

Statistical Note: Ambulance Quality Indicators (AQI)

In September 2024, the average and 90th centile response times in all four Categories were longer than in each of April to August 2024, but shorter than in each of September to December 2023.

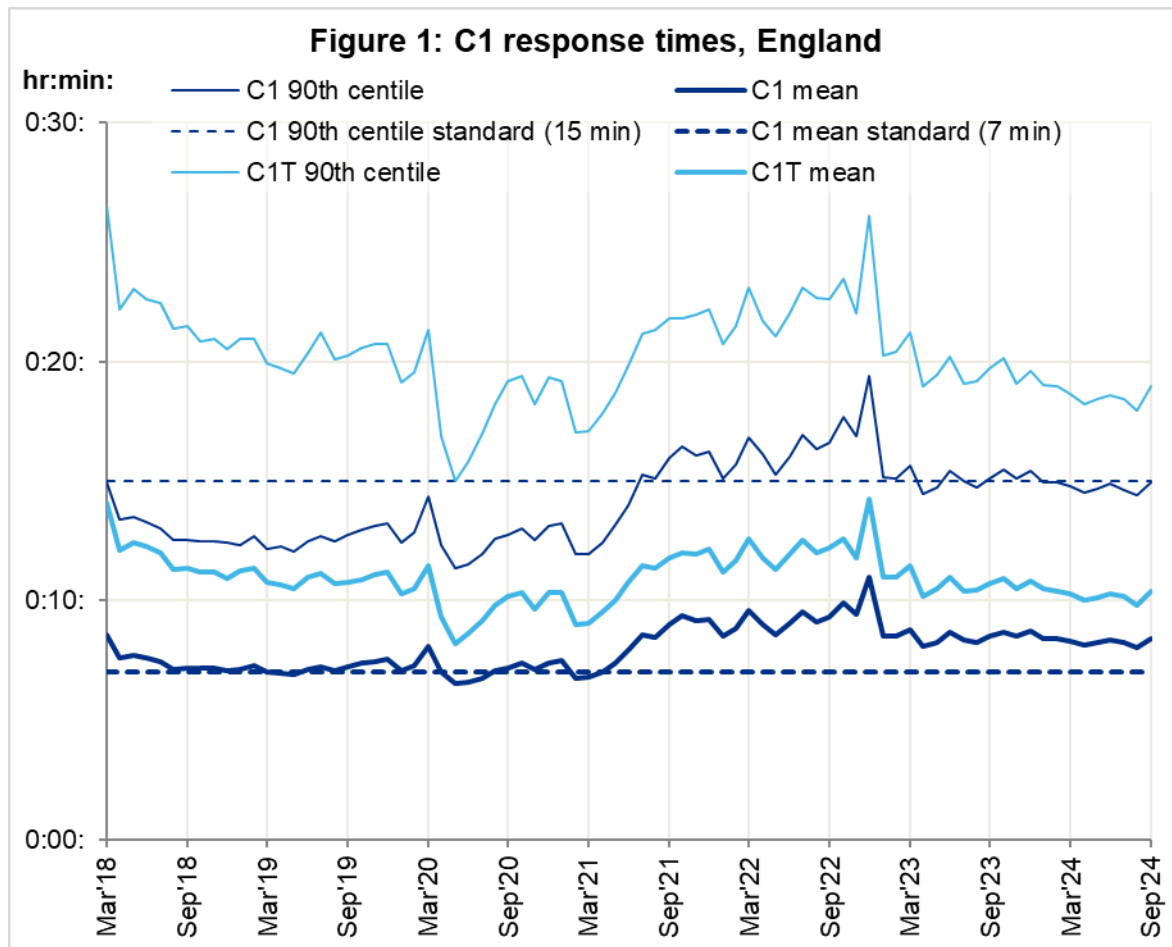
A bundle of care designed for patients after resuscitation from cardiac arrest was provided to more patients in May 2024.

