Statistical Note: Ambulance Quality Indicators (AQI)

The average Category 2 ambulance response time in England in August 2025 was the quickest since May 2021.

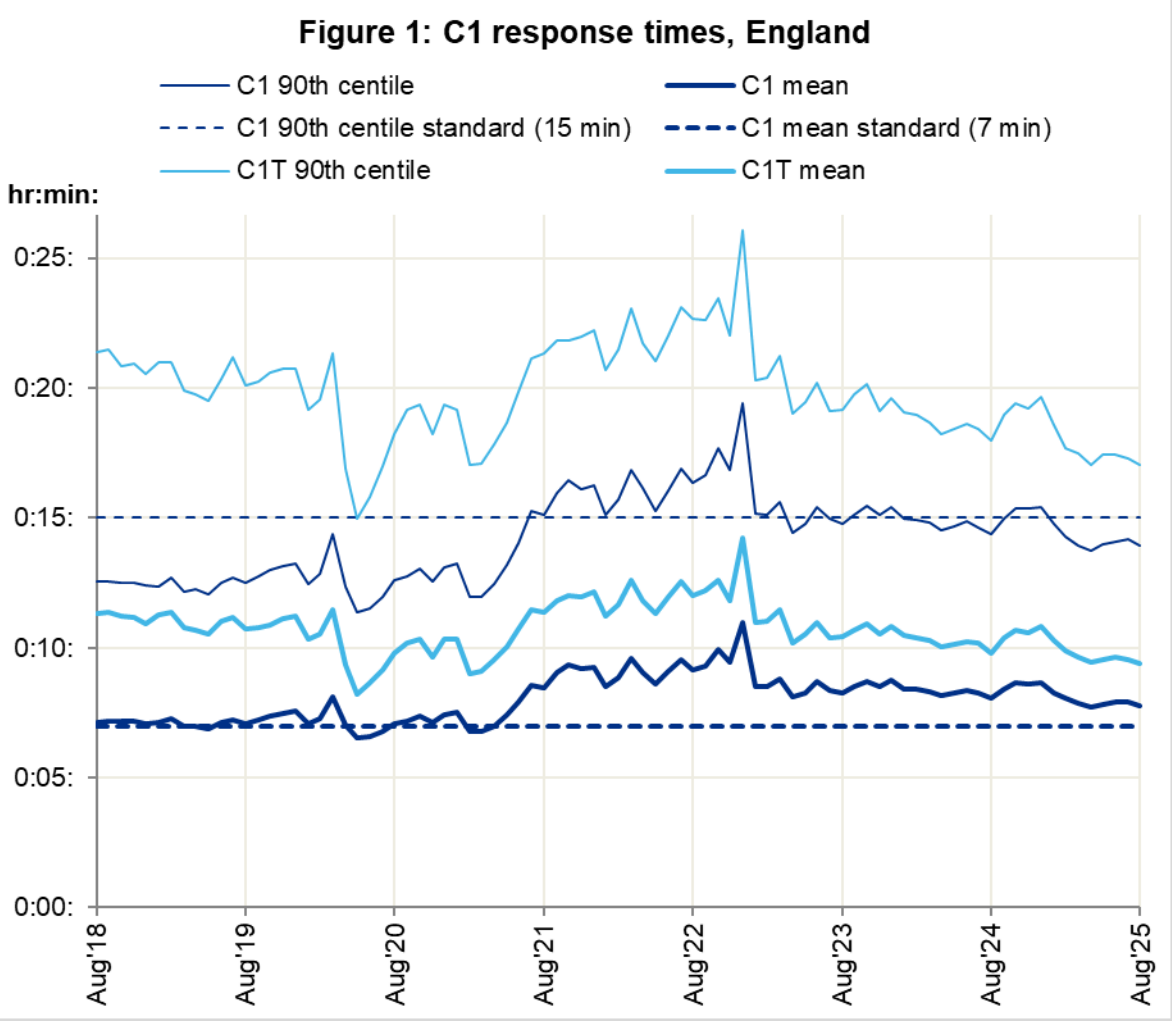
The average time from 999 call to clinical intervention for a certain type of heart attack in April 2025 was the quickest since summer 2023.

