

## Statistical Note: Ambulance Quality Indicators (AQI)

In England, for all four categories, June 2024 average response times were shorter than in all months of autumn and winter 2023-24, but longer than in April 2024.

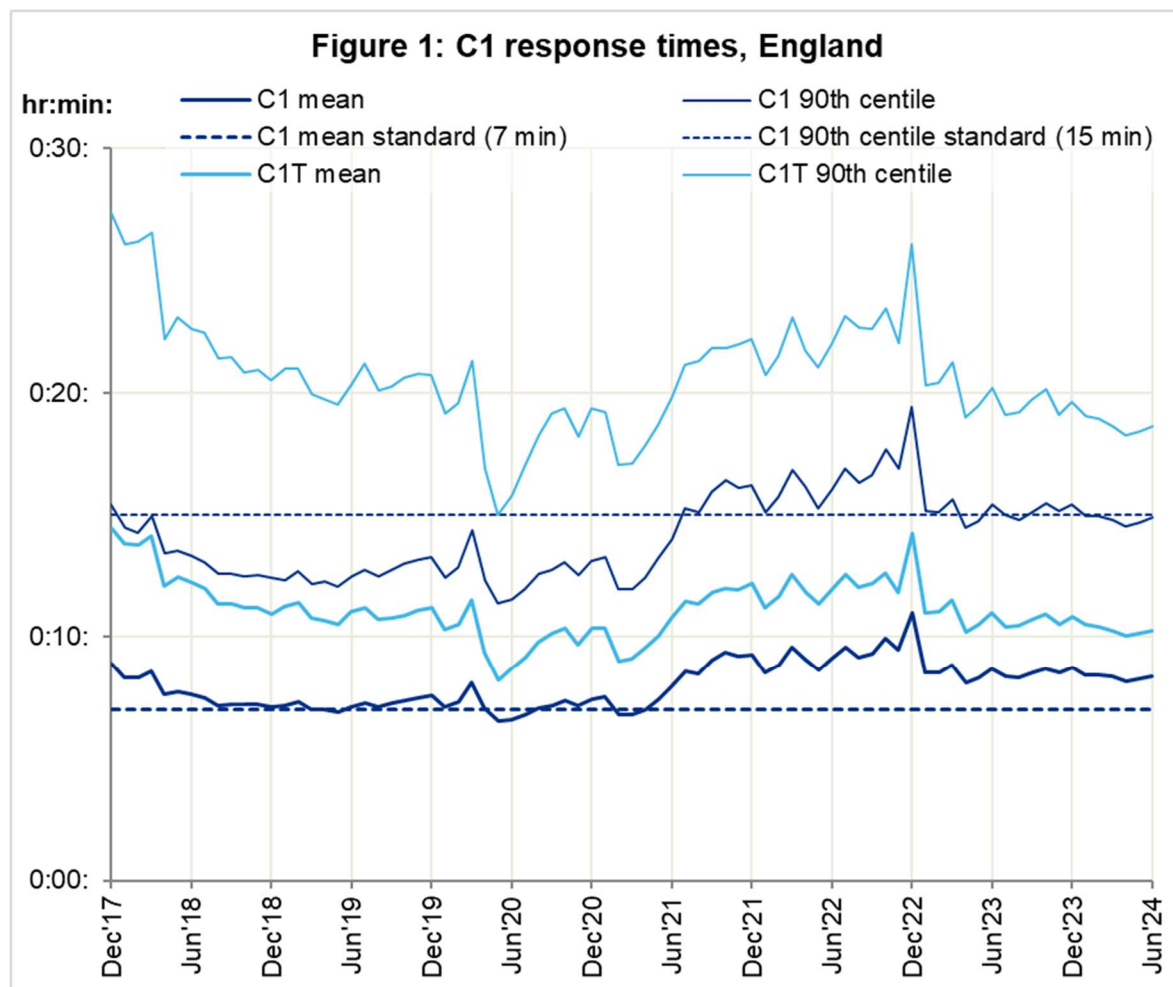
Of patients conveyed by ambulance after a stroke, the time from arrival at hospital to CT scan remained short in winter 2023-24.

