

Statistical Note: Ambulance Quality Indicators (AQI)

Category 2, 3, and 4 average response times for England in December 2024 were the longest since December 2022, and the number of calls to 999 answered per day in December 2024 was the most since December 2022.

We publish revisions today to AmbSYS data from October 2023 to September 2024.

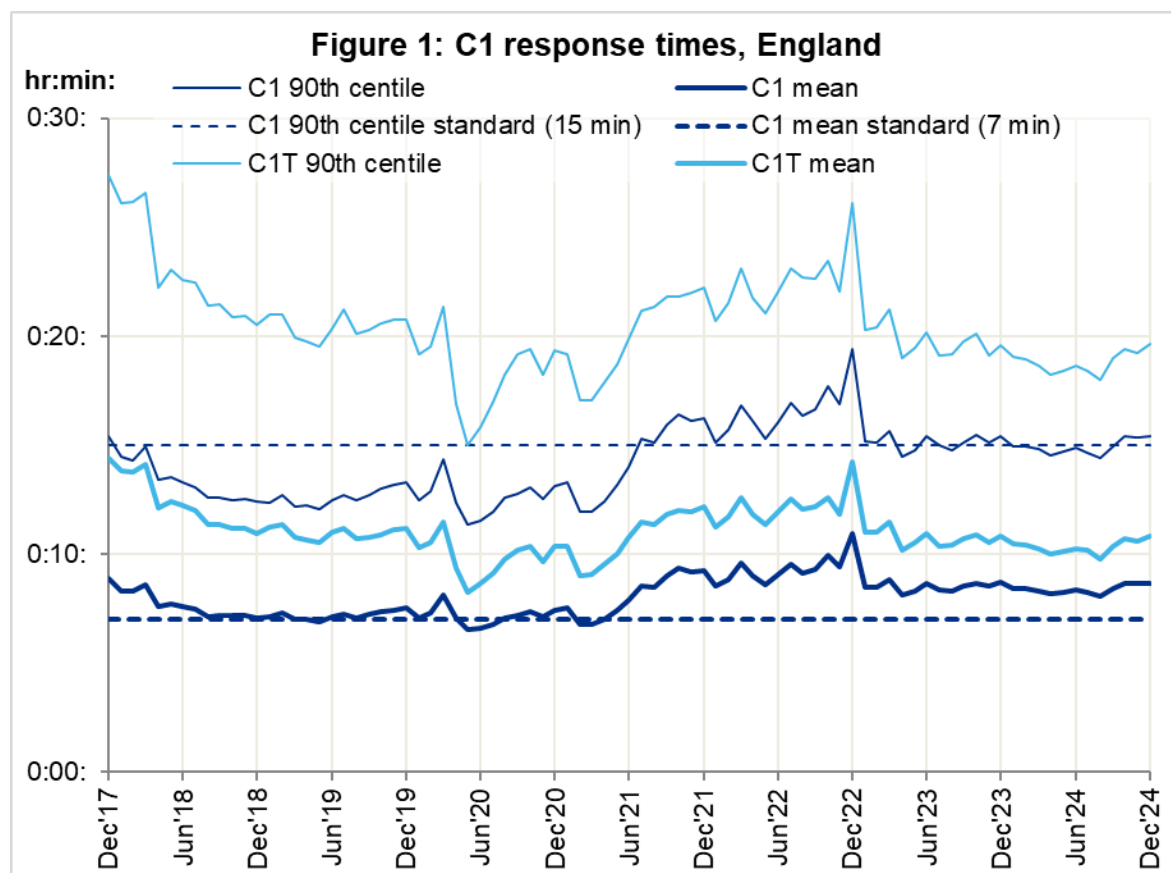
1. Ambulance Systems Indicators (AmbSYS)

1.1 Response times

For C1 for England, the mean response time in December 2024 was 8 minutes 40 seconds and the 90th centile was 15:25. These were both the longest times since December 2023, meeting neither the average standard¹ of 7 minutes nor the 90th centile standard of 15 minutes.

