



Statistical Note: Ambulance Quality Indicators (AQI)

For all categories, the average response time in January 2025 was shorter than in each of the four previous months, and the number of 999 call answered per day was fewer than in each of the previous four months.

For stroke patients, the average time from hospital arrival to CT scan in August 2024 was the shortest for over four years.

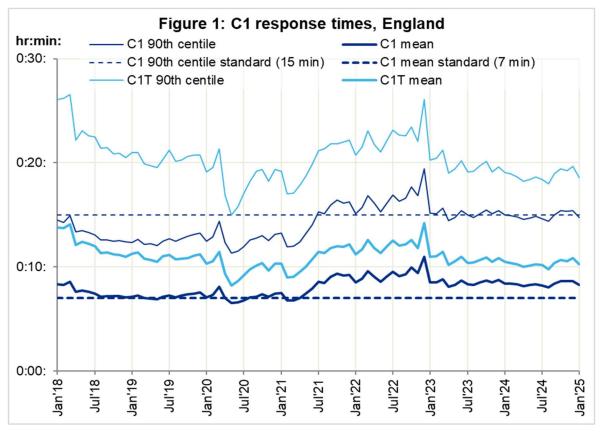
1. Ambulance Systems Indicators (AmbSYS)

1.1 Response times

All four categories' mean response times were shorter than in every month of 2022 but longer than in every month of 2019 and 2020.

For C1 for England, the mean response time in January 2025 was 8 minutes 16 seconds and the 90th centile was 14:46. These were the shortest times since August 2024. The average standard¹ of 7 minutes was not met but the 90th centile standard of 15 minutes was met for the first time in three months.

For C1T (time to the arrival of the transporting vehicle for C1 incidents), the average was 10:16, and the 90th centile was 18:35 (Figure 1).

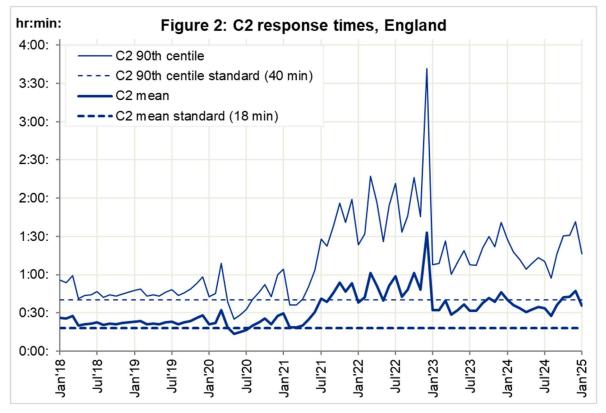


¹ Standards in the NHS Constitution Handbook: <u>www.gov.uk/government/publications/supplements-</u> to-the-nhs-constitution-for-england/the-handbook-to-the-nhs-constitution-for-england

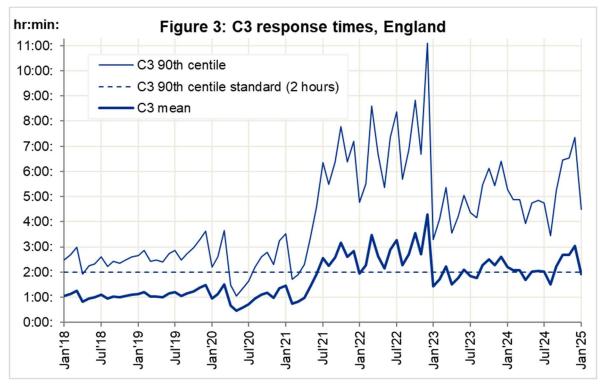




The January 2025 England C2 average was 35:40, and the 90th centile 1:16:26, both shorter than the previous month (Figure 2).



