

Statistical Note: Ambulance Quality Indicators (AQI)

For each category C2-C4 in January 2022, the average response time for England was the lowest since June 2021, while for C1, it was the lowest since August 2021. The count of 999 calls answered per day was the lowest since May 2021.

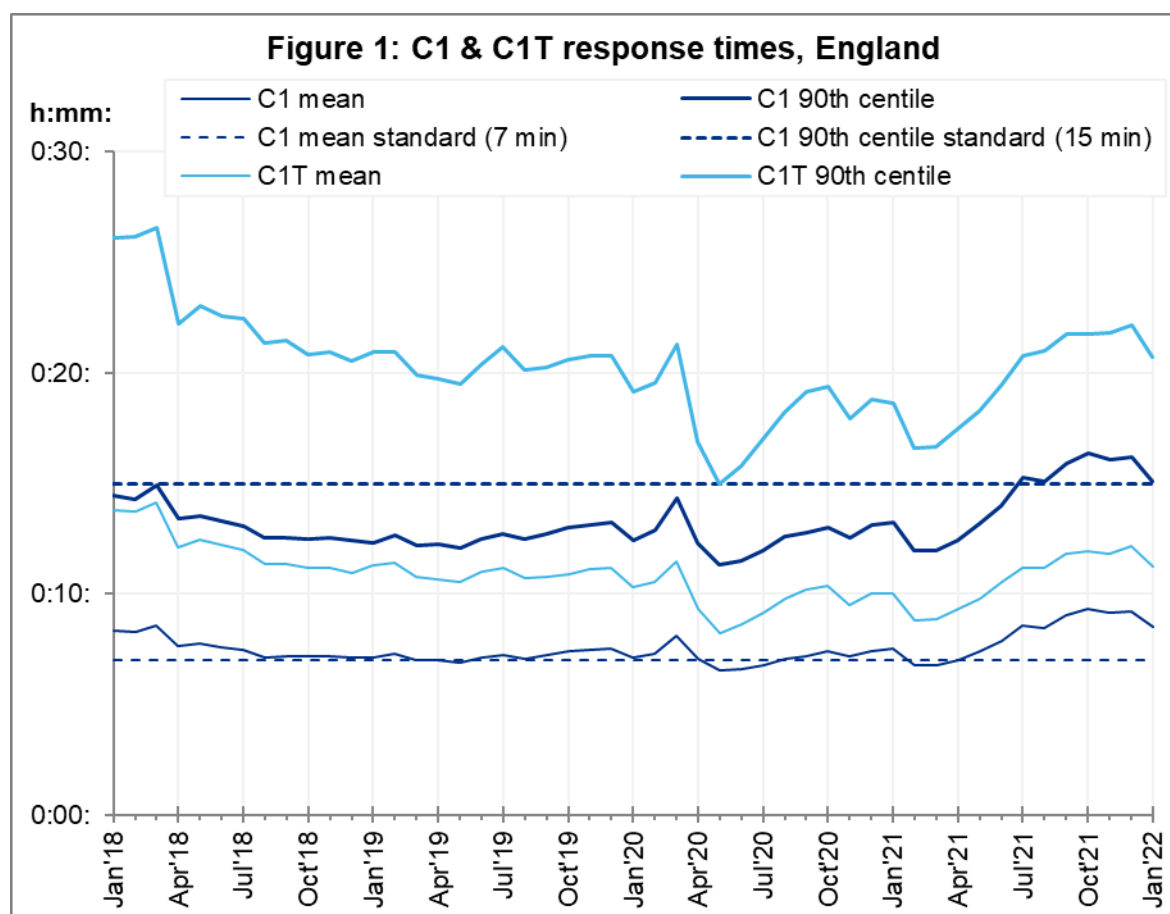
Of patients with suspected sepsis transported by ambulances in England in September 2021, the proportion receiving the appropriate care bundle was similar to the proportion for the previous year.

