

Statistical Note: Ambulance Quality Indicators (AQI)

In April 2021, the number of ambulance 999 calls per day, and response times in all categories, were higher than in February and March 2021, but lower than in December 2020 and January 2021.

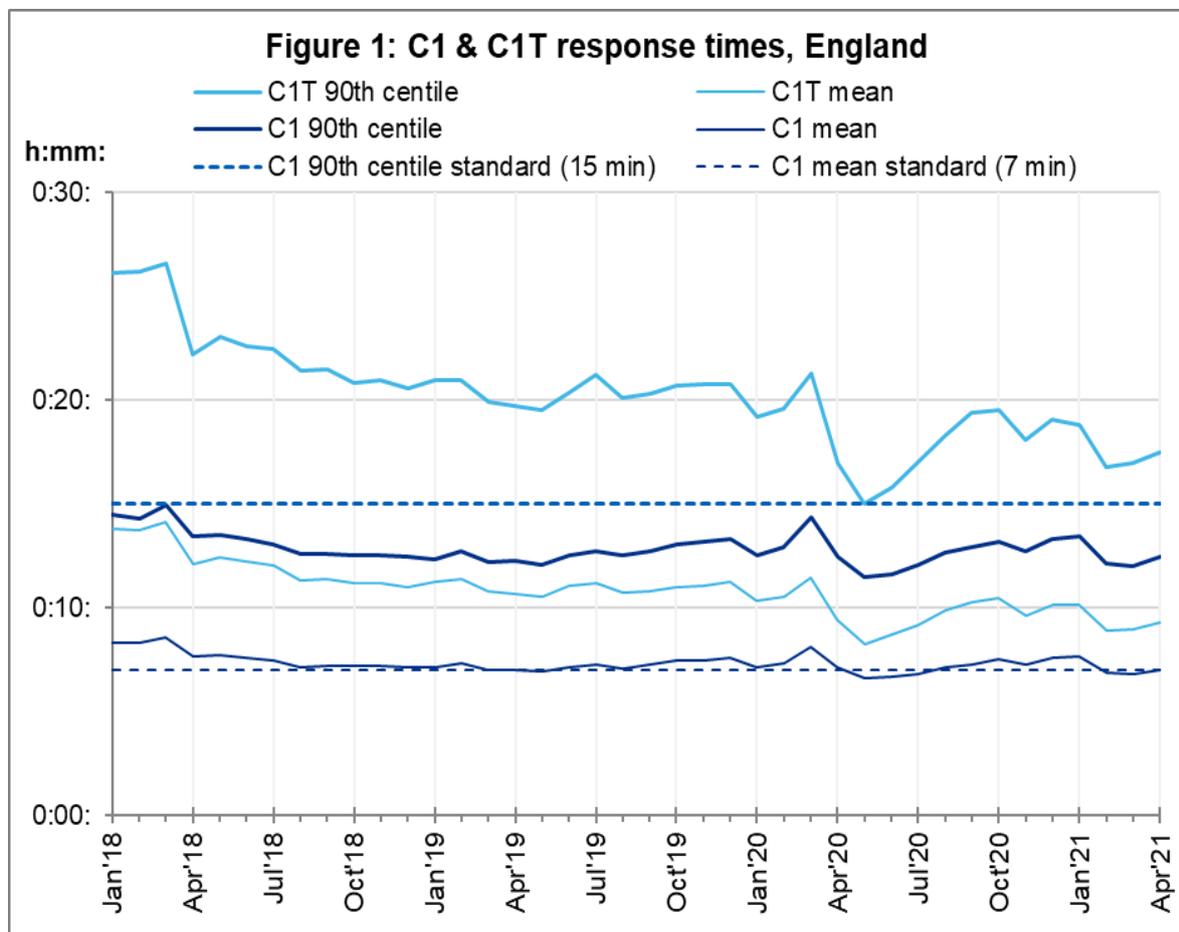
For sepsis patients transported by ambulances in England in December 2020, the proportion that received the appropriate care bundle was the highest since the series began in June 2018.

