

A&E Attendances and Emergency Admissions July 2017 Statistical Commentary

Main findings

- The total number of attendances in July 2017 was 2,074,000, a decrease of 0.3% on the same month last year. Of these, attendances at type 1 A&E departments were also 0.3% lower. Attendances over the latest twelve months are higher than levels in the preceding twelve month period (an increase of 1.3%).
- There were 500,000 emergency admissions in the month, 2.1% higher than the same month last year. Emergency admissions via type 1 A&E departments increased by 2.7% over the same period. Emergency admissions over the last twelve months are up 2.4% on the preceding twelve month period.
- 27.2% of patients that attended a type 1 major A&E department required admission to hospital, which compares to 26.4% for the same month last year.
- 90.3% of patients were seen within 4 hours in all A&E departments this month, compared to 90.7% in June 2017 and 90.3% in July 2016. This is below the 95% standard, which was last achieved in July 2015.
- 85.5% of patients were seen within 4 hours in type 1 A&E departments, compared to 86.1% in June 2017 and 85.4% for the same month last year.
- There were 37,400 four-hour delays from decision to admit to admission this month, which compares to 37,500 in the same month last year.
- Of these, 73 were delayed over twelve hours (from decision to admit to admission), compared to 113 in the same month last year.
- 25 out of 138 reporting trusts with type 1 departments achieved the 95% standard on all types during the month.

Full tables for July 2017 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/>

Background

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.

A fuller analysis of the A&E data will be available in the form of an annual report which will be published in conjunction with NHS digital in the autumn. This report will draw on A&E data from both the Monthly A&E Attendances and Emergency Admissions Sitrep published by NHS England and the Hospital Episode Statistics dataset published by NHS digital. The Hospital Episode Statistics dataset is based on patient level data and so can be broken down in numerous ways that the Monthly Sitreps data cannot. This includes breakdowns of attendances and admissions by age and by diagnosis. The current NHS digital annual report for 2015-16 can be found [here](#).

Methodology

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).

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.

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.

Note that the activity growth rates used in this document have been adjusted to take into account the extra day due to the leap year in February 2016.

Sustainability and Transformation Plan Areas

From April 2017, the data is also presented aggregated to a Sustainability and Transformation Plan (STP) area basis, to better reflect A&E performance in each local area. This has been done by allocating data for each provider to one of the 44 STPs on a geographical one to one basis

Data availability

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

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:

<https://www.england.nhs.uk/statistics/code-compliance/>

The most recent set of revisions were published in May 2017 with the March data. The A&E attendances and emergency admissions data contained in this report may be subject to further revision.

Data comparability

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.

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.

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. A description of the technical differences between data from the four administrations can be found here:

<https://gss.civilservice.gov.uk/health-waiting-time-statistics/>

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>

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>

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>

The UK Comparative waiting times group has published a summary of the differences in methodologies between the 4 countries:

<https://gss.civilservice.gov.uk/health-waiting-time-statistics/>

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').

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

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.

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