1. Ambulance Systems Indicators

1.1 Response times

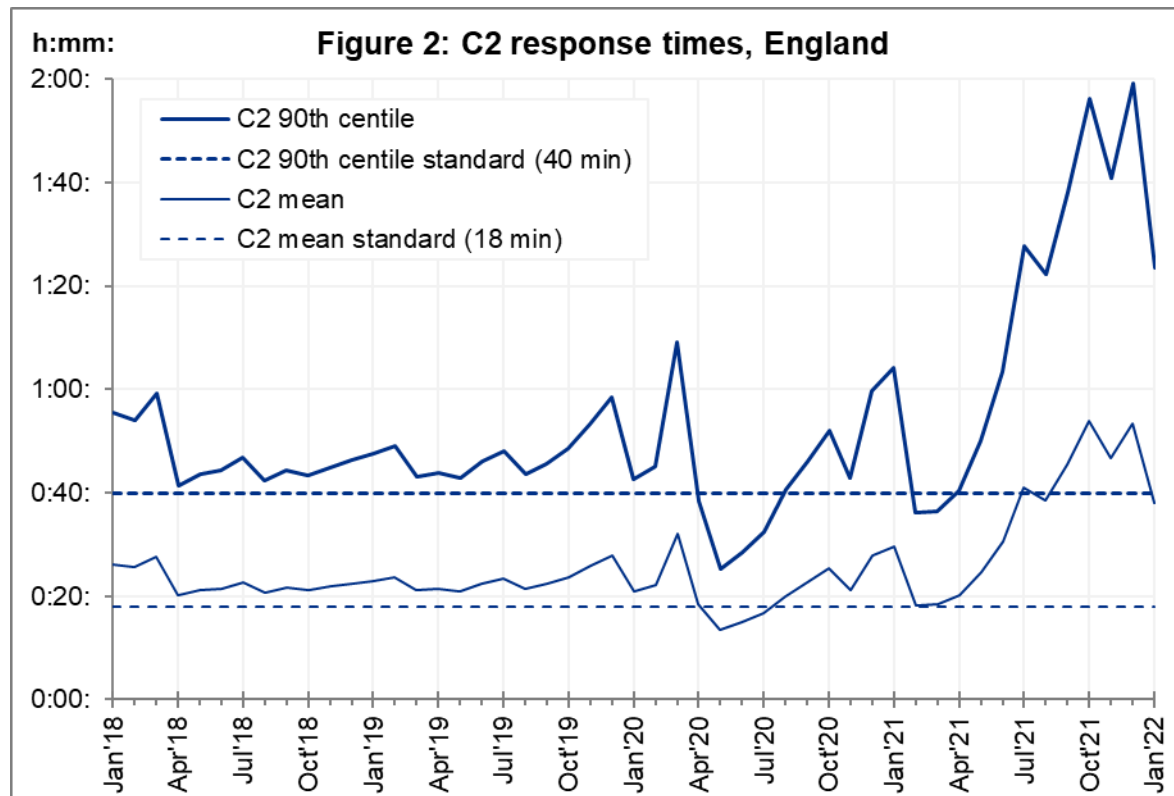
In January 2022, the England mean average response time for Category C1, the most urgent incidents, was 8:31, and the C1 90th centile was 15:05, so neither the 7-minute mean nor the 15-minute 90th centile standards¹ were met.

For C1T (response times for arrival of transporting vehicle, for C1 patients transported), the mean was 11:13, and the 90th centile was 20:43 (Figure 1).

