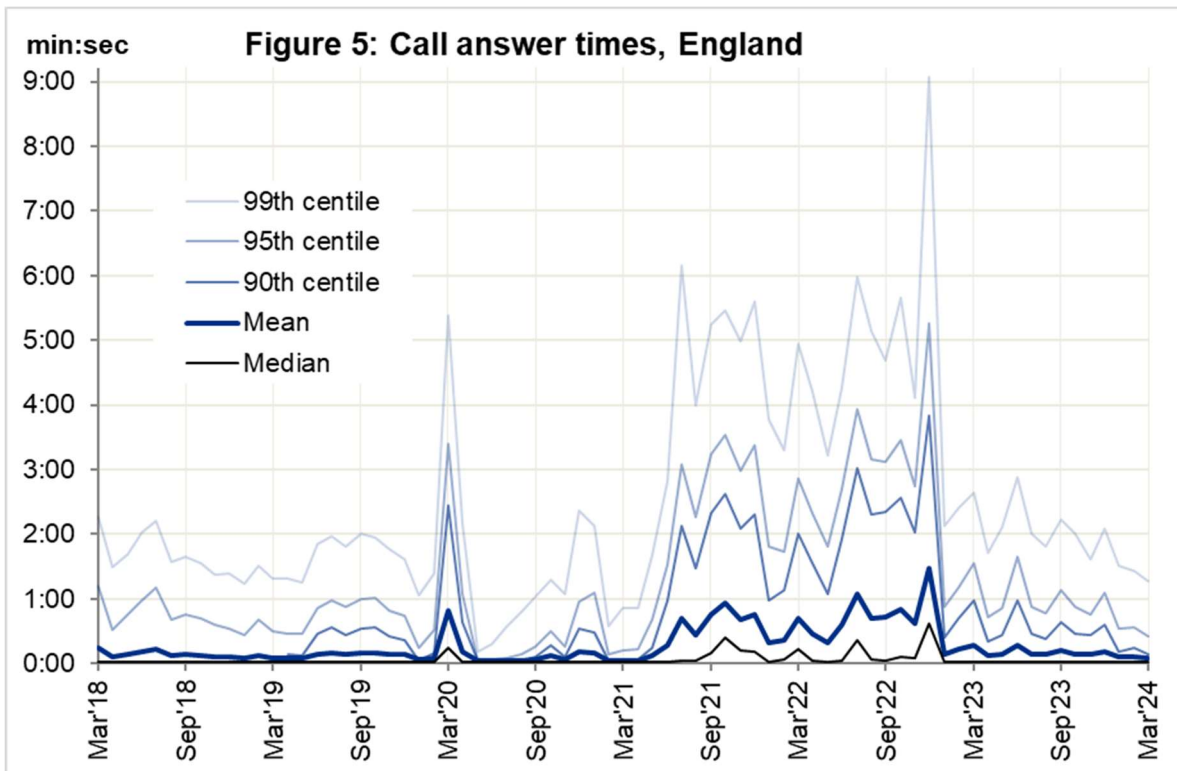


The C4 average was 2:29:48 and the 90th centile was 6:02:39 (Figure 4).



