



Accident and Emergency in the UK: Statistics Trends and Definitions

Standard Note: SN/SG-06964

Last updated: 8 January 2015

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Section: Social and General Statistics

What statistics are available on Accident & Emergency facilities in the UK, and what do they show? There are several sources providing data on attendance and performance at NHS and independent sector A&E departments. This note provides summarise and visualisations of a wide range of A&E trends, including: levels of attendance over time; attendance by age, time and day of the week; various measures of waiting times; reason for attendance; and unplanned re-attendance. It also explores the extent and limitations of the available data sources.

A&E data for England, Wales, Scotland and Northern Ireland is published in separate statistical bulletins. This document focuses mainly on statistics for England, but also contains summaries of trends for the other UK countries.

Data is presented at a national level with some regional and provider-level summaries. Data for individual local providers or NHS area teams is available for many of the measures discussed here, and can be obtained by contacting the Library or consulting the sources referenced in this document.

More detailed local and national data for the most recent year (2013/14) can be found in **RP14-22**, [Accident and Emergency Attendance and Performance: England 2013/14](#).

First published September 2014.

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1 Summary of Statistics

Attendance

- There were 21.8 million attendances at England's A&E departments in 2013/14. While attendances at major departments have risen only in line with population increases since 2004, attendances at minor departments (e.g. minor injury units) have risen at a faster rate.
- The elderly are most likely to attend A&E, and are most likely to arrive by ambulance. Of working age adults, those aged 20-24 have the highest rate of attendance at A&E.
- A&E departments tend to register more attendances in the summer and fewer in the winter.
- Most A&E attendances occur between 9am and 6pm. Monday and Sunday are the two busiest days in terms of attendance levels.
- Dislocation/joint injury/fracture/amputation is the most common category of first diagnosis for A&E patients, followed by sprain/ligament injury and gastrointestinal conditions.
- Attendance rates at A&E are higher in England and Northern Ireland than in Scotland or Wales. In England, attendances are highest relative to population size in Birmingham, Manchester and London NHS area teams, and lowest in Lancashire and Wessex area teams.

Performance

- There are a variety of measures of waiting times at A&E, including average time to treatment, average time spent in A&E, and percentage of patients spending less than four hours in A&E.
- The number and percentage of patients spending over four hours in A&E has risen in recent years. 2014 has so far seen higher rates of patients spending over four hours in A&E than previous years in England.
- Average time from arrival to treatment has remained stable in recent years.
- Total time spent in A&E has remained stable for non-admitted patients but has risen slightly for admitted patients.
- The number and percentage of patients admitted to hospital via major A&E departments has risen in recent years.
- The percentage of long waiting times for admissions is closely related to overall A&E performance.

2 Introduction: Types of Emergency Care

Emergency care departments are divided into a number of types, corresponding to different levels of care provision.¹

Type 1 departments are defined as those with a consultant led 24-hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients. They are sometimes known as ‘major’ A&E departments, and are the kinds of large facilities that are traditionally associated with A&E. Type 1 departments make up around two-thirds of all A&E attendances in England.

Type 2 departments are consultant led facilities with a single speciality, such as ophthalmology or dentistry. An example of this is Moorfields Eye Hospital in London (whose A&E department accounts for around one-seventh of all type 2 attendances in England). Around 15% of NHS providers recorded in the NHS England statistics operate a type 2 emergency department.

Type 3 departments are other types of A&E/minor injury unit with designated accommodation. They may be doctor-led or nurse-led and treats at least minor injuries/illnesses. They can be routinely accessed without appointment. They exclude services which are mainly or entirely appointment-based (e.g. GP Practice or Out-Patient Clinic). NHS walk-in centres are also excluded. Type 3 departments make up just under a third of all A&E attendances.²



Figure 1: A campaign from Bristol, Somerset & Gloucestershire designed to reduce unnecessary attendance at type 1 A&E departments

When considering A&E statistics it is important to know which types of department are being discussed. A&E data sometimes refers only to Type 1 (major) departments, and such data is not comparable with any data which refers to *all* A&E departments. Two key differences, which will be explored further below, are as follows: first, waiting times at type 1 departments are much higher than at other departments; second, very few patients are admitted to hospital from non-major departments.

3 A&E Data: What is published and when?

3.1 England

NHS England Situation Reports

NHS England publishes ‘[A&E SitReps](#)’³ on a weekly basis, with a publication lag of around one week. This provides provider-level data on the following measures:

¹ <http://www.hscic.gov.uk/catalogue/PUB13040/acce-emer-focu-on-2013-rep-v2.pdf>

² Walk in centres are officially classed as ‘type 4’ departments, but in the main statistical bulletins these departments are included under type 3.

- Number of attendances, broken down by department type
- Number and percentage of patients waiting over four hours from arrival to admission, discharge or transfer, broken down by department type
- Number of emergency admissions by department type
- Number of other emergency admissions not via A&E
- Number of patients waiting over four hours from decision to admit to admission

This data set is based on counts made in local NHS organisations and submitted to the Department of Health in aggregate form. As well as weekly reports, NHS England also publishes a quarterly summary which is understood to be more reliable at the provider level than the weekly data.

Hospital Episode Statistics (HES): A&E Attendances in England

The dataset [Accident and Emergency Attendances in England](#)⁴ is released annually. Data for the 2012/13 year (April 2012 to March 2013) was released in January 2014. Not all measures are published at provider-level. This provides data on a wide range of measures:

- Number of attendances recorded in HES, compared with SitReps
- A&E attendances by attendance category, gender and age group.
- A&E attendances by month, day and time of arrival.
- A&E attendances by referral method and arrival method.
- A&E attendances by reason for attendance.
- First investigation, primary diagnosis and first treatment of patients in A&E.
- Total time spent in A&E, by minute.
- Attendance disposal method.

This data-set is based on patient level data.

Hospital Episode Statistics (HES): Provisional A&E Quality Indicators

The [Provisional A&E Quality Indicators](#)⁵ are generated from the same dataset as the annual publication, but are provisionally released on a monthly basis with a 3-month publication lag. This publication includes provider-level data on the following measures:

- Number of attendances recorded in HES, compared with SitReps.
- Number of patients who left the department without being seen for treatment.
- Re-attendance rate within 7 days.
- Time to initial assessment, ambulance cases only (median, 95th percentile, longest wait)
- Time to treatment (median, 95th percentile, longest wait)
- Total time in A&E, admitted and non-admitted patients (median, 95th percentile, longest wait)

³ <http://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/weekly-ae-sitreps-2014/15/>

⁴ <http://www.hscic.gov.uk/catalogue/PUB13464>

⁵ <http://www.hscic.gov.uk/searchcatalogue?q=%22emergency+quality+indicators%22&topics=0%2fHospital+care&sort=Relevance&size=100&page=1>

- Data quality indicators.

Winter Pressure Daily SitReps

During the winter months, a set of daily⁶ indicators is released which monitor 'winter pressures'⁷ on acute trusts. These include many A&E indicators at a provider level. For 2013/14, the SitReps were published between November 4th and 30th March, with a data lag of around a week. Data is available since winter 2010-11. The following data points are included:

- Number of A&E closures
- Number of A&E divers
- Number of trolley waits over 12 hours
- Number of ambulance handovers delayed over 30 minutes
- Number of beds available
- Number of bed days lost to norovirus
- Number of beds unavailable due to delayed transfers of care
- Number of trusts experiencing serious operational problems

While winter pressures are not discussed in this document, there is commentary in two [House of Commons Library blog posts](#)⁸.

3.2 Scotland

ISD Scotland publishes a quarterly bulletin entitled 'Emergency Department Activity and Waiting Times'⁹, with a two-month data lag. At the time of writing the most recent data concerned the period up to and including June 2014. The following data points are published at a Scotland-wide level and at a local NHS board level:

- Attendance at A&E, numbers and rate per 100,000 population
- Time of arrival
- Percentage of patients spending less than 4 hours in A&E
- Gender and age breakdown of attendees
- Discharge destination

3.3 Wales

Monthly data is [published](#)¹⁰ at the level of individual hospitals and aggregated to Local Health Boards. The following data points are available:

- Number of attendees (major and minor departments)
- Number and percentage spending less than 4/8/12 hours in A&E (major and minor departments)

⁶ Friday, Saturday and Sunday are grouped together in this data, so there are five data points for each week.

⁷ <http://www.england.nhs.uk/statistics/statistical-work-areas/winter-daily-sitreps/winter-pressure-daily-sitrep-2013/14-data-2/>

⁸ <http://commonslibraryblog.com/2014/01/06/ae-winter-pressure/> and <http://commonslibraryblog.com/2014/05/21/ae-a-tale-of-two-winters/>

⁹ <http://www.isdscotland.org/Health-Topics/Emergency-Care/Publications/>

¹⁰ <http://www.infoandstats.wales.nhs.uk/page.cfm?orgid=869&pid=62956>

3.4 Northern Ireland

Northern Ireland publishes both monthly Emergency Care statistics and an annual publication, both found on the [Department of Health, Social Services and Public Safety](#)¹¹ website. The monthly publication contains the following information broken down by individual emergency departments:

- Total new and unplanned review attendances
- Number spending under 4 hours/4-12 hours/over 12 hours in A&E

The annual statistics include the following additional data points:

- Number of unplanned review attendances
- Ambulance performance statistics¹²

4 A&E Attendance: Who, When, Why, How Many?

The following sections focus on the data from England. Sections 8-10 cover data on A&E services in Scotland, Wales and Northern Ireland.

4.1 Levels of Attendance

In 2013/14, 21.8 million attendances were registered at England's A&E departments. 14.2 million of these (65%) were at type 1 (major) departments. A&E attendances in England represented almost 87% of all emergency attendances in the UK. The first 39 weeks of 2014/15 have seen a 3.7% increase in attendance at A&E departments in England, which is much larger than in previous years. This amounts to an extra 2,200 people attending A&E every day.

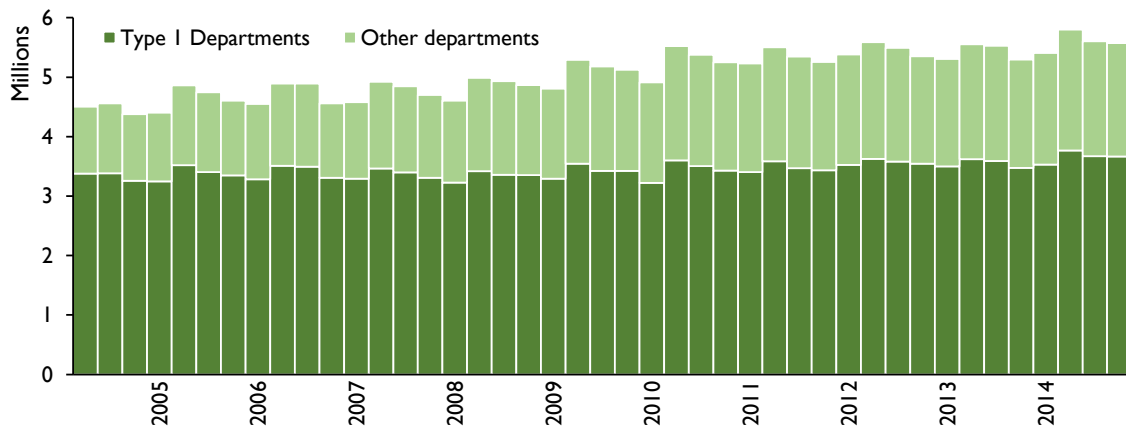
Chart 1 shows quarterly attendance data since 2004/05. Most of the rise in total attendance visible in **Chart 1** is due to type 3 departments such as minor injury units and urgent care centres. Attendance at these departments was 75% higher in 2013/14 than in 2004-05. However, some of this increase is due to better recording and changes in classification of existing services rather than new attendance.¹³

¹¹ http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats/emergency_care-3/emergency-care-stats.htm

¹² This is elsewhere in England/Wales statistics

¹³ Ibid.

