

Statistical Note: Ambulance Quality Indicators (AQI)

For all categories, the average response time in England in February 2025 was the shortest since August 2024.

In October 2024, for a certain type of heart attack, the average time from 999 call to clinical intervention was the longest since 2022.

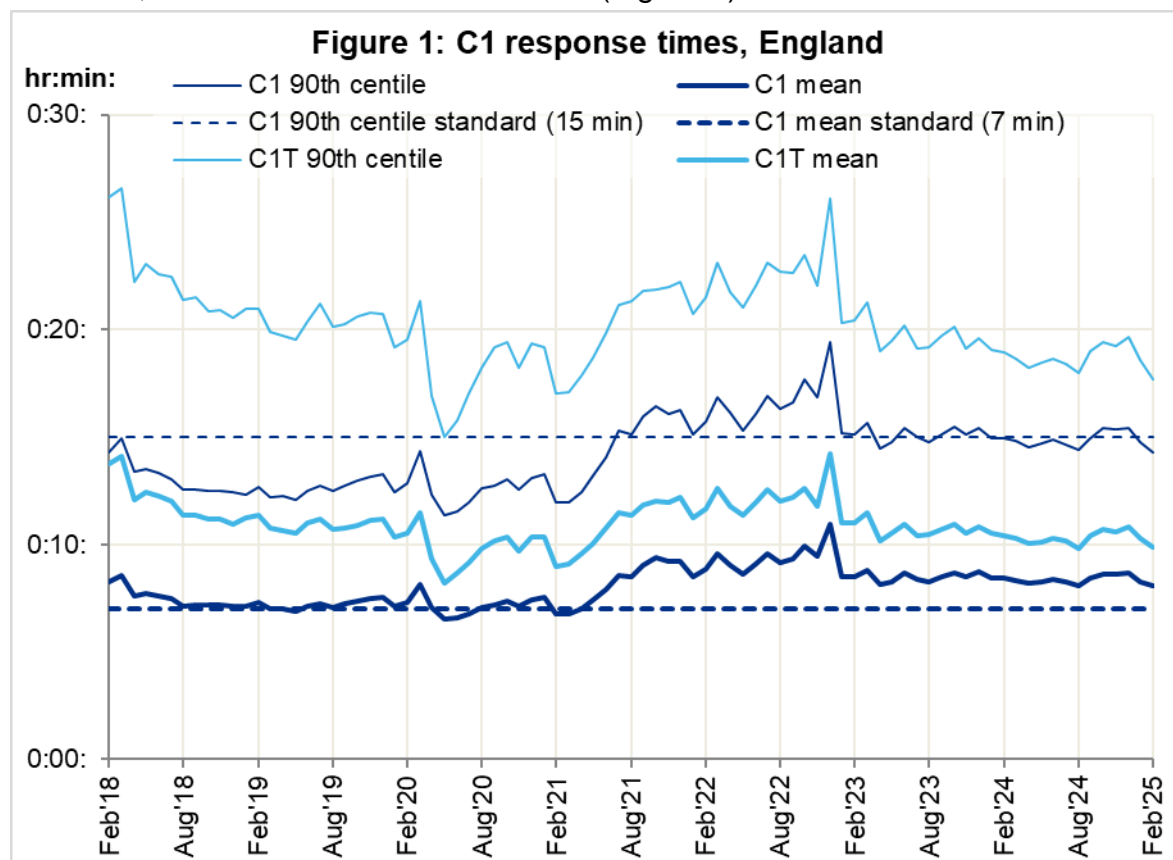
1. Ambulance Systems Indicators (AmbSYS)

1.1 Response times

February's C1 and C2 mean response times were shorter than in every month of 2022, but longer than in every month of 2019.