1. Ambulance Systems Indicators (AmbSYS)

1.1 Response times

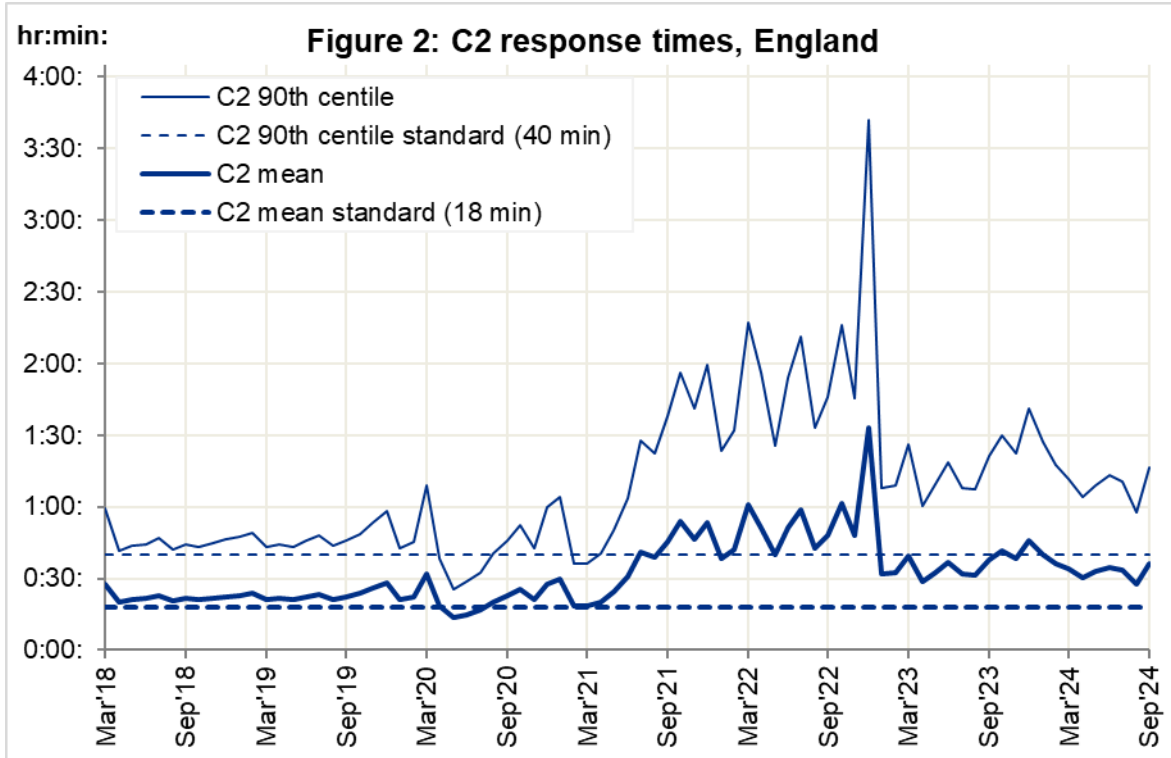
For C1 for England, the mean average response time in September 2024 was 8:25 and the 90th centile was 14:58, meeting the 90th centile standard of 15 minutes, but not the average standard¹ of 7 minutes. Each was the joint longest in 2024 so far.

For C1T (time to the arrival of the transporting vehicle for C1 incidents), the average was 10:23, and the 90th centile was 18:58 (Figure 1).