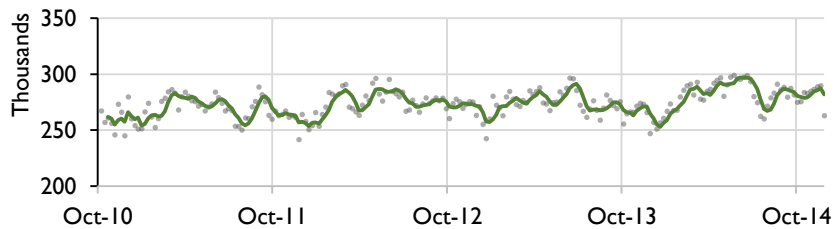
Chart 1: Trends in A&E attendance since 2004
(Quarterly data, NHS England SitReps)



Attendance at type 1 (major) departments rose only very slightly between 2010/11 and 2013/14, as **Chart 2 shows**. However, there are signs that growth is speeding up. In Q1 2014/15 (April-June 2014), the highest single quarter of type 1 attendance on record was observed, with total attendance 3.7% above the equivalent period in 2013/14. Q2 attendances were 2.3% higher than in 2013/14, and Q3 attendances were 5.4% higher.

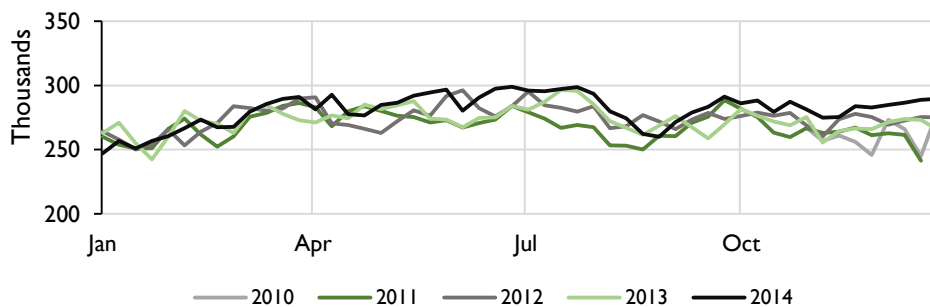
Chart 2: Trends in Type 1 A&E attendance since 2010

(Type 1 departments only; weekly data with 4-week moving average, NHS England Weekly SitReps)



The excerpt in **Chart 3** repeats the data from above a different format, overlaying attendance throughout each year. This reveals some patterns in attendance across the year which will be explored in further detail in section 3.3 (for instance, an annual dip in August). Note the attenuated axis on this chart; values are displayed only from 200,000 to 300,000 in order to make the years clearly distinguishable.

Chart 3: Type 1 A&E attendance since 2010: comparison of years
(Weekly data, NHS England Weekly SitReps)



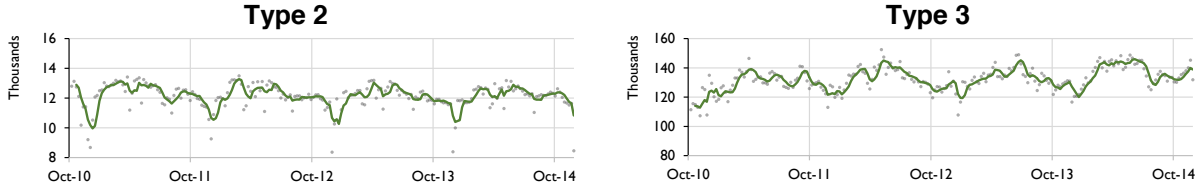
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Attendances at type 2 (single-speciality) departments have remained static since 2010/11, as **Chart 4a** shows. Levels of type 2 attendance have fallen slightly, however, from a high in 2008-09, before the advent of weekly data. The Christmas drop-off in attendance at type 2 departments is of greater proportion than in other types of A&E.

Type 3 attendance since 2010 is displayed in **Chart 4b**. The general trend of rising attendance discussed above is visible, although it is notable that the peak in type 3 attendances was registered in the spring of 2012.

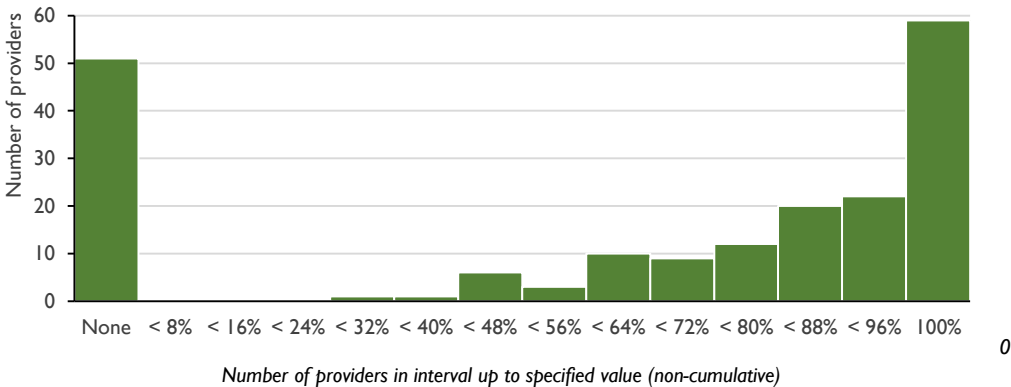
Note the difference in scale between these two charts: there are around ten times as many type 3 attendances as type 2 attendances, and the axis points for Chart 4b chart are ten times the magnitude of Chart 4a.

Charts 4a and 4b: Trends in Type 2 and Type 3 A&E attendance since 2010
(Weekly data with 4-week moving average, NHS England Weekly SitReps)



In England, providers vary in their provision of emergency care. Some (e.g. community health trusts) provide only minor emergency services such as walk-in centres. Some (e.g. many acute health trusts) provide only major A&E units. However, a significant minority of providers offer a range of service levels – i.e. a major A&E unit plus some other minor A&E service such as a minor injury unit. **Chart 5** shows a histogram of providers according to the percentage of their attendance recorded at type 1 departments. This shows the breakdown of services offered by providers.

Chart 5: Histogram of A&E providers by composition of service offering:
Percentage of all attendance recorded at Type 1 Departments, NHS England Weekly SitReps

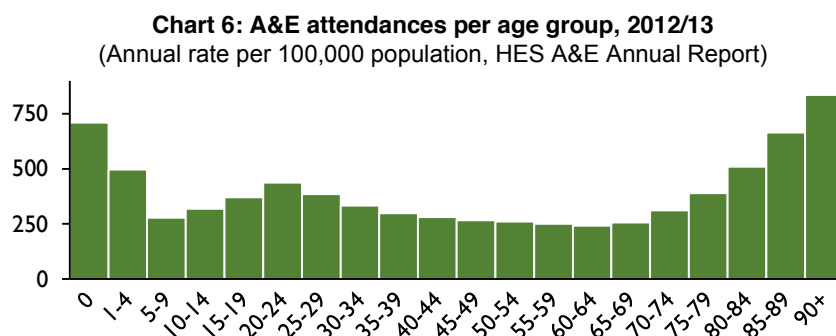


One quarter of providers offer only type 2 or type 3 emergency care services. 30% of providers operate only Type 1 A&E departments. The remainder of providers offer a mixture of Type 1 and other services, with almost all of these serving a majority of their patients in Type 1 departments. Only ten providers with a Type 1 department serve less than half of their patients in that department.

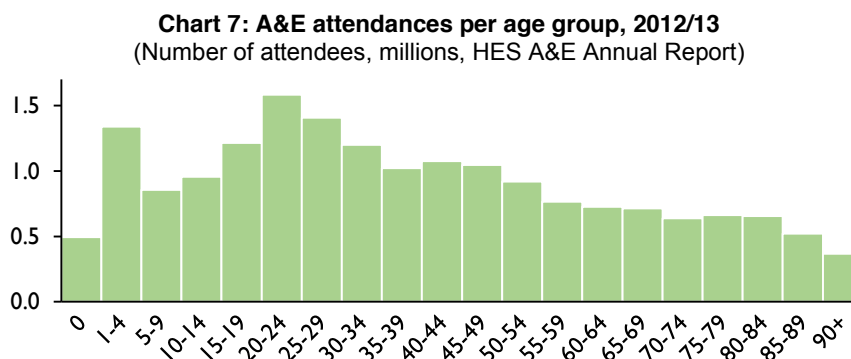
It is important to keep this distribution in mind while considering A&E performance figures. Figures for type 1 departments only are often given separately to figures for all departments, for reasons that will be discussed below. But for some providers there is no distinction between type 1 provision and all A&E provision, and their performance for ‘type 1 only’ and ‘all departments’ will be identical. On the other hand, a quarter of A&E providers will not appear at all in ‘type 1 only’ statistics.

4.2 Who attends A&E?

There is no significant gender divergence in A&E attendance. For different age groups, however, there are clear trends, as **Chart 6** shows.



Of adults aged 15-64, the highest rate of A&E attendance is found among 20-24 year olds. The rate declines amongst every age group until those aged 65-69. As **Chart 7** shows, however, the sharp rise in attendance rates among those older than 65 does not reflect a higher *number* of attendances among members of this age, but rather reflects the fact that the size of the population for these older age groups is smaller, and so a greater proportion of those age groups are presenting at A&E.

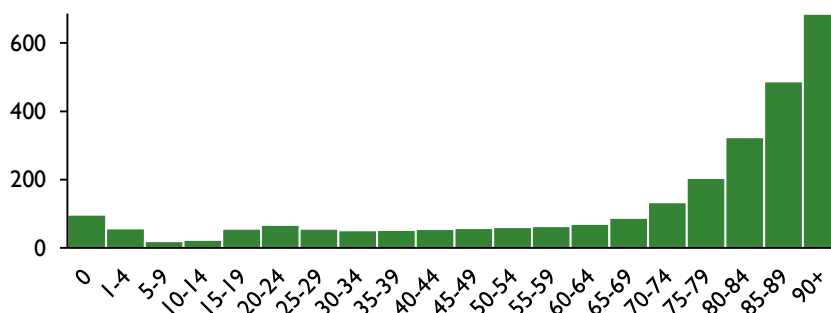


The picture changes somewhat when we consider only those patients who arrive by ambulance. Rates among those of working age are significantly lower than their base attendance rates, while rates of arrival by ambulance among older people are broadly similar to attendance rates for those age groups more generally. Nevertheless, 20-24 year olds still have higher rates of attendance by ambulance than other working-age adults on this measure.

