A&E Attendances and Emergency Admissions
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October 2015 Monthly Report

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1 Background

The results of a recent review by Sir Bruce Keogh\textsuperscript{1,2} concluded that arrangements for reporting performance were uncoordinated. Reporting was at different frequencies (weekly, monthly and quarterly) and on different days of the week. This made it difficult for people to have one transparent, coherent picture of performance at any one time. Starting in June 2015 therefore we standardised reporting arrangements so that performance statistics for A&E, Referral to Treatment (RTT), cancer, diagnostics, ambulances, NHS 111 and delayed transfers of care (DTOC) are all collected monthly and published on one day each month.

This fifth monthly A&E report presents a summary of English A&E attendances & emergency admissions statistics for October 2015 as well as an analysis of national trends.

Data on A&E attendances and emergency admissions were previously published weekly from November 2010 to June 2015. In order to provide meaningful comparisons to previous years, we have created an estimated monthly time series from the weekly data. This time series forms the basis of the analysis, and is also published on our web page.

A&E waiting times form part of the NHS Constitution, which contains a list of expected rights and pledges for patients that NHS England take into account when assessing organisational delivery. The operational standard for A&E waiting times is that 95% of patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department.

Full tables for October 2015 and an England level time series can be found on the NHS England statistics website at the link below.

\url{http://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/}

\textsuperscript{1} \url{http://www.england.nhs.uk/wp-content/uploads/2015/06/letter-waiting-time-standards-sbk.pdf}
\textsuperscript{2} \url{http://www.england.nhs.uk/wp-content/uploads/2015/06/letter-ccgs-ss.pdf}
2 Key Findings

- The total number of attendances in October 2015 was 1,923,000, an increase of 1.6% on the same month last year. Of these, attendances at type 1 A&E departments were 0.9% higher.

- There were 479,000 emergency admissions in the month, 2.1% higher than the same month last year. Emergency admissions via type 1 A&E departments increased by 1.7% over the same period.

- 27.4% of patients that attended a major A&E department required admission to hospital, which compares to 27.2% for the same month last year.

- 92.3% of patients were seen within 4 hours in all A&E departments this month, lower than 93.7% for the same month last year and below the 95% standard.

- 88.6% of patients were seen within 4 hours in type 1 A&E departments, compared to 90.6% for the same month last year.

- There were 31,600 four-hour delays from decision to admit to admission this month, which compares to 24,900 in the same month last year.

- Of these, 58 were delayed over twelve hours, compared to 55 in the same month last year.

- 30 out of 138 reporting trusts with type 1 departments achieved the 95% standard on all types during the month.

- Sheffield Teaching Hospitals NHS Foundation Trust did not submit data this month due to IT difficulties.
3 A&E attendances

3.1 The total number of attendances in October 2015 was 1,923,000 which is 1.6% higher than 1,892,000 in the same month last year. Of these, attendances at type 1 A&E departments increased by 0.9% from 1,250,000 to 1,261,000.

3.2 Looking at the pattern over slightly longer time periods, attendances in the last 3 months showed a 1.3% increase when compared to the same 3 months last year and activity in the last 12 months increased by 0.6%.

3.3 Chart 1 shows the volume of attendances per day in each month to remove fluctuations caused by the length of each month. This shows that attendances are typically higher in the summer months, particularly between May and July, and are lowest in winter, notably in January. Attendances peaked in July 2014, and as noted above, attendances last summer were down on those levels.