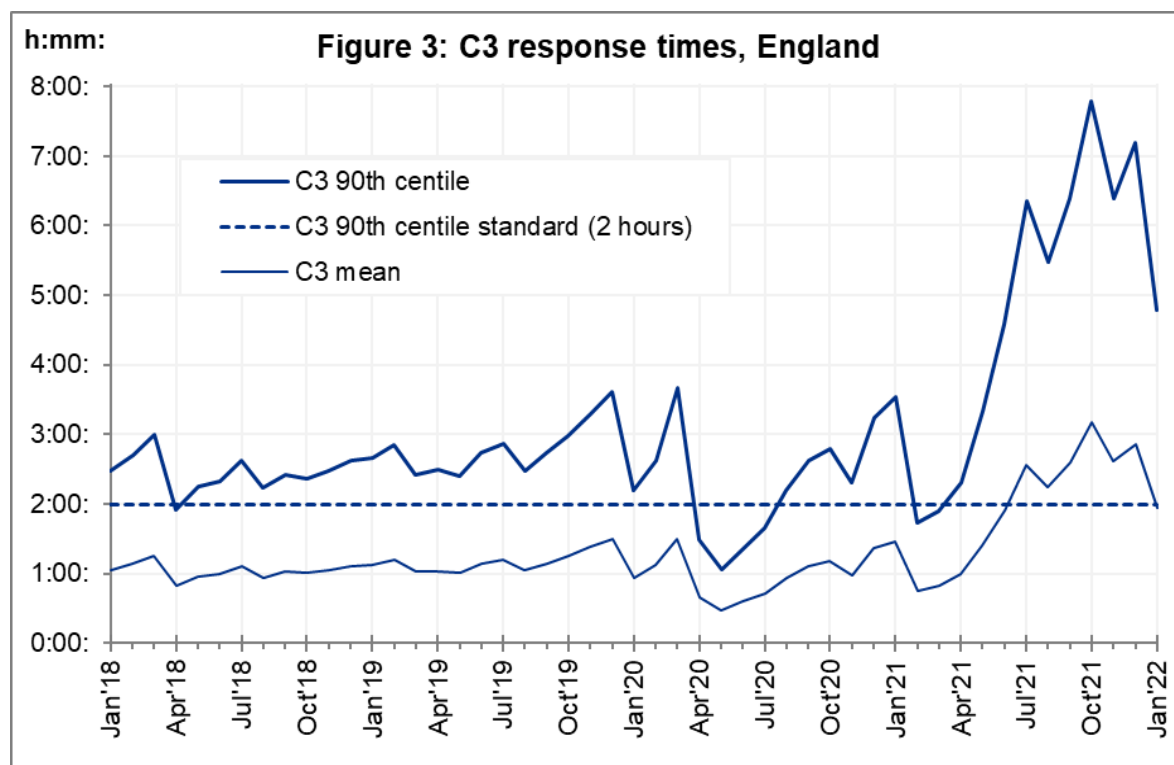


¹ Standards in the NHS Constitution Handbook: www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england/the-handbook-to-the-nhs-constitution-for-england

For C2 the England average response time in January 2022 was 38:04, and the 90th centile was 1:23:35, so the 18- and 40-minute standards were not met (Figure 2).