Research by [QualityWatch](http://www.qualitywatch.org.uk/focus-on/ae-attendances) suggests attendances for those aged 85+ have risen 20% more than would be predicted by population growth alone, and that older people tend to spend longer in A&E.¹⁴

¹⁴ <http://www.qualitywatch.org.uk/focus-on/ae-attendances>

Chart 8: Ambulance arrivals at A&E by age group, 2012/13
(Rates per 100,000 population, HES A&E Annual Report)

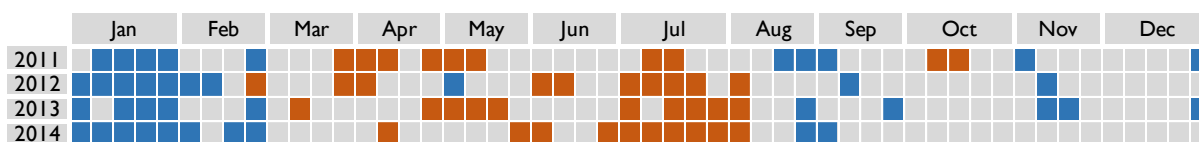


4.3 When do people attend A&E?

Figure 1 shows the busiest and quietest weeks for each full calendar year since weekly publication of A&E data began. This reinforces the patterns seen in Chart 3. January is usually especially quiet, while the period from late spring to mid-summer is usually amongst the busiest.

Figure 1: Busiest and quietest weeks in A&E for each year

(Orange = top ten busiest weeks in each year, blue = top ten quietest weeks in each year), NHS England Weekly SitReps



Monday is the busiest day in A&E, with levels of attendance almost 10% above the daily average and 8% above the second-busiest day, Sunday. **Figure 2** illustrates attendance rates throughout the week, indicating that Monday morning and Sunday morning are notably busy times at A&E, while the early hours of Saturday and Sunday are – whilst much quieter than any day time hours – busier than any other night-time. The overall quietest time is in the early hours of Wednesday morning. It is important to emphasise that “busier” and “quieter” here refer only to the number of attendees. Whether a department is perceived as “busy” at any given time will also depend on other factors such as staffing levels. It is also worth emphasising that these figures represent the pattern throughout the year and that there will be significant divergence between particular days and weeks.

Figure 2: Heatmap of total A&E attendance by day and time, 2012/13

(Darker shading indicates higher attendance), HES A&E Annual Report

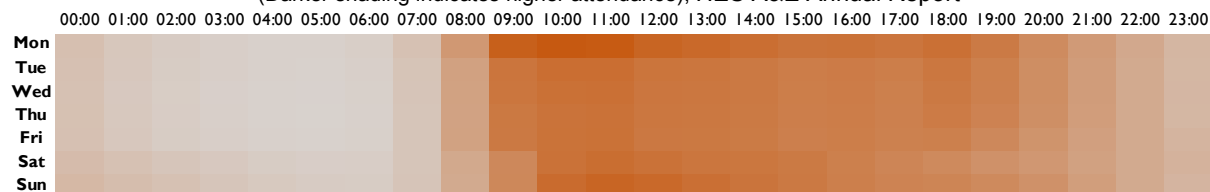


Figure 3: Highest and lowest quintiles of hours by total A&E attendance levels

(Orange = highest quintile; blue = lowest quintile), HES A&E Annual Report

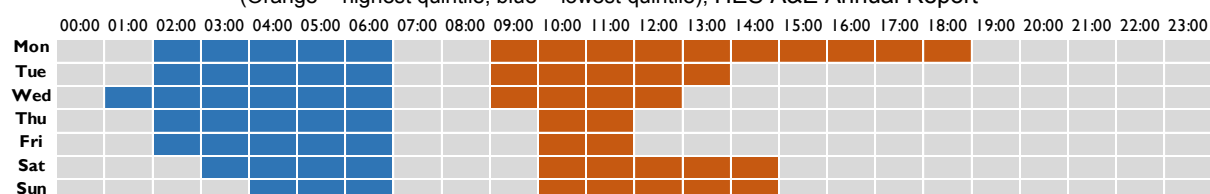
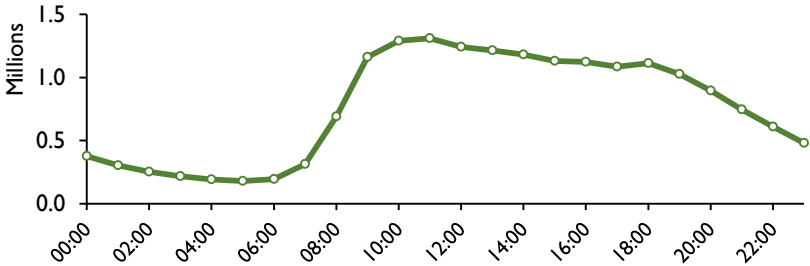


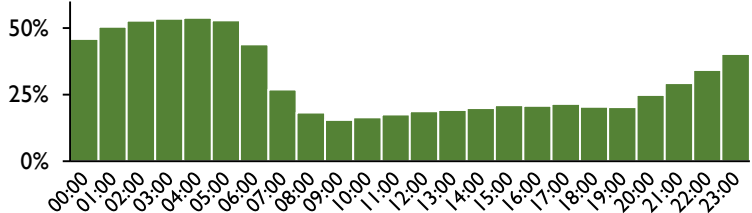
Chart 9 shows A&E attendances by time for all days of the week combined. 9% of A&E attendances are between the hours of midnight and 7am, while 59% are between the hours of 9am and 6pm. Note that this partially reflects the fact that non-major A&E facilities are typically not open 24 hours a day.

Chart 9: A&E attendance by time of day, 2012/13
HES A&E Annual Report



Between 1am and 6am, over 50% of A&E arrivals are by ambulance, as **Chart 10** shows. During the working day this falls to below 20% of all arrivals. Despite this, raw numbers (rather than numbers as a percentage of all attendances) show that the peak in ambulance arrivals is at 3pm with the low at 7am.

Chart 10: A&E arrivals by ambulance as a percentage of all attendances, by time of day 2012/13, HES A&E Annual Report



The attendance pattern at A&E is, as one would expect, not the same for all types of patients. Below are the two heatmaps of attendance (**Figures 4 and 5**) for attendances related to **road accidents**. This pattern differs from overall attendance in that the busiest periods are Monday-Friday evenings, presumably corresponding with rush hour.

Figure 4: Heatmap of A&E attendance after road accidents, 2012/13
(Darker shading indicates higher attendance, HES A&E Annual Report)

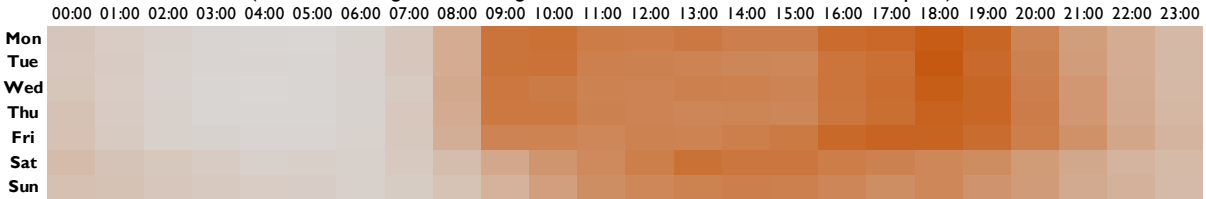
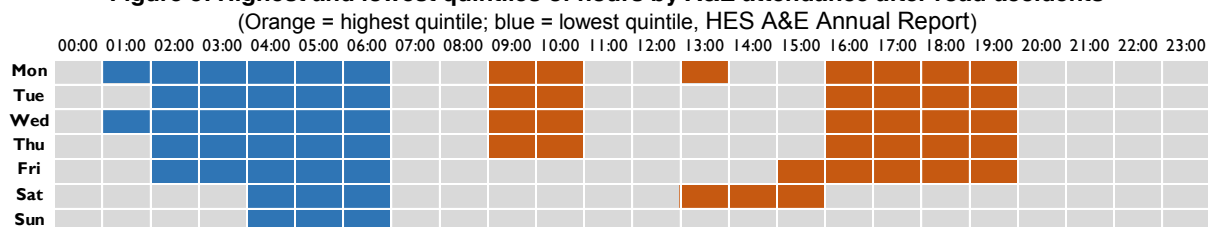


Figure 5: Highest and lowest quintiles of hours by A&E attendance after road accidents



The pattern for attendances related to assault (**Figures 6 and 7**) is very different, with the busiest periods being the early hours of Saturday and Sunday morning. Somewhat more surprising is that almost all of the hours of Sunday are in the highest quintile of the week for assault-related attendances.

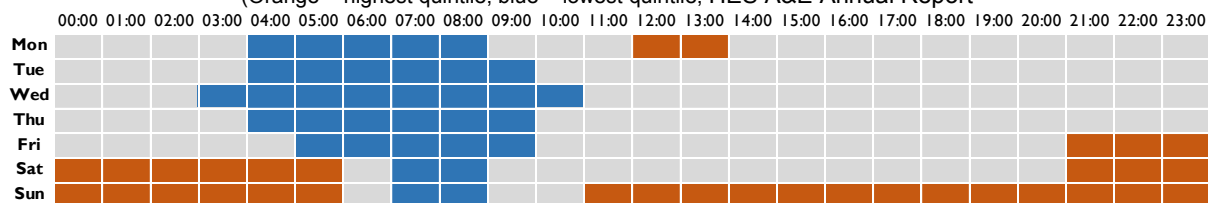
Figure 6: Heatmap of A&E attendance after assault, 2012/13

(Darker shading indicates higher attendance, HES A&E Annual Report)



Figure 7: Highest and lowest quintiles of hours by A&E attendance after assault

(Orange = highest quintile; blue = lowest quintile, HES A&E Annual Report)



4.4 Why do people attend A&E?

The Hospital Episode Statistics data contains some information on A&E attendances by 'patient group'. This shows that 1.3% of attendances were for a road traffic accident, 21% for an 'other accident' 1.8% for sports injury, 0.9% after assault and 0.6% after deliberate self-harm. Over two-thirds of attendances were recorded as 'other', i.e. not given a specific category.

Further details are given in the data on the primary diagnosis which patients receive in emergency departments, as summarised in **Table A**. This gives some insight into the kinds of conditions for which people attend A&E. Dislocations and fractures are common, as are lacerations, gastrointestinal conditions and respiratory conditions. Note that a first diagnosis was recorded for only 63% of attendances in HES. If we also exclude those cases where the diagnosis was recorded as not classifiable, this falls to 49%.

Table A: Most common first recorded diagnoses at A&E, 2012/13
(Number to nearest thousand; percentage of total, HES A&E Annual Report)

Diagnosis not classifiable	2,539,000	13.8%	Ophthalmological conditions	350,000	1.9%
Dislocation/fracture/joint injury/amputation	812,000	4.4%	Nothing abnormal detected	329,000	1.8%
Sprain/ligament injury	686,000	3.7%	Urological conditions (inc. cystitis)	298,000	1.6%
Gastrointestinal conditions	679,000	3.7%	Ear, nose or throat conditions	285,000	1.6%
Laceration	675,000	3.7%	Local infection	278,000	1.5%
Soft tissue inflammation	646,000	3.5%	Muscle/tendon injury	246,000	1.3%
Respiratory conditions	579,000	3.2%	Central nervous system conditions (exc. stroke)	230,000	1.3%
Contusion/abrasion	477,000	2.6%	Poisoning (inc. overdose)	154,000	0.8%
Head injury	423,000	2.3%	Infectious disease	141,000	0.8%
Cardiac conditions	413,000	2.3%	Gynaecological conditions	141,000	0.8%

Table B summarises the most common recorded first treatments of those attending A&E. Of all valid records, around 37% of A&E attendance resulted in only guidance or advice, and a further 14% resulted in no treatment – meaning that over half of recorded patients received either no treatment or only guidance/advice.