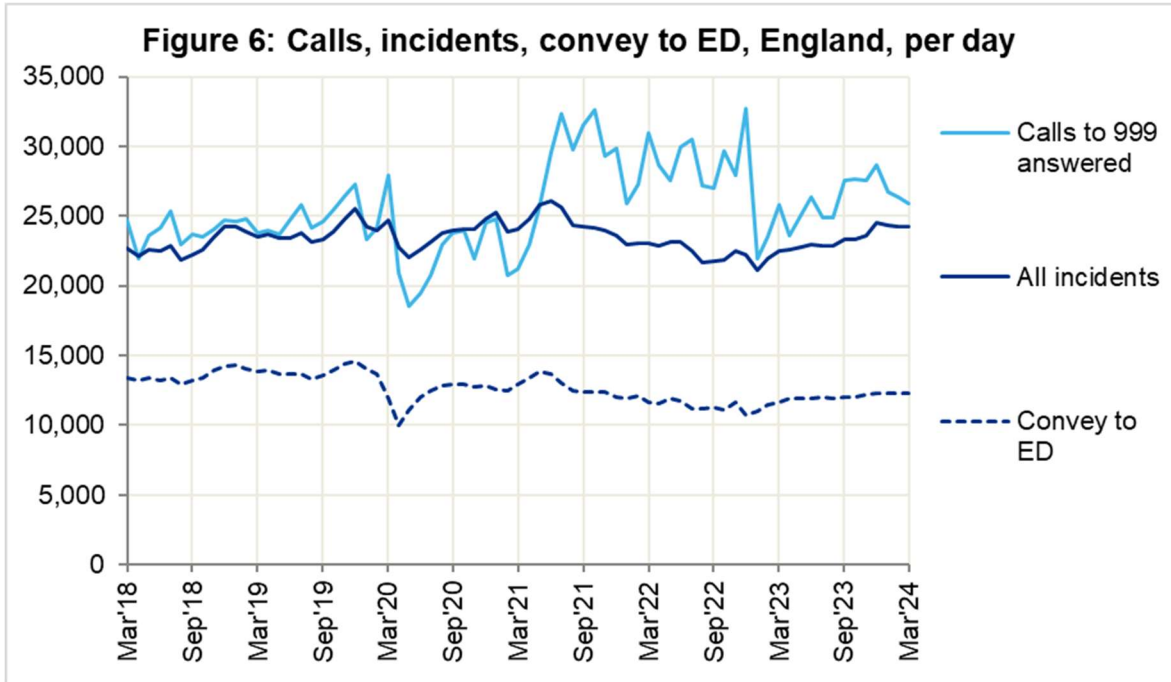
1.2 Other Systems Indicators

In March 2024, the average 999 call answer time was 5 seconds, shorter than the average of 9 seconds for 2023-24, and the shortest since April 2021 (Figure 5).

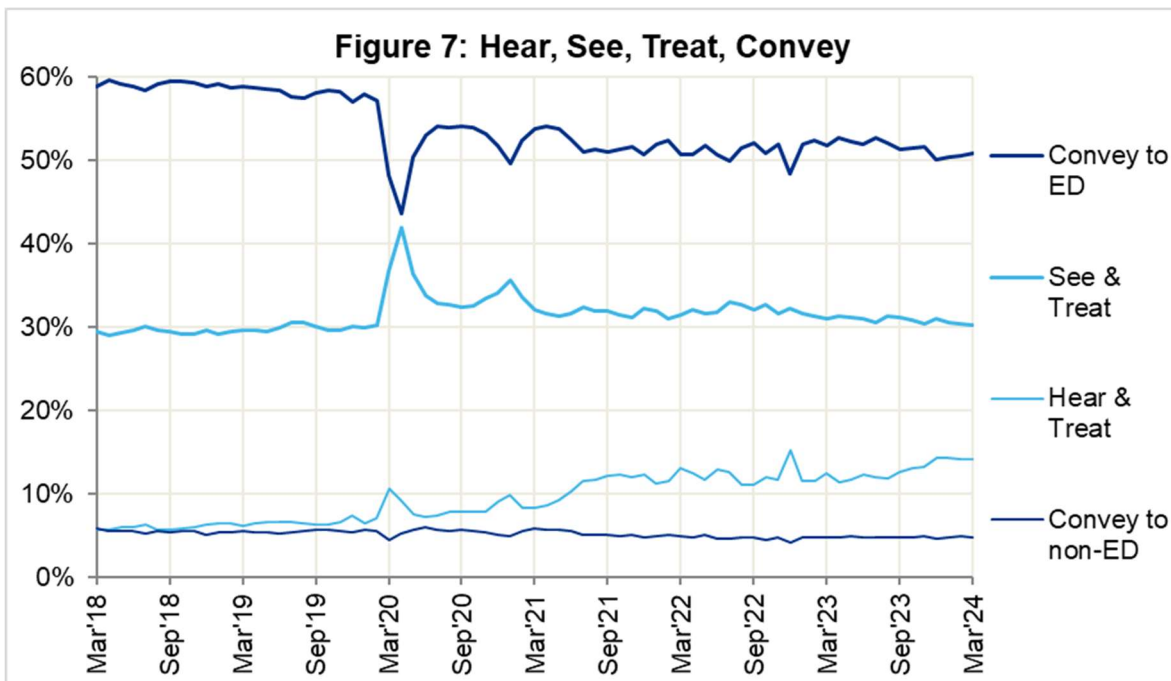


The count of 999 calls answered was 801,495 in March 2024. This was 25,855 per day, lower than the averages for 2021-22, 2022-23 and 2023-24.

