



A&E Attendances and Emergency Admissions

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August 2016 Monthly Report

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Prepared by: NHS England, Operational Information for Commissioning (Central)

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1 Background

The results of a recent review by Sir Bruce Keogh^{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 (DTC) are all collected monthly and published on one day each month.

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.

This A&E report presents a summary of English A&E attendances & emergency admissions statistics for August 2016 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 official weekly data. Figures prior to June 2015 should be regarded as estimates. This time series forms the basis of the analysis, and is also published on our web page.

Full tables for August 2016 and an England level time series can be found on the NHS England statistics website at the link below.

<http://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/>

Revised guidance for the A&E attendances and emergency admissions collection applied from December 2015 data onwards. The definition for delays for emergency admissions via A&E from decision to admit to admission was amended to include patients who are transferred to another provider (disposal code 7). This was to ensure that such patients are counted in the number of patients spending more than 4 or more than 12 hours from decision to admit to admission. This change did not affect the measures of A&E attendances, the numbers waiting four hours from arrival to discharge, transfer or admission, and total emergency admissions which still focus purely on attendances at the same healthcare provider (disposal code 1). For further information on this change see the data comparability section of the [annex](#) to this report.

1. <http://www.england.nhs.uk/wp-content/uploads/2015/06/letter-waiting-time-standards-sbk.pdf>
2. <http://www.england.nhs.uk/wp-content/uploads/2015/06/letter-ccgs-ss.pdf>