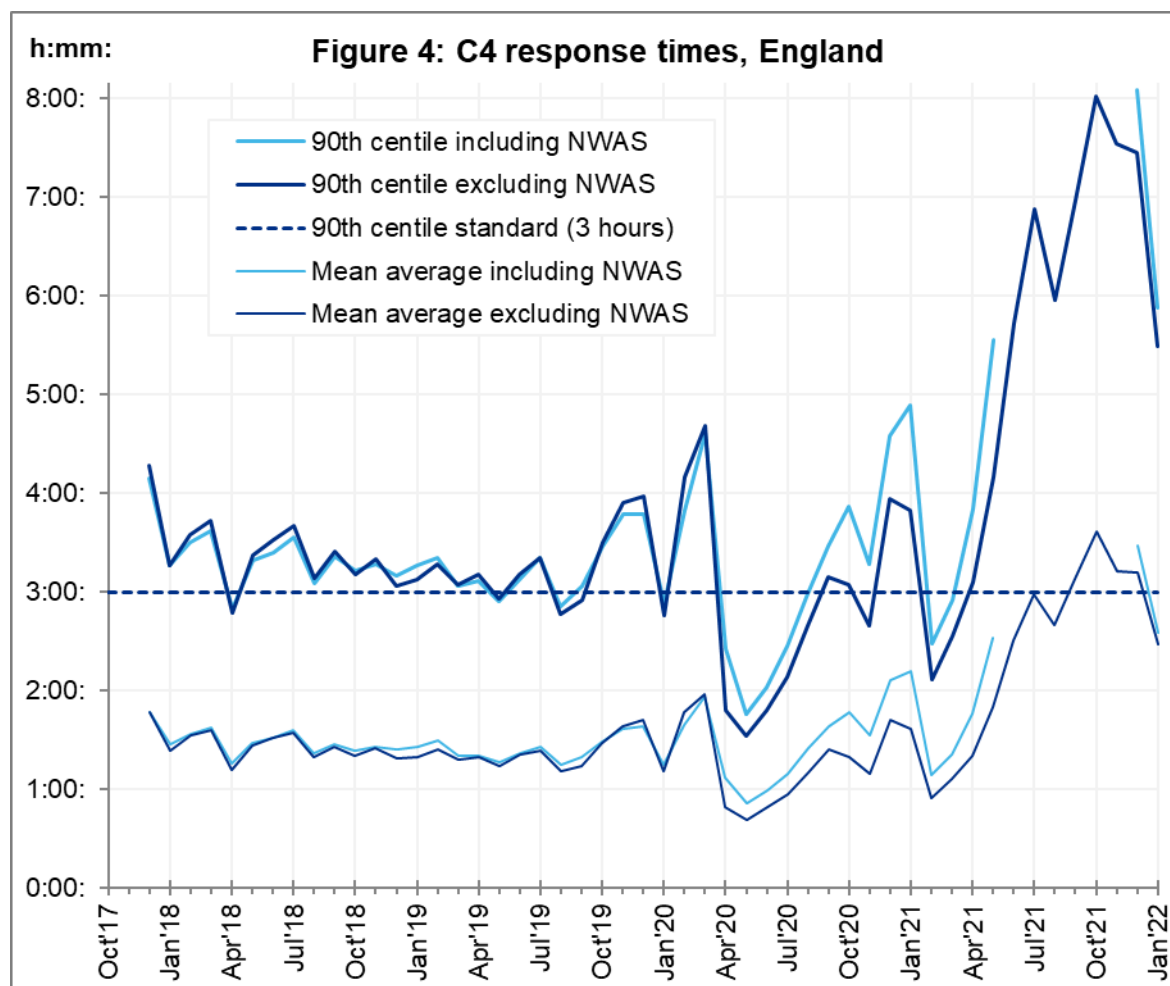


For C3, the January 2022 mean average response time was 1:56:52. The 90th centile was 4:47:18, so the two-hour standard was not met (Figure 3).



C4 data are unavailable for June to November 2021 for North West Ambulance Service (NWAS) but available again from December 2021 onwards. For January 2022, mean average response time was 2:34:48 and the 90th centile was 5:52:28, so the three-hour standard was not met.

The thick dark line in Figure 4 shows that the 90th centile for England excluding NWAS in January 2022 is the lowest it has been since May 2021, so that could well also be true for England including NWAS.



1.2 Other Systems Indicators

In January 2022, per day, there were (Figure 5):

- 25.9 thousand calls to 999 answered, 13% less than in December 2021, 4% more than in January 2021, and 11% more than in January 2020;
- 22.9 thousand incidents that received a response (whether on the telephone or on the scene) from an ambulance service, 2.9% less than in December 2021;
- 11.9 thousand incidents where a patient was conveyed to an Emergency Department (ED), 0.6% less than in December 2021.