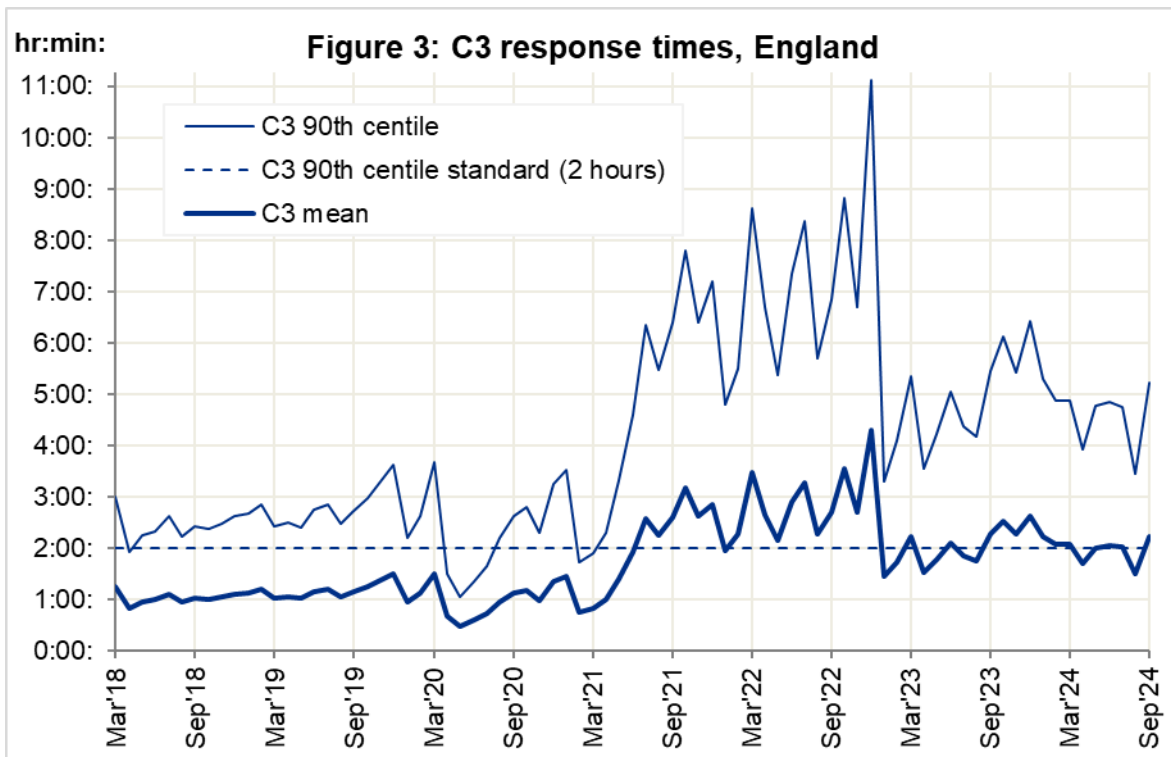


¹ Standards in the NHS Constitution Handbook: www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england/the-handbook-to-the-nhs-constitution-for-england

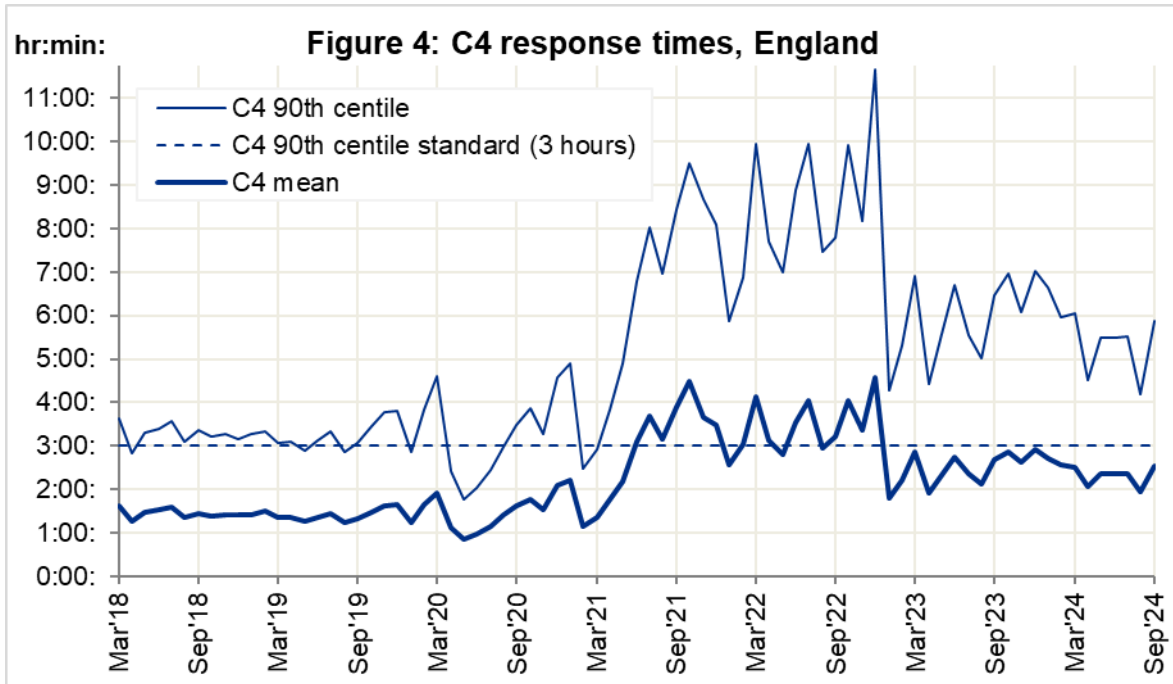
The September 2024 England C2 average was 36:02, and the 90th centile 1:16:20. (Figure 2)