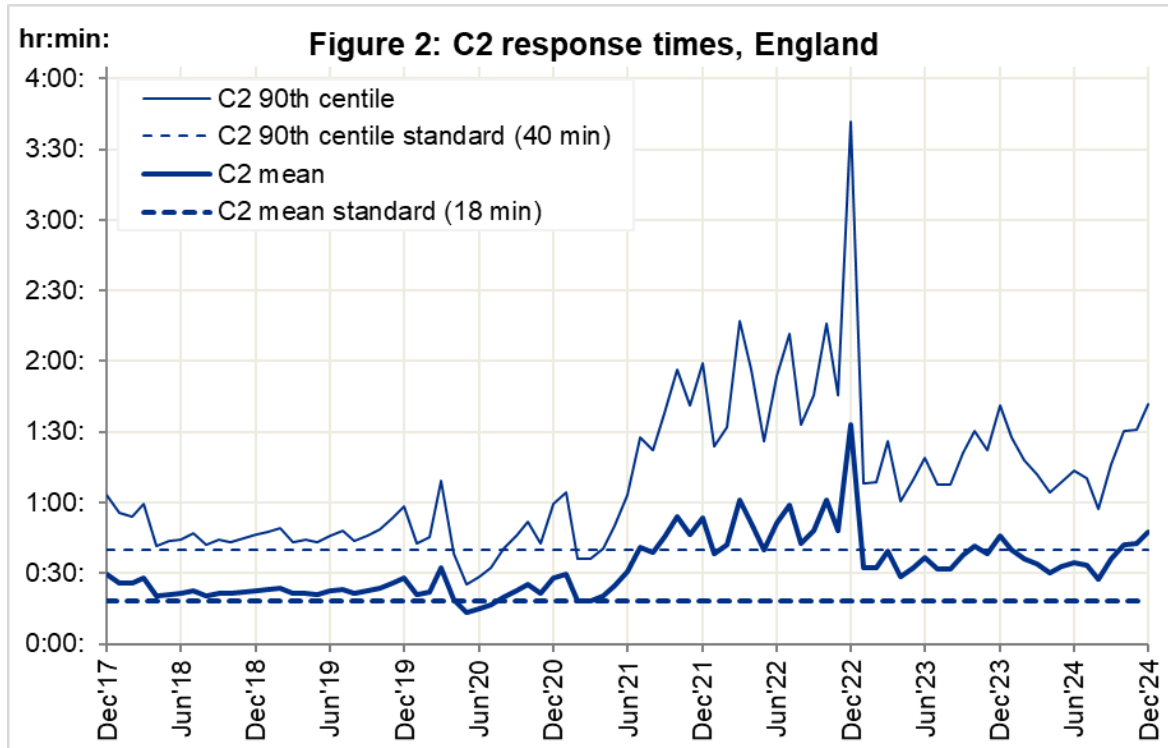
For C1T (time to the arrival of the transporting vehicle for C1 incidents), the average was 10:50, and the 90th centile was 19:39 (Figure 1).

Revisions do not change any C1 or C2 average response times for England by more than one second.