3.4 A longer term trend using historical quarterly data shows that total annual attendances have increased by around 4.5 million (25%) between 2004/05 and 2014/15 (Table 1 and Chart 2). Type 1 attendances have increased by around 1.3 million (10%) over the same period.
### Table 1: Total A&E attendances and type 1 attendances by year

<table>
<thead>
<tr>
<th>Year</th>
<th>Type 1 Departments - Major A&amp;E</th>
<th>Total attendances</th>
<th>Annual increase in total attendances</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004-05</td>
<td>13,265,820</td>
<td>17,837,180</td>
<td>-</td>
</tr>
<tr>
<td>2005-06</td>
<td>13,553,686</td>
<td>18,759,164</td>
<td>5.2%</td>
</tr>
<tr>
<td>2006-07</td>
<td>13,602,589</td>
<td>18,922,275</td>
<td>0.9%</td>
</tr>
<tr>
<td>2007-08</td>
<td>13,395,275</td>
<td>19,076,831</td>
<td>0.8%</td>
</tr>
<tr>
<td>2008-09</td>
<td>13,426,136</td>
<td>19,588,344</td>
<td>2.7%</td>
</tr>
<tr>
<td>2009-10</td>
<td>13,618,300</td>
<td>20,511,908</td>
<td>4.7%</td>
</tr>
<tr>
<td>2010-11</td>
<td>13,931,715</td>
<td>21,380,985</td>
<td>4.2%</td>
</tr>
<tr>
<td>2011-12</td>
<td>14,013,922</td>
<td>21,481,402</td>
<td>0.5%</td>
</tr>
<tr>
<td>2012-13</td>
<td>14,252,068</td>
<td>21,738,637</td>
<td>1.2%</td>
</tr>
<tr>
<td>2013-14</td>
<td>14,213,148</td>
<td>21,778,657</td>
<td>0.2%</td>
</tr>
<tr>
<td>2014-15</td>
<td>14,584,736</td>
<td>22,354,781</td>
<td>2.6%</td>
</tr>
</tbody>
</table>

### Chart 2: Total A&E attendances by year

[Chart showing total A&E attendances by year]
4 Emergency admissions

4.1. There were 479,000 emergency admissions in the month, which is 2.1% higher than 469,000 in the same month last year. Emergency admissions via type 1 A&E departments increased by 1.7% compared to the same month last year.

4.2. Looking at the pattern over slightly longer time periods, emergency admissions in the last 3 months rose by 2.6% over the same 3 months last year and by 2.2% over the last 12 months.

4.3. Chart 3 shows the volume of emergency admissions per day in each month to remove fluctuations caused by the length of each month. As opposed to A&E attendances, which show peaks in the summer months, emergency admissions peak in winter, with December 2014 a particular high point.

4.4. The proportion of type 1 attendances requiring admission gives an indication of the clinical complexity of patients attending A&E and shows a seasonal pattern with a higher proportion observed in winter months, especially January. In October 2015, 27.4% of type 1 attendances required admission compared to 27.2% in October 2014 (chart 4). The peak in this measure over the last five years was in January 2015 at 29.7%.
Chart 4: Percentage of type 1 attendances that required admission by month
5 Performance

5.1. The operational standard for A&E waiting times is that 95% of patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department.

5.2. 92.3% of patients were seen within 4 hours in all A&E departments this month, lower than 93.7% for the same month last year.

5.3. 88.6% of patients were seen within 4 hours in type 1 A&E departments, compared to 90.6% for the same month last year.

5.4. 30 out of 138 reporting trusts with type 1 departments achieved the standard on all types for the month.

5.5. At organisation level, when looking at the 138 trusts that have a type 1 department, there is significant variation with performance ranging from 77.8% to 99.4% on all types of A&E (Table 2).