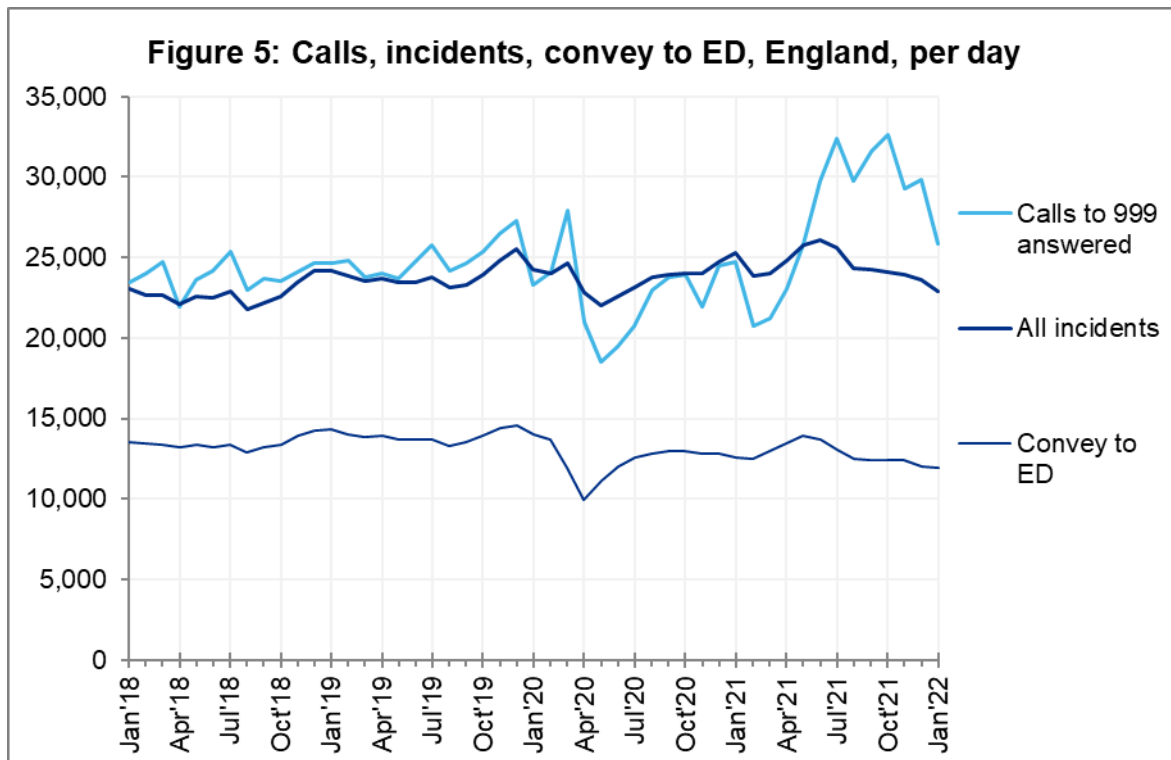
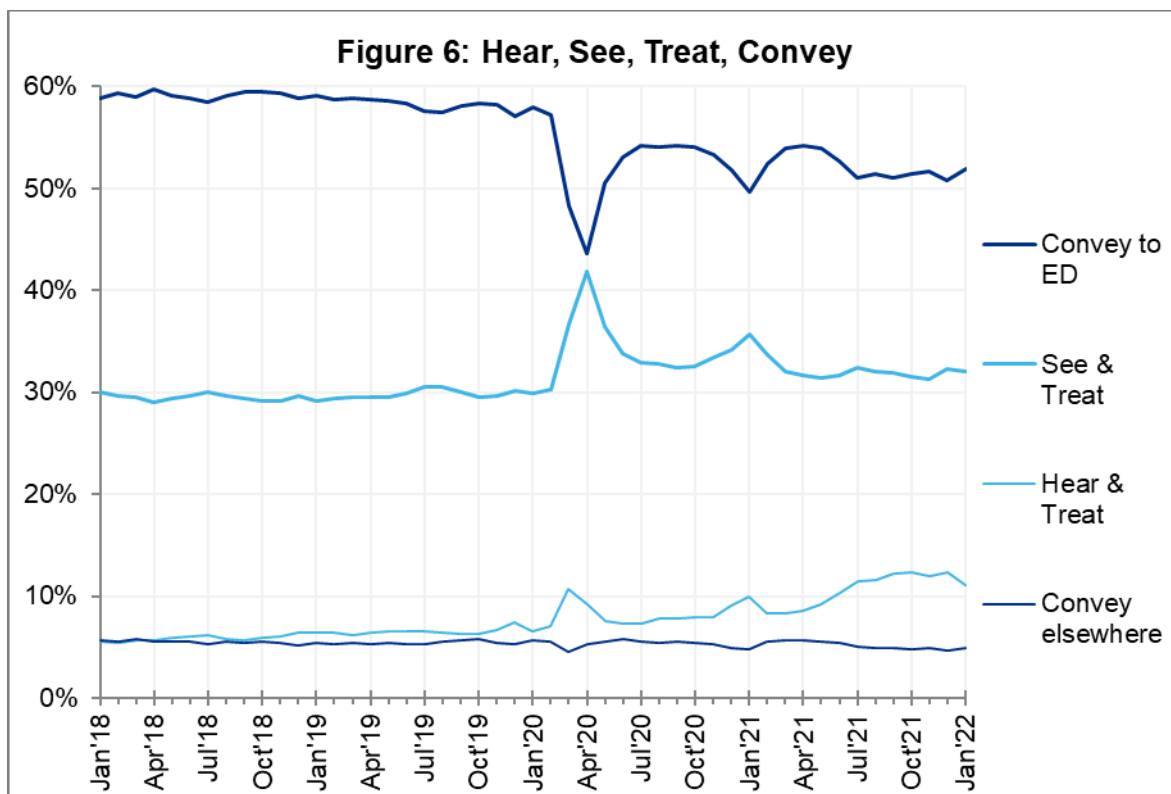