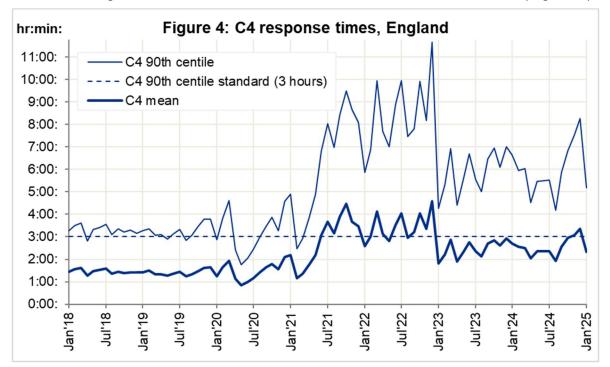
For England in January 2025, the C3 average was 1:55:25, and the 90th centile was 4:29:18, both shorter than January 2024 but longer than January 2023 (Figure 3).





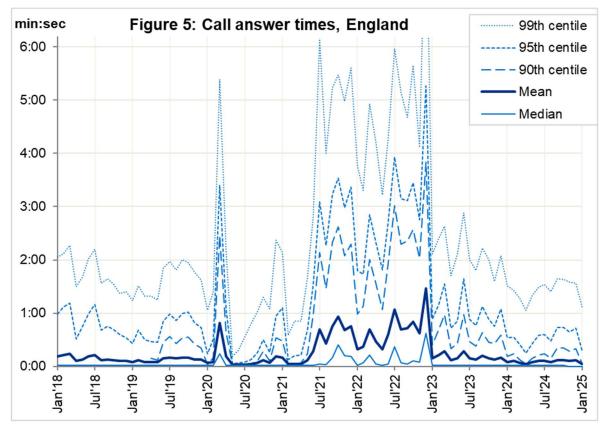


The latest England C4 mean was 2:19:28, with a 90th centile of 5:11:06 (Figure 4).



1.2 Other Systems Indicators

The mean 999 call answer time in January 2025 was 3 seconds, the shortest since April 2024 (Figure 5).

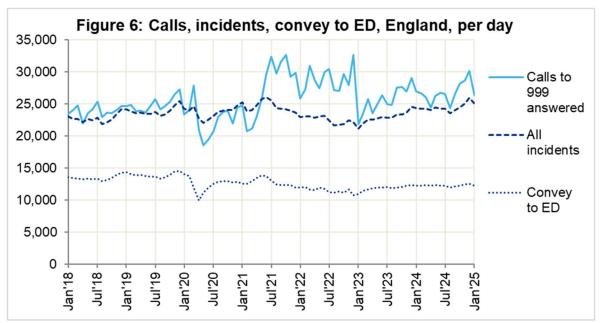




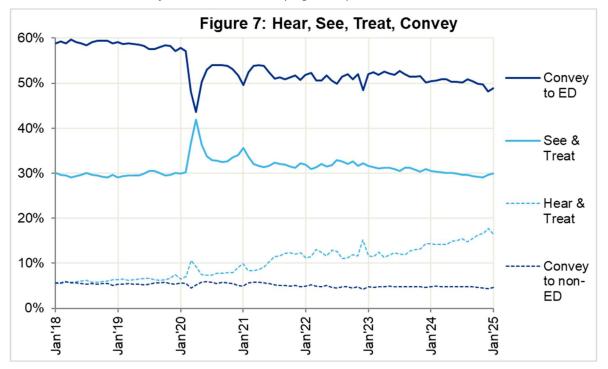


In January 2025, 816,010 calls to 999 were answered, or 26.3 thousand per day.

There were 777,060 incidents in England in January 2025, which is 25.1 thousand per day, fewer than November and December 2024. Of these, 380,348 had conveyance to ED, or 12.3 thousand per day, also fewer than November and December 2024 (Figure 6).



In England in January 2025, 16.5% of incidents were resolved on the telephone (Hear & Treat), the third highest percentage since we introduced new definitions in 2017, after November and December 2024. Other incidents comprised 29.9% closed on scene (See & Treat), 48.9% with conveyance to an Emergency Department (ED), and 4.7% with conveyance to non-ED (Figure 7).