<table>
<thead>
<tr>
<th>Trust Name</th>
<th>Type 1 performance</th>
<th>All types performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Dudley Group NHS Foundation Trust</td>
<td>98.9%</td>
<td>99.4%</td>
</tr>
<tr>
<td>Luton And Dunstable University Hospital NHS Foundation Trust</td>
<td>97.8%</td>
<td>98.5%</td>
</tr>
<tr>
<td>Sheffield Children's NHS Foundation Trust</td>
<td>98.1%</td>
<td>98.1%</td>
</tr>
<tr>
<td>Mid Cheshire Hospitals NHS Foundation Trust</td>
<td>96.5%</td>
<td>97.4%</td>
</tr>
<tr>
<td>Northern Devon Healthcare NHS Trust</td>
<td>91.2%</td>
<td>96.9%</td>
</tr>
<tr>
<td>Chelsea And Westminster Hospital NHS Foundation Trust</td>
<td>95.8%</td>
<td>96.9%</td>
</tr>
<tr>
<td>George Eliot Hospital NHS Trust</td>
<td>96.6%</td>
<td>96.6%</td>
</tr>
<tr>
<td>West Suffolk NHS Foundation Trust</td>
<td>96.5%</td>
<td>96.5%</td>
</tr>
<tr>
<td>South Tees Hospitals NHS Foundation Trust</td>
<td>94.4%</td>
<td>96.4%</td>
</tr>
<tr>
<td>Peterborough And Stamford Hospitals NHS Foundation Trust</td>
<td>96.0%</td>
<td>96.4%</td>
</tr>
<tr>
<td>East And North Hertfordshire NHS Trust</td>
<td>74.8%</td>
<td>83.1%</td>
</tr>
<tr>
<td>University Hospital Of South Manchester NHS Foundation Trust</td>
<td>83.0%</td>
<td>83.0%</td>
</tr>
<tr>
<td>Mid Yorkshire Hospitals NHS Trust</td>
<td>82.7%</td>
<td>82.7%</td>
</tr>
<tr>
<td>Tameside Hospital NHS Foundation Trust</td>
<td>82.6%</td>
<td>82.6%</td>
</tr>
<tr>
<td>Pennine Acute Hospitals NHS Trust</td>
<td>79.6%</td>
<td>82.6%</td>
</tr>
<tr>
<td>Brighton And Sussex University Hospitals NHS Trust</td>
<td>80.6%</td>
<td>82.3%</td>
</tr>
<tr>
<td>Colchester Hospital University NHS Foundation Trust</td>
<td>81.2%</td>
<td>81.2%</td>
</tr>
<tr>
<td>Hull And East Yorkshire Hospitals NHS Trust</td>
<td>78.5%</td>
<td>80.7%</td>
</tr>
<tr>
<td>The Princess Alexandra Hospital NHS Trust</td>
<td>79.3%</td>
<td>79.8%</td>
</tr>
<tr>
<td>Portsmouth Hospitals NHS Trust</td>
<td>71.6%</td>
<td>77.8%</td>
</tr>
</tbody>
</table>
5.6. Performance against the standard over the past five years is shown in Chart 5. It is clear from this that performance shows a seasonal pattern with lower percentages seen during winter months, followed by a recovery during spring and summer.

5.7. In October 2015, there were 31,600 patients who were delayed more than four hours from decision to admit to admission, which is 26.6% higher than 24,900 for the same month last year.

5.8. Chart 6 shows the trend in four hour delays for admission since 2010. The measure is particularly seasonal with much higher figures in the winter months, especially in the most recent winter, which coincided with a fall in performance on the four hour total time standard.

5.9. In the current month there were a total of 58 patients spending more than twelve hours from decision to admit to admission, compared to 55 in October 2014.
6 Annex

6.1 Methodology

6.1.1. NHS England compiles A&E attendances and emergency admissions data through a central return that is split into two parts:

- **A&E Attendances**: This collects the number of A&E attendances, patients spending greater than 4 hours in A&E from arrival to discharge, transfer or admission and the number of patients delayed more than 4 hours from decision to admit to admission.
- **Emergency Admissions**: This collects the total number of emergency admissions via A&E as well as other emergency admissions (i.e. not via A&E).