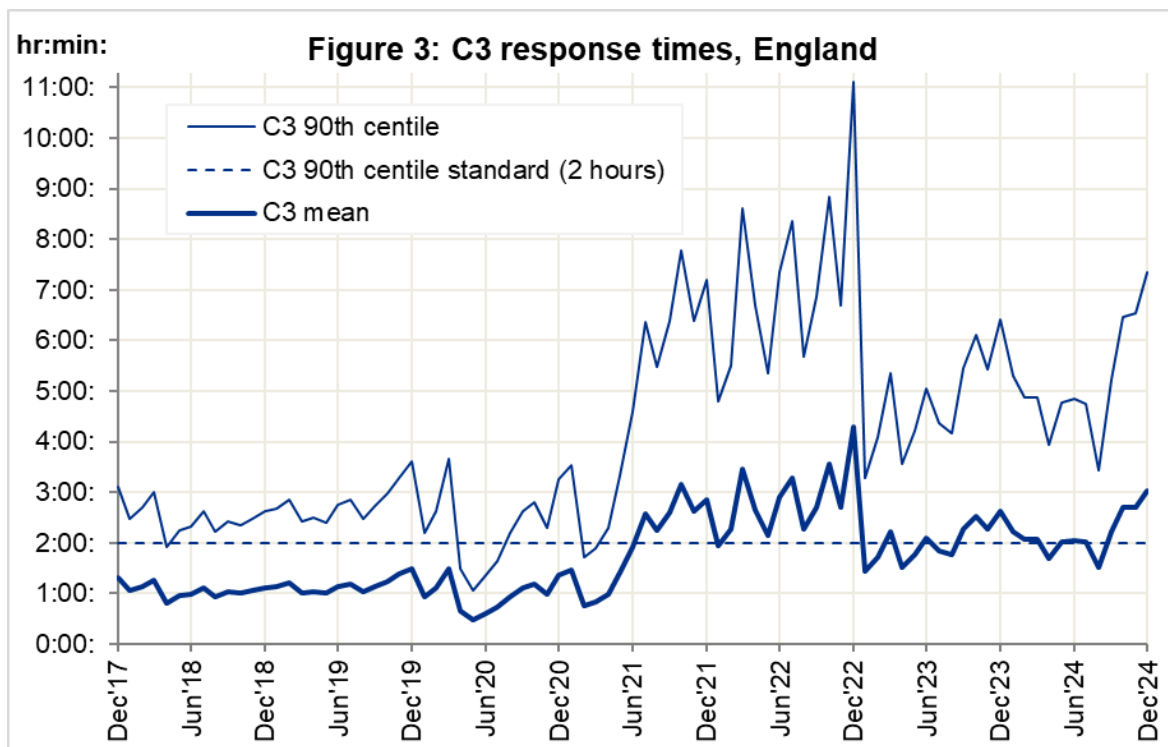


¹ Standards in the NHS Constitution Handbook: www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england/the-handbook-to-the-nhs-constitution-for-england

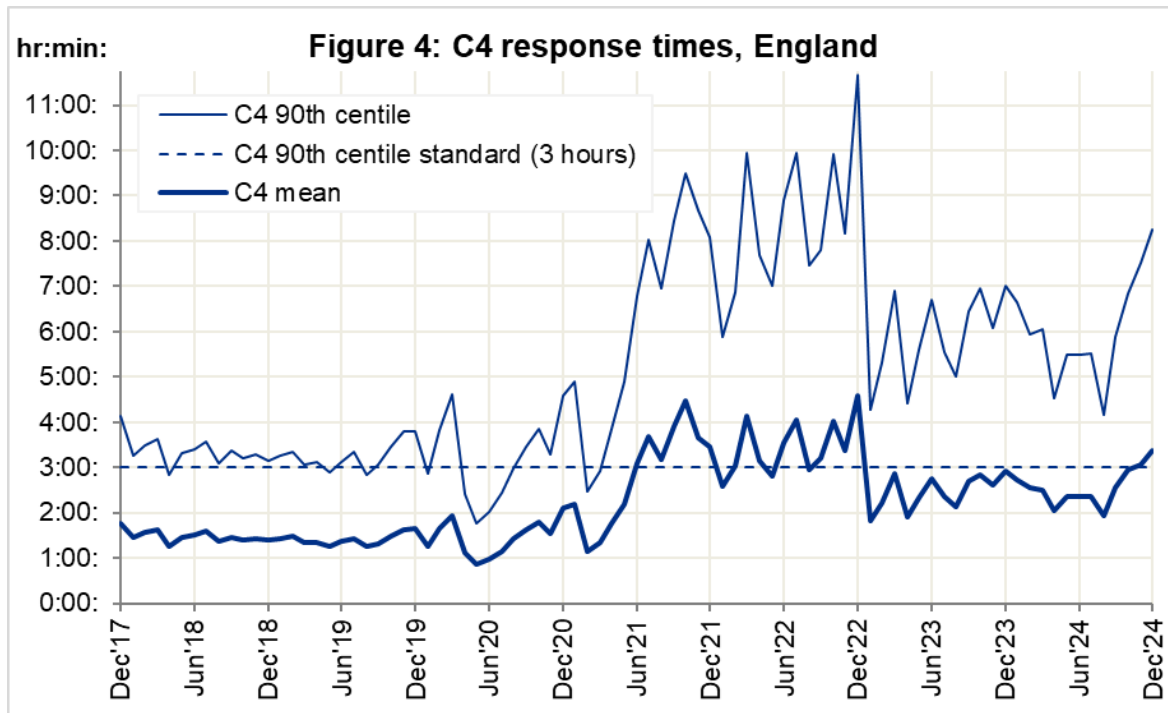
The December 2024 England C2 average was 47:26, and the 90th centile 1:41:40, both the longest times since December 2022 (Figure 2).