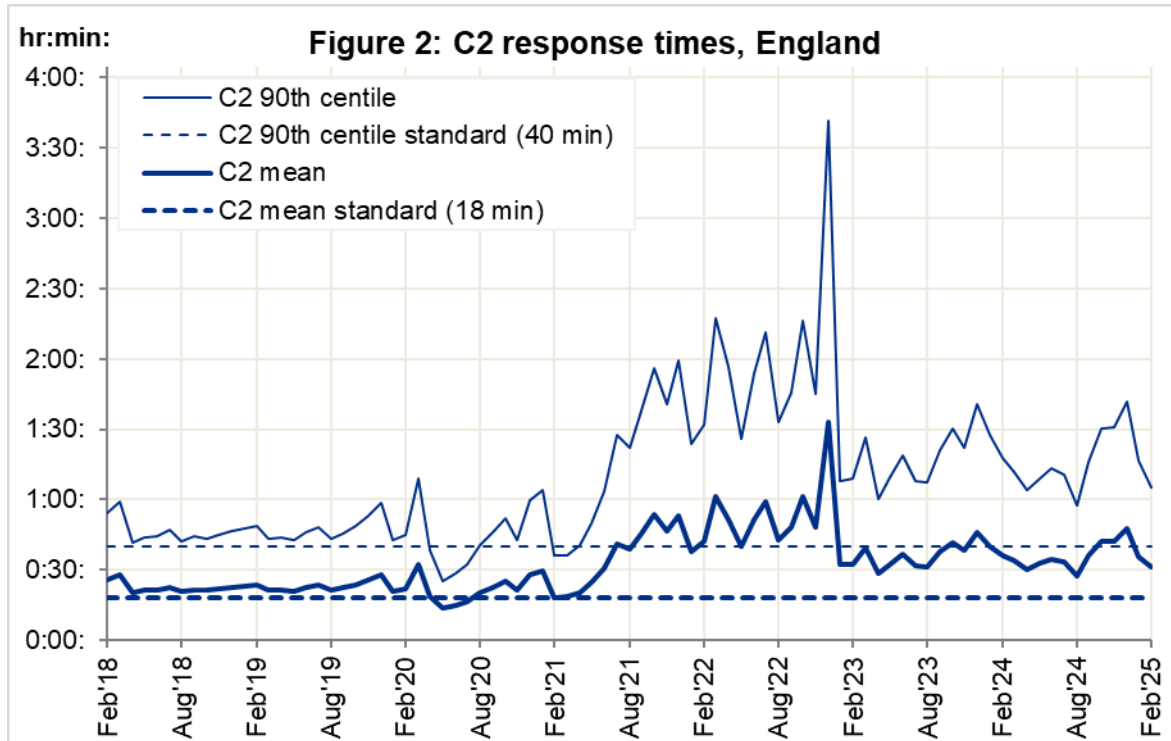
For C1 for England, the mean response time in February 2025 was 8 minutes 4 seconds and the 90th centile was 14:18. The C1 mean response time was the shortest time since August 2024. The average standard¹ of 7 minutes was not met but the 90th centile standard of 15 minutes was met for the second month in a row.

For C1T (time to the arrival of the transporting vehicle for C1 incidents), the average was 9:51, and the 90th centile was 17:41 (Figure 1).