Table B: Most common first recorded treatment at A&E, 2012/13
(numbers to nearest thousand; percent of total, HES A&E Annual Report)

Guidance/advice only	6,296,000	34.4%	Splint	214,000	1.2%
None (consider guidance/advice option)	2,335,000	12.7%	Plaster of Paris	195,000	1.1%
Recording vital signs	1,441,000	7.9%	Wound closure (exc sutures)	183,000	1.0%
Observation/electrocardiogram, pulse oximetry/t	1,314,000	7.2%	Bandage/support	166,000	0.9%
Medication administered	1,242,000	6.8%	Infusion fluids	154,000	0.8%
Intravenous cannula	750,000	4.1%	Wound cleaning	145,000	0.8%
Prescription/medicines prepared to take away	654,000	3.6%	Sling/collar cuff/broad arm sling	102,000	0.6%
Other parenteral drugs	455,000	2.5%	Sutures	92,000	0.5%
Other (consider alternatives)	415,000	2.3%	Nebulise/spacer	86,000	0.5%
Dressing	404,000	2.2%	Loan of walking aid (crutches)	70,000	0.4%

The recent [QualityWatch](#) report on A&E found little evidence that the complexity of cases in A&E has increased. The proportion of people with one or more long-term conditions attending A&E has not changed notably.

4.5 Where do people attend A&E?

A&E attendance rates vary across England. **Chart 11** (below) shows which NHS areas teams have the highest rates of overall attendance relative to population size. It also shows a breakdown between attendance at major and minor A&E departments, which also varies markedly between regions. In Leicestershire & Lincolnshire, almost half of attendance is at minor A&E departments, whereas in West Yorkshire just under 90% of attendance is at major departments. This most likely reflects differential provision of service levels in different area teams.

Given that the bulk of A&E attendances occur during standard working hours, we might expect that the rates in Chart 11 partly reflect the fact that areas like Birmingham, London and Manchester have very high workday populations. However, adjusting the values in this chart for workday population (as given in the census) rather than resident population has only a small impact. The overall ranking changes very little, with the highest nine area teams and the lowest four area teams remaining in the same order. However, the gap between the areas with the highest population-relative attendance and those with the lowest narrows slightly when we consider rates relative to workday population rather than resident population.

Chart 11: A&E attendance by NHS area team, 2013/14¹⁵
 Rates per 1,000 resident population (NHS England Weekly Sitreps; ONS population data)

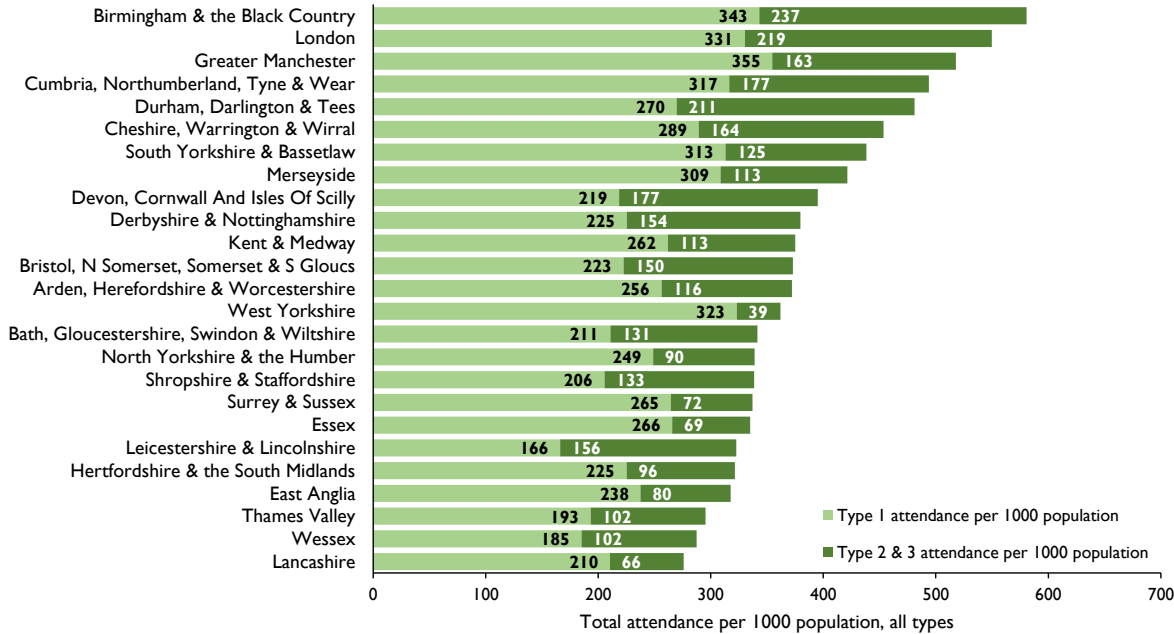
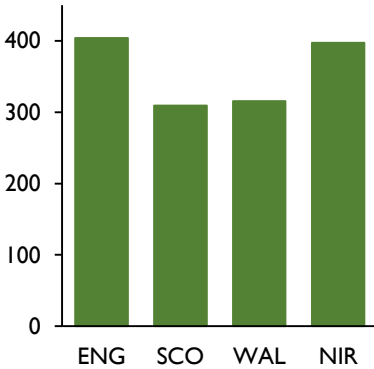


Chart 12: A&E attendance by UK country, 2012/13
 Rates per 100,000 population



Looking at variation between UK countries, A&E attendance is higher in England and Northern Ireland than in Scotland and Wales when considered relative to population size (as **Chart 12** shows). However, when we consider attendances at major departments only, Northern Ireland has the highest rate of attendance and English attendance rates are just 5% above Welsh rates (compared with 28% for all attendances).

¹⁵ This chart is reproduced from [A&E Performance: England 2013/14](#) (Commons Library Research Paper RP14-22).

4.6 Arrivals by ambulance

In 2013, 24.7% of the A&E attendances recorded in HES were arrivals by ambulance. The distribution varies somewhat between providers, which is to be expected given the vast difference in services offered between (for instance) type 1 and type 3 departments. In 2013/14, 26 providers had more than a third of their A&E arrivals by ambulance. The highest providers by percentage are shown in **Table C**. 33 providers had either no arrivals by ambulance or less than 1% of their total attendance.

Table C: Percentage of arrivals by ambulance, highest providers
HES Provisional A&E Quality Indicators

Blackpool Teaching Hospitals NHS Foundation Trust	44.7%
West Middlesex University Hospital NHS Trust	41.2%
University Hospital Of North Staffordshire NHS Trust	39.1%
Royal United Hospital Bath NHS Trust	39.0%
Royal Cornwall Hospitals NHS Trust	38.7%
Surrey And Sussex Healthcare NHS Trust	37.7%
Croydon Health Services NHS Trust	36.8%
Medway NHS Foundation Trust	36.7%
Luton And Dunstable University Hospital NHS Foundation Trust	36.5%
United Lincolnshire Hospitals NHS Trust	36.2%
The Queen Elizabeth Hospital, King's Lynn NHS Foundation Trust	36.1%
Kettering General Hospital NHS Foundation Trust	35.9%
Leeds Teaching Hospitals NHS Trust	35.4%

5 How long do patients spend in A&E?

This part of the document will describe the various data available for measuring waiting times in A&E departments: different measures, how they relate to each other, and the limitations of each measure for estimating waiting times.

5.1 Measures of A&E Waiting Times

The Four-Hour Measure

The most familiar measure of A&E performance is the 'four-hour measure', i.e. the percentage of patients who spend less than four hours between their arrival at A&E and either their discharge, their admission to hospital, or their transfer to another institution. This is the only data point on waiting times published in the Weekly SitReps.¹⁶

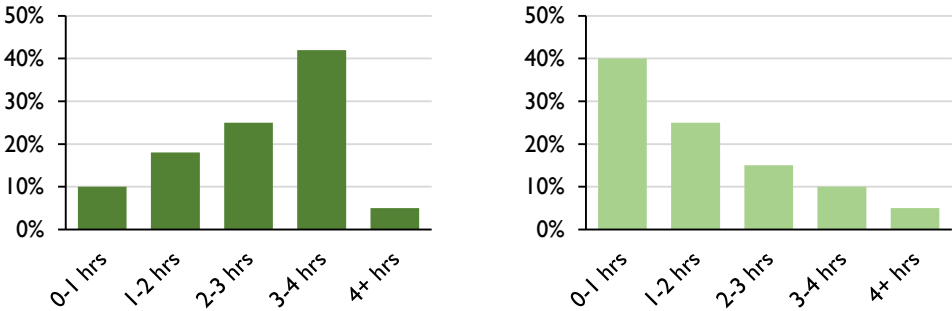
The NHS in England has a target that 95% of patients at A&E departments should be discharged, admitted or transferred within four hours of their arrival. This is measured on a quarterly basis against all A&E departments.

One weakness of this statistic is that it is not sensitive to all changes and differences in waiting times. Simply knowing what percentage of patients spend less than four hours in

¹⁶ There is also a measure on those waiting over four hours between decision to admit and admission – this will be covered in the section on admissions, below.

A&E does not conclusively tell us anything about waiting times. Two A&E departments who both met the four-hour target of 95% could nevertheless have very different waiting times, as **Charts 13a and 13b** show. Both of the (imaginary) providers in this chart have 5% of patients waiting over four hours. But waiting times at the second provider are clearly lower, since 40% of patients spend less than one hour in A&E, whereas for the first provider only 10% of patients spend less than one hour in A&E. The upshot is that while the four-hour measure is a useful measure of pressures on A&E departments, it does not tell us the whole story about waiting times.

Charts 13a and 13b: Illustration of two different waiting times profiles could show identical performance on the four-hour measure



Similarly, while this target measures the entire period a patient spends in A&E, it may not be thought of as an appropriate measure of A&E *waiting* times, since one may not think that time spent being treated in A&E should be classed as part of the time waiting.

The remaining waiting times measures detailed below are all found in the Hospital Episode Statistics (HES) publications.

Time to Initial Assessment

This indicator measures the time from arrival in A&E to the start of full initial assessment. The routinely published data covers only those patients who arrive by emergency ambulance. The following measures are published:

- Median
- 95th percentile
- Longest wait

The target for this measure is that 95% of patients who arrive by emergency ambulance should receive their initial assessment within 15 minutes of arrival. This indicator is aimed at reducing the clinical risk associated with the time that a patient spends unassessed in the A&E department.

There are data quality issues with this measure since it can be difficult for staff to enter the time of initial assessment for patients in real-time. The published data also contains data quality indicators such as the percentage of attendances with an unknown duration to assessment.

This indicator cannot tell us a full story about waiting times since it only makes up a small proportion of the time that patients typically spend in A&E. Moreover, it may not account for

the entirety of a patient's time waiting in A&E: after initial assessment, a patient will typically have to wait for treatment.

Time to Treatment

This indicator measures the time from arrival in A&E to the start of a definitive treatment from a decision-making clinician. The following measures are published:

- Median
- 95th percentile
- Longest wait

The target for this measure is that the median wait for treatment should be below 60 minutes.

This measure offers a fuller picture of A&E waiting times than time to initial assessment. However, it does not reflect any divergences in the time spent being treated, which may also be relevant to assessing A&E performance in some cases.

Total Time in A&E

This indicator measures the time from arrival in A&E to departure, whether through admission, transfer or discharge. The following measures are published:

- Median (Admitted patients)
- 95th percentile (Admitted patients)
- Longest wait (Admitted patients)
- Median (Non-Admitted patients)
- 95th percentile (Non-Admitted patients)
- Longest wait (Non-Admitted patients)
- Median (All patients)
- 95th percentile (All patients)
- Longest wait (All patients)

The target for this measure is that 95% of patients should spend less than four hours in A&E. This corresponds to the target on the four-hour measure discussed above.