For England in December 2024, the C3 average was 3:02:00, and the 90th centile was 7:21:03, the latter nearly an hour longer than in December 2023. Both were the longest times since December 2022 (Figure 3).

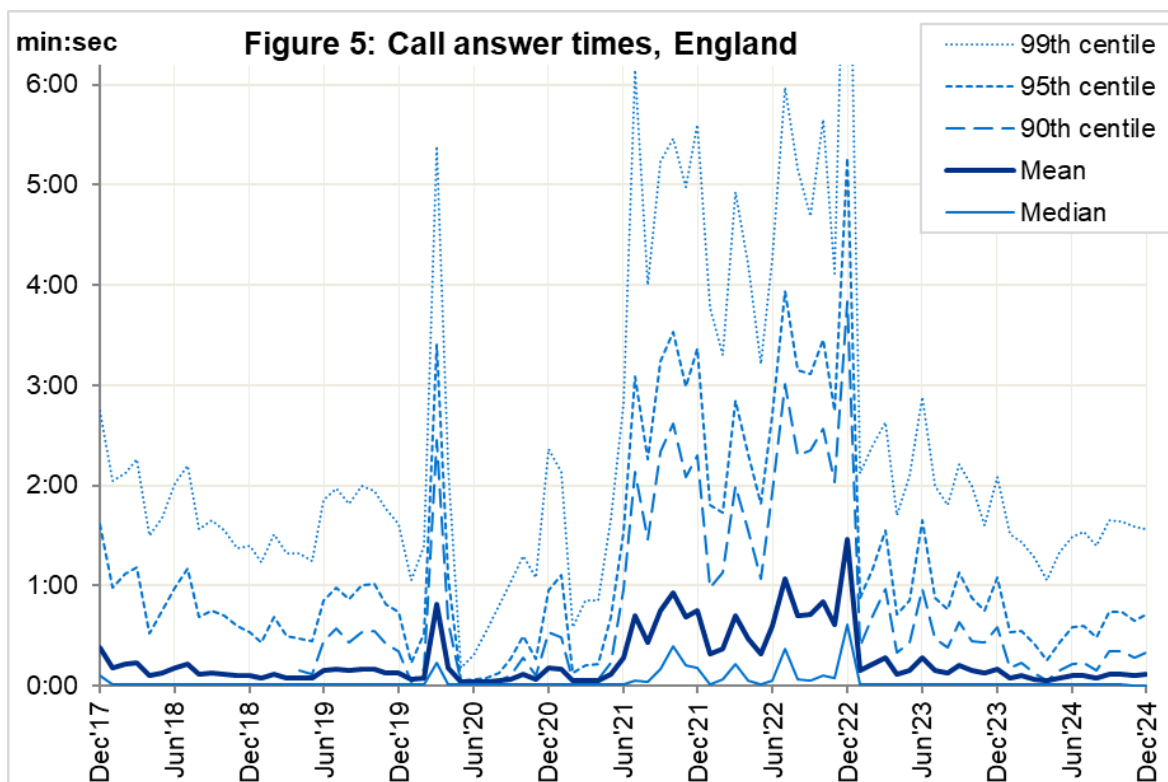


The latest England C4 mean was 3:21:37, with a 90th centile of 8:15:44 (Figure 4).