For England in September 2024, the C3 average was 2:12:54. The 90th centile, 5:13:54, was more than 50% longer than in August 2024, although only 10% longer than in July 2024. (Figure 3)

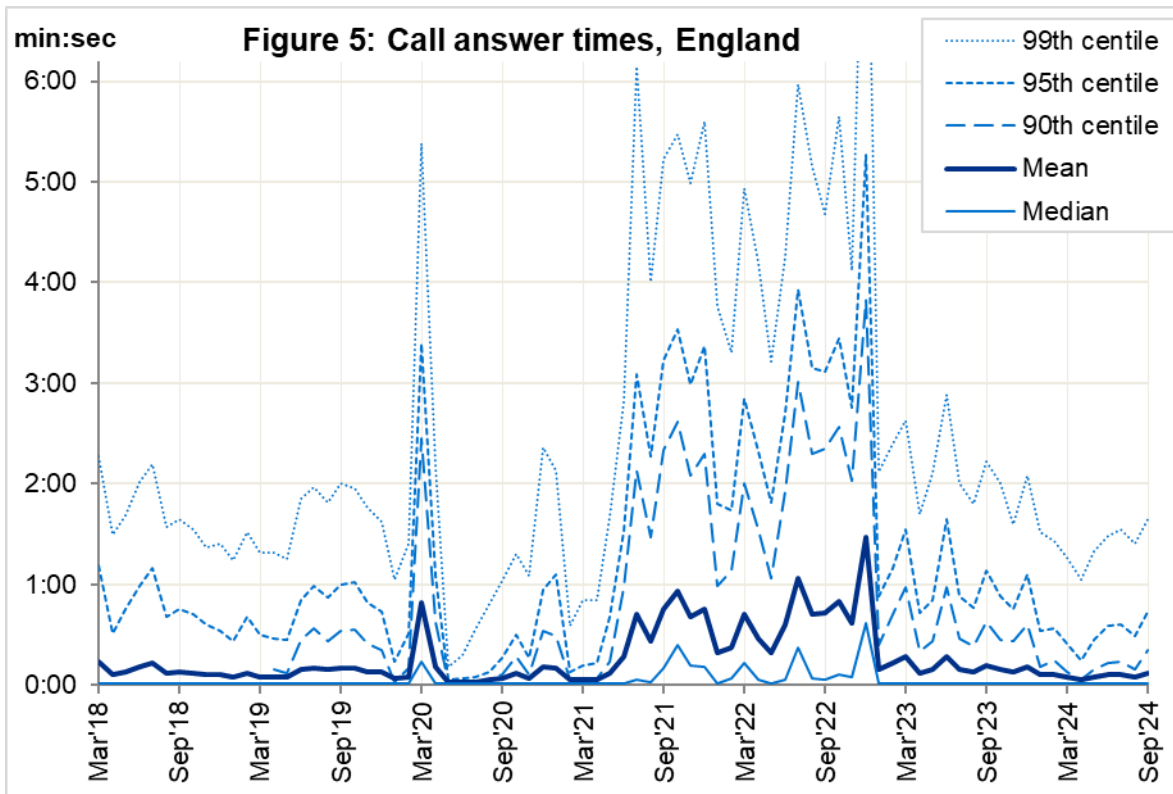


The latest England C4 average was 2:32:51 with a 90th centile of 5:51:39 (Figure 4).