Like the four-hour target, this data measures the entire period a patient spends in A&E. As such, one may not be thought of as an appropriate measure of A&E *waiting* times, since one may not think that time spent being treated in A&E should be classed as part of the time waiting.

A Balanced View

While each indicator tells us a part of the story regarding A&E waiting times, we should be cautious about isolating any particular measure as the sole representative of A&E performance. Rather, any judgement about the performance of A&E departments should be made on the basis of careful consideration and triangulation of all indicators while keeping the limitations of each measure in mind.

5.2 The Four-Hour Wait: Trends

While the four-hour and its associated target concern all A&E departments, almost all waits over four hours are in major (type 1) departments – over 98% in the most recent quarter. This is not surprising given that type 3 departments, especially, deal with minor injuries which should take less time to treat.

Chart 14 shows quarterly data since 2004 on the number of patients waiting over four hours in major A&E departments. This is not adjusted for changes in attendance, but shows that the raw number of patients spending over four hours in A&E departments was 38% higher in 2013/14 than in 2004-05, and almost three times higher in 2013/14 than 2005-06. In the most recent quarter, over 400,000 people spent more than 4 hours in type 1 A&E departments.

Chart 14: Number of patients spending over four hours in type 1 A&E departments
(Quarterly Data, NHS England SitReps)

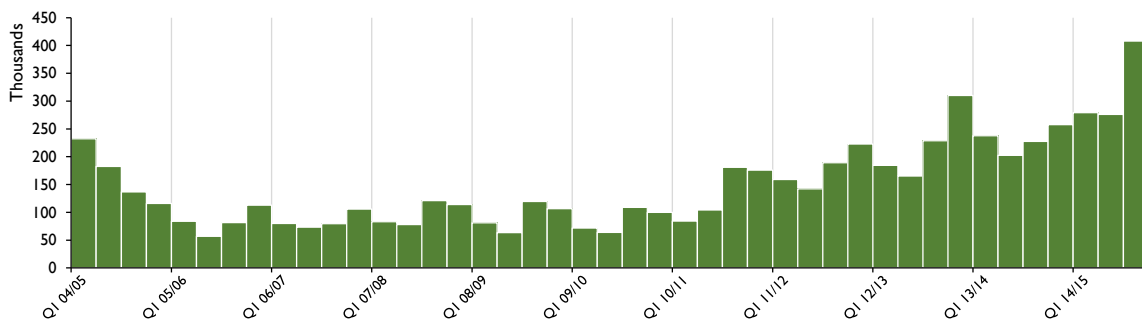
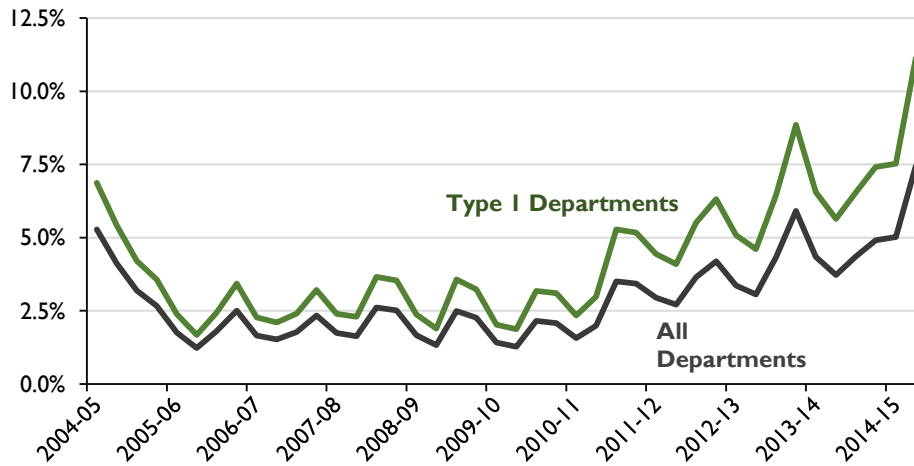


Chart 15 (below) shows these changes relative to changes in attendance – that is, it shows the percentage of patients waiting for over four hours at A&E since 2004. Both the figure for all departments and for type 1 departments are charted. Rates underwent only small changes between 2005 and 2010 save for seasonal variation. Since 2010 there has been a gradual rise in waiting times on the four-hour measure, both for type 1 departments and for all departments. The official target – 95% of patients waiting less than four hours at all A&E departments, measured quarterly – has been breached three times, including in the two most recent quarters. There is no official target which applies just to type 1 departments, but it is interesting to note that the percentage of patients at type 1 departments spending over four hours in A&E appears to have entrenched at over 5%.

Chart 15: Percentage of patients spending over four hours in A&E departments
(Quarterly Data, NHS England SitReps)



Weekly data, available since 2010, tells a more detailed story of the four-hour measure. **Chart 16** shows performance on the four-hour measure for type 2 and type 3 departments. Both A&E types are well within the target, and rates for type 2 (single speciality) departments are more volatile, possibly because of the smaller numbers involved. The percentage of patients at type 3 departments spending over four hours in A&E appears to be rising slightly – although it is still a very small percentage, and it is too early to tell whether this rise will be sustained. Note also that the sharp increase in long waits in recent months has affected type 3 departments as well as type 1 departments.

Chart 16: Percentage of patients waiting over four hours at Type 2 and 3 A&E departments
(Weekly data with four-week moving average, NHS England SitReps)

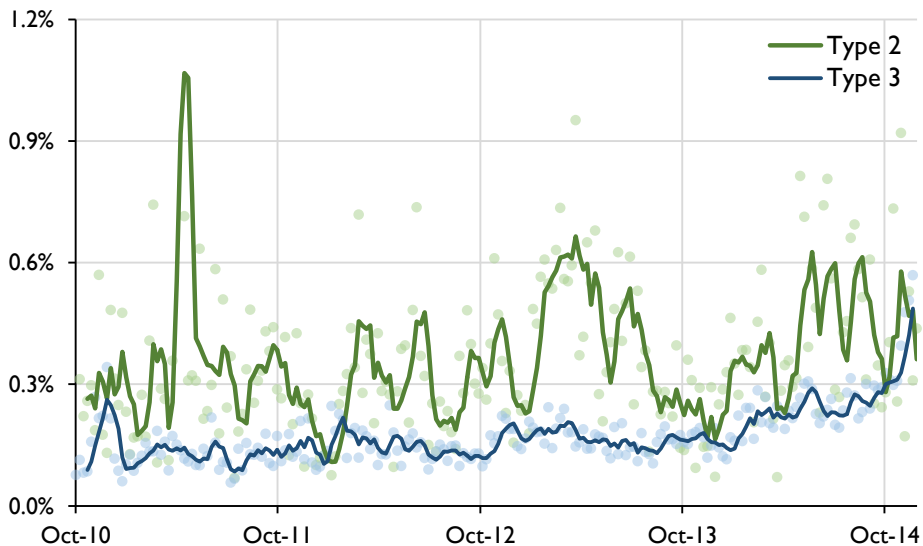


Chart 17 shows the same data for major (type 1) A&E departments. There is a clear seasonal effect, with most winters seeing a rise in the percentage of patients waiting over four hours despite (typically) a fall in overall attendance. The few weeks of calendar year 2014 saw the worst sustained performance on this measure since the advent of weekly reporting. The moving average has remained some way above 5% since mid-2013, and no individual week has been below 5% for eighteen months.

Chart 17: Percentage of patients spending over four hours in A&E, type 1 departments
(Weekly data with four-week moving average, NHS England SitReps)

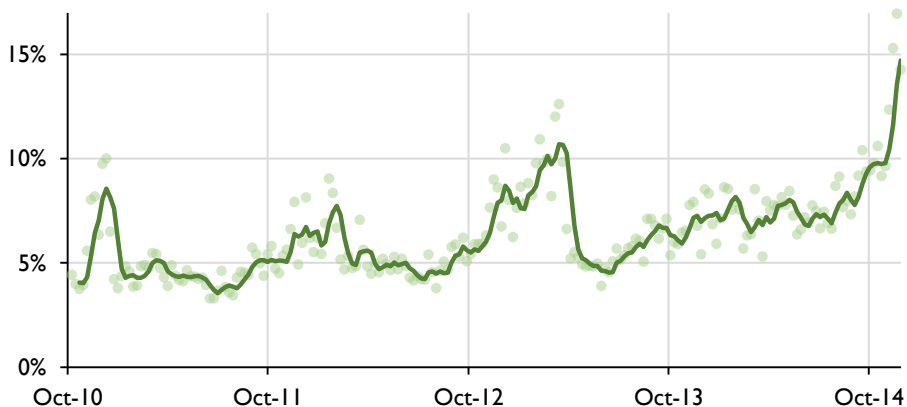
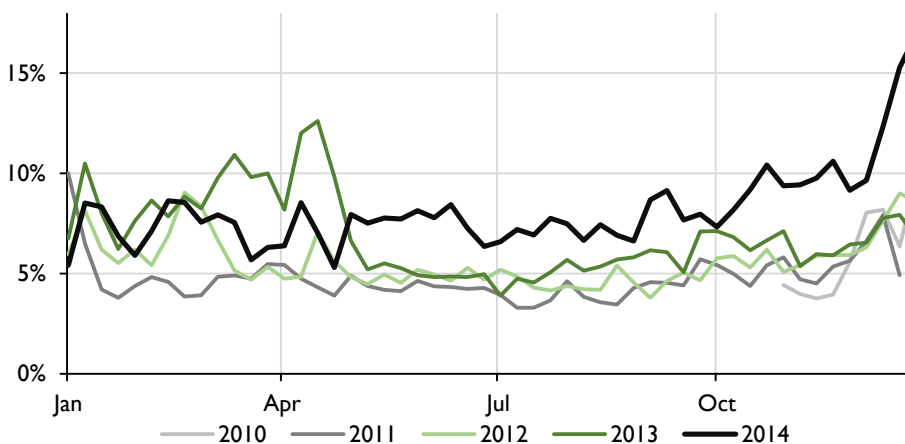


Chart 18 allows us to see more easily how different years compare with one another, with each line representing a year. The percentage of patients spending over 4 hours in A&E in 2013 was higher than all preceding years in a majority of weeks, and 2014 saw better performance between January and May. However, this chart allows us to see how the fall in long waits in summer 2013 has not been matched in 2014, and how the relatively high rates from May 2014 onwards diverge markedly from the trend established in previous years.

Chart 18: Percentage of patients spending over four hours in A&E, type 1 departments: comparison of years (weekly data, NHS England SitReps)



Provider-Level Data

In the quarter ending September 2014, 127 providers met the 95% target for all A&E departments, including 67 who recorded less than one-thousandth (0.1%) of all patients waiting for over four hours). These 67 providers are all composed entirely of minor A&E services. 122 providers did not meet the 95% target, including 41 whose performance was below 90%. The ten providers with the lowest performance on this standard in the most recent quarter were are shown in **Table D**.