1. Ambulance Systems Indicators (AmbSYS)

1.1 Response times

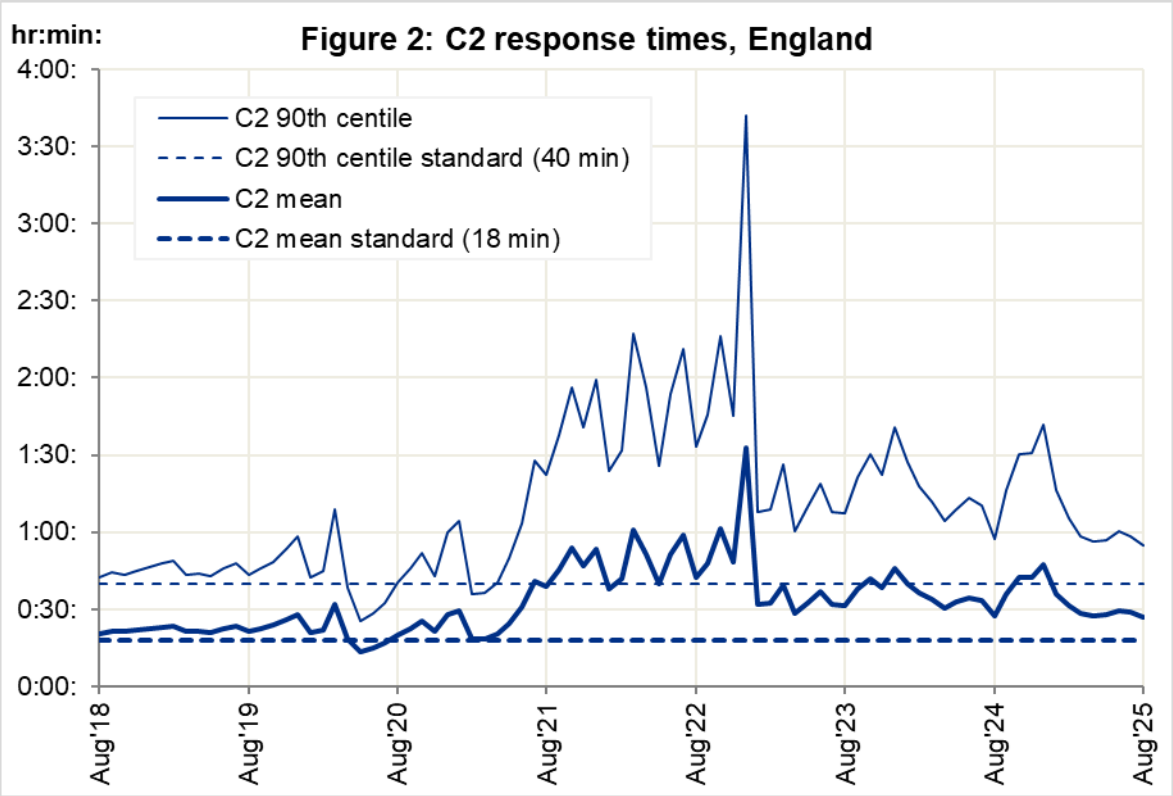
For C1 for England, the mean response time in August 2025 was 7 minutes 47 seconds and the 90th centile was 13:56, both the quickest in the last four years apart from in April 2025. The average standard[1] of 7 minutes has not been met for four years but the 90th centile standard of 15 minutes has been met in every month of 2025 so far. For C1T (time to the arrival of the transporting vehicle for C1 incidents), the average was 9:23, and the 90th centile was 17:03. (Figure 1)