1. Ambulance Systems Indicators (AmbSYS)

1.1 Response times

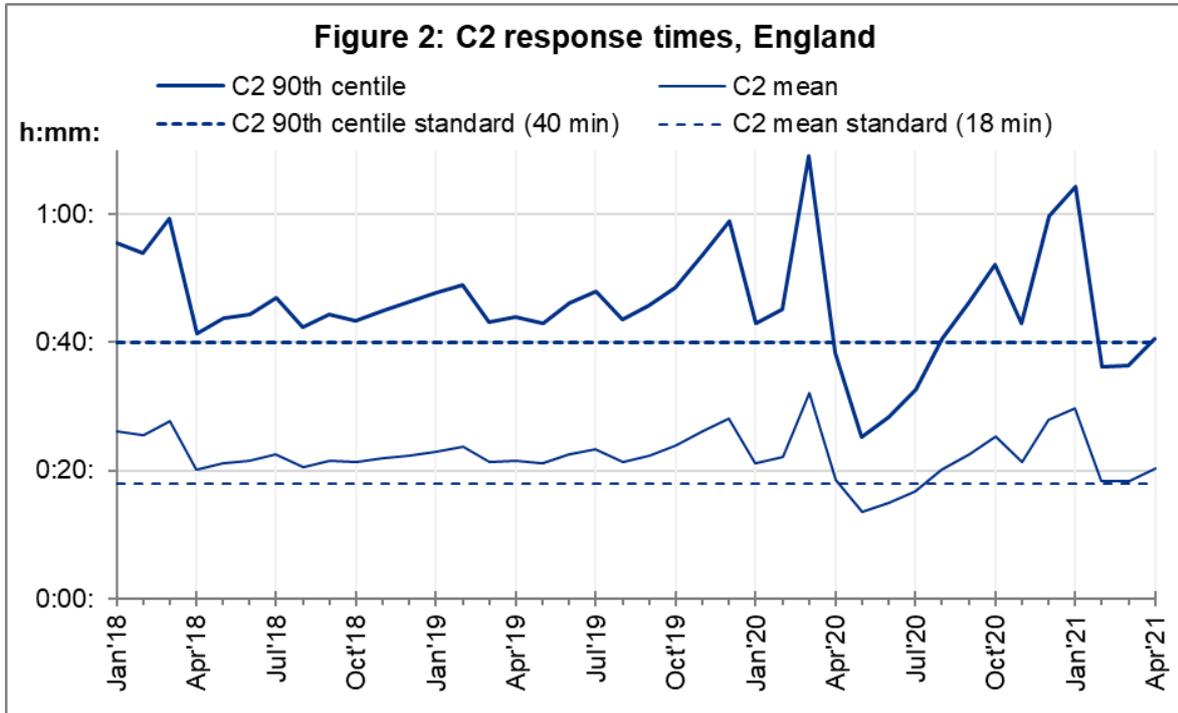
In April 2021, the mean average C1 response time for England was 7 minutes, and the C1 90th centile response time was 12:26 (Figure 1), so both the 7-minute and 15-minute standards in the NHS Constitution¹ were met.

For C1T (response times for arrival of transporting vehicle, for C1 patients transported), the mean was 9:18, and the 90th centiles averaged 17:28 (Figure 1).