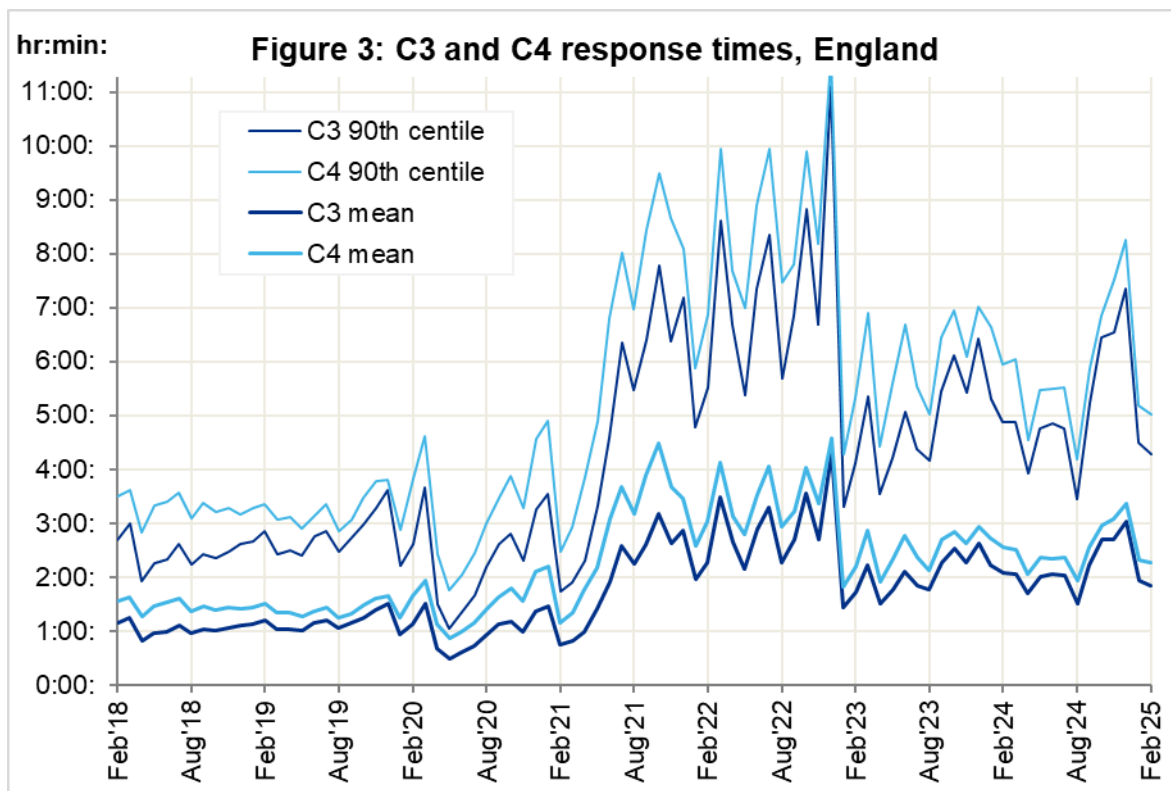


¹ Standards in the NHS Constitution Handbook: www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england/the-handbook-to-the-nhs-constitution-for-england

The February 2025 England C2 average was 31:22, and the 90th centile 1:05:12, both the shortest since August 2024 (Figure 2).

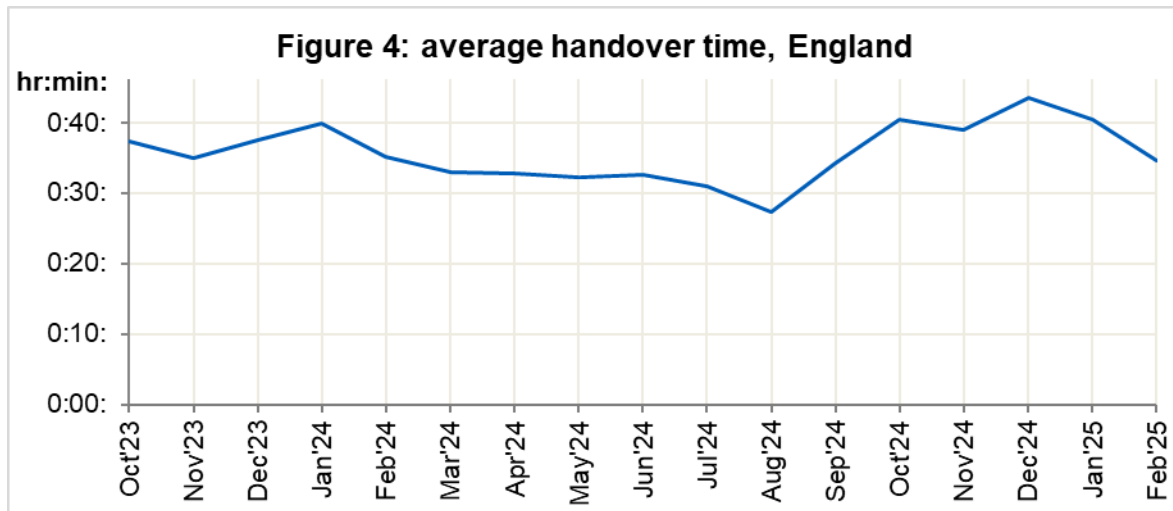


For England in February 2025, the C3 average was 1:50:52, and the 90th centile 4:16:03, both shorter than February 2024 but longer than February 2023. The latest England C4 mean was 2:15:46, with a 90th centile of 5:01:25 (Figure 3).