Figure 1: C1 response times, England

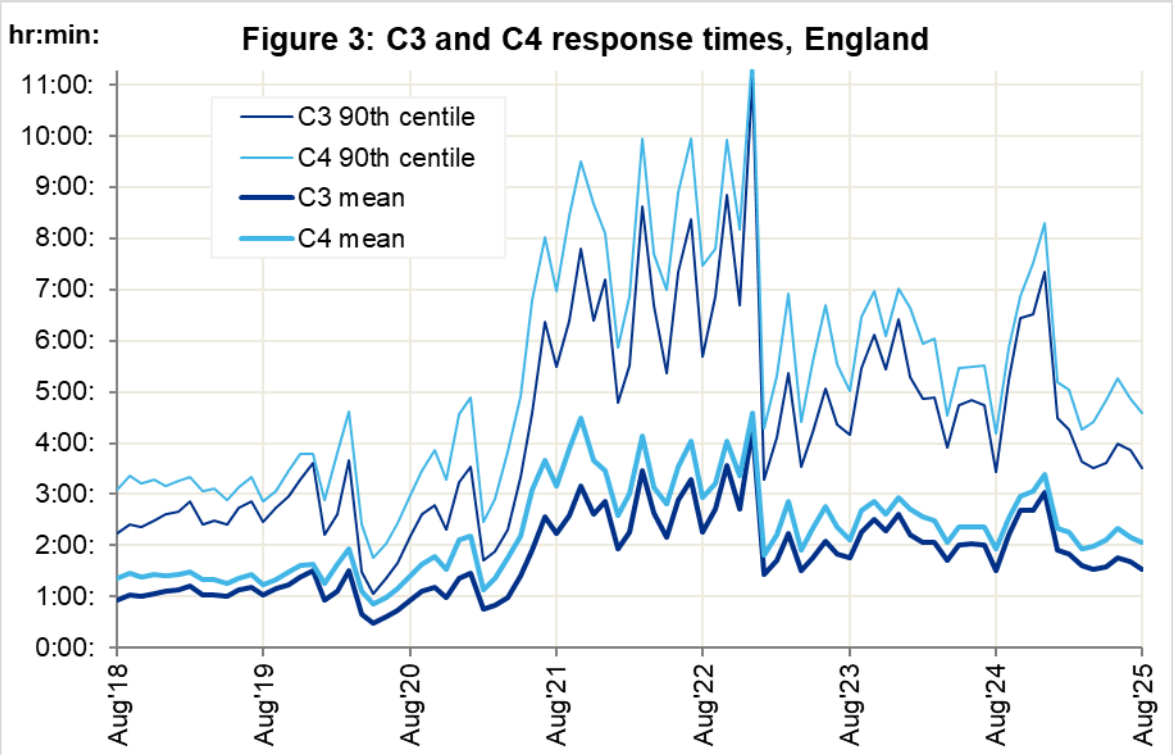


[1] Standards in the NHS Constitution Handbook: www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england/the-handbook-to-the-nhs-constitution-for-england

The August 2025 England C2 average was 27:03 and the 90th centile 54:45, each quicker than in each of the previous 50 months (Figure 2).

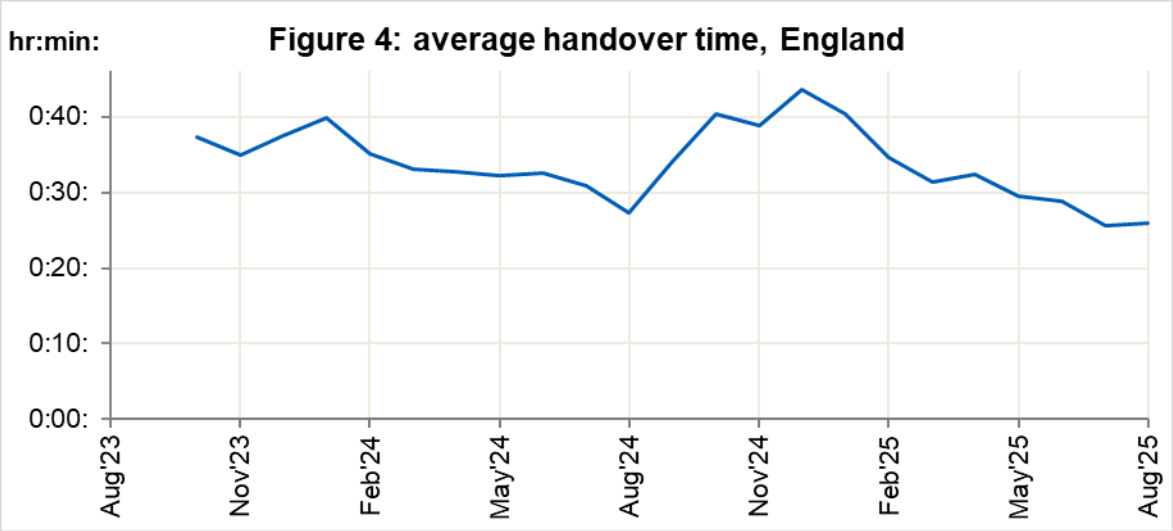


For England in August 2025, the C3 average was 1:32:49, and the 90th centile 3:31:20, the second quickest month in 2025. The C4 mean was 2:04:00, and the 90th centile 4:34:36, the third quickest month in 2025. (Figure 3)