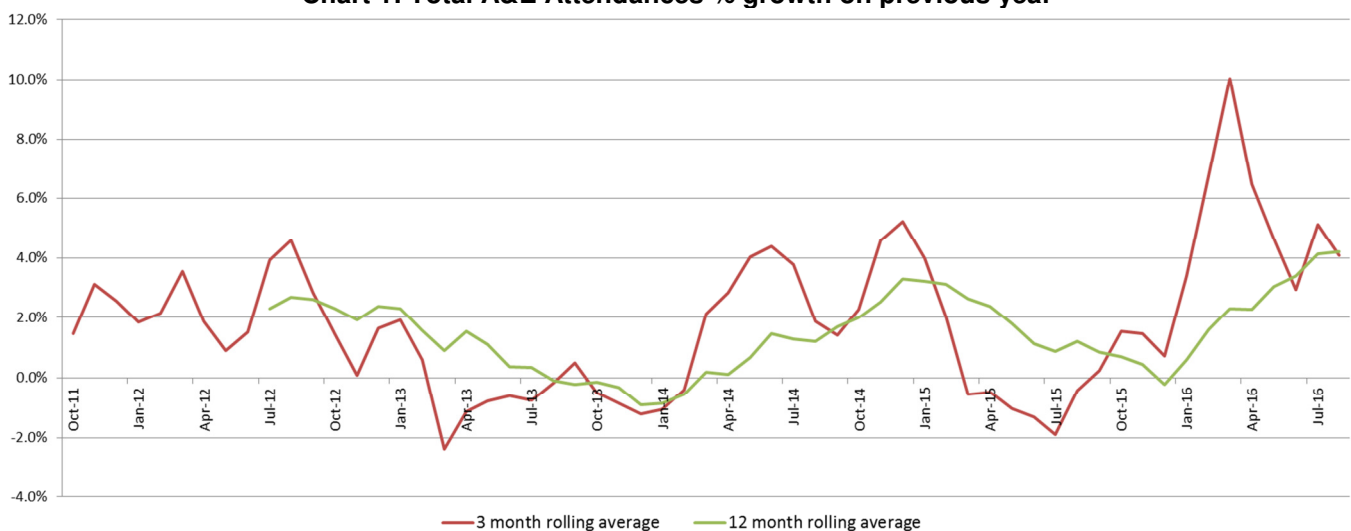
2 Key Findings

- The total number of attendances in August 2016 was 1,932,000 an increase of 3.6% on the same month last year. Of these, attendances at type 1 A&E departments were 3.2% higher. Attendances over the latest twelve months are higher than levels in the preceding twelve month period (an increase of 4.2%).
- There were 471,000 emergency admissions in the month, 3.3% higher than the same month last year. Emergency admissions via type 1 A&E departments increased by 3.2% over the same period. Emergency admissions over the last twelve months are up 3.8% on the preceding twelve month period.
- 27.3% of patients that attended a type 1 major A&E department required admission to hospital, which is the same as the equivalent month last year.
- 91.0% of patients were seen within 4 hours in all A&E departments this month. This is below the 95% standard and lower than 94.3% for the same month last year.
- For the 2016-17 financial year thus far, 90.4% of patients were seen within 4 hours in all A&E departments. This compares to 94.3% at this point in the 2015-16 financial year.
- 86.4% of patients were seen within 4 hours in type 1 A&E departments, compared to 91.4% for the same month last year.
- There were 34,300 four-hour delays from decision to admit to admission this month, which compares to 20,000 in the same month last year.
- Of these, 57 were delayed over twelve hours (from decision to admit to admission), compared to 28 in the same month last year.
- 22 out of 139 reporting trusts with type 1 departments achieved the 95% standard on all types during the month.

3 A&E attendances

- 3.1. The total number of attendances in August 2016 was 1,932,000 which is 3.6 % higher than 1,865,000 in the same month last year. Of these, attendances at type 1 A&E departments increased by 3.2% from 1,216,000 to 1,254,000.
- 3.2. Looking at the pattern over slightly longer time periods, attendances in the last 3 months showed a 4.1% increase when compared to the same 3 months last year and activity in the last 12 months increased by 4.2%. Chart 1 shows the growth in attendances averaged over 3 and 12 month periods, compared to the same time period in the previous year.

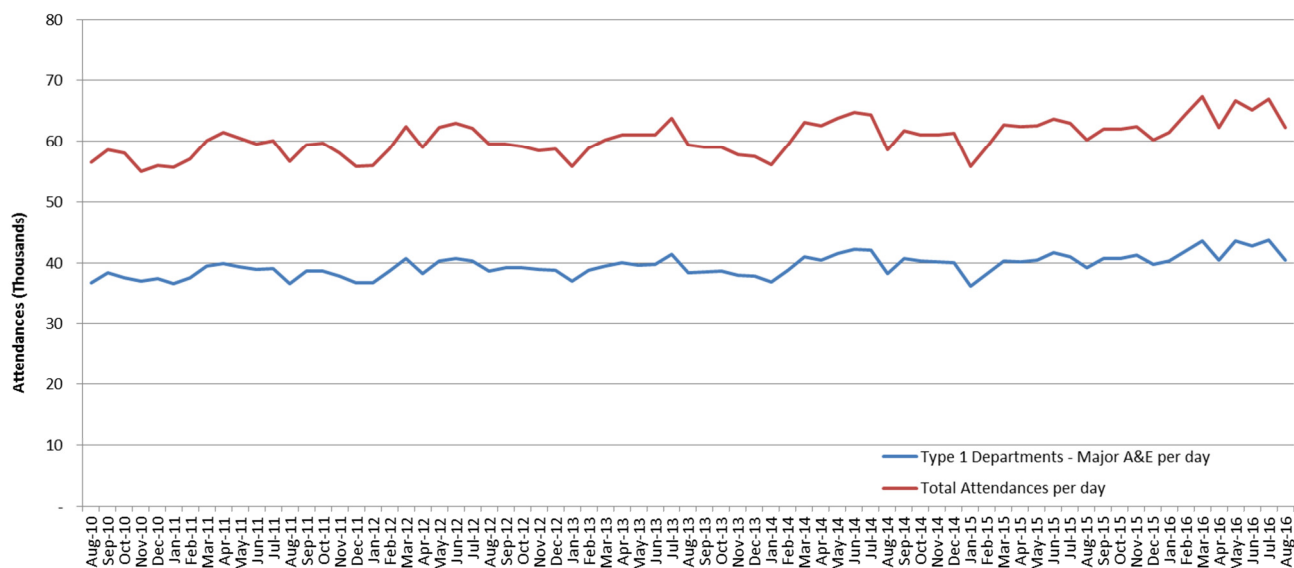
Chart 1: Total A&E Attendances % growth on previous year