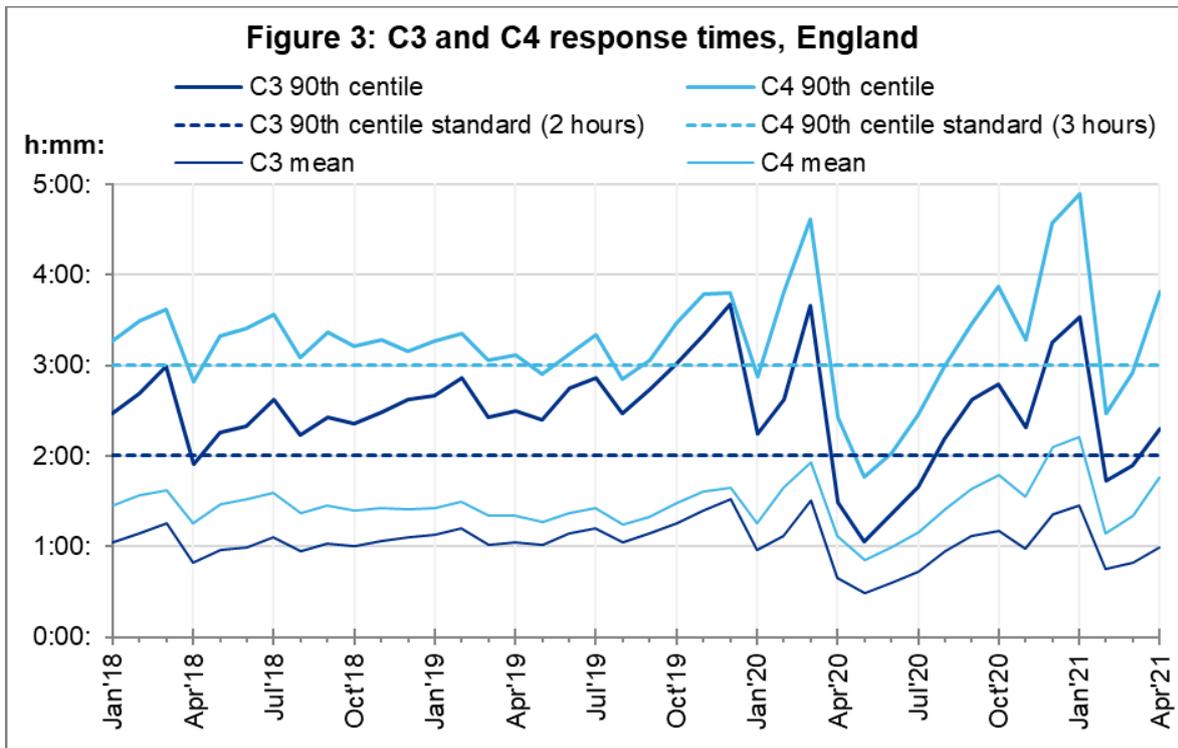


¹ Standards for Ambulance Services: www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england/the-handbook-to-the-nhs-constitution-for-england

For C2 in April 2021, the mean average response time was 20:16 for England, and the 90th centiles averaged 40:29 across England, so the 18 and 40 minute standards were not met (Figure 2).



In April 2021, the C3 and C4 mean average response times (Figure 3) were 59:21 and 1:45:30; the 90th centile times averaged 2:18:23 and 3:48:46 respectively, so the 2 hour and 3 hour standards were not met.



1.2 Other Systems Indicators

In April 2021, the 95th centile call answer times averaged 13 seconds and the 99th centile averaged 51 seconds, both very similar to March 2021.

In April 2021, per day, there were (Figure 4):

- 23.0 thousand calls to 999 answered, 9% more than in March 2021;
- 24.7 thousand incidents that received a response (whether on the telephone or on the scene) from an ambulance service, 3% more than in March;
- 13.4 thousand incidents where a patient was transported to an Emergency Department (ED), 3% more than in March.