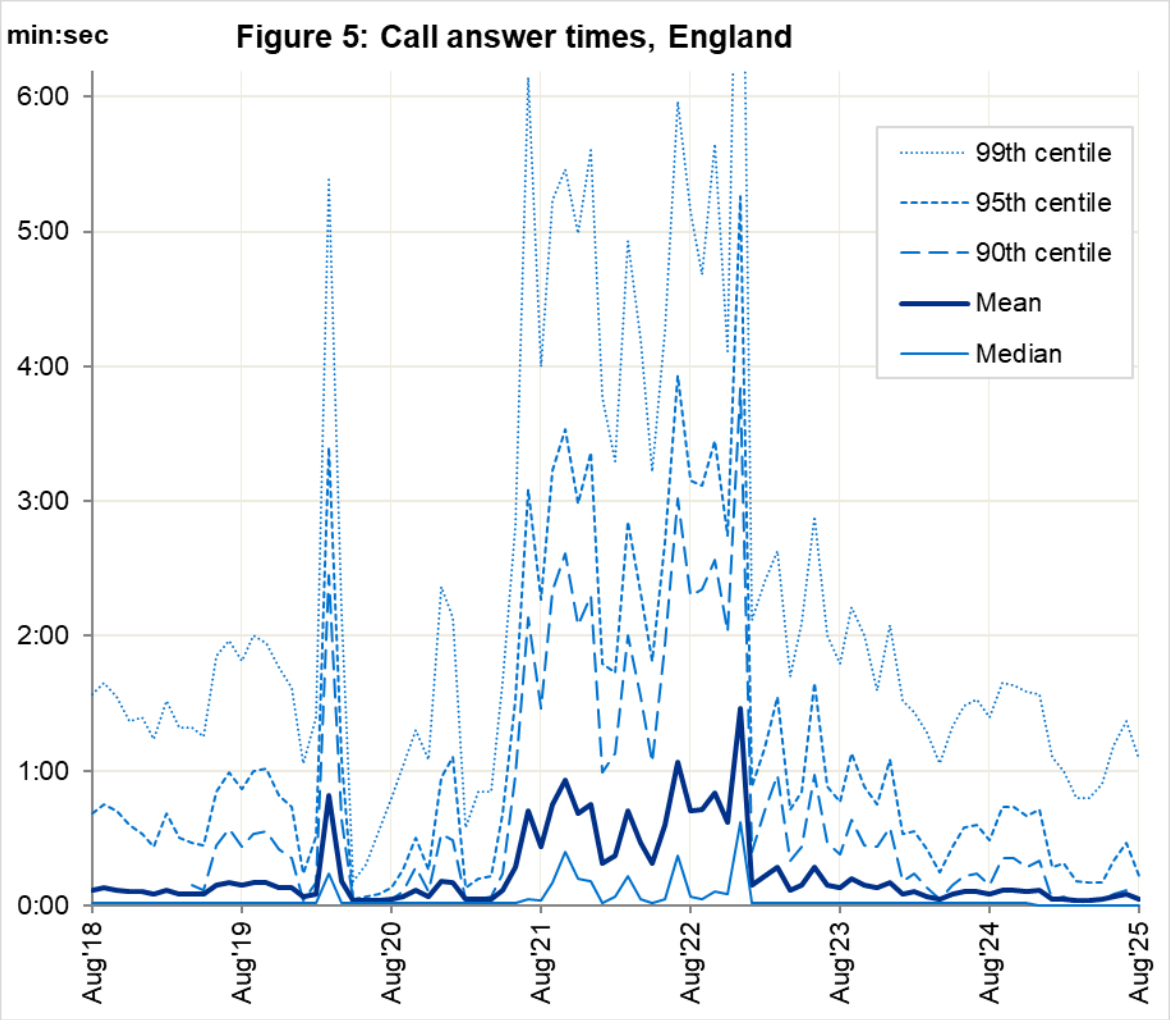


1.2 Other Systems Indicators

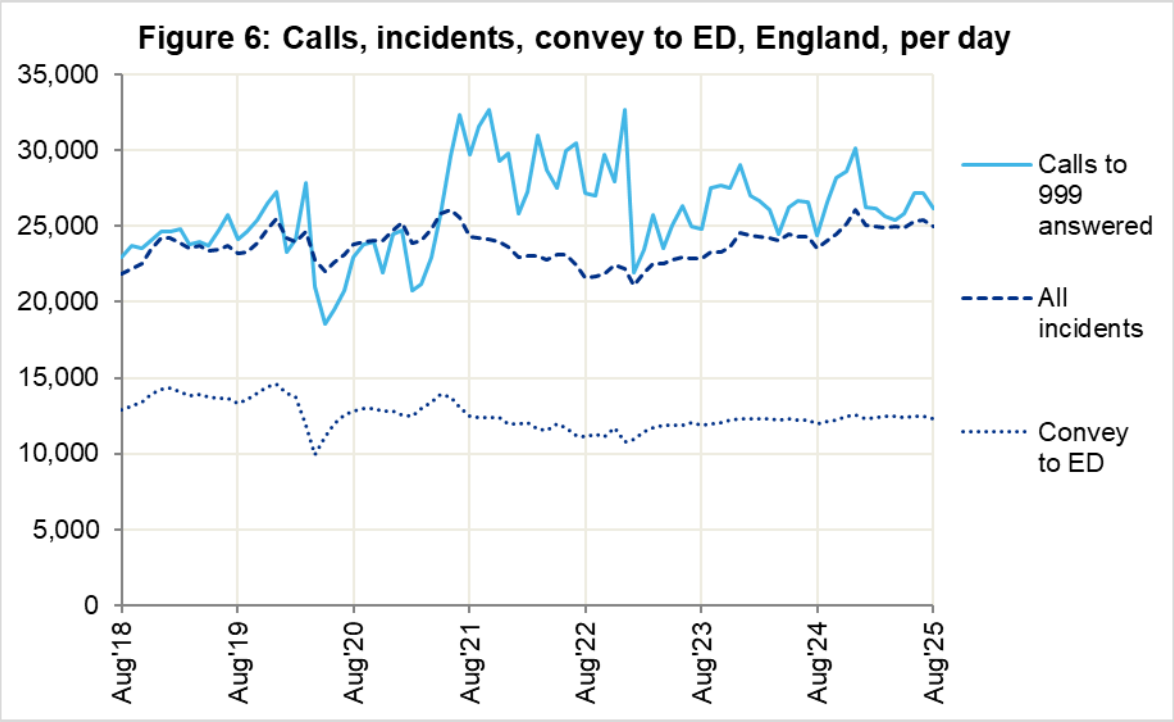
The average handover time in England in August 2025 was 25:56, the second quickest of the last twelve months. (Figure 4).