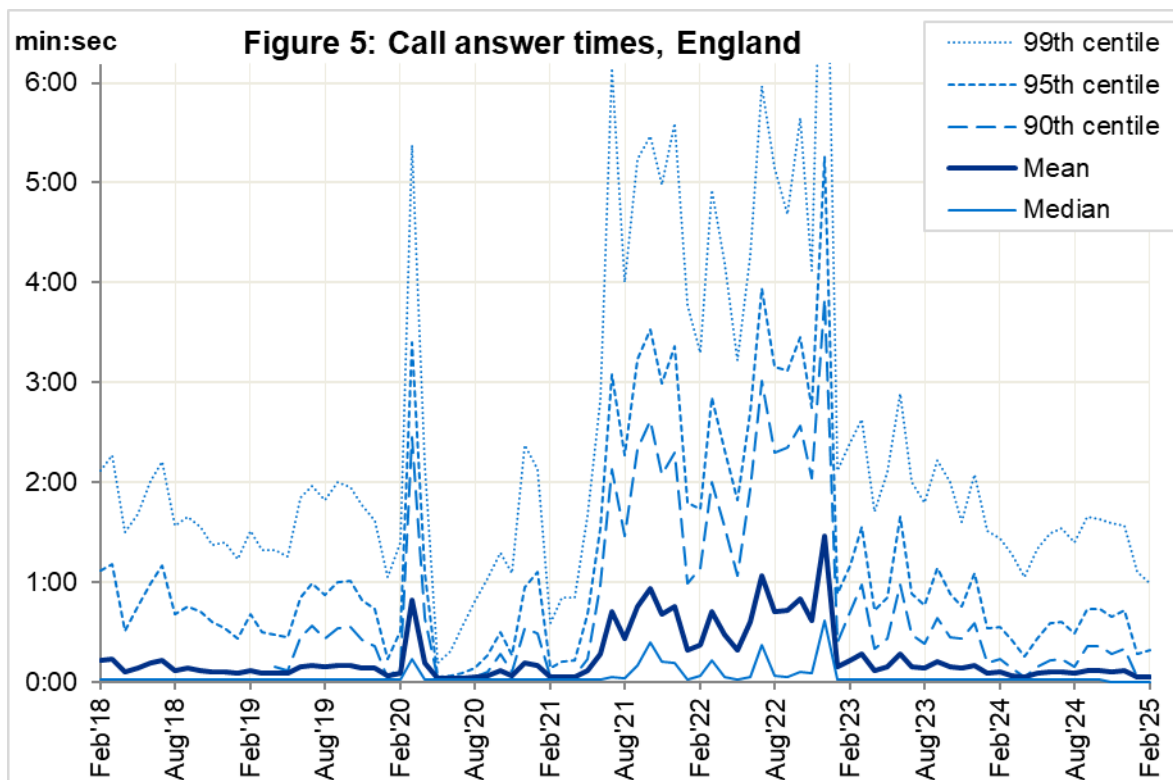


1.2 Other Systems Indicators

The mean handover time in February 2025 was 34:39, the shortest since September 2024 (Figure 4).