1.2 Other Systems Indicators

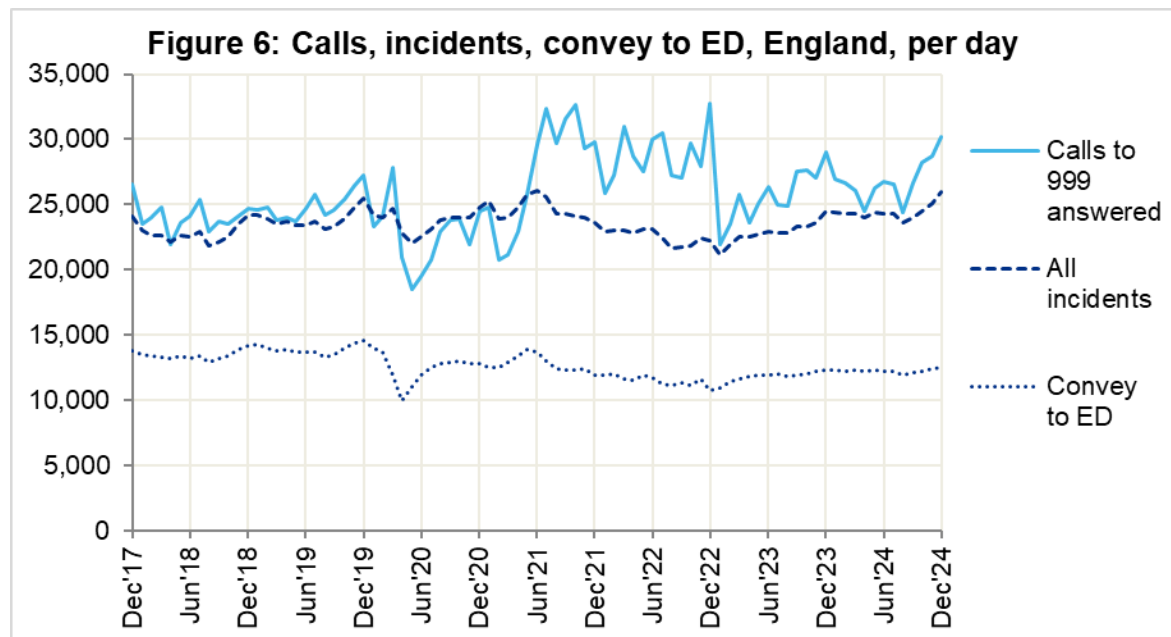
The mean 999 call answer time in December 2024 was 7 seconds, one second more than the previous month (Figure 5). Revisions do not change any call answer times for England by more than one second.