### 1. Ambulance Systems Indicators (AmbSYS)

#### 1.1 Response times

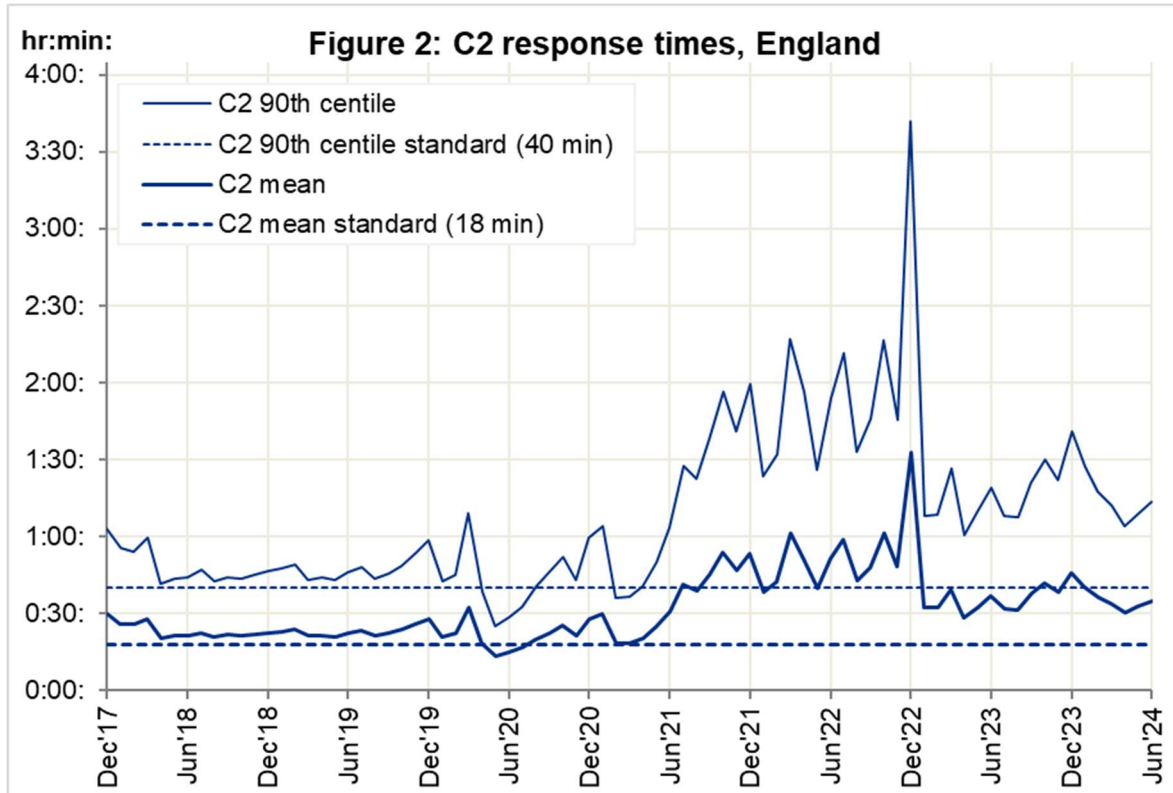
For England, the mean average response time in June 2024 for C1, the most urgent category, was 8:21, longer than the standard<sup>1</sup> of 7 minutes, but the 90th centile time was 14:53, shorter than the standard of 15 minutes.

For C1T (time to the arrival of the transporting vehicle for C1 incidents), the average was 10:16, and the 90th centile was 18:37 (Figure 1).