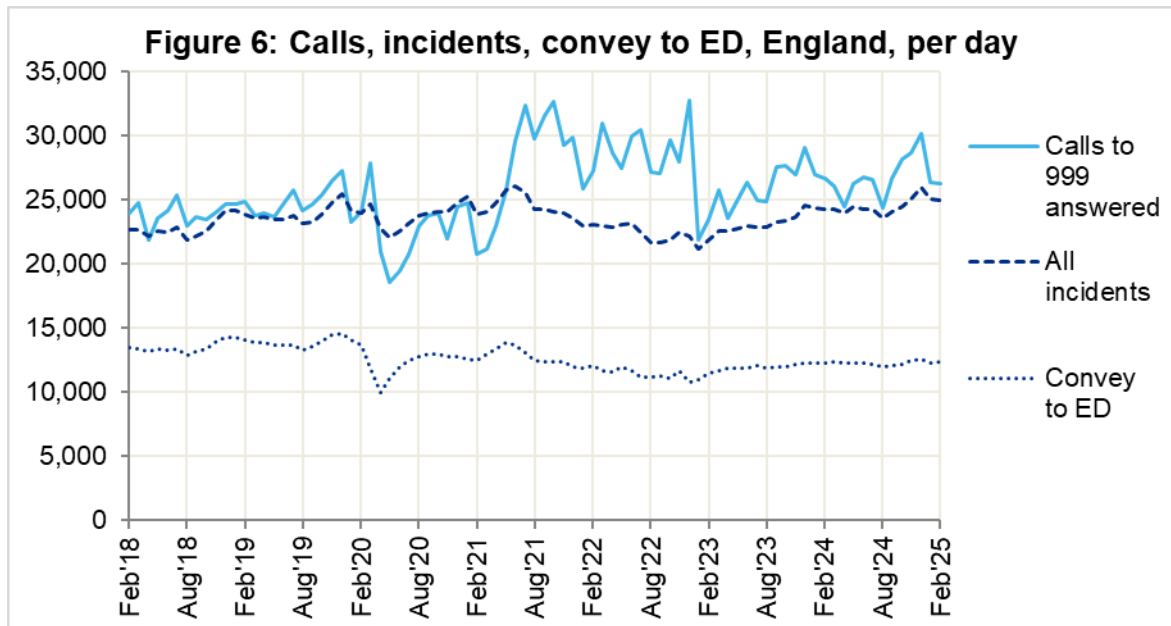


The mean 999 call answer time in February 2025 was 3 seconds, the same as January 2025 and the shortest since April 2024 before that (Figure 5).

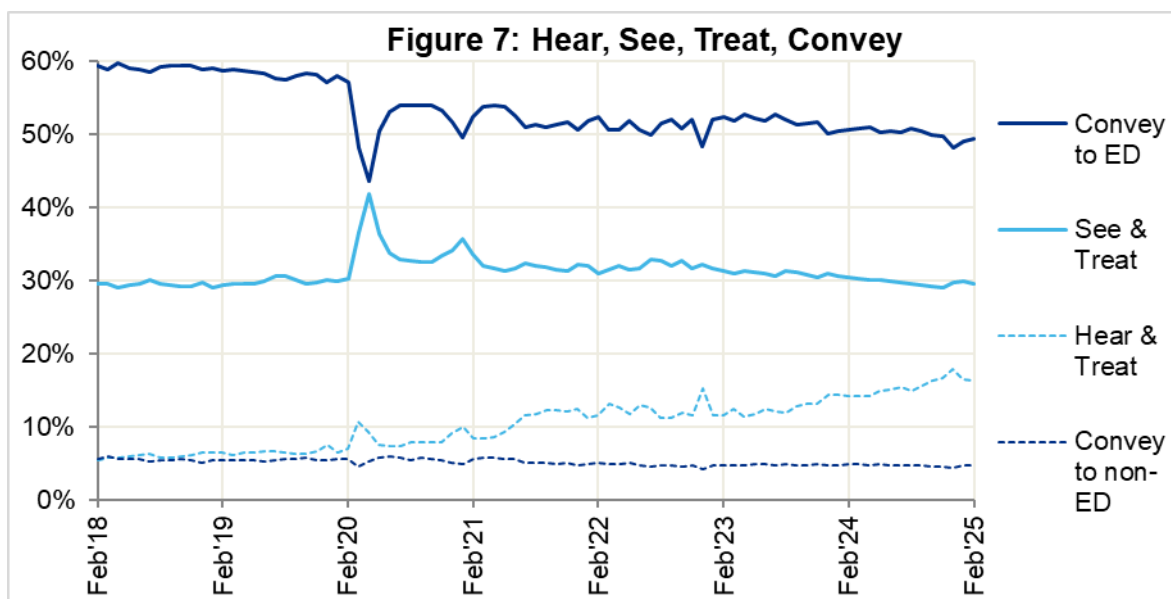


In February 2025, 734,310 calls to 999 were answered, or 26.2 thousand per day.

There were 699,842 incidents in England in February 2025, which is 25.0 thousand per day, the fewest per day since October 2024. Of these, 345,275 had conveyance to ED, or 12.3 thousand per day (Figure 6).