- 3.3. Chart 2 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 March 2016. Last winter did not follow the usual pattern; attendances were high in January, February and March before falling in the Spring. Weekly figures published by Public Health England¹ show that the peaks in incidence of flu and hospitalisation rates for flu were both later than usual this year, falling away in April. This could explain some of the unusual pattern in attendances and admissions seen last winter.

¹ <https://www.gov.uk/government/statistics/weekly-national-flu-reports>

Chart 2: Total A&E attendances and Type 1 attendances per day

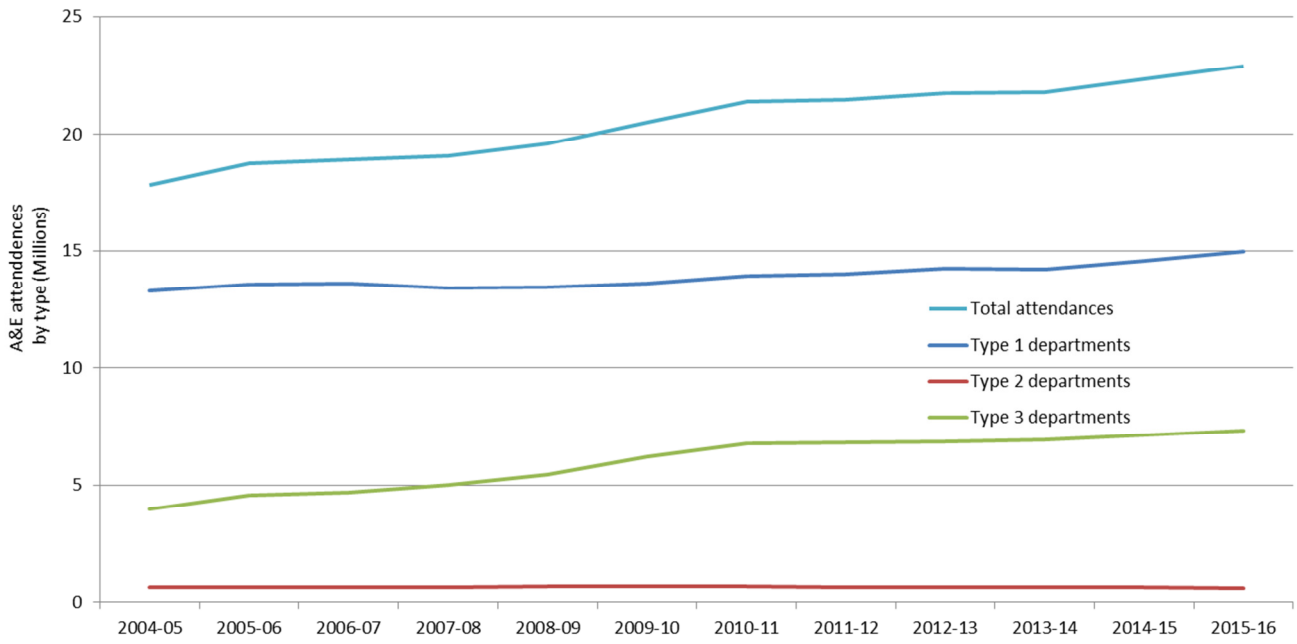


3.4 A longer term trend using historical quarterly data shows that total annual attendances have increased by around 5.1 million (28%) between 2004/05 and 2015/16 (Table 1 and Chart 3). Type 1 attendances have increased by around 1.7 million (13%) over the same period.