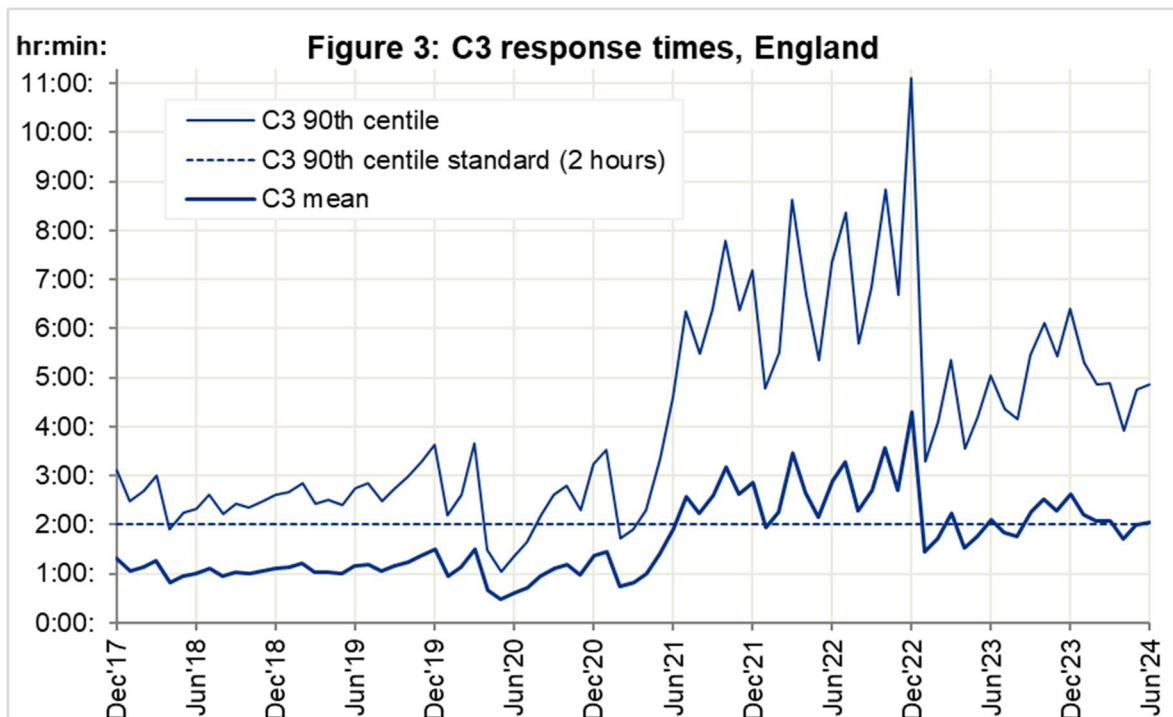


<sup>1</sup> Standards in the NHS Constitution Handbook: [www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england/the-handbook-to-the-nhs-constitution-for-england](http://www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england/the-handbook-to-the-nhs-constitution-for-england)

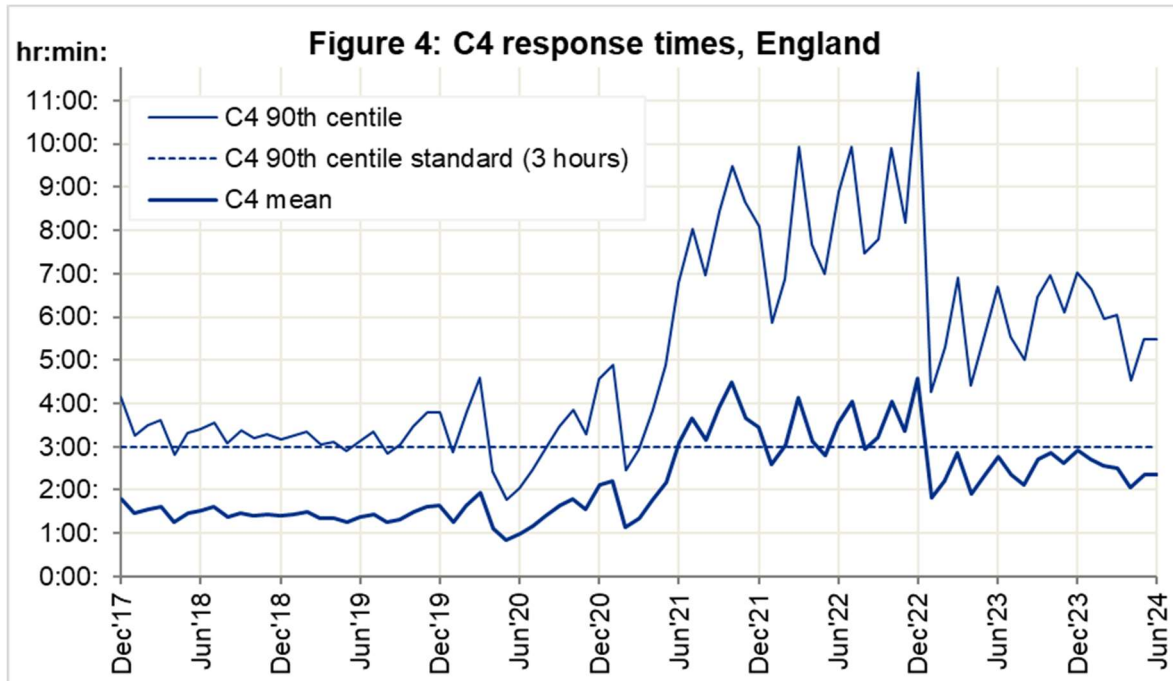
For England in June 2024, C2 had an average of 34:38 and a 90th centile of 1:13:25 (Figure 2). Like C1, these were both longer than in March to May 2024, but shorter than in each of the six months before that.



