

# A&E Attendances and Emergency Admissions

## March 2022 Statistical Commentary

### Main findings

All growth rates are adjusted for the leap year. Due to the Covid-19 response, caution should be exercised in drawing comparisons with data from previous years.

### Attendances

- The total number of attendances in March 2022 was 2,174,000, an increase of 28.5% on March 2021 and 0.3% higher than March 2019. Attendances at type 1 A&E departments were 22.3% higher when compared with March 2021 and 3.4% higher than March 2019. Attendances at type 3 departments were 44.0% higher when compared with March 2021 and 4.3% lower than March 2019.
- Type 1 growth over the last 3 months, compared to the same period last year, is 28.8% and type 3 growth on the same basis is 59.2%. Growth over the last 12 months, compared to the preceding 12 months, for type 1 is 31.3% and for type 3 is 63.0%.

### Booked Appointments

- This month there were 74,800 A&E attendances that had been booked. Many of these attendances would have previously been walk in attendances prior to the introduction of booking.
- As the data on booked appointments is new, a degree of caution should be exercised when interpreting these figures as providers are increasingly able to split them out from total attendances.

### Emergency Admissions

- There were 514,000 emergency admissions in the month, 2.1% higher than March 2021 and 7.4% lower than March 2019. Emergency admission growth over the last 3 months, compared to the same period last year, is 6.4% and over the last 12 months, compared to the preceding 12 months, is 14.1%.
- Emergency admissions via type 1 A&E departments is 0.4% lower than March 2021 and 8.6% lower than March 2019. Growth over the last 3 months, compared to the same period last year, is 3.0% and over the last 12 months, compared to the preceding 12 months, is 11.7%.
- SUS+ based analysis estimates a 15.6% February 2022 YTD growth in emergency admissions. This is composed of 23.1% growth for those with zero length of stay (LoS) and 11.7% growth with a LoS of 1 or more days.
- SUS+ based analysis estimates a 15.0% February 2022 YTD growth for non-elective admissions. This is composed of 22.9% growth for those with zero length of stay (LoS) and 11.1% growth with a LoS of 1 or more days. 34.9% of non-elective admissions had a length of stay of zero days in February 2022 YTD. A full provider breakdown is available on the NHS England statistics website here:

<https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/ae-attendances-and-emergency-admissions-2021-22/>

- 26.4% of patients that attended a type 1 major A&E department required admission to hospital, which compares to 32.4% for March 2021, and 29.8% in March 2019.

## Performance

- The number of attendances admitted, transferred or discharged within 4 hours was 1,387,000, a 7.1% increase on the equivalent figure for March 2021 and a 17.3% decrease on March 2019. Of these, 728,000 were type 1 attendances, a decrease of 10.7% on March 2021, and a 23.6% decrease on March 2019. 625,000 were type 3 attendances, an increase of 38.7% on March 2021 and an 8.4% decrease on March 2019.
- 71.6% of patients were seen within 4 hours in all A&E departments this month compared to 73.3% in February 2022, 86.1% in March 2021, and 86.7% in March 2019. The 95% standard was last met in July 2015. This is the lowest performance since the collection began.
- 71.0% of patients were seen within 4 hours, excluding booked attendances, in March 2022. However, as stated above, previously many of these attendances would have been walk in patients.
- 58.6% of patients were seen within 4 hours in type 1 A&E departments compared to 60.8% in February 2022, 80.1% in March 2021 and 79.3% in March 2019. This is the lowest performance since the collection began.
- 94.8% of patients were seen within 4 hours in type 3 A&E departments, compared to 96.2% in February 2022, 99.0% in March 2021 and 98.9% in March 2019. This is the lowest performance since the collection began.
- There were 136,000 four-hour delays from decision to admit to admission this month, which compares to 51,000 in March 2021 and 59,500 in March 2019. This is the highest number reported since the collection began.
- Of these, 22,500 were delayed over twelve hours (from decision to admit to admission), which compares to 688 in March 2021 and 331 in March 2019. This is the highest number reported since the collection began.
- 0 out of 111 reporting trusts with type 1 departments (excluding CRS providers) achieved the 95% standard on all types during the month. With additional local activity (mapped attendances) taken into account, no further trusts achieved the standard.

## Data Notes

Full tables and an England level time series are available on the NHS England statistics website here:

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

On 22<sup>nd</sup> May 2019 fourteen trusts began field testing new A&E performance standards. As a result of this these providers were not required report the number of attendances over 4hrs from May 2019. All comparisons to previous months are on a like for like basis (i.e. excluding those fourteen providers). An adjusted time series file is available on the NHS England statistic website.

The fourteen field testing sites are:

- Bedfordshire Hospitals NHS Foundation Trust
- Cambridge University Hospitals NHS Foundation Trust
- Chelsea and Westminster Hospital NHS Foundation Trust
- Frimley Health NHS Foundation Trust
- Imperial College Healthcare NHS Trust
- Kettering General Hospital NHS Foundation Trust
- Mid Yorkshire Hospitals NHS Trust
- North Tees and Hartlepool NHS Foundation Trust
- Nottingham University Hospitals NHS Trust
- Portsmouth Hospitals University NHS Trust
- The Rotherham NHS Foundation Trust
- University Hospitals Dorset NHS Foundation Trust
- University Hospitals Plymouth NHS Trust
- West Suffolk NHS Foundation Trust

### Note:

University Hospitals Birmingham NHS Foundation Trust run an Ask A&E service to help manage A&E demand (<https://www.uhb.nhs.uk/ask>). The trust reports this activity as part of the monthly A&E return. The activity through this service does not meet national guidance for inclusion. We estimate that the inclusion of this activity increases the 4hr A&E performance figure for the trust by 1.0 percentage points. This has little or no impact on the performance figures at national level.

### 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 and NHS Improvement 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 is available in the form of an annual report which will be published in conjunction with NHS Digital on 30th September 2021. This report draws 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 report for 2019-20 can be found here:

<https://digital.nhs.uk/data-and-information/publications/statistical/hospital-accident--emergency-activity/2019-20>

## **Methodology**

NHS England and NHS Improvement 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 A&E department** = Increasingly referred to as an Emergency Department. A consultant led 24-hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients.
- **Type 2 A&E department** = A consultant led single specialty accident and emergency service or Emergency Department (e.g. ophthalmology, dental) with designated accommodation for the reception of patients.
- **Type 3 A&E department.** These are now Urgent Treatment Centres (UTCs). These are GP-led, open at least 12 hours a day, every day, offer appointments that can be booked through 111 or through a GP referral, and are equipped to diagnose and deal with many of the most common ailments people attend A&E for.

NHS Trusts, NHS Foundation Trusts, Social Enterprises and GP Practices submit data to NHS England via The Strategic Data Collection Service (SDCS). The Strategic Data Collection Service (SDCS) is a secure data collection system used by health and social care organisations to submit 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 2020.

## **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

## **Acute Footprint Mapping**

From November 2017, the data is also presented with type 3 activity mapped to partner acute trusts to reflect the performance of that trust footprint as a whole. Type 3 activity is assigned to the closest type 1 provider(s).

### **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 and NHS Improvement's revision policy. The revisions policy can be found here:

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

### **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 [england.nhsdata@nhs.net](mailto:england.nhsdata@nhs.net)

**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 and NHS Improvement media team on 0113 825 0958 or 0113 825 0959.

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