Table 1: Total A&E attendances and type 1 attendances by year

Year	Type 1 Departments - Major A&E	Total attendances	Annual increase in total attendances
2004-05	13,265,820	17,837,180	-
2005-06	13,553,686	18,759,164	5.2%
2006-07	13,602,589	18,922,275	0.9%
2007-08	13,395,275	19,076,831	0.8%
2008-09	13,426,136	19,588,344	2.7%
2009-10	13,618,300	20,511,908	4.7%
2010-11	13,931,715	21,380,985	4.2%
2011-12	14,013,922	21,481,402	0.5%
2012-13	14,252,068	21,738,637	1.2%
2013-14	14,213,148	21,778,657	0.2%
2014-15	14,584,736	22,354,781	2.6%
2015-16	14,960,805	22,920,435	2.5%

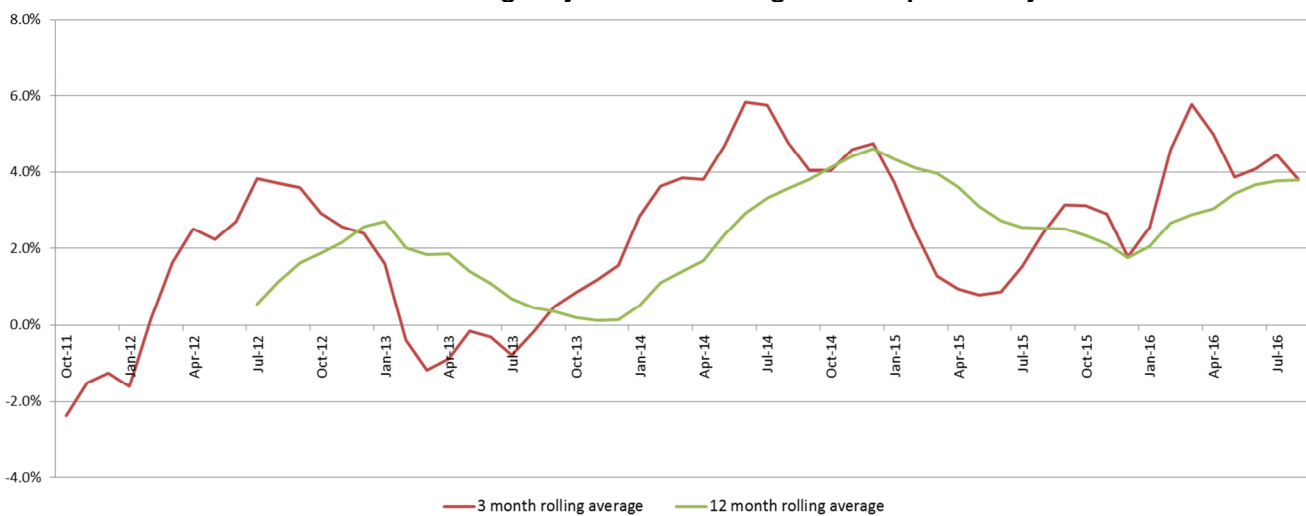
Chart 3: Total A&E attendances by year



4 Emergency admissions

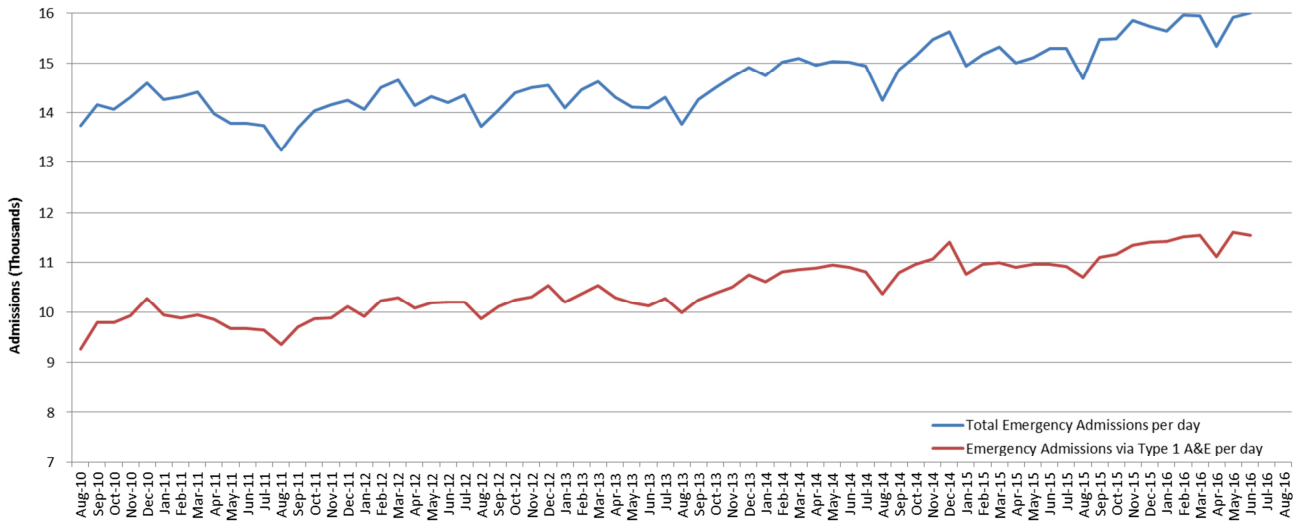