There were 752,364 incidents in March 2024, of which 382,325 had conveyance to ED. Per day, these are 24,270 and 12,333 respectively, both higher than the averages for 2022-23 and 2023-24. (Figure 6)



Of incidents in England in March 2024, 14.1% were resolved on the telephone (Hear & Treat), 30.3% were resolved on the scene (See & Treat), 50.8% had conveyance to an Emergency Department (ED), and 4.8% had conveyance to non-ED. All these only changed between 0.1 and 0.3 percentage points from February 2024.



2. Ambulance Clinical Outcomes (AmbCO)

In these Statistical Notes, we continue to summarise data for strokes when our latest data are for February, May, August, or November.

Today, alongside the latest data, for November 2023, we are publishing revisions to AmbCO data back to June 2022. For stroke, only the data on time from 999 call to arrival at hospital were revised. We will describe the revisions concerning STEMI (a type of heart attack) and cardiac arrest in a future Statistical Note.

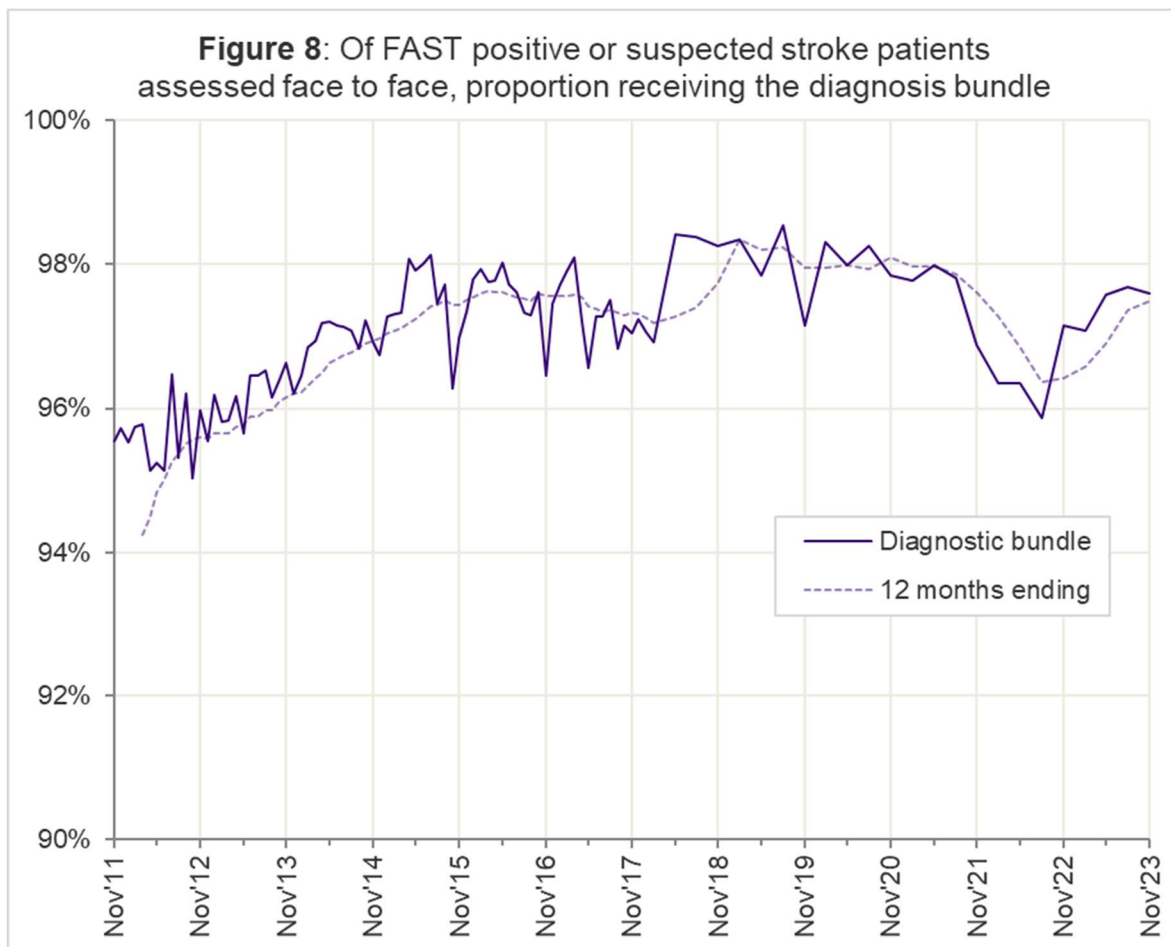
2.1 Stroke diagnosis bundle

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.