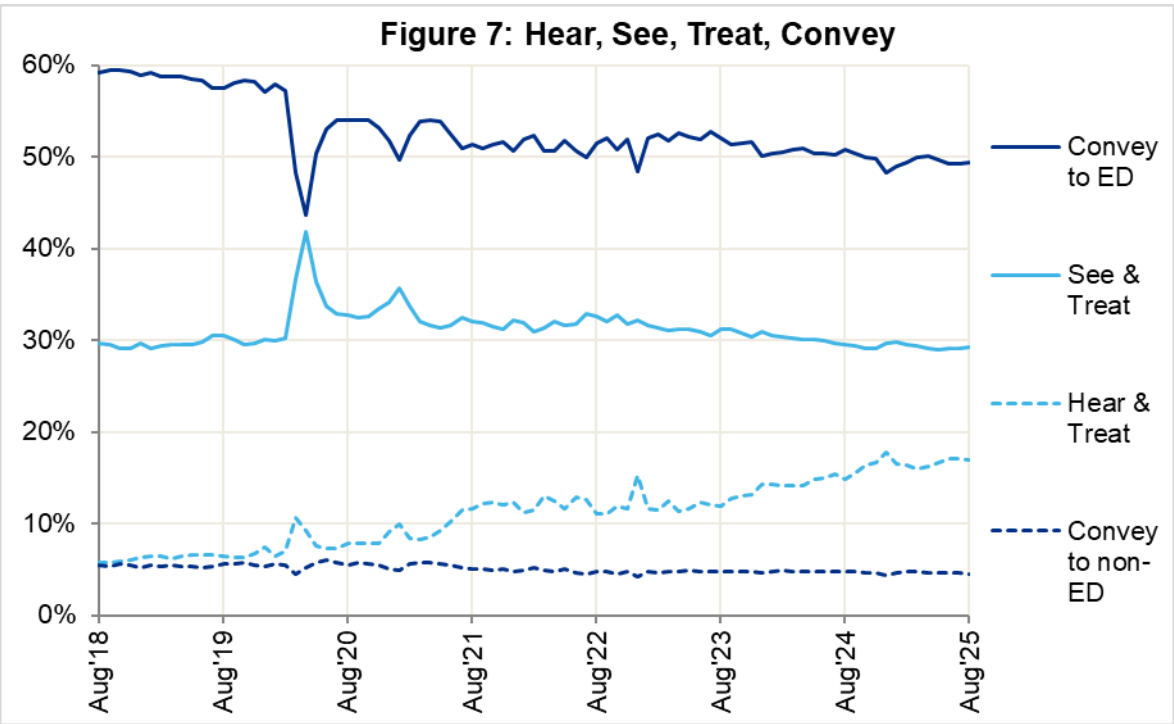
The August 2025 mean 999 call answer time was 3 seconds, similar to other months of 2025 so far, and quicker than in all months of 2022 and 2023. (Figure 5)