In England in February 2025, 16.3% of incidents were resolved on the telephone (Hear & Treat), slightly lower than the 16.5% in January. Other incidents comprised 29.6% closed on scene (See & Treat), 49.3% with conveyance to an Emergency Department (ED), and 4.7% with conveyance to non-ED (Figure 7).



2. Ambulance Clinical Outcomes (AmbCO)

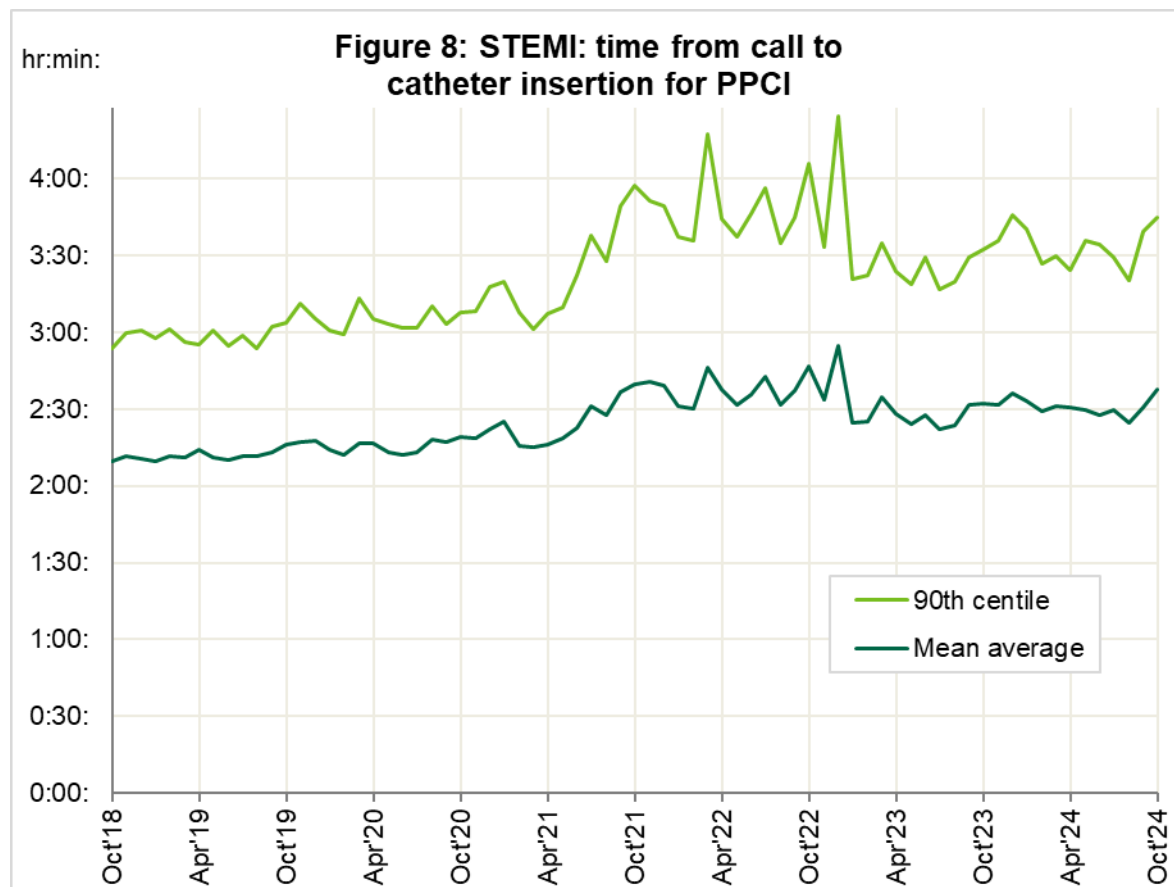
Alongside the latest data for October 2024, we publish spreadsheets today with revisions to AmbCO data back to May 2023. We continue to summarise data for topics in this Statistical Note when we publish care bundle data for that topic, which this month is STEMI, for which revisions only go back to April 2024.

2.1 ST-segment elevation myocardial infarction (STEMI)

STEMI is a type of heart attack, determined by an electrocardiogram (ECG) test. Early access to reperfusion, where blocked arteries are opened to re-establish blood flow, and other assessment and care interventions, are associated with reductions in STEMI mortality and morbidity.