Figure 6 shows that in January 2022, the proportion of incidents resolved on the telephone (Hear & Treat) decreased to 11.1% from 12.3% in December 2021, and conveyance to ED increased to 52.0% from 50.8% in December 2021. Other proportions changed less, with conveyance to non-ED at 4.9% and See & Treat (resolved on the scene) at 32.0% in January 2022.



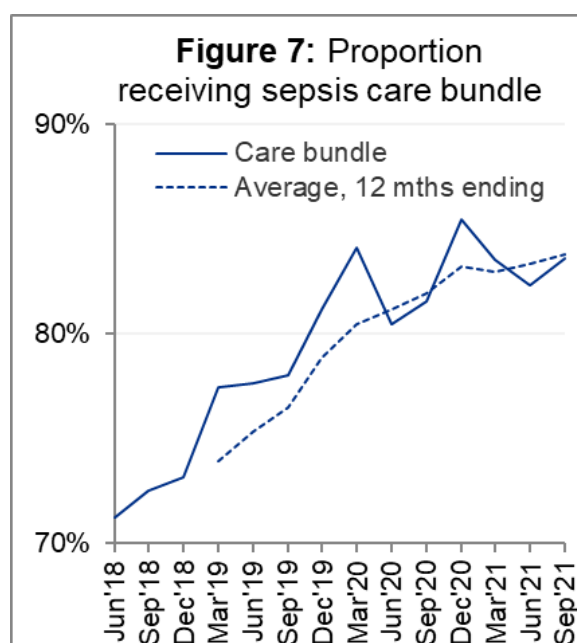
2. Ambulance Clinical Outcomes (AmbCO)

We continue to collect and publish data for the sepsis care bundle once every three months, and in those months, we will summarise those data in this Statistical Note.

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 September 2021, 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 83.7% (Figure 7), which was practically the same as the average of 83.8% for the year ending September 2021.



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

3.3 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.

3.4 Related statistics

NHSEI publishes ambulance handover delays at Emergency Departments of over 30 minutes during winter 2012-13 to 2014-15 and winter 2017-18 to 2021-22 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

3.5 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.

3.6 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.