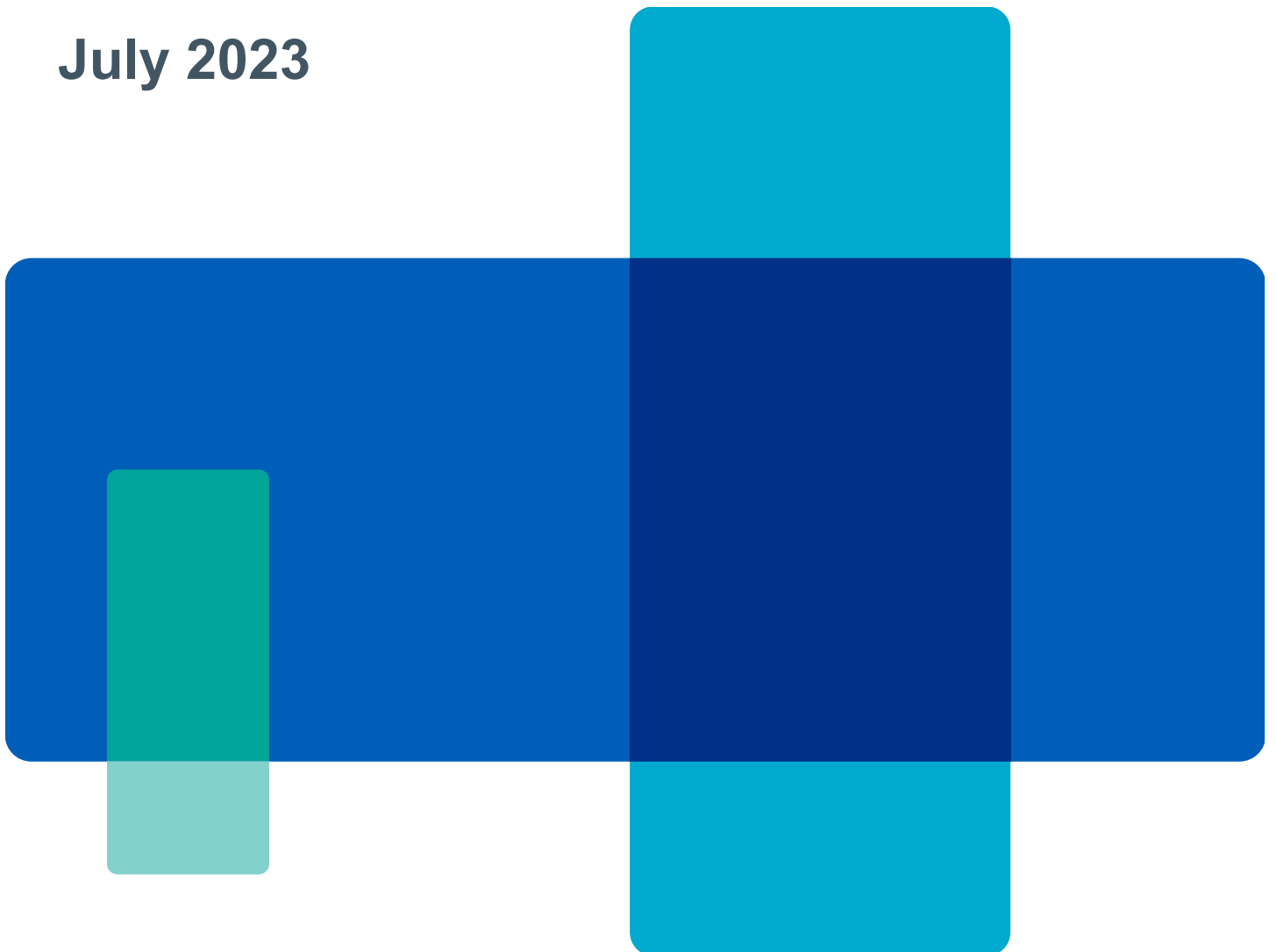


# Impact of CRS Field Testing on A&E Timeseries

July 2023





## 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<sup>1</sup> 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.

Fourteen hospital trusts (see Annex 1) agreed to work with national bodies to test alternatives to the existing four-hour A&E standard. A memorandum of understanding<sup>2</sup> 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 field testing commenced in May 2019 and concluded in May 2023. Reports on the findings of the Clinical Review of Standards are published here:

### UEC

<https://www.england.nhs.uk/publication/clinically-led-review-of-urgent-and-emergency-care-standards-measuring-performance-in-a-transformed-system/>

### Cancer

<https://www.england.nhs.uk/publication/clinically-led-review-of-nhs-cancer-standards-models-of-care-and-measurement/>

### Mental Health

<https://www.england.nhs.uk/publication/mental-health-clinically-led-review-of-standards/>

## Field testing and impact on published A&E data


During the field testing period NHS England published an unadjusted time series including all data up April 2019 and an adjusted time series that excluded performance data for the field test sites for the entirety of the time series. Activity data remained unadjusted.

At the time of field testing commencing an assessment of the impact of excluding field testing sites from the national 4hr performance figure was made. It was estimated that in the

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<sup>1</sup> <https://www.england.nhs.uk/publication/clinical-review-nhs-access-standards/>

<sup>2</sup> <https://www.england.nhs.uk/publication/generic-memorandum-of-understanding-on-the-testing-of-proposed-new-standards-for-urgent-and-emergency-care/>



18 months prior to field testing starting, excluding field testing sites increased national 4hr performance by between 0.1 and 0.2 percentage points (Annex 2).

## **Reintroduction of field testing sites and impact on published A&E data**

Following the end of field testing in May 2023, the fourteen field testing sites will return to submitting four hour performance from June 2023.

As the field testing sites were not monitoring four hour performance between May 2019 and May 2023 it is not possible to revise the national performance for this period to include those providers. As a result, from June 2023 the national A&E performance time series will include the fourteen field testing sites up to April 2019, exclude them between May 2019 and May 2023, and then include them again from June 2019.

From the data submitted for June 2023, the impact of the field testing sites is estimated to be -0.7 percentage points on all types four hour performance.

The reintroduction of the field testing sites also impacts comparisons of growth in under and over four hour attendances. Based on the data submitted for June 2023 the field testing sites had a combined total of 168,000 attendances under 4hr and 79,700 attendances over 4hrs.

Adjusted for this, the growth in under 4hr attendances from June 2022 would be reduced by approximately 12 percentage points from 16% to 4%. On the same basis the growth in over 4hr attendances would be reduced by approximately 15 percentage points from 9% to -6%.

Based on the pre and post field testing estimates of the field testing sites impact we conclude the impact on national four hour performance is minimal, but we would still advise users to exercise caution when making comparisons with field testing months.



## Annex 1 – Field Testing Hospital Trusts

The fourteen hospital trusts who undertook the field testing are:

- Cambridge University Hospitals
- Chelsea and Westminster Hospitals
- Frimley Health
- Imperial College Healthcare
- Kettering General Hospital
- Luton and Dunstable University Hospital (merged with Bedford Hospital in April 2020 to become Bedfordshire Hospitals)
- Mid Yorkshire Hospitals
- North Tees and Hartlepool
- Nottingham University Hospitals
- Plymouth Hospitals
- Poole Hospital (merged with Royal Bournemouth and Christchurch in October 2020 to become University Hospitals Dorset)
- Portsmouth Hospitals
- Rotherham
- West Suffolk

## Annex 2 – Impact of excluding field testing sites from national performance

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