At 2:02:34 and 4:51:16 in June 2024, the C3 mean and 90th centile were both longer than in April and May 2024, but shorter than in each of the seven months before that.

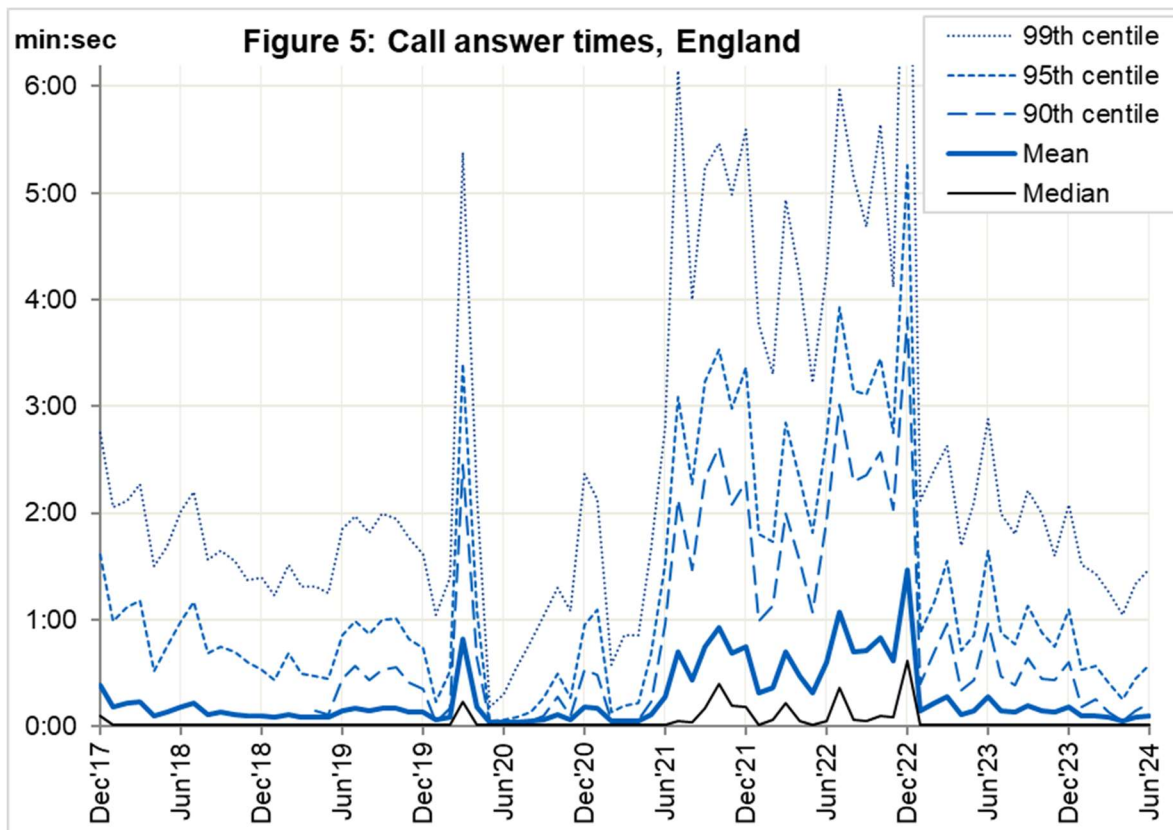


The June 2024 C4 average was 2:20:58 and the 90th centile was 5:29:11 (Figure 4).