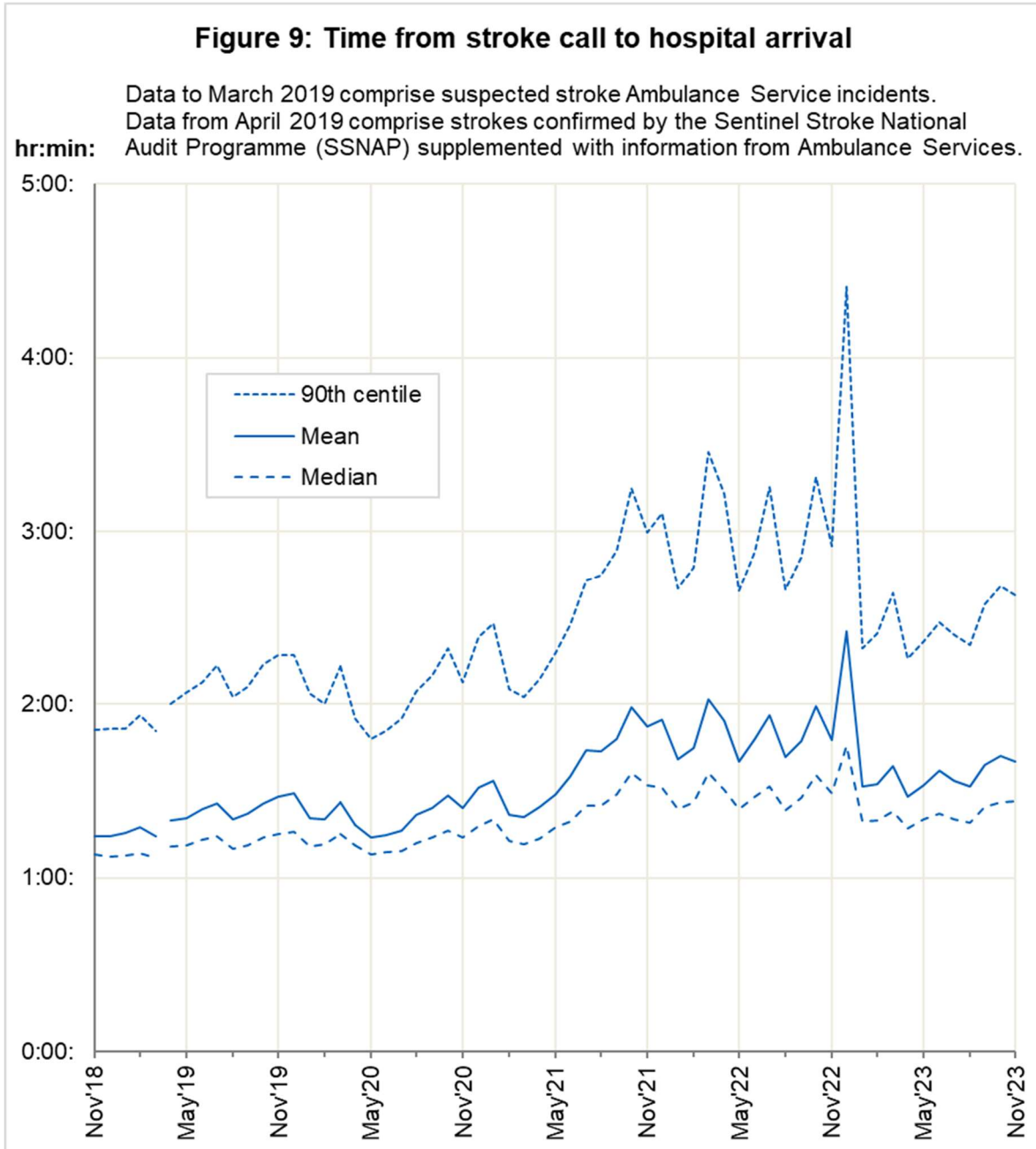
Stroke patients in England receiving an ambulance should receive a diagnosis bundle; a FAST assessment, blood glucose, and two blood pressures should all be recorded.

In November 2023, of 9,847 such patients in England, 9,611 (97.6%) received that bundle (Figure 8), similar to 97.4% for the year ending September 2023.