2. Ambulance Clinical Outcomes (AmbCO)

We summarise data in this Statistical Note for topics when we publish care bundle data for that topic. This commentary includes Falls and Stroke data.

2.1 Patients who have fallen and can be discharged on scene

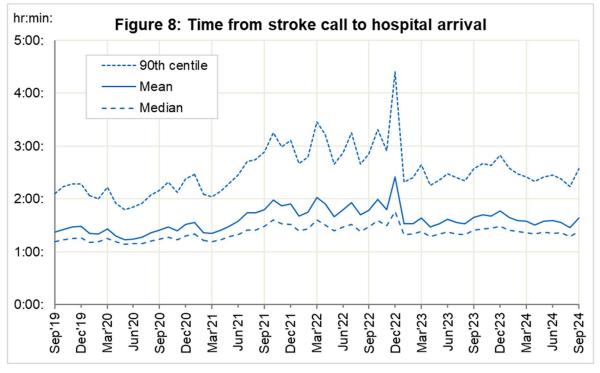
This indicator was first published for June 2024, so is reported here for the second time: for patients aged 65 and over, who have a fall from a height of less than two metres, are attended by an ambulance service and discharged on scene, whether they receive a particular bundle of care.

This bundle includes a detailed physical examination and certain observations and assessments, along with documentation of a detailed medical history, and current medication. If a Trust attends more than 300 eligible patients in a month, it supplies these indicators for 300 patients chosen at random.

In September 2024, Trusts supplied data on 3,044 such patients, of which 1,345 (44%) received this bundle of care. This was a slight increase from June 2024, in which 43% of 3,047 patients received the care bundle.

2.2 Stroke time to hospital and clinical intervention

In England, the mean time from 999 call until arrival at hospital for patients who had a stroke was 1 hour 38 minutes in September 2024 (Figure 8, middle line). This was the longest since January 2024 (also 1 hour 38 minutes), but shorter than in all months of 2022.



In August 2024, the mean time from hospital arrival until CT scan was 1 hour 11 minutes. This was the shortest recorded since this data collection began in August 2017, except for April 2020 (1:10). In September 2024, the mean time was 1:14.





The mean time from hospital arrival to thrombolysis in September 2024 was 64 minutes. This was the highest since this data collection began, with the previous mean monthly times (August 2017 to August 2024) varying from 52 to 62 minutes.

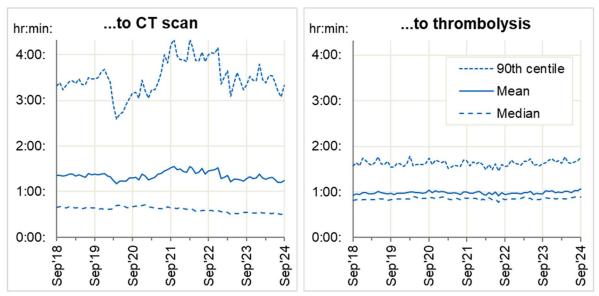


Figure 9: Time from hospital arrival for stroke...

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 call answer times (A2 to A6 and A114).

3.3 Related statistics

NHS England publishes C2 response times for each Integrated Care Board (ICB) from April 2023 monthly at <u>www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/ambulance-management-information</u>, 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 <u>www.england.nhs.uk/statistics/statistical-work-areas/uec-sitrep</u>.

The Quality Statement described in section 3.1 includes information on:

- the "Ambulance Services" publications <u>https://digital.nhs.uk/data-and-information/publications/statistical/ambulance-services</u> 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 <u>www.scottishambulance.com/TheService/BoardPapers.aspx</u>

Wales: https://jcc.nhs.wales/insighthub/asi

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

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, <u>nhsengland.media@nhs.net</u>, 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".