- 4.1. There were 471,000 emergency admissions in the month, which is 3.3% higher than 455,000 in the same month last year. Emergency admissions via type 1 A&E departments increased by 3.2% compared to the same month last year.
- 4.2. Looking at the pattern over slightly longer time periods, emergency admissions in the last 3 months rose by 3.8% over the same 3 months last year and by 3.8% over the last 12 months. Chart 4 shows the % growth in admissions averaged over 3 and 12 month periods compared to the same time period in the previous year.

Chart 4: Total Emergency admissions % growth on previous year



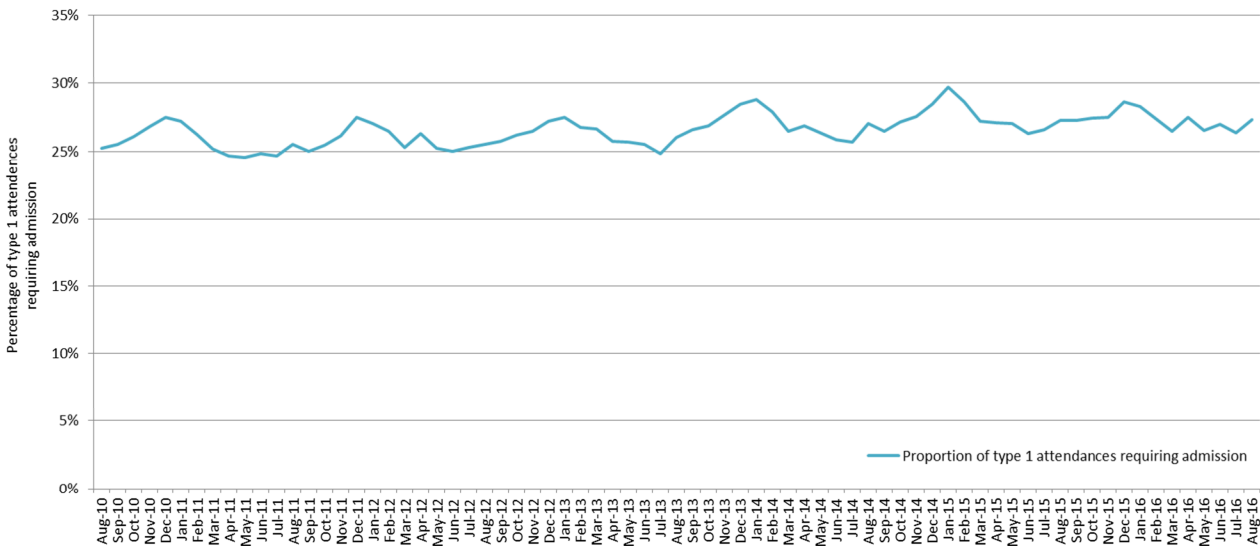
- 4.3. Chart 5 shows the volume of emergency admissions per day in each month to remove fluctuations caused by the length of each month. As opposed to A&E attendances, which usually show peaks in the summer months, emergency admissions generally peak in winter.