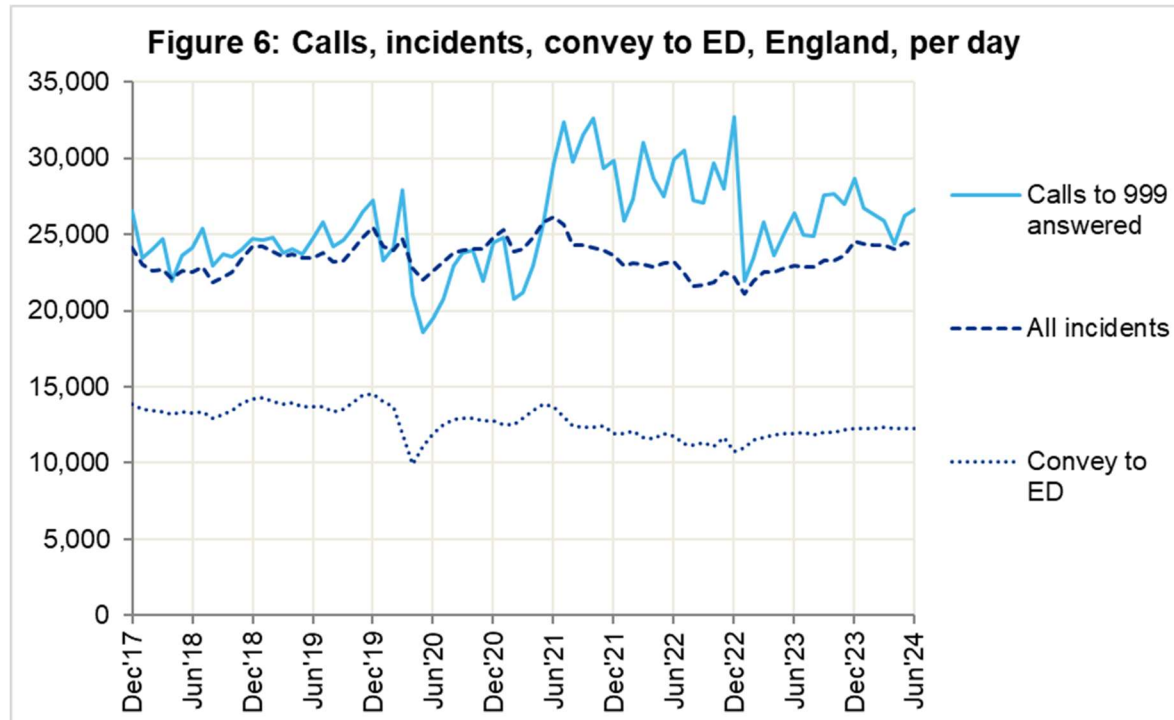
## 1.2 Other Systems Indicators

In June 2024, the average 999 call answer time was 6 seconds, longer than in March to May 2024, but shorter than in every month of 2022 and 2023. (Figure 5).

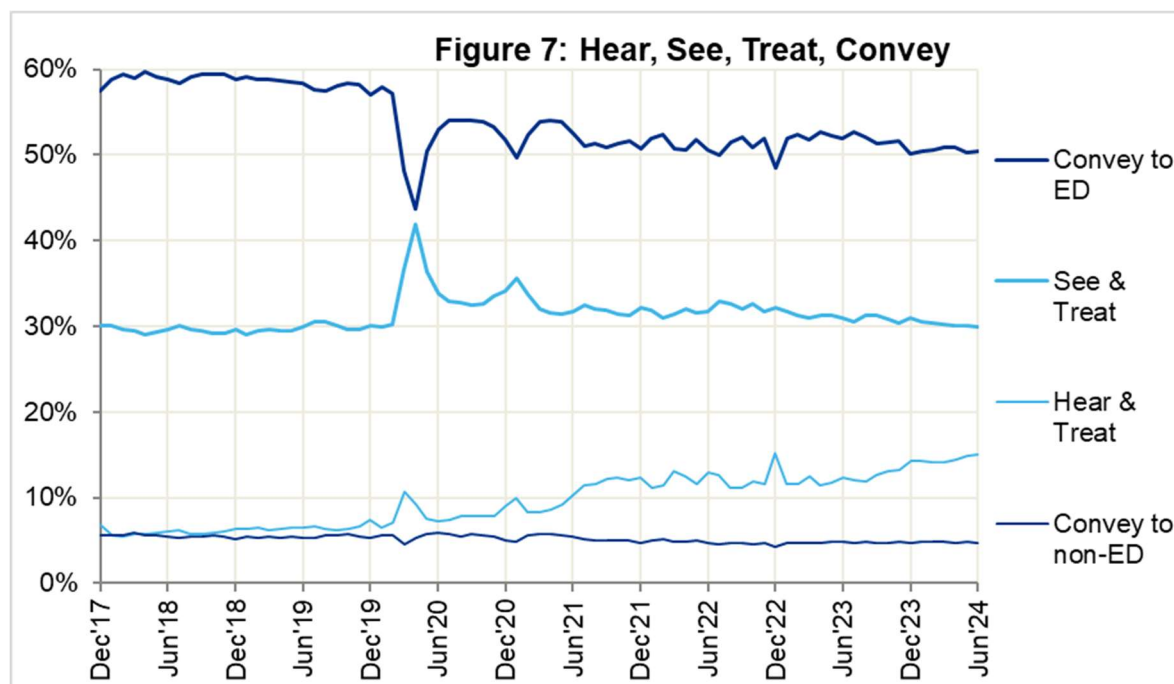


In June 2024, 800,288 calls to 999 were answered. This was 26.7 thousand per day, more than in the previous four months, but fewer than in the five months before that.