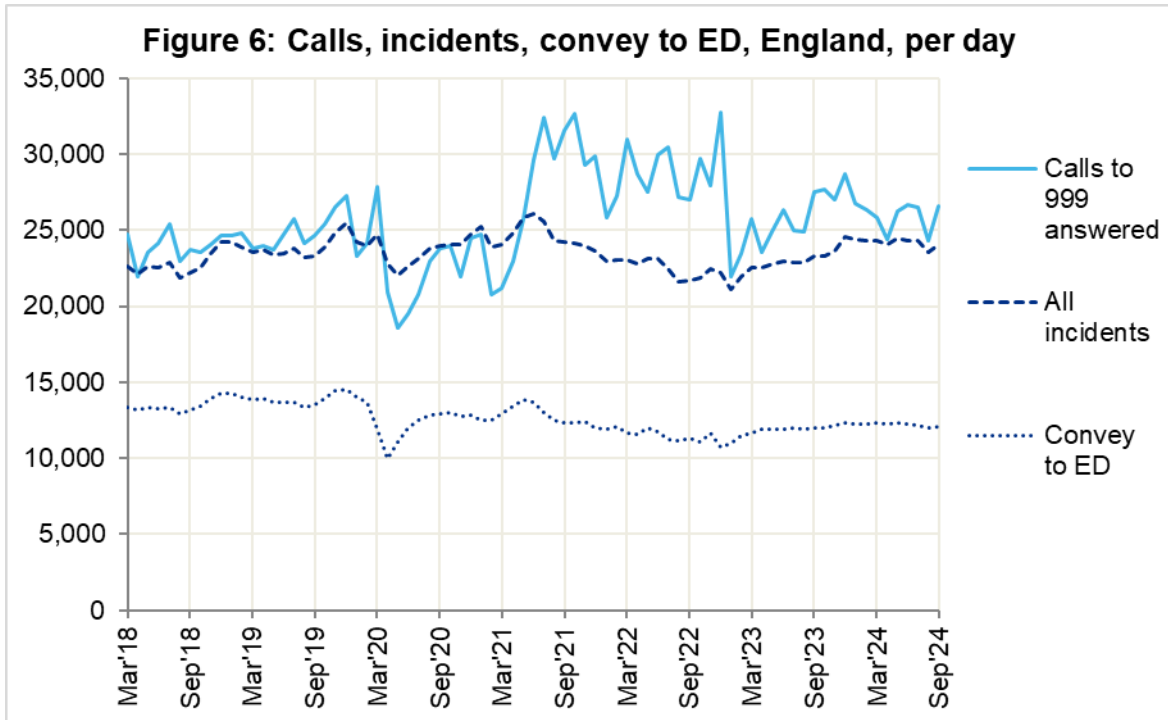
1.2 Other Systems Indicators

The average 999 call answer time in September 2024 was 7 seconds, the longest in 2024 so far; but the same as, or shorter than, in each of the 32 months before that. (Figure 5)