Table D: Providers with the highest % of patients waiting over four hours in A&E
All departments (types 1, 2 and 3), October-December 2014

Cambridge University Hospitals NHS Foundation Trust	24.8%
Medway NHS Foundation Trust	21.0%
Hull And East Yorkshire Hospitals NHS Trust	20.9%
Barking, Havering And Redbridge University Hospitals NHS Trust	19.5%
University Hospitals Of North Midlands NHS Trust	19.4%
Portsmouth Hospitals NHS Trust	18.3%
North Bristol NHS Trust	17.3%
Colchester Hospital University NHS Foundation Trust	16.6%
Brighton And Sussex University Hospitals NHS Trust	16.6%
Peterborough And Stamford Hospitals NHS Foundation Trust	16.3%

Tables E1 and E2 consider the four-hour wait for type 1 departments only. There is no official target referring only to type 1 departments, but it is still meaningful and useful to single out these departments for a number of reasons. Most notably, some acute providers operate only type 1 A&E facilities and no type 2 or 3 facilities. As such we can only compare the performance of these trusts when we focus on one key type of attendance, since differences in performance might otherwise be explained by differences in service composition.

Tables E1 and E2: Providers with lowest and highest % of patients spending over four hours in A&E (Type 1 departments only; October-December 2014, NHS England SitReps)

<i>E1 Lowest</i>		<i>E2 Highest</i>	
Luton And Dunstable University Hospital NHS Foundation Trust	2.2%	London North West Healthcare NHS Trust	31.2%
Sheffield Children's NHS Foundation Trust	2.9%	University Hospitals Of North Midlands NHS Trust	29.5%
Dorset County Hospital NHS Foundation Trust	3.6%	Cambridge University Hospitals NHS Foundation Trust	24.8%
Bedford Hospital NHS Trust	4.2%	Portsmouth Hospitals NHS Trust	23.9%
Royal Devon And Exeter NHS Foundation Trust	4.2%	Barking, Havering And Redbridge University Hospitals NHS Trust	23.2%
Ipswich Hospital NHS Trust	4.3%	Hull And East Yorkshire Hospitals NHS Trust	23.0%
Chelsea And Westminster Hospital NHS Foundation Trust	4.4%	Medway NHS Foundation Trust	21.0%
Royal Surrey County Hospital NHS Foundation Trust	4.4%	The Hillingdon Hospitals NHS Foundation Trust	20.0%
James Paget University Hospitals NHS Foundation Trust	4.5%	University Hospitals Of Leicester NHS Trust	20.0%
Homerton University Hospital NHS Foundation Trust	4.6%	Imperial College Healthcare NHS Trust	19.5%

13 providers – of 142 offering type 1 services – registered under 5% of patients waiting for four hours in the quarter ending June 2014. Of the 129 providers with more than 5% of patients waiting four hours or more, 71 registered more than 10% of patients being admitted, discharged or transferred in under four hours. At eight providers, the figure was over 20%

Comparing 2012/13 and 2013/14

In 2012/13, 82 of 140 providers¹⁷ had more than 5% of patients waiting four hours in major departments. In 2013/14, 91 of these providers exceeded 5%. However, 60 providers – 43% – improved their performance between 2012/13 and 2013/14. Four providers saw their

¹⁷ This counts only those providers with a full year of data for both 2012/13 and 2013/14.

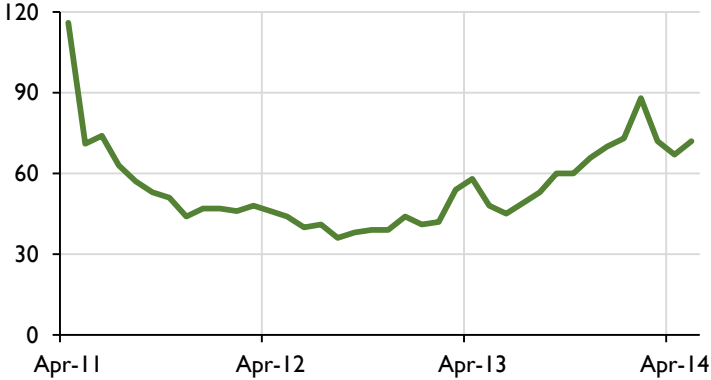
performance on the four-hour measure decline by more than four percentage points¹⁸, while Milton Keynes Hospital NHS Foundation Trust and Burton Hospitals NHS Foundation Trust improved their performance on this measure by over four percentage points.

A full list of type 1 providers and their performance in 2012/13 and 2013/14 is included in the appendix to this document. Longer-term data for each provider can be obtained by contacting the Library.

5.3 Time to Initial Assessment

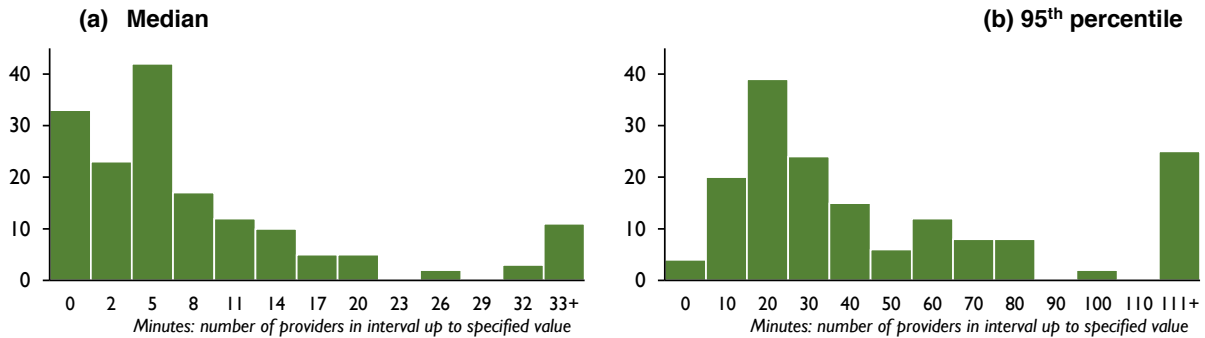
This measure is routinely published only for patients arriving at A&E by ambulance. The median time to initial assessment for ambulance cases is 3-4 minutes in England as a whole, and has remained at this level for the duration of the published data. The 95th percentile – the value at which 95% of all patients waited less time and 5% waited longer – was 72 minutes in the latest data, implying that 5% of all arrivals by ambulance wait 72 minutes or longer for their initial assessment. The 95th percentile has risen over the last year of data – see **Chart 19** – however, as is explained below, as a result of data quality issues we should be sceptical about drawing conclusions from this apparent trend.

Chart 19: Time to Initial Assessment in A&E, 95th percentile (ambulance arrivals only)
(Provisional HES A&E Quality Indicators)



¹⁸ Medway NHS Foundation Trust, University Hospitals of Leicester NHS Trust, Barnet and Chase Farm Hospitals NHS Trust, and King’s College Hospital NHS Foundation Trust.

Charts 20a and 20b: Histogram of providers by median and 95th percentile of Time to Initial Assessment (Ambulance Cases Only), April 2014
Provisional HES A&E Quality Indicators



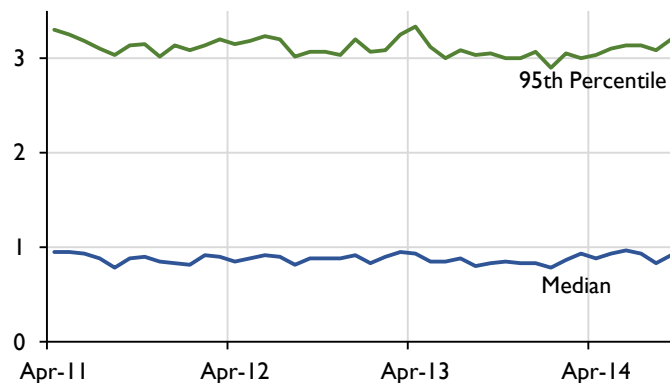
There is some variation between institutions on the 95th percentile measure. At one quarter of providers, the 95th percentile was 14 minutes or fewer. At the other end of the scale, one quarter of patients had a 95th percentile time to initial assessment of 64 minutes or more.

There are some data quality concerns with the time to initial assessment indicator, especially at the 95th percentile level. Around 5% of patients had an unknown time to initial assessment, and for 24 individual providers this was above 10% in April 2014. Additionally, 2%-3% of patients are recorded with an initial assessment time of exactly midnight, which is suspected to be an artefact of approximate rather than precise data entry. The percentage of initial assessments recorded at exactly midnight rose in 2013/14. In general, trends in the 95th percentile of time to initial assessment are closely correlated to changes in the percentage of assessments recorded at exactly midnight, so we should not place too much weight on the 95th percentile measure.

5.4 Time to Treatment

The median time to treatment – the midpoint, i.e. the value which half of patients wait more than, and the other half patients wait less than -- in A&E departments is a little under one hour, as **Chart 21** shows. This has been fairly constant since the A&E quality indicators were introduced and data was published routinely. We know from data released on an ad hoc basis that the median time to treatment in major A&E departments has also remained stable at around 60 minutes since 2008, although it is a few minutes higher than the figure for all departments.

Chart 21: Time to Treatment in A&E
Hours from arrival to treatment, Provisional A&E Quality Indicators

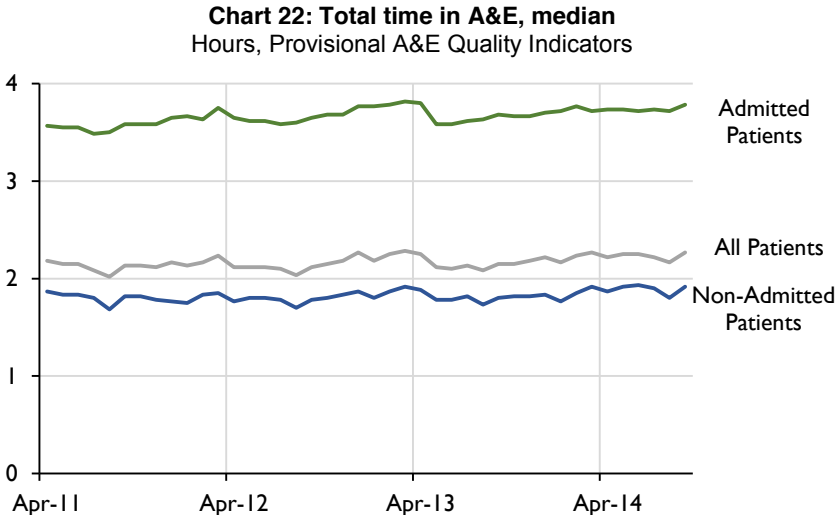


The 95th percentile time to treatment has been rising very slightly since April 2014 and is now just over 3 hours. Half of providers had a 95th percentile time to treatment of between 2.5 and 3.5 hours in 2013/14. While data specific to major A&E departments is not available for the 95th percentile, a crude weighted average based on provider-level data suggests that the figure is not significantly different from that shown in the chart above.

6.6% of attendances in 2013/14 had an unknown time to treatment. This has been falling slowly but steadily from 8% in 2011. One third of all providers registered no patients with an unknown time to treatment, while thirty providers registered over 10% of patients without a known time to treatment.