There were 729,345 incidents in England in June 2024, of which 367,420 had conveyance to ED (24.3 and 12.2 thousand per day respectively, Figure 6).



Incidents in England in June 2024 comprised 50.4% with conveyance to an Emergency Department (ED), 4.7% with conveyance to non-ED, 29.9% resolved on scene (See & Treat), and 15.0% resolved on the telephone (Hear & Treat). All these proportions changed by less than 0.2 percentage points from May 2024. (Figure 7)



## 2. Ambulance Clinical Outcomes (AmbCO)

### 2.1 Change to data collection

AmbCO indicators K4b and K4n will be collected for the last time in the data for February 2024 in the 11 July 2024 publication.

They reflect the collection of diagnostic information by an ambulance crew in the event of a suspected stroke, which we trust will continue, but the measure has been 97% or larger for England for each of the last few financial years.

We will start collecting new indicators on patients who have fallen, starting with data for June 2024 in the 14 November 2024 publication.

The new indicators will measure whether a bundle of care is delivered by ambulance crews to patients aged at least 65 who have fallen and been discharged on scene. Like the discontinued stroke indicators, we will collect these indicators in every third month; collection will continue for every September, December, March, and June. We will publish the full specification for these new indicators before we start to publish the indicators themselves.

To give our suppliers a more balanced data collection burden, the collection of care bundle data after cardiac arrest and return of spontaneous circulation (ROSC) will be moved back one month. Now that we have collected and published such data items for January 2024, we will in future collect and publish them in every May, August, November, and February. We will continue to collect and publish STEMI bundle data for every April, July, October, and January.

We will also continue to summarise data for stroke in these Statistical Notes when we publish data for February, May, August, and November, and to summarise other topics when we publish bundle data for those topics, so today's commentary on February 2024 data covers Stroke indicators.

### 2.2 Stroke diagnosis bundle

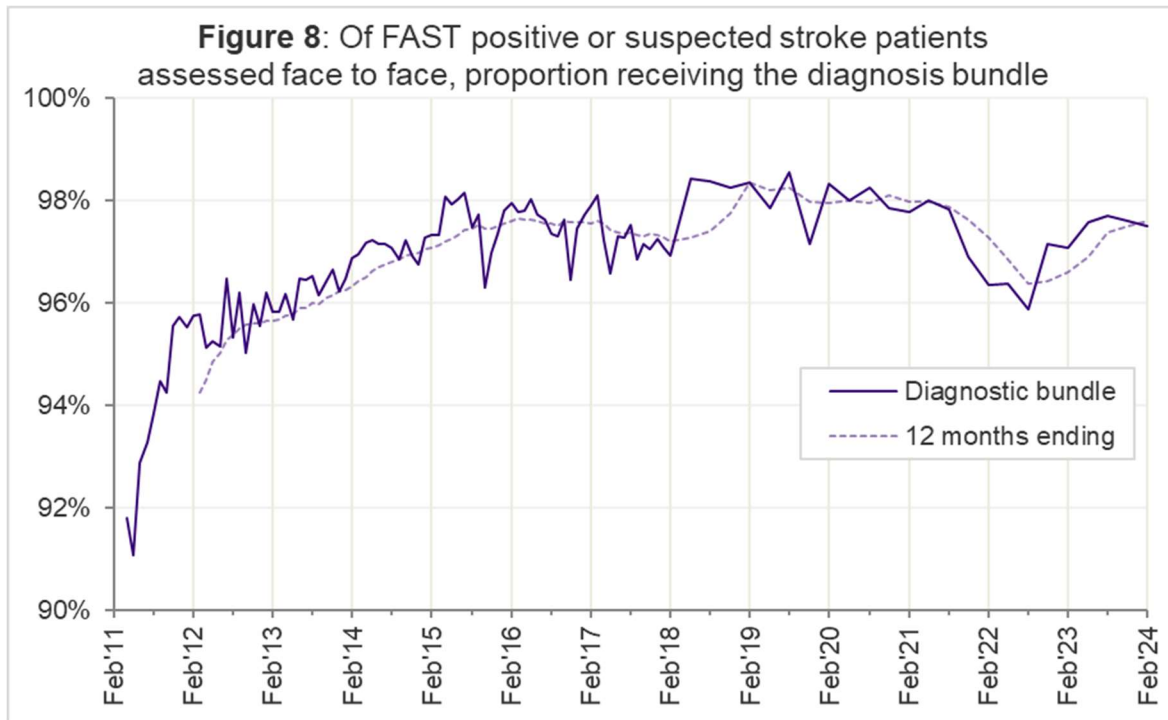
The FAST procedure helps assess whether someone has suffered a stroke:

- 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.

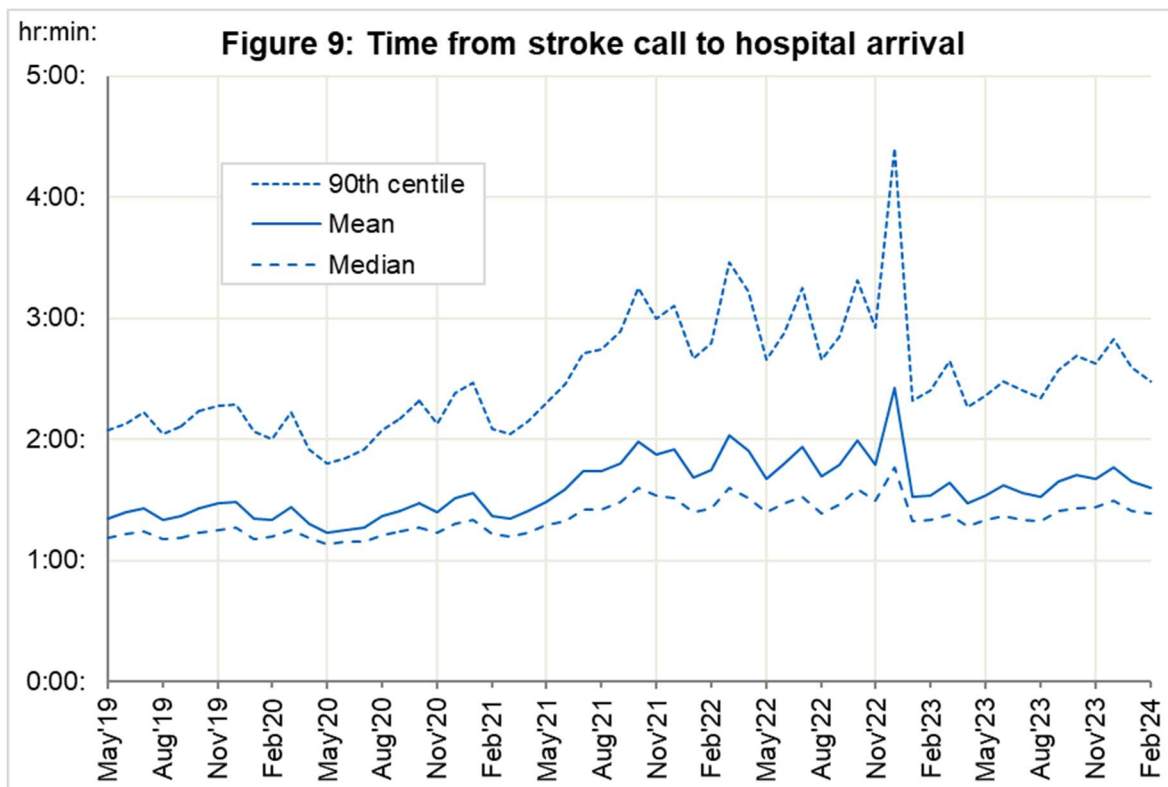
In February 2024, of 9,245 such patients in England, 9,014 (97.5%) received that bundle (Figure 8), similar to 97.4% for the year ending September 2023.





### 2.3 Stroke time to hospital and clinical intervention

The average time from 999 call until arrival at hospital for ambulance patients in England who had a stroke was 1 hour 35 minutes in February 2024 (Figure 9, middle line). This was longer than in all months of 2018 to 2020, but shorter than in all months of 2022.