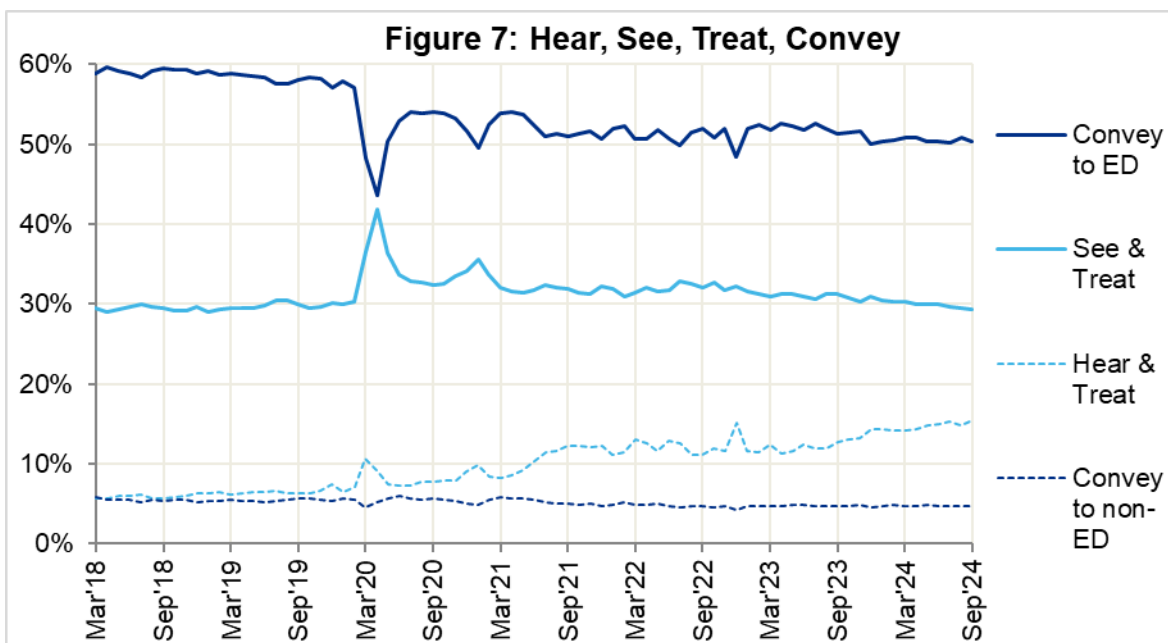


In September 2024, 798,618 calls to 999 were answered. This was 26.6 thousand per day, which was 9% more than in August, but only 0.4% more than in July 2024.

There were 721,034 incidents in England in September 2024, of which 363,350 had conveyance to ED. Per day, these were 24.0 and 12.1 thousand, each within 1% of the financial year averages for 2024-25 so far. (Figure 6).



In England in September 2024, 15.5% of incidents were resolved on the telephone (Hear & Treat), the most since we introduced new definitions