5.5 Total Time in A&E

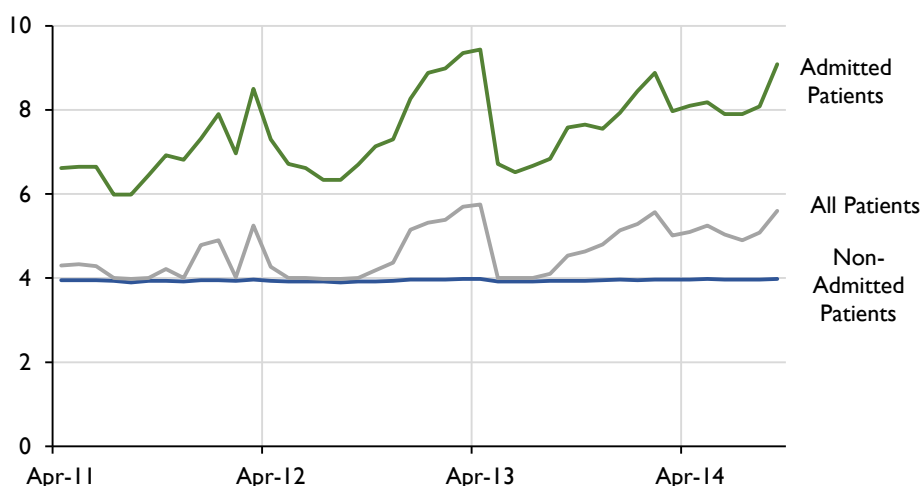
Chart 22 shows that the median time that people spend in A&E has not changed markedly since April 2011. Patients who are eventually admitted to hospital typically spend twice as long in A&E as those who are not.



99% of those who are admitted via A&E attend type 1 departments rather than minor or speciality units. Of non-admitted patients, 60% attend type 1 departments, while 3% attend speciality departments and 37% attend minor departments such as urgent care centres.

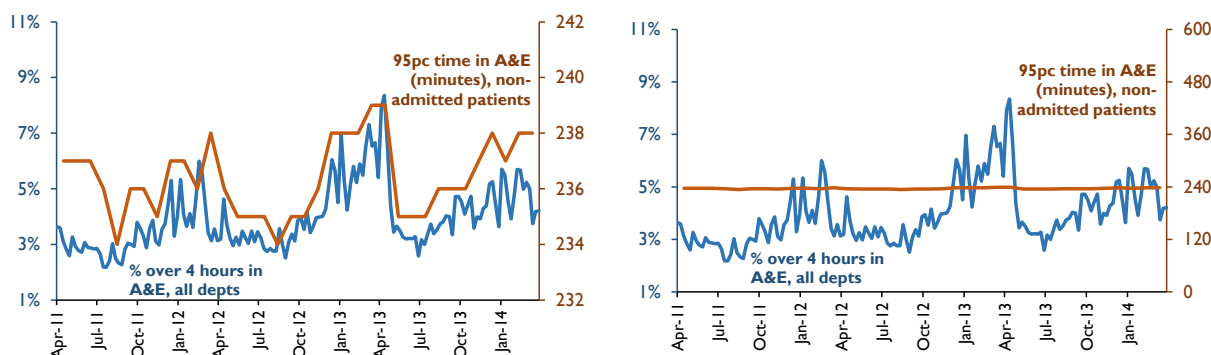
Chart 23 shows the 95th percentile of total time in A&E – that is, the lower cut-off point of the highest five percent of all waits

Chart 23: Total time in A&E, 95th percentile
Hours, Provisional A&E Quality Indicators



The most striking element of this chart is the apparently static value for non-admitted patients. What’s more, the value is between 234 minutes and 239 minutes for each of the recorded months – very slightly below the four-hour target for this measure. This is surprising because variation of A&E performance on the four-hour measure is, as we have seen above, much greater. As **Chart 24a** shows, however, there is a clear relationship between 4-hour performance and the 95th percentile of time in A&E for non-admitted patients. However, the effect is very small, with notable dips in 4-hour-measure performance corresponding only with very slight increases in the time that non-admitted patients spend in A&E. Note that the secondary axis on Chart 24a runs only from 232 to 242 minutes. If we scale the axes standardly, as in Chart 24b, the effect is not visible, emphasising the small size of the effect.

Chart 24a and 24b: Performance on the 4-hour measure and total time in A&E for non-admitted patients
Provisional A&E Quality Indicators, NHS England SitReps



Time spent in A&E varies extensively depending on the patient’s eventual method of disposal, i.e. the way in which they leave A&E. **Charts 25a-25e** and **Table F** (below) illustrate this effect. 70% of patients who are eventually admitted to hospital spend longer than 3 hours in A&E, while 19% of those who are discharged with no follow-up and 27% of those who are discharged with a GP follow-up spend longer than three hours. Of patients who are referred elsewhere, 22% spend longer than 3 hours in A&E. Almost a quarter of all admitted patients leave A&E in the ten-minute period between 3 hours 50 minutes and 4 hours after their arrival.

Charts 25a-25e: Time spent in A&E by method of disposal, 2012/13
HES Annual A&E Quality Indicators

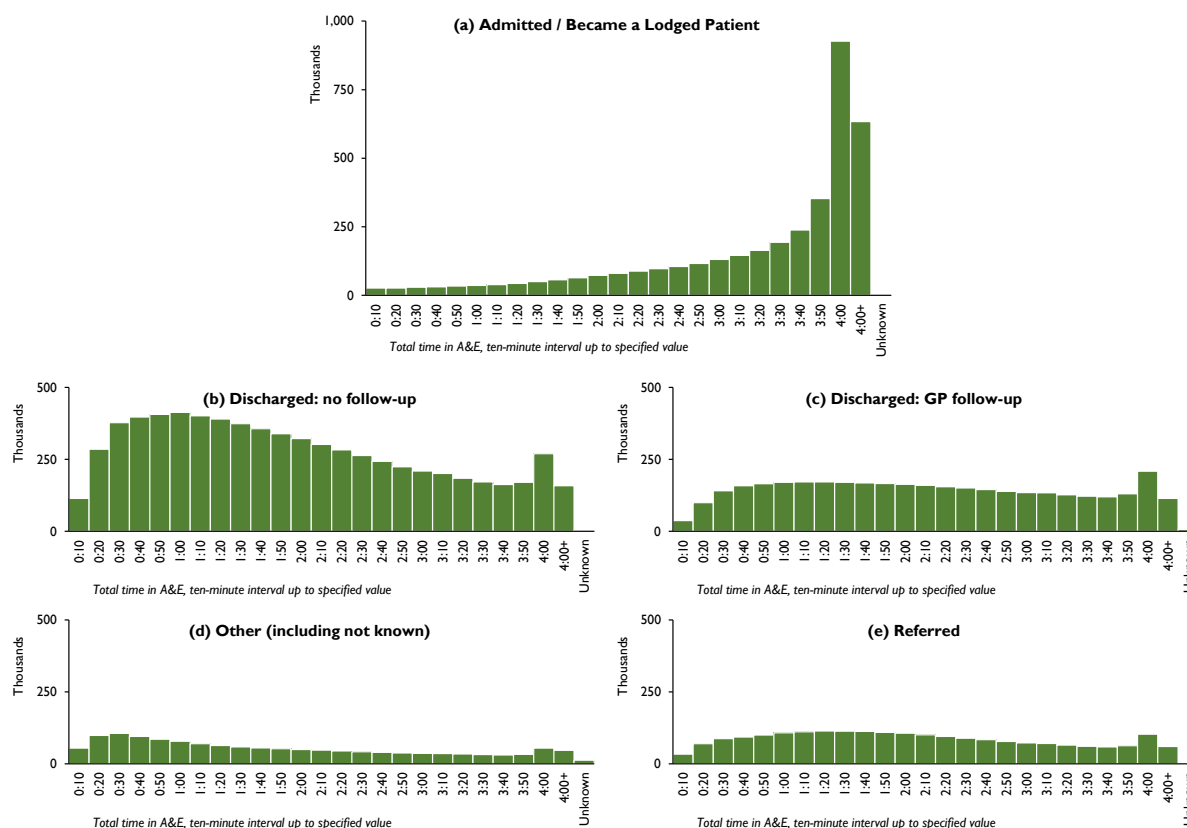


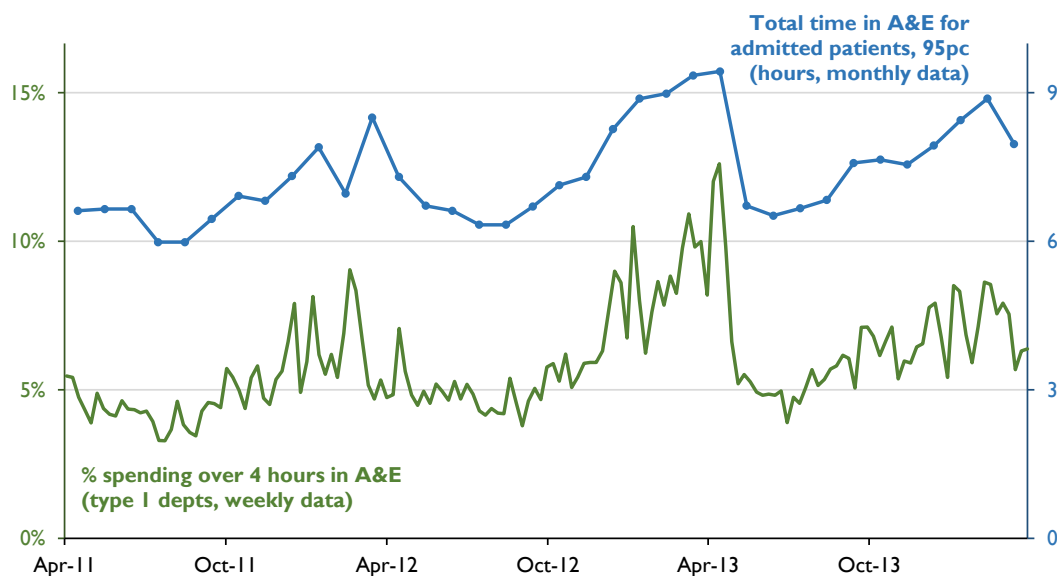
Table E: Time spent in A&E by method of disposal, 2012/13
HES Annual A&E Quality Indicators

% departed within time (cumulative)	Method of disposal				
	Admitted / became a lodged patient	Discharged: GP follow up	Discharged: no follow up	Referred	Other (Inc. not known)
1 hour	5%	21%	28%	23%	37%
2 hours	14%	49%	59%	54%	62%
3 hours	30%	73%	81%	78%	80%
4 hours	83%	97%	98%	97%	96%
% of all patients	21%	20%	39%	12%	8%

Chart 26 compares the total time in A&E for admitted patients (95th percentile) with performance on the four-hour measure in major A&E departments.¹⁹ There is a close relationship between these two performance measures. This effect will be discussed further in section 6 on admissions.

¹⁹ Since almost all admissions via A&E are via major departments, this measure is the most appropriate comparator here.

Chart 26: The relationship between Total Time in A&E (admitted patients only) and performance on the four-hour measure
Provisional A&E Quality Indicators; NHS England SitReps



6 Admission

Around three-quarters of all emergency admissions are via A&E departments. Of these, around 99% are via Type 1 (major) A&E departments, with only 42,000 coming via specialist or minor departments in 2013/14. In this period, 3.8 million patients were admitted to hospital via a major A&E department – just over a quarter of all attendees at major departments.

Chart 27 shows the trend in admissions via A&E and elsewhere since 2010. Emergency admissions not via A&E have remained static, whilst admissions via major A&E departments appear to be rising – in the quarter ending December 2014, the number admitted was 5.6% higher than the equivalent quarter in 2013.