In August 2025, 810,139 calls to 999 were answered in England, or 26.1 thousand per day. There were 775,330 incidents, or 25.0 thousand per day, of which 382,388 (12.3 thousand per day) required conveyance to Emergency Department (ED). (Figure 6)



In England in August 2025, 17.0% of incidents were closed on the telephone (Hear & Treat), 29.3% were closed on scene (See & Treat), 49.3% had conveyance to ED, and 4.5% had conveyance elsewhere. These percentages were the same or only 0.1 percentage points different in each of the previous two months. (Figure 7)



2. Ambulance Clinical Outcomes (AmbCO)

Alongside the latest AmbCO data for April 2025, we publish spreadsheets today with revisions back to June 2023.

For stroke patients, the times until hospital arrival, CT scan, and thrombolysis for October to December 2024 were previously unavailable. We are publishing these today, alongside the latest data for April 2025, although a month or two of times to hospital arrival remain unavailable for a minority of trusts.

Some of our AmbCO indicators show whether a certain bundle of care was delivered by ambulance service staff attending certain clinical situations. For those, the largest revision was for patients in March 2025 in England aged over 65 who fell and were unable to get up. We had published that 50.2% of those had the appropriate bundle of care, but we are now revising that to 51.8%.

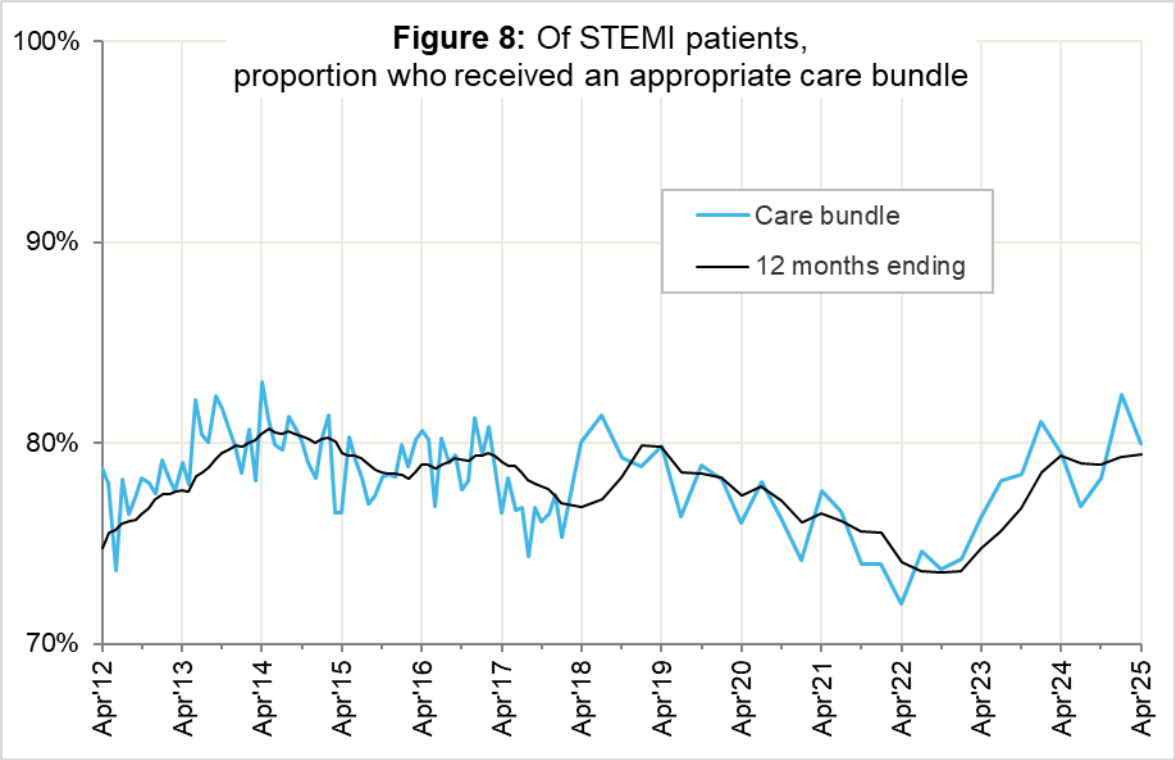
We continue to summarise data for topics in this Statistical Note when we publish care bundle data for that topic, which this month is STEMI.