in 2017. Other incidents comprised 29.3% closed on scene (See & Treat), 50.4% with conveyance to an Emergency Department (ED), and 4.7% with conveyance to non-ED. (Figure 7)



2. Ambulance Clinical Outcomes (AmbCO)

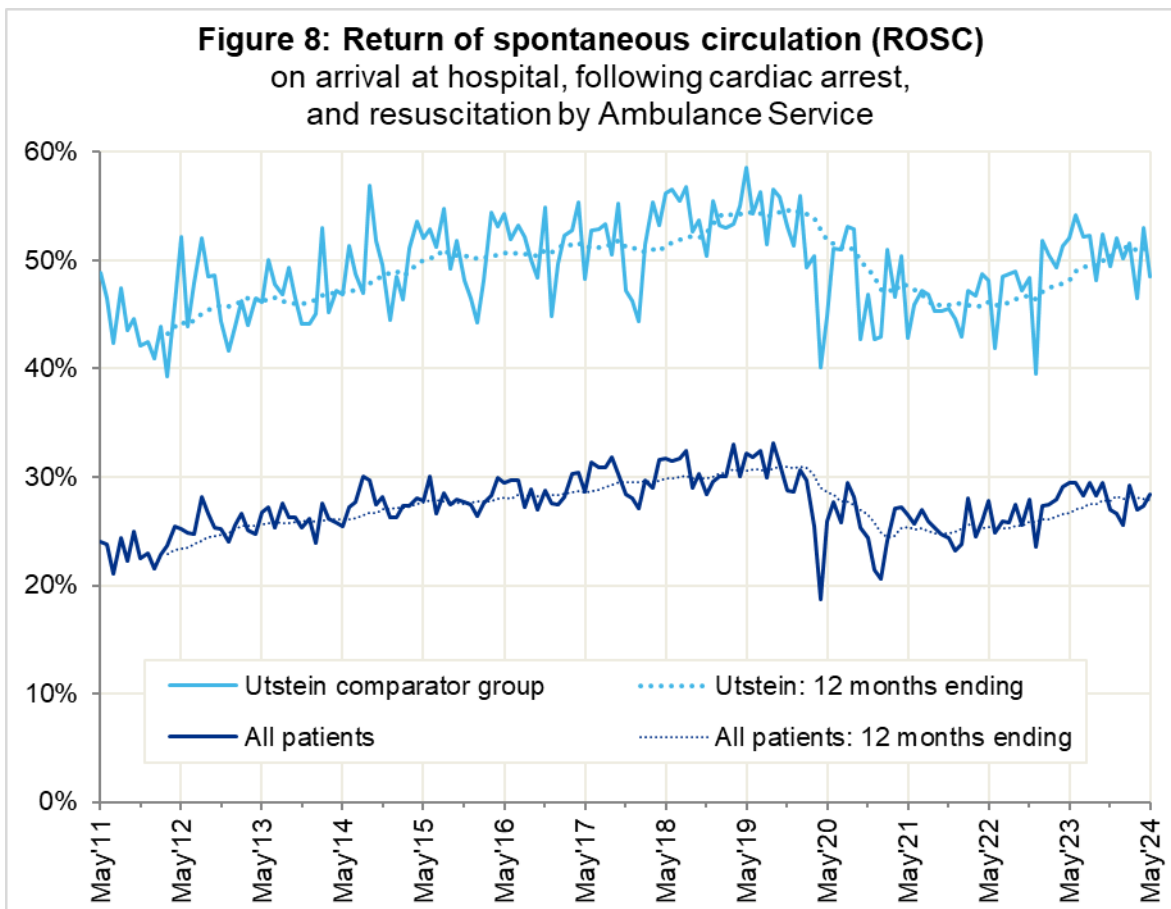
We continue to summarise data in these Statistical Notes for each topic when we publish care bundle data for that topic, so today’s commentary is on cardiac arrest data, now that we collect and publish the post-ROSC (Return of spontaneous circulation) bundle data for every May, August, November, and February.