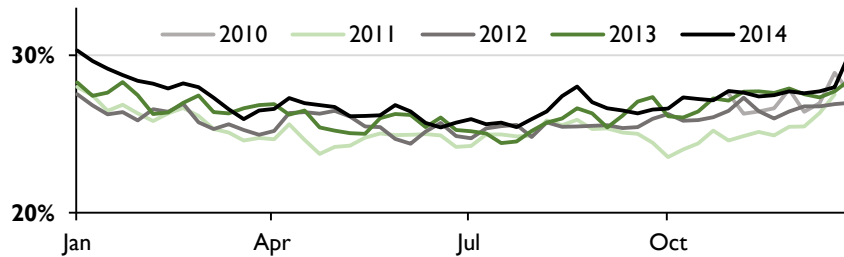
Chart 27: Emergency admissions via Type 1 A&E departments and not via A&E
Thousands; weekly data



Admissions via A&E are not only rising in absolute terms, but also as a percentage of attendances at major A&E departments. **Chart 28** compares recent years in terms of the proportion of type 1 attendances resulting in admission each week. As the chart shows, there

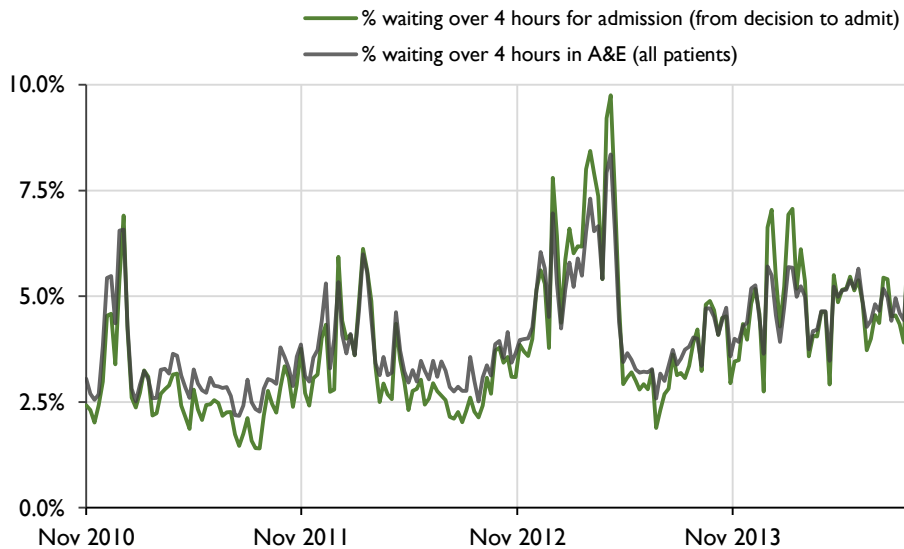
is a slow but sustained rising trend in this figure. A greater percentage of attendances at major departments are resulting in admission.

Chart 28: Admissions at Type 1 A&E as a percentage of attendance at Type 1 A&E
Comparison of years; weekly data. NHS England Weekly SitReps



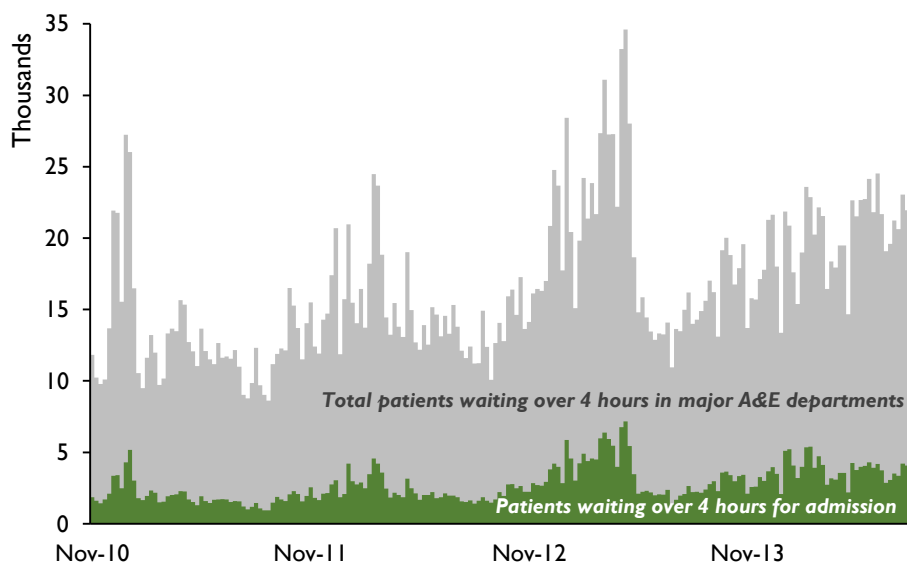
As we saw above in the ‘total time in A&E’ section, those waiting for admission are amongst those who wait the longest in A&E. The weekly data contains information on patients who wait for over four hours for admission after the decision to admit them to hospital has been taken. **Chart 29** shows how this performance indicator has changed since 2010, and compares it to the overall performance of A&E departments in terms of the percentage of patients waiting over four hours. It is obvious from the chart that the two are very closely related. While those waiting over four hours for admission are a subset of those waiting over four hours in A&E, it is still notable that the two percentages are quite so closely related.

Chart 29: Waiting time performance for admissions and overall A&E performance
NHS England Weekly SitReps



On the basis of this, one might be tempted to conclude that delayed admissions account for the entirety of problems in A&E departments. However, **Chart 30** shows that this conclusion would be misplaced. Although admissions performance very closely tracks overall A&E performance, there is much more variation in A&E performance that is not accounted solely by delayed admissions. The peaks in total numbers waiting over four hours vary by over 25,000 across the time period, but the number waiting over four hours for admission never rises much over 5,000 in any given week. As such, we cannot attribute all of the variability in A&E performance to admissions.

Chart 30: Number of patients waiting for admission and number of patients waiting over four hours in A&E departments
NHS England Weekly SitReps



7 Other performance indicators

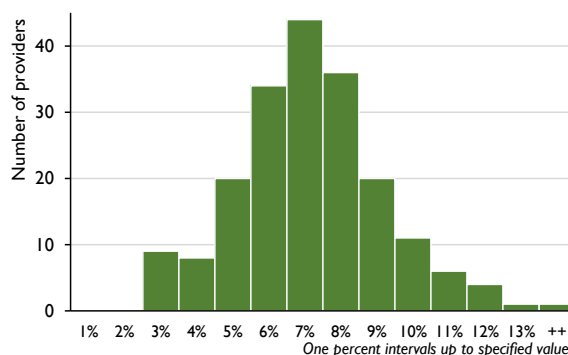
Two other A&E quality indicators, not directly related to waiting times, are presented in this section.

7.1 Unplanned reattendance

This statistic measures those who return to A&E within seven days of discharge from their last A&E attendance. Government guidelines allow for a rate of between 1% and 5% for re-attendance. On a national level, the rate of re-attendance has been static at around 7.5% since the A&E quality indicators were introduced.

There is some variation between individual providers. **Chart 31** shows. One fifth of providers have a re-attendance rate of less than 5%. One in eight have a rate of more than 9%. 70% of all providers have a re-attendance rate of between 5% and 9%. There is not a large difference between providers who offer only type 1 services and the remainder of providers. 83% of type-1-only providers had a re-attendance rate of between 5% and 9% in 2013/14, and only one had a re-attendance rate of more than 10%.

Chart 31: Distribution of providers by re-attendance rate, 2013/14
Provisional A&E Quality Indicators

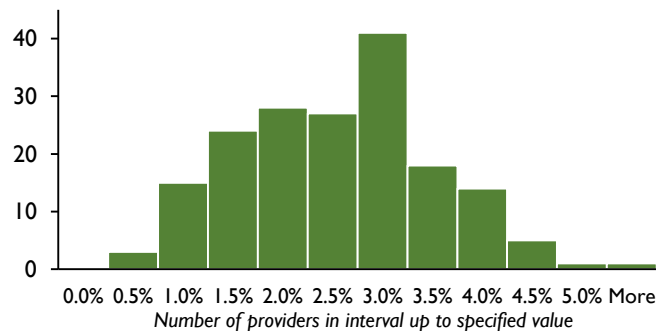


7.2 Patients who left before being seen

Between 2.5% and 3% of patients leave A&E before being seen. There has been a very small downward trend in the nationwide figure since the A&E quality indicators were introduced in April 2011. The target is for less than 5% of patients to leave before being seen.

In 2013/14 all but one provider averaged less than 5% of patients leaving before being seen. Over three quarters of providers had less than 3% of patients in this category. Once again, performance does not vary significantly in providers which only offer type 1 services.

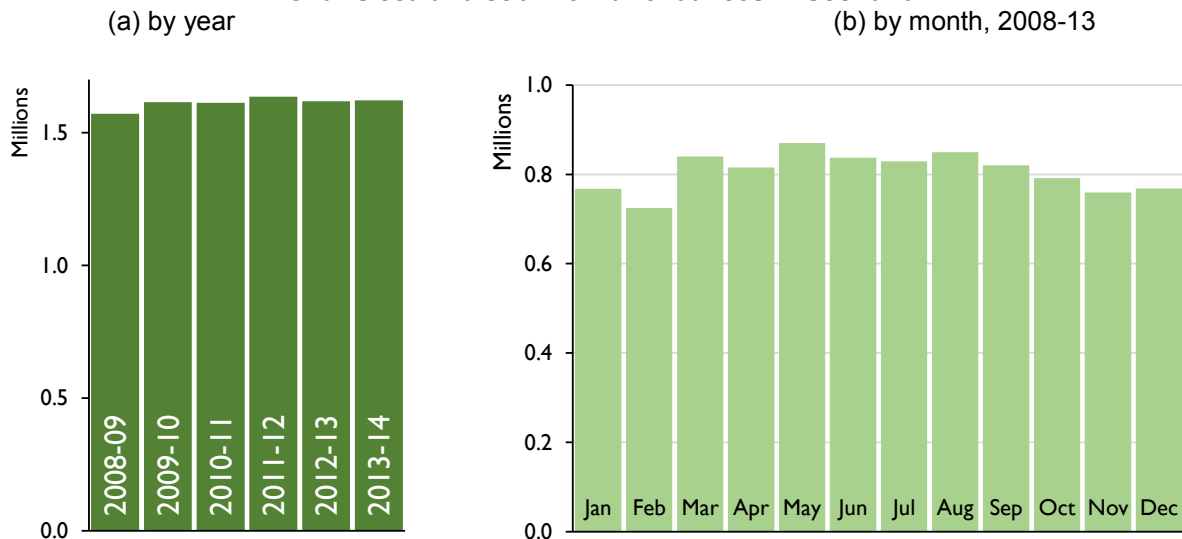
Chart 32: Distribution of providers by rate of those leaving without being seen
Provisional A&E Quality Indicators



8 Scotland

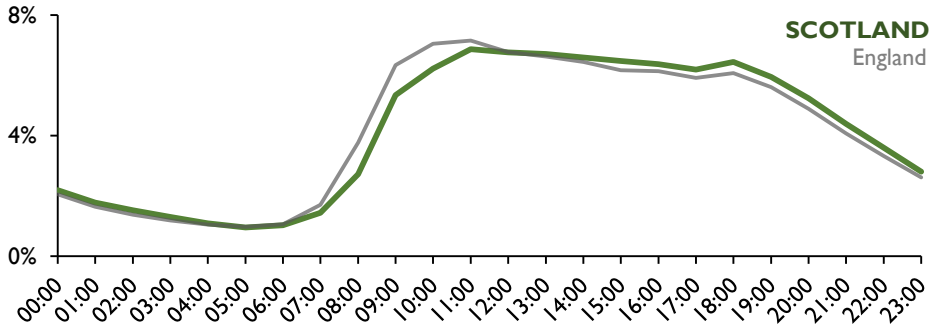
In 2013/14 there were