Chart 5: Number of emergency admissions per day



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 August 2016, 27.3% of type 1 attendances required admission compared to 27.3% in August 2015 (Chart 6). The peak in this measure over the last five years was in January 2015 at 29.7%.

Chart 6: Percentage of type 1 attendances that required admission by month



5 Performance

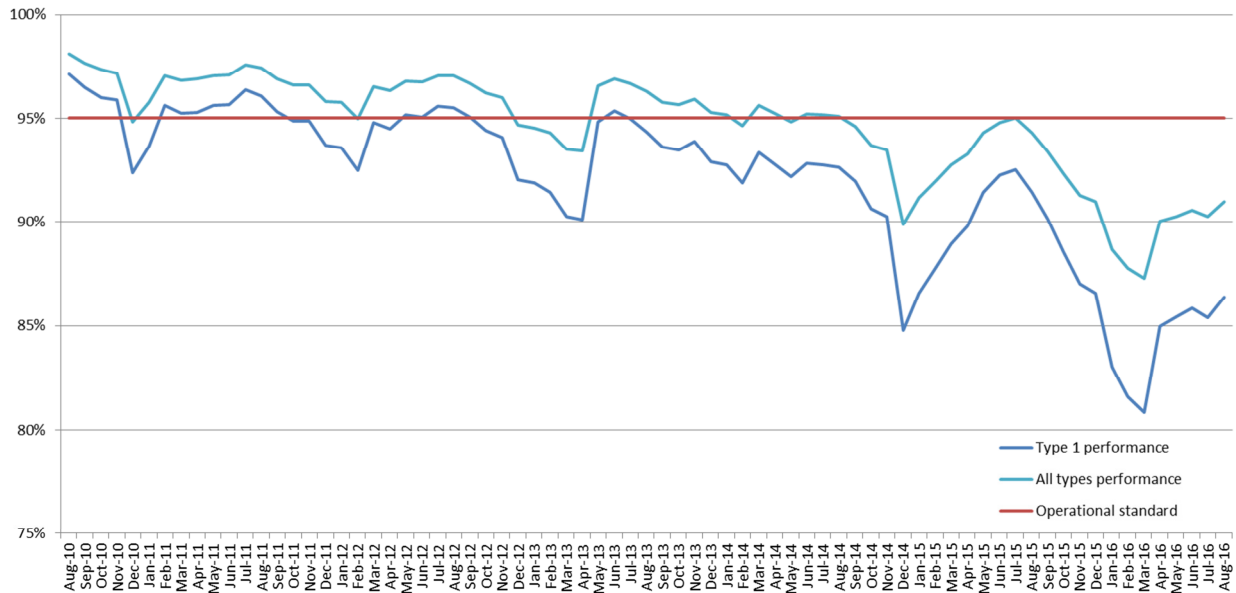
- 5.1. The operational standard for A&E waiting times is that 95% of patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department.
- 5.2. 91.0% of patients were seen within 4 hours in all A&E departments this month, lower than 94.3% for the same month last year.
- 5.3. 86.4% of patients were seen within 4 hours in type 1 A&E departments, compared to 91.4% for the same month last year.
- 5.4. For the 2016-17 financial year thus far 90.4% of patients were seen within 4 hours in all A&E departments. This compares to 94.3% at the same point in the 2015-16 financial year.
- 5.5. 22 out of 139 reporting trusts with type 1 departments achieved the standard on all types for the month.
- 5.6. At organisation level, when looking at the 139 trusts that have a type 1 department, there is significant variation with performance ranging from 69.7% to 99.6% on all types of A&E (Table 2).