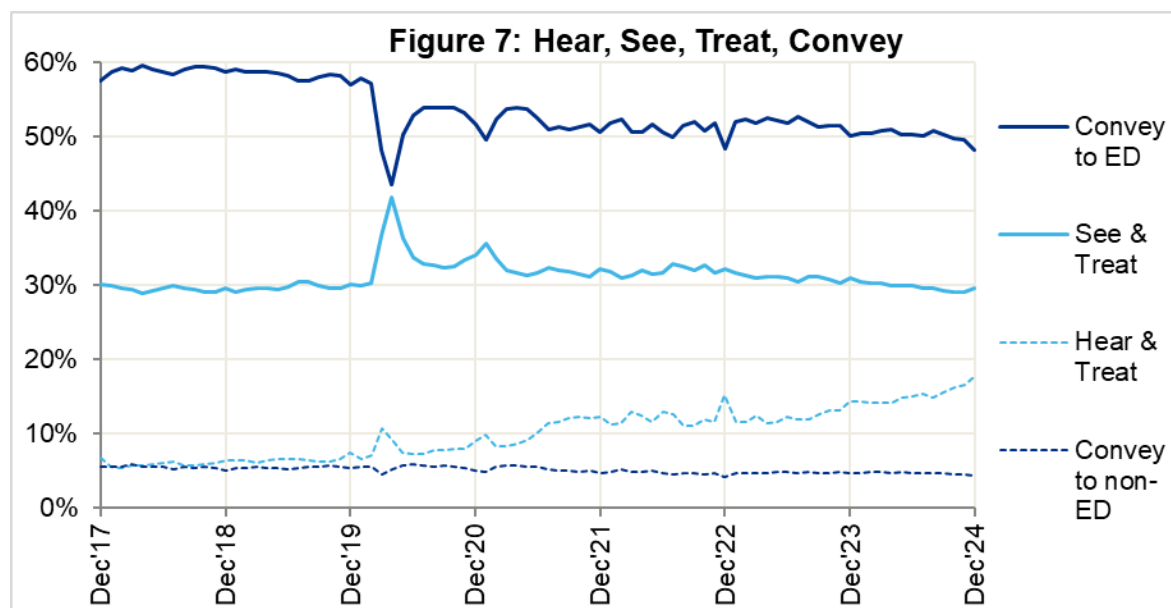
In December 2024, 935,950 calls to 999 were answered, or 30.2 thousand per day.

There were 806,405 incidents in England, which is 26.0 thousand per day, the most since June 2021. Of these, 388,473 had conveyance to ED, or 12.5 thousand per day, the most since July 2021.

Revisions have increased the number of calls to 999 answered per day in England for December 2023 to March 2024, each by a few hundred. Otherwise, counts in Figure 6 are all revised by fewer than 100 per day.



In England in December 2024, 17.8% of incidents were resolved on the telephone (Hear & Treat), again the most since we introduced new definitions in 2017. Other incidents comprised 29.7% closed on scene (See & Treat), 48.2% with conveyance to an Emergency Department (ED), and 4.3% with conveyance to non-ED (Figure 7).



The revisions we publish today are for most trusts; there are none for Isle of Wight, East of England, South Central, or Yorkshire Ambulance Services.

Clinical Validation and C5 Clinical assessment data previously published for East Midlands for December 2023 to March 2024 inclusive have been withdrawn, but the corrected Clinical Validation methodology used from July 2024 onwards has been backdated to April 2024. In addition to other improved data, we are also now publishing data that was previously unavailable for these Services:

- Bystander CPR data from December 2023 to May 2024 for East Midlands;
- Clinical Validation data from October 2023 to July 2024 for North East;
- C5 Clinical assessment data from May to September 2024 for South Western.