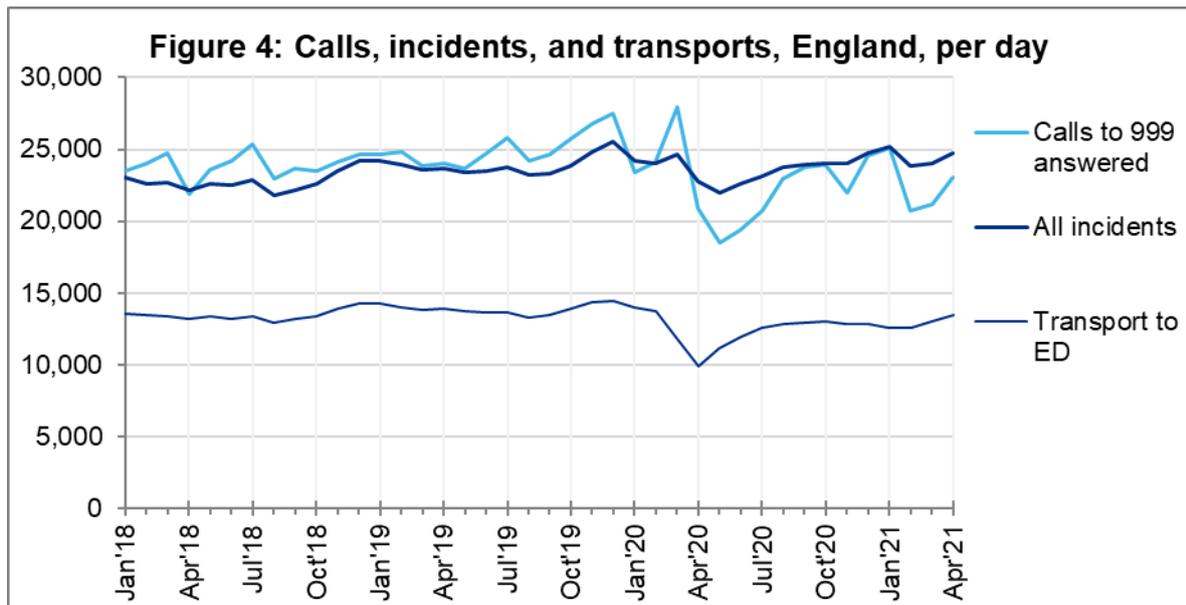
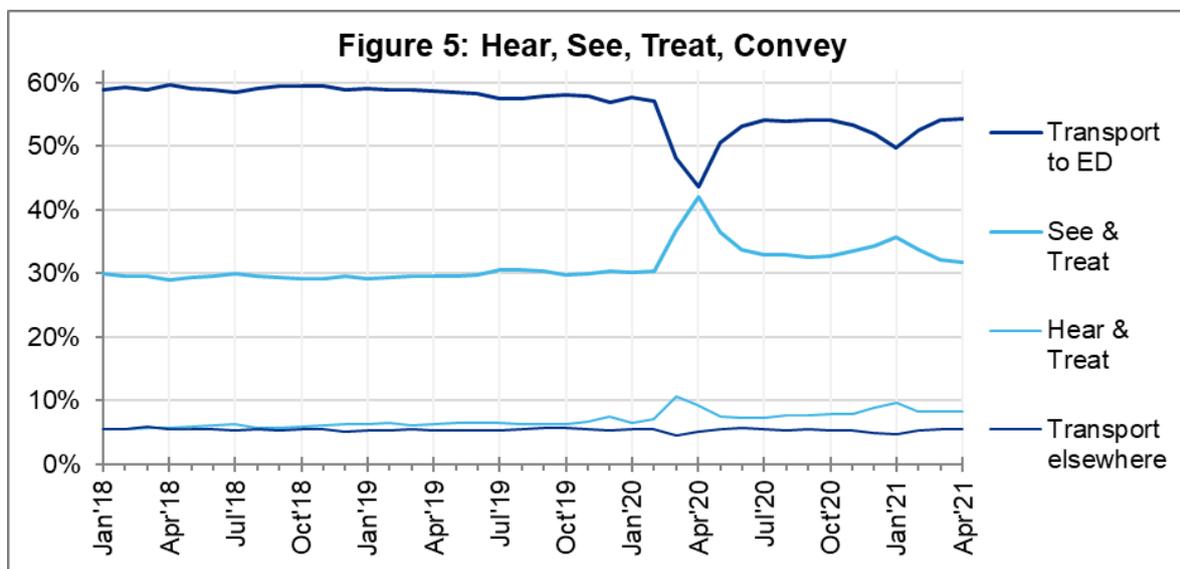