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.

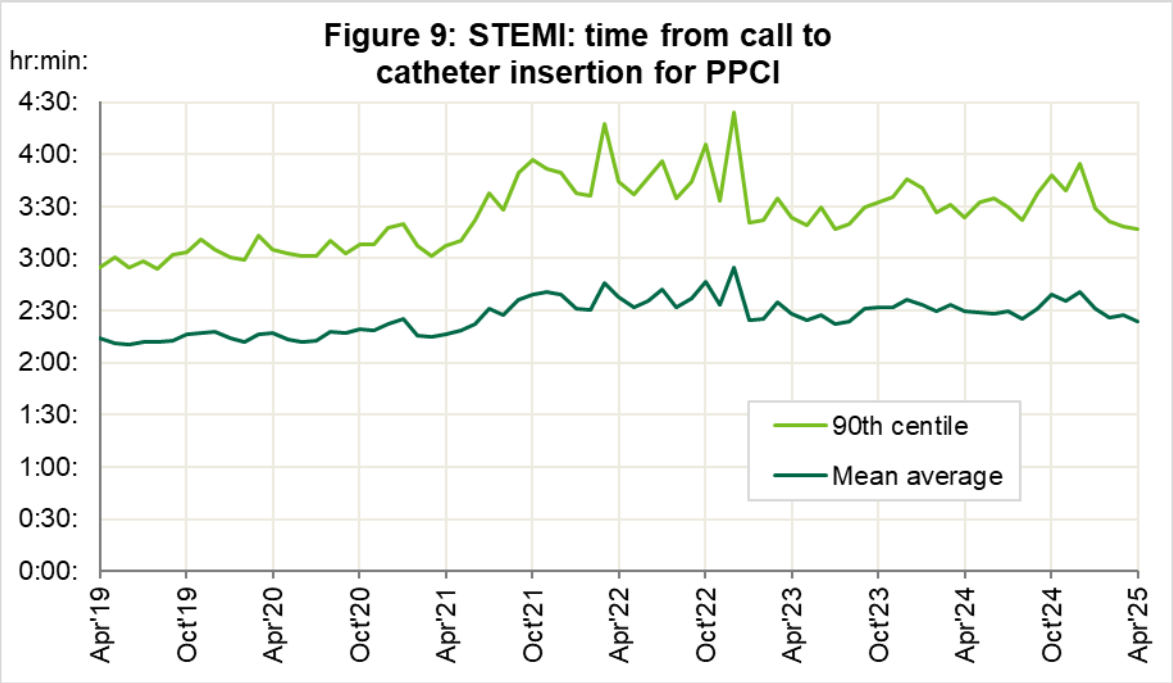
Ambulance Services report on a recommended bundle of care for patients with an acute STEMI that they convey. There were 1,670 such patients in England in April 2025, of which 1,336 (80%) received the appropriate bundle, similar to the average for 2024-25 (79%). (Figure 8)

Figure 8: Of STEMI patients, proportion who received an appropriate care bundle



The Myocardial Ischaemia National Audit Project (MINAP) collects, for STEMI patients, 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 April 2025, the mean time from 999 call to catheter insertion was 2 hours 23 minutes, and the 90th centile time was 3 hours 17 minutes, the quickest times since summer 2023. (Figure 9)



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 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.

3.3 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:	Data for Welsh Ambulance Services published by NHS Wales Joint Commissioning Committee at https://jcc.nhs.wales/insighthub/asi

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

3.4 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).

3.5 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".