**Table 2: Proportion of patients spending 4 hours or less in A&E
Highest and lowest performing trusts that have a type 1 department**

Trust Name	Type 1 performance	All types performance
Birmingham Children's Hospital NHS Foundation Trust	99.6%	99.6%
Luton And Dunstable University Hospital NHS Foundation Trust	98.8%	99.1%
Alder Hey Children's NHS Foundation Trust	98.4%	98.4%
Sheffield Children's NHS Foundation Trust	98.3%	98.3%
South Tees Hospitals NHS Foundation Trust	96.0%	97.3%
The Royal Bournemouth And Christchurch Hospitals NHS Foundation Trus	96.6%	97.2%
Gateshead Health NHS Foundation Trust	96.3%	97.2%
South Warwickshire NHS Foundation Trust	96.3%	96.7%
North Tees And Hartlepool NHS Foundation Trust	95.7%	96.7%
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	94.7%	96.6%
Mid Essex Hospital Services NHS Trust	79.9%	80.7%
University Hospitals Of Leicester NHS Trust	69.3%	80.1%
Royal United Hospitals Bath NHS Foundation Trust	76.8%	79.6%
East Sussex Healthcare NHS Trust	79.5%	79.5%
North Bristol NHS Trust	78.8%	78.8%
East Lancashire Hospitals NHS Trust	69.1%	77.9%
United Lincolnshire Hospitals NHS Trust	77.8%	77.8%
Stockport NHS Foundation Trust	77.1%	77.1%
The Princess Alexandra Hospital NHS Trust	75.8%	76.3%
Nottingham University Hospitals NHS Trust	65.6%	69.7%

5.6. Performance against the standard over the past five years is shown in Chart 7. It is clear from this that performance shows a seasonal pattern with lower percentages seen during winter months, followed by a recovery with peak performance in the summer.

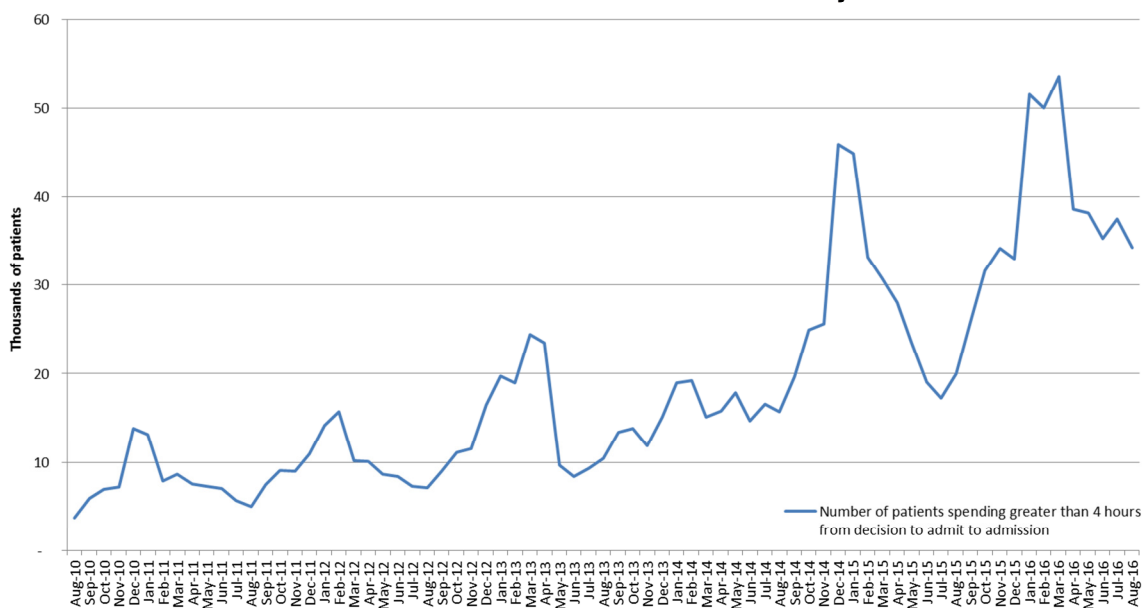
Chart 7: Proportion of patients spending 4 hours or less in A&E Type 1 and all types by month