2. Ambulance Clinical Outcomes (AmbCO)

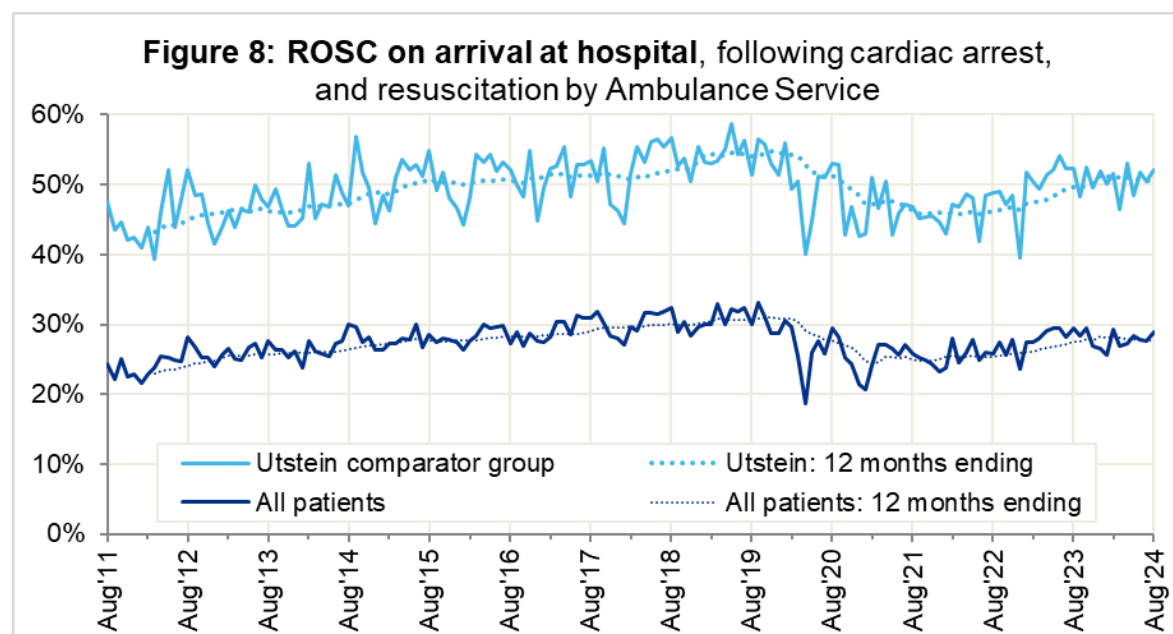
We continue to summarise data in these Statistical Notes for each topic when we publish care bundle data for that topic, so today's commentary is on cardiac arrest data, now that we collect and publish the post-ROSC (Return of spontaneous circulation) bundle data for every May, August, November, and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

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

In England, 2,481 patients had resuscitation by an ambulance service with a known outcome after cardiac arrest in August 2024, of which 717 (29%) had ROSC on arrival at hospital, slightly more than 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.