For STEMI patients, the Myocardial Ischaemia National Audit Project (MINAP) collects the time from ambulance call to insertion of a catheter for primary percutaneous coronary intervention (PPCI): inflation of a balloon inside a blood vessel to restore blood flow to the heart.

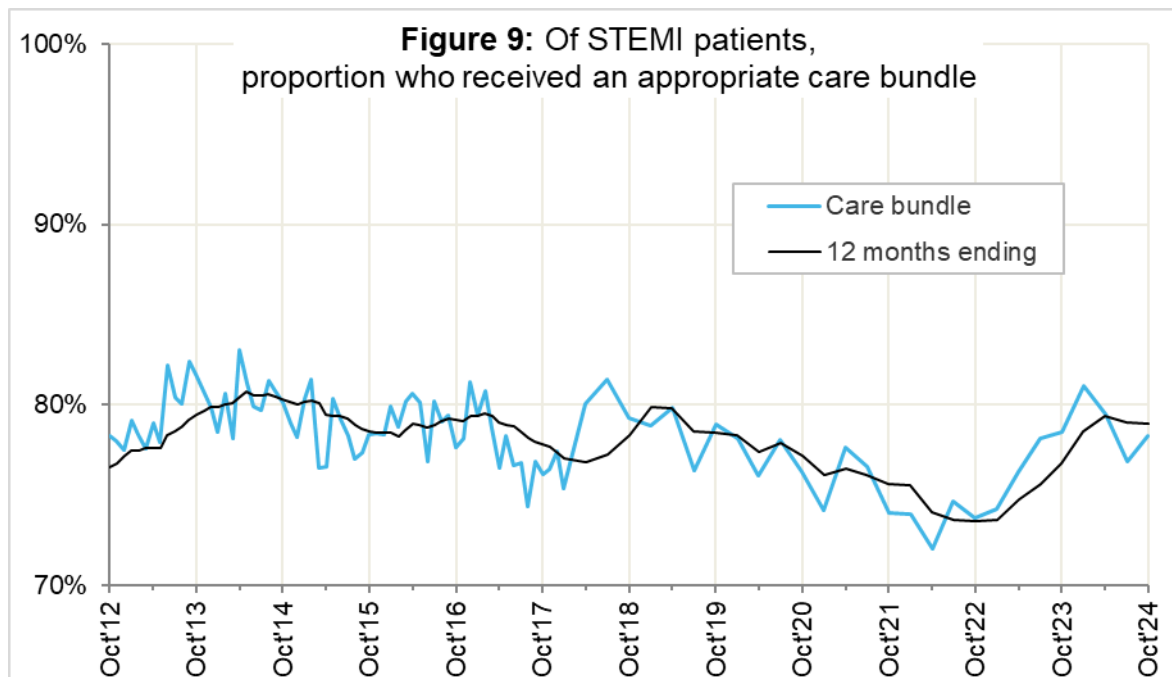
In England in October 2024, the mean time from 999 call to catheter insertion was 2 hours 37 minutes, and the 90th centile time was 3 hours 44 minutes (Figure 8). The former is the highest since December 2022.



The largest revision to MINAP data at England level is for April 2024, increasing the count of STEMI confirmed at hospital after ambulance conveyance from 1,148 to 1,247; but the largest revision for times to PPCI is an increase of just 4 minutes, for the June 2024 90th centile, which is now 3 hours 34 minutes.

Ambulance Services also report on a recommended bundle of care for patients with an acute STEMI that they convey. There were 1,767 such patients in England in October 2024, of which 1,383 (78.3%) received the appropriate bundle, similar to the average for 2023-24 (78.5%) and higher than for 2022-23 (73.6%). (Figure 9)

Revisions to these England proportions are all smaller than 0.2 percentage points.



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 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>

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

3.4 Centiles

The centile data for England in this publication are not precise centiles calculated from national record-level data, but 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

For media enquiries: nhsengland.media@nhs.net, 0113 825 0958.

The person responsible for this publication is Ian Kay, england.999iucdata@nhs.net, Operational Insights, Transformation Directorate, NHS England, 07918 336050.

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”.