5.7. In August 2016, there were 34,300 patients who were delayed more than four hours from decision to admit to admission, which is 71.0% higher than 20,000 for the same month last year.

5.8. Chart 8 shows the trend in four hour delays from decision to admit to admission since 2010. The measure is particularly seasonal with much higher figures in the winter months, especially in the most recent winter, which coincides with a fall in performance on the four hour total time standard.

Chart 8: Total number of patients spending more than 4 hours from decision to admit to admission by month



5.9. In August 2016, there were a total of 57 patients spending more than twelve hours from decision to admit to admission, compared to 28 in August 2015.

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.

6.1.3. NHS Trusts, NHS Foundation Trusts, Social Enterprises and GP Practices submit data to NHS England via Unify2. Unify2 is NHS England's standard online tool for the collection and sharing of NHS performance data. Once data is submitted and signed-off, NHS England performs central validation checks to ensure good data quality.

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:

<http://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/>

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:

<http://www.england.nhs.uk/statistics/code-compliance/#Unifypolicy>

6.1.6. The most recent set of formal revisions were published in August and there was a further change to previously published data last month. All relevant files on the website have been updated and the normal revision schedule is not affected. The A&E attendances and emergency admissions data contained in this report may be subject to further revision.

Data comparability

6.1.7. Data has been published monthly since June 2015. Before this, data was published weekly from November 2010 to June 2015. 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.

In order to provide meaningful comparisons of recent monthly data to previous years, we have created an estimated monthly time series from the official weekly data. Monthly figures prior to June 2015 should be regarded as estimates. This monthly time series forms the basis of the analysis, and is also published on our web page.

6.1.8. Revised guidance for the A&E attendances and emergency admissions collection applied from December 2015 data onwards. The definition for delays for emergency admissions via A&E from decision to admit to admission was amended to include patients who are transferred to another provider (disposal code 7). This was to ensure that such patients are counted in the number of patients spending more than 4 or more than 12 hours from decision to admit to admission. This change did not affect the measures of A&E attendances, the numbers waiting four hours from arrival to discharge, transfer or admission, and total emergency admissions which still focus purely on attendances at the same healthcare provider (disposal code 1).

Analysis based on Hospital Episode Statistics A&E data suggested that up to around 9% per year more additional patients may be brought in scope for the time from decision to admit to admission measure. It also suggested the monthly A&E return might capture in the order of an extra 40 to 240 (3% to 20%) 12 hour waits per year.

6.1.9. 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.

6.1.10. The Welsh Government publishes monthly data on A&E attendances and performance against the 4-hour standard. Data can be found here:
<https://statswales.wales.gov.uk/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Accident-and-Emergency>

6.1.11. 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>

6.1.12. 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:

<http://www.dhsspsni.gov.uk/index/statistics/hospital/waitingtimes-emergency.htm>

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 (e.g. 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:

<http://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/>

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:

Paul Steele

Operational Information for Commissioning (Central)

NHS England

Room 5E24, Quarry House, Quarry Hill, Leeds LS2 7UE

Email: Unify2@dh.gsi.gov.uk