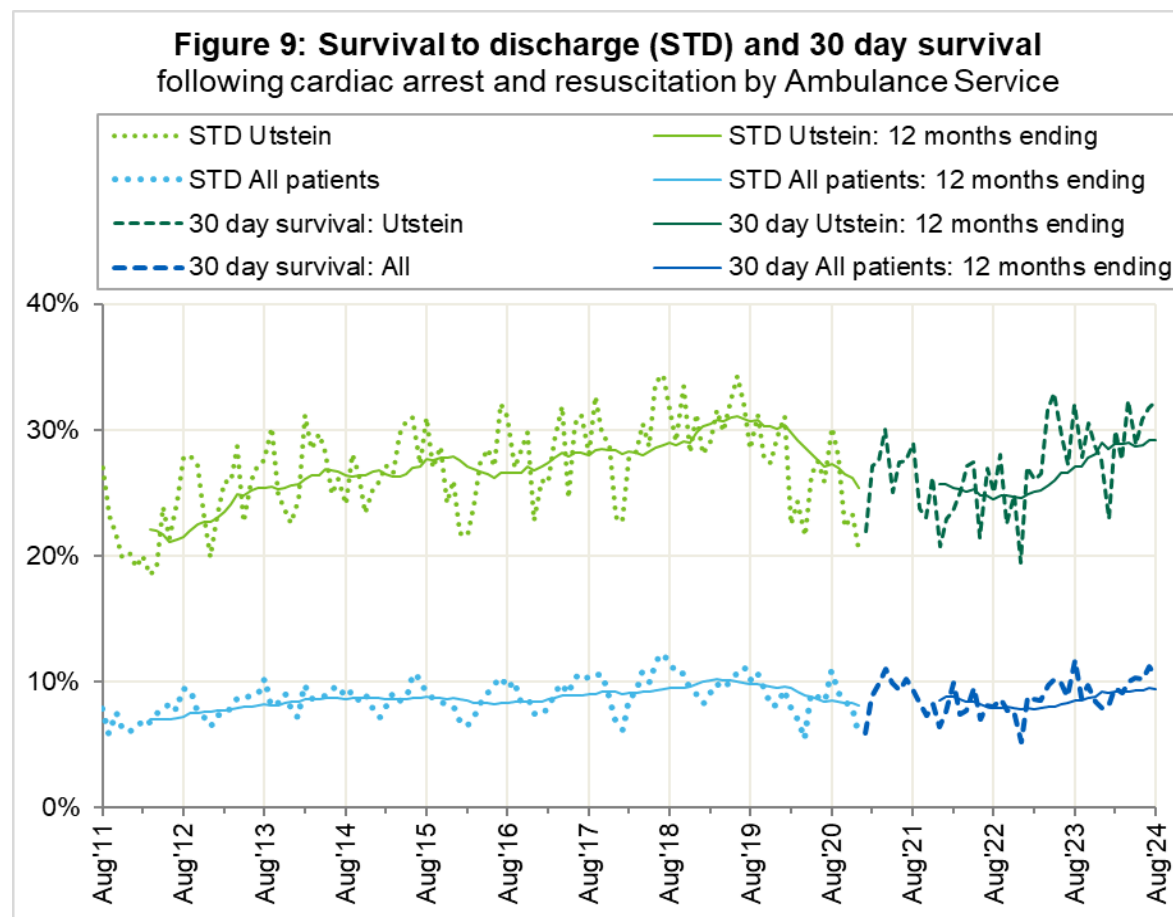
In August 2024, of the 2,481 cardiac arrest patients, 387 met these criteria, of which 202 (52%) had ROSC on arrival at hospital, similar to the 2023-24 average (51%).



2.2 Survival following cardiac arrest (Figure 9)

For the 2,443 resuscitated cardiac arrest patients in England in August 2024 where survival at 30 days is known, 10% (254) survived, similar to the 9% for 2023-24. For the Utstein group, 32% (120 of 371) survived for 30 days, 3% more than the 2023-24 average.

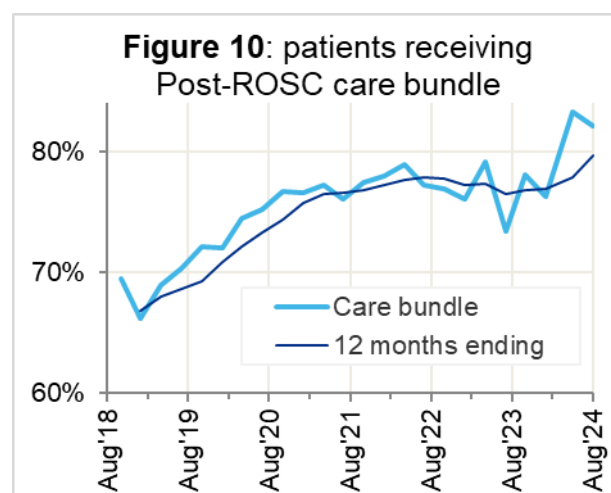
Figure 9 shows survival rates in August are usually more than the annual average.



2.3 Cardiac arrest care bundle

In August 2024, there were 963 cardiac arrest patients resuscitated by an ambulance service in England who had ROSC on scene (not necessarily on arrival at hospital).

Of these, data show that 82% (791) received the appropriate care bundle, more than the 2023-24 average of 77%. (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.

Data on patients handed over to each Acute Trust are available for whole months from October 2023 at that same webpage, and also for individual days during winter from 2017-18 at 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 <https://digital.nhs.uk/data-and-information/publications/statistical/ambulance-services> by NHS Digital and predecessor organisations 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://jcc.nhs.wales/insighthub/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.999iucdata@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”.