2.1 Cardiac arrest: ROSC on arrival at hospital (Figure 8)

In England, 2,574 patients had resuscitation by an ambulance service with a known outcome after cardiac arrest in May 2024, of which 732 (28%) had ROSC on arrival at hospital, the same as the 2023-24 average.

The Utstein comparator group comprises patients with an out-of-hospital cardiac arrest of presumed cardiac origin, where the initial rhythm was Ventricular Fibrillation or Ventricular Tachycardia, and the arrest was bystander witnessed. This group therefore have a better chance of survival.

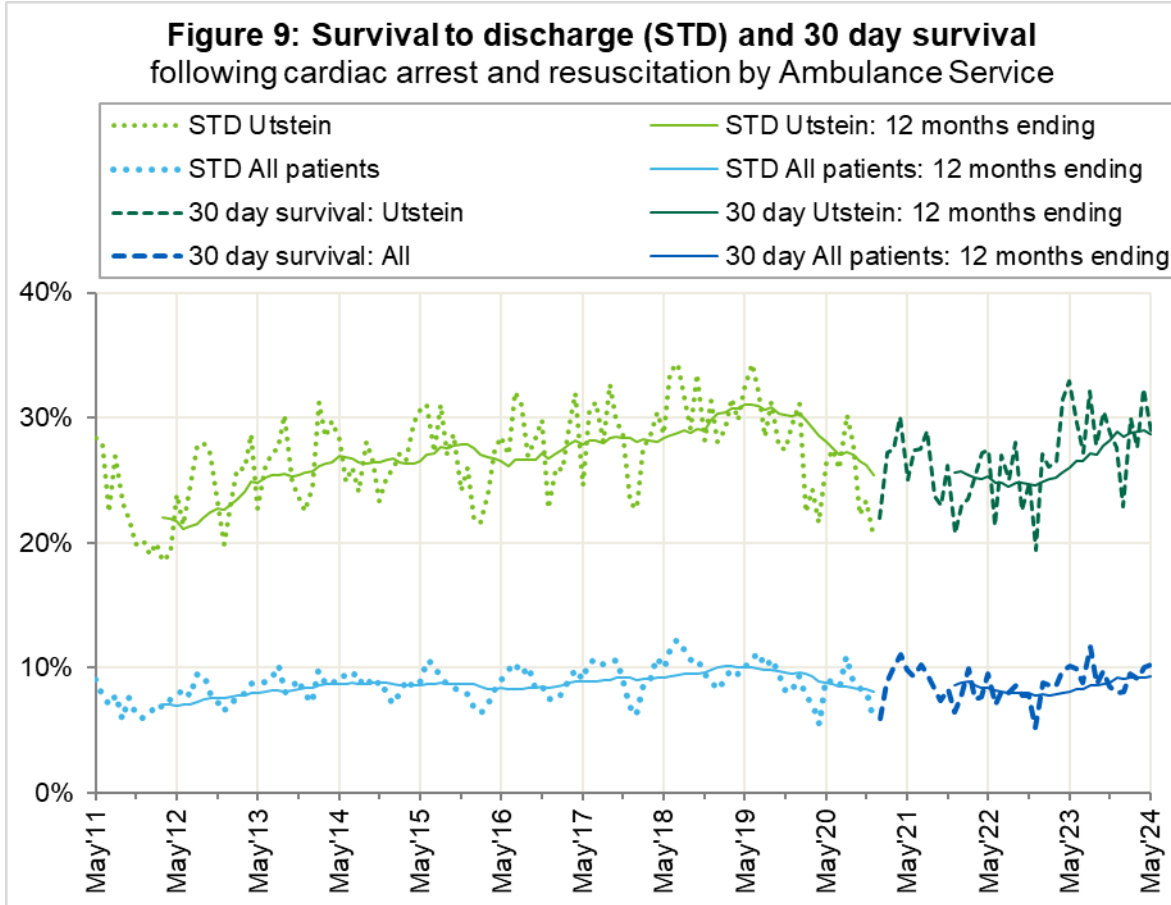
In May 2024, of the 2,574 cardiac arrest patients, 379 met these criteria, of which 184 (49%) had ROSC on arrival at hospital, also not significantly² different to the average for 2023-24 (51%).



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

2.2 Survival following cardiac arrest (Figure 9)

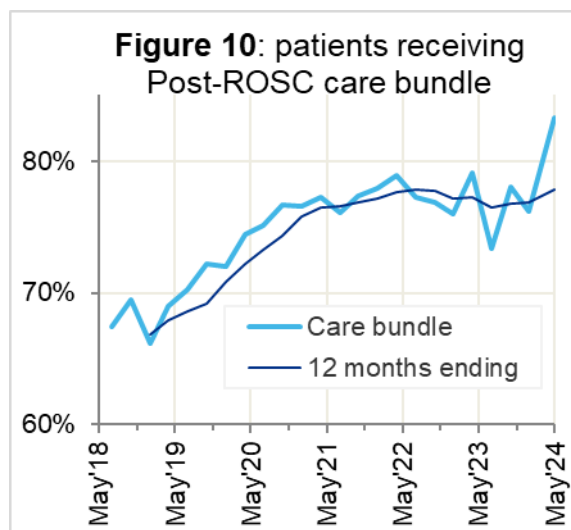
For the 2,565 resuscitated cardiac arrest patients in England in May 2024 where survival at 30 days is known, 10% (264) survived, not significantly different to the 9% for 2023-24. For the Utstein group, 29% (108 of 375) survived for 30 days, the same as for 2023-24.



2.3 Cardiac arrest care bundle

In May 2024, there were 931 cardiac arrest patients resuscitated by an ambulance service in England who had return of spontaneous circulation on scene (not necessarily on arrival at hospital).

Of these, data show that 83% (775) received the appropriate care bundle, significantly more than the 77% in 2023-24. (Figure 10).



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 Related statistics

NHS England publishes C2 response times for each Integrated Care Board (ICB) from April 2023 monthly at www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/ambulance-management-information, and ambulance handover data by acute trust from October 2023 on the same page.

Handover data during winter from 2017-18 for individual days are available from www.england.nhs.uk/statistics/statistical-work-areas/uec-sitrep.

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

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

Northern Ireland: www.health-ni.gov.uk/articles/emergency-care-and-ambulance-statistics

3.3 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).

3.4 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.

3.5 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, 07918 336050, 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”.