

Publication of A&E monthly data – May data to be published on 13th June 2019

Introduction and background

Following a request from the Prime Minister in 2018, Professor Stephen Powis, NHS Medical Director, was asked to carry out a clinical review of standards across the NHS, with the aim of determining whether patients would be well served by updating and supplementing some of the older targets in use. His interim report was published in March 2019 and set out the initial proposals for testing changes to access standards in mental health services, cancer care, elective care and urgent and emergency care.

This interim report can be found here:

<https://www.england.nhs.uk/publication/clinical-review-nhs-access-standards/>

For urgent and emergency care the review recommended the testing of four access standards to understand their impact on clinical care, patient experience and the management of services, when compared to the single access standard of four hours.

The proposed standards are:

- Time to initial clinical assessment in emergency departments and urgent treatment centres
- Time to emergency treatment for critically ill and injured patients
- Time in A&E
- Utilisation of same day emergency care

The time in A&E measure looks at “mean time in A&E” and this has been the main focus during the first stage of field testing.

Fourteen hospital trusts have agreed to work with national bodies to test these proposals.

The 14 are:-

- Cambridge University Hospitals
- Chelsea and Westminster Hospitals
- Frimley Health
- Imperial College Healthcare
- Kettering General Hospital
- Luton and Dunstable University Hospital

- Mid Yorkshire Hospitals
- North Tees and Hartlepool
- Nottingham University Hospitals
- Plymouth Hospitals
- Poole Hospital
- Portsmouth Hospitals
- Rotherham
- West Suffolk

Within these 14 trusts there are 26 sites providing A&E services.

The memorandum of understanding agreed with the trusts stipulates the requirements for data submissions. Specifically the memorandum outlines that during field testing the monitoring will be against the proposed new measures rather than the extant four hour A&E standard so as not to contaminate the study design.

The memorandum can be found here:

<https://www.england.nhs.uk/publication/generic-memorandum-of-understanding-on-the-testing-of-proposed-new-standards-for-urgent-and-emergency-care/>

Field testing and impact on published A&E data

Field testing started on 22nd May. Collecting four hour performance data from the field test trusts for the part-month preceding the start of field was considered. However, it was concluded that processing and presenting data for a part-month within a monthly time series would be impractical for the overall presentation of a clear dataset. Therefore the monthly return from field test trusts omits four hour performance data for the whole of the month of May.

As the field test sites are not submitting four hour performance data, the national picture for A&E performance for May omits these sites' performance.

The majority of acute trusts continue to operate to, and report against, the four hour standard. The sub-national position for the non-field test trusts is reported for May. In addition, a time series of data for the non-field test trusts has been generated so that historical comparisons can be made for this sub-national cohort of trusts. Similarly a time series for the field test trusts, as a group, has been created. This allows users to see and understand the impact of removing this group from the national time series of data. The time series of

national performance for the non-field test cohort can be set alongside performance for the field test trusts and alongside national performance for all trusts. This shows that the field test sites in aggregate are just slightly below “average” as the national performance excluding field test sites is slightly higher than national performance for all trusts. The table below shows that in recent months national performance when field test trusts are excluded is only 0.1 - 0.2 percentage points higher than performance when all providers are included.

	All Providers	Excluding Field Testing Sites	Field Testing Sites Only	Difference in Performance when Field Test sites excluded – (percentage points)
Nov-17	88.8%	88.7%	89.0%	-0.03
Dec-17	85.0%	85.0%	84.4%	0.06
Jan-18	85.3%	85.3%	84.9%	0.05
Feb-18	85.0%	85.1%	84.5%	0.05
Mar-18	84.6%	84.8%	83.4%	0.13
Apr-18	88.6%	88.6%	88.0%	0.07
May-18	90.4%	90.5%	89.8%	0.06
Jun-18	90.8%	90.9%	90.0%	0.09
Jul-18	89.3%	89.4%	88.6%	0.08
Aug-18	89.7%	89.8%	88.8%	0.11
Sep-18	88.9%	89.1%	87.9%	0.12
Oct-18	89.0%	89.1%	88.0%	0.11
Nov-18	87.6%	87.6%	87.3%	0.04
Dec-18	86.4%	86.5%	86.2%	0.03
Jan-19	84.4%	84.5%	83.4%	0.11
Feb-19	84.2%	84.4%	82.4%	0.20
Mar-19	86.6%	86.7%	85.6%	0.11
Apr-19	85.1%	85.3%	83.6%	0.17

The time series data can be found here (from 9.30am on Thursday 13th June)

<https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/ae-attendances-and-emergency-admissions-2019-20/>

Apart from the four hour performance data the field test sites have submitted their normal monthly return. So other data items such as A&E attendances and emergency admissions via A&E are unaffected, and the fully comparable national time series for these items continues to be available.

More information about the A&E clinical review of standards and the experiences of the field test trusts in operating to different performance standards will be available in due course.

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