Figure 5 shows that in April 2021, 31.8% of incidents were closed at the scene (See & Treat), similar to in March 2021 (32.1%). The other outcomes in April 2021 were even closer to March, with 54.3% of incidents having transport to ED, 5.5% having transport other than to ED, and 8.4% resolved on the telephone (Hear & Treat).

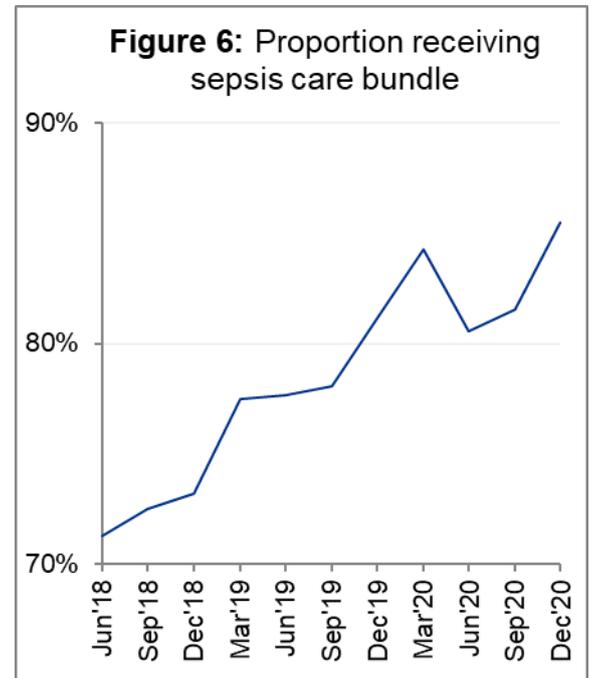


2. Ambulance Clinical Outcomes (AmbCO)

2.1 Sepsis

Sepsis is a time-critical condition. Early recognition and management of sepsis in the pre-hospital setting can reduce mortality and improve the health and well-being of patients. Making a diagnosis quickly and ensuring early transport of a patient to an appropriate Emergency Department capable of providing further tests, treatment and care (including appropriate antibiotics for those who are eligible) represents a standard of ambulance care.

In December 2020, of patients with suspected sepsis and a NEWS2 (National Early Warning Score 2) of 7 or more, the proportion who received the sepsis care bundle was 85.5% (Figure 6), significantly² more than for the year ending September 2020 (82.0%) and the highest proportion since the series began in June 2018.



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 3.4 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.

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

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 mentioned in section 3.1, incidents resulting from a call to NHS 111 are included in all Systems Indicators the except call data items, A1 to A6 and A114.

3.3 Related statistics

Ambulance handover delays of over 30 minutes at each Emergency Department are published by NHSEI during winter 2012-13, 2013-14, 2014-15, 2017-18, 2018-19, and 2019-20, at www.england.nhs.uk/statistics/statistical-work-areas/winter-daily-sitreps.

The Quality Statement described in section 3.1 includes information on:

- the “Ambulance Services” publications by 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:

Wales: <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Performance/Ambulance-Services>

Scotland: See Quality Improvement Indicators (QII) documents at www.scottishambulance.com/TheService/BoardPapers.aspx

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

3.4 Contact information

Media: NHSEI Media team, nhsengland.media@nhs.net, 0113 825 0958.

The person responsible for producing this publication is Ian Kay; Performance Analysis Team; Finance, Performance and Planning Directorate; NHS England and NHS Improvement (NHSEI); england.nhsdata@nhs.net; 0113 825 4606.

3.5 National Statistics

The UK Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics.

Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods; and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.