2.2 Stroke time to hospital and intervention

The average time from 999 call until arrival at hospital for ambulance patients in England who had a stroke was 1 hour 40 minutes in November 2023 (Figure 9, middle line). This was more than in all months of 2018 to 2020, but the same or less than in all months of 2022.



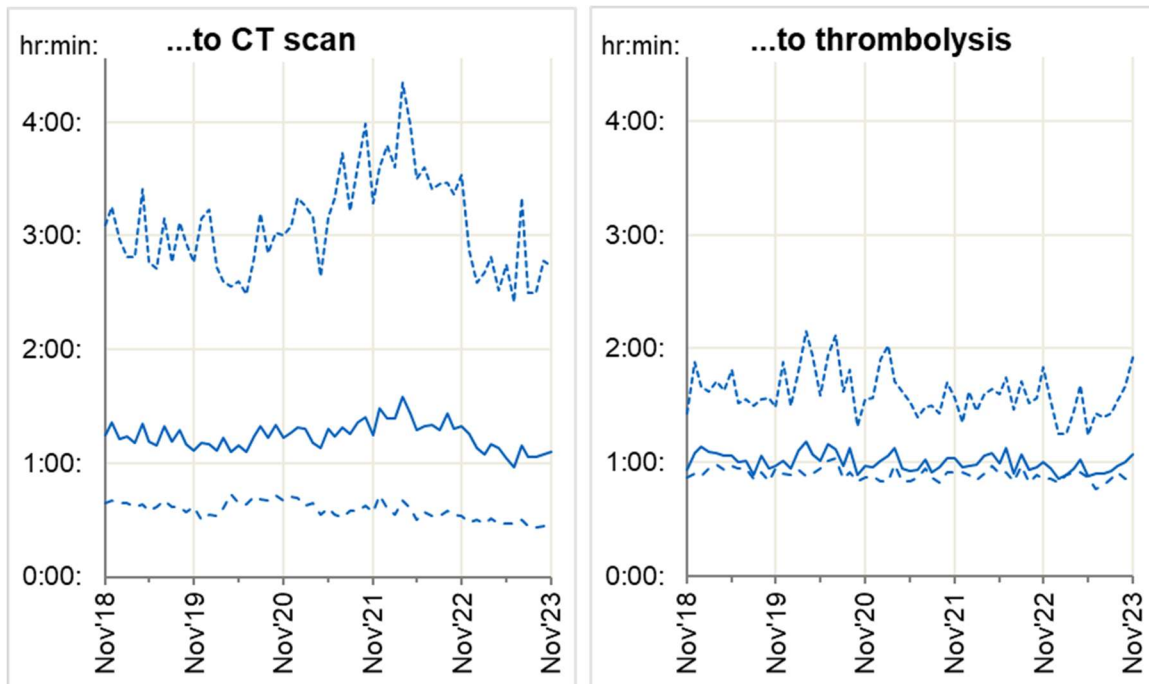
The data that were missing for South Central Ambulance Service for March and April 2023 have now been supplied as part of the revisions.

We also now have data on 3,419 stroke incidents in the North West from April to September 2023 inclusive, where previously we had 3,217. However, no trust's average or median time to hospital arrival changed by more than one minute as a result of these and other revisions to data.

The average time from hospital arrival to CT scan in November 2023 was 1:16. Only 10 of the previous 72 months had a shorter average time.

The time from hospital arrival to thrombolysis in November 2023 was 60 minutes. In the previous 60 months this was always between 55 and 62 minutes. (Figure 10)

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



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 AmbSYS indicators, except the counts of 999 calls (indicators A1, A124, and A125) and answer times (A2 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 monthly data on ambulance handover delays by acute trust at www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/ambulance-management-information starting from October 2023, and at www.england.nhs.uk/statistics/statistical-work-areas/uec-sitrep for individual days during winter from 2017-18.

The Quality Statement described in section 3.1 includes information on:

- the “Ambulance Services” publications by what became 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, Operational Insights, Transformation Directorate, NHS England, 0113 825 4606, england.nhsdata@nhs.net.

3.6 Accredited official statistics

These accredited official statistics were independently reviewed by the Office for Statistics Regulation in May 2015. They comply with the standards of trustworthiness, quality and value in the Code of Practice for Statistics and should be labelled “accredited official statistics”.