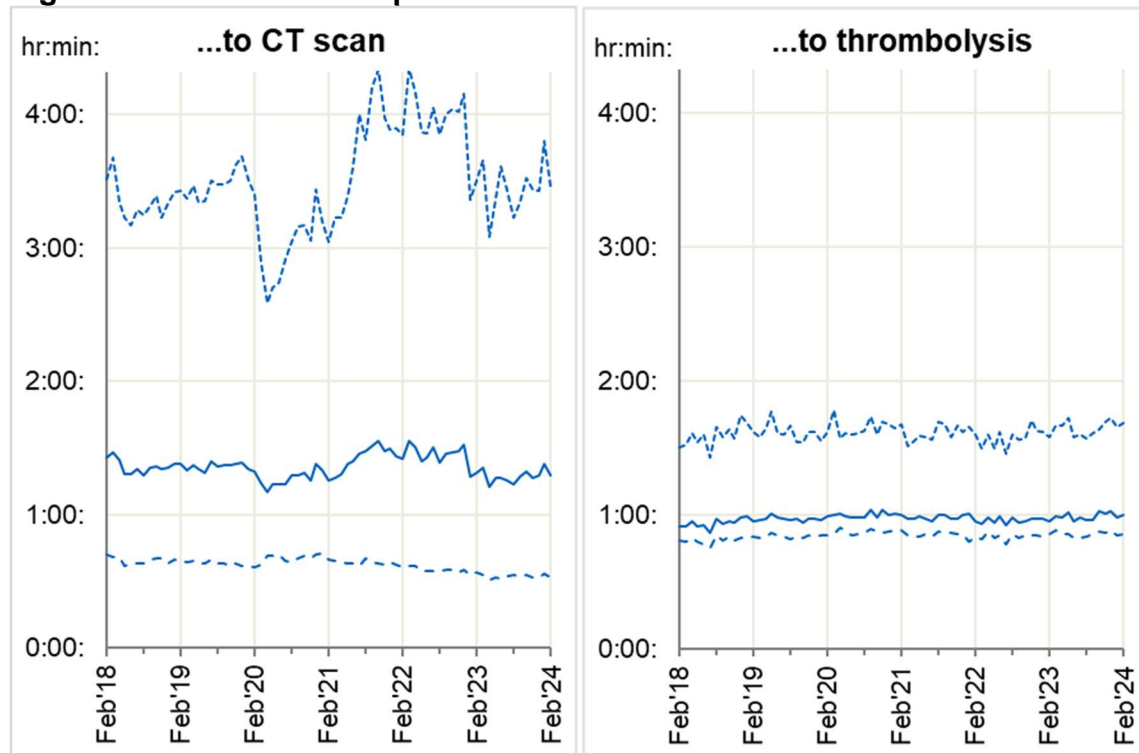
We continue to publish the time from hospital arrival until **CT scan** for stroke patients conveyed by ambulance.

From our first collection for August 2017, until May 2022, the median time was always more than 35 minutes. From January 2023, to the latest data for February 2024, the median was always less than 35 minutes, showing that most patients had their CT scan in less than 35 minutes.

The average and 90th centile times to CT scan were also quicker in all of the latest 14 months than in all of the 14 months before that. However, these were not quite as quick as in earlier years, particularly during the COVID-19 pandemic in 2020.

The time from hospital arrival to **thrombolysis** in February 2024 was 60 minutes. This has been between 56 and 61 minutes in every month of 2023-24.

**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](http://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](http://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 call 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](http://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](http://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:

Scotland: See Quality Improvement Indicators (QII) documents at [www.scottishambulance.com/TheService/BoardPapers.aspx](http://www.scottishambulance.com/TheService/BoardPapers.aspx)

Wales: <https://easc.nhs.wales/asi>

Northern Ireland: [www.health-ni.gov.uk/articles/emergency-care-and-ambulance-statistics](http://www.health-ni.gov.uk/articles/emergency-care-and-ambulance-statistics)



### 3.5 Contact information

Media: NHS England Media team, [nhsengland.media@nhs.net](mailto:nhsengland.media@nhs.net), 0113 825 0958.

The person responsible for producing this publication is Ian Kay, Operational Insights, Transformation Directorate, NHS England, 07918 336050, [england.nhsdata@nhs.net](mailto:england.nhsdata@nhs.net).

### 3.6 Accredited official statistics

These 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”.