6.1.2. The above data items are split by the following categories of A&E department:

- **Type 1 Department (Major A&E Department)** - A consultant led 24 hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients.
- **Type 2 Department** – A consultant led single specialty A&E service (e.g. ophthalmology, dental) with designated accommodation for the reception of emergency patients.
- **Type 3 A&E department / Type 4 A&E department / Urgent Care Centre** = Other type of A&E/minor injury units (MIUs)/Walk-in Centres (WiCs)/Urgent Care Centre, primarily designed for the receiving of accident and emergency patients. A type 3 department may be doctor led or nurse led. It may be co-located with a major A&E or sited in the community. A defining characteristic of a service qualifying as a type 3 department is that it treats at least minor injuries and illnesses (sprains for example) and can be routinely accessed without appointment. An appointment based service (for example an outpatient clinic) or one mainly or entirely accessed via telephone or other referral (for example most out of hours services), or a dedicated primary care service (such as GP practice or GP-led health centre) is not a type 3 A&E service even though it may treat a number of patients with minor illness or injury.


Data availability

6.1.4. A&E attendances and emergency admissions data are published to a pre-announced timetable, usually every second Thursday of the month. The data is published on the NHS England website here:


Data revisions

6.1.5. Revisions to published figures are released on a six monthly basis and in accordance with the NHS England Analytical Services (National) team’s revision policy. The revisions policy can be found here:

6.1.6. The most recent set of revisions were published at the same time as this report. The A&E attendances and emergency admissions data contained in this report may be subject to further revision.

**Data comparability**

6.1.7. Weekly data has been published since November 2010. Prior to November 2010, data was briefly collected monthly between August 2010 and October 2010 and was collected quarterly from 2003/04 until September 2011.

6.1.8. The data can also be compared to A&E data for Wales collected by the Welsh Government, data for Scotland collected from Information Services Division (ISD) Scotland and data for Northern Ireland collected from the Department of Health, Social Services and Public Safety.

6.1.9. The Welsh Government publishes monthly data on A&E attendances and performance against the 4-hour standard. Data can be found here:

6.1.10. ISD Scotland now publishes a weekly update on A&E attendances and performance against the 4-hour standard. This can be found here:
http://www.isdscotland.org/Health-Topics/Emergency-Care/Publications/index.asp?ID=1251

6.1.11. The Department of Health, Social Services and Public Safety publishes quarterly data on A&E attendances and performance against the 4-hour standard. Data can be found here:

6.2 Glossary

**4-Hour Standard**
The national standard whereby 95% of all patients are admitted, transferred or discharged within 4 hours of arrival.

**A&E Attendance**
The presence of a patient in an A&E service seeking medical attention.

**A&E Type**
Collectively the term All Types includes the following department types:
Type 1) Major A&E Departments
Type 2) Single Specialty A&E service (e.g. ophthalmology, dental)
Type 3) Other type of A&E such as Minor Injury Units and Walk-in Centres

**Emergency admission**
Admission to a hospital bed as an emergency. These can be split into admissions via an A&E department or from other sources (eg direct from a GP).
Provider
An organisation that provides NHS treatment or care, for example, an NHS acute trust, mental health trust, community provider, or an independent sector organisation.

Type 1 A&E
A large hospital department which provides a consultant-led, 24 hour service with full resuscitation facilities and designated accommodation for the reception of emergency patients.

Waiting Time
The time of arrival until the time of admission, transfer or discharge.

Delay to admission
The time a patient waited for an admission and is measured from decision to admit to admission (also known as a ‘trolley wait’).

6.3 Feedback Welcomed
We welcome feedback on the content and presentation of the A&E and emergency admissions statistics within this quarterly statistical report and those published on the NHS England website. If anyone has any comments on this, or any other issues regarding A&E data and statistics, then please email Unify2@dh.gsi.gov.uk

6.4 Additional Information
Full details of A&E and emergency admissions data for individual organisations are available at:

For press enquiries please contact the NHS England media team on 0113 825 0958 or 0113 825 0959.
Email enquiries should be directed to: nhsengland.media@nhs.net

The Government Statistical Service (GSS) statistician with overall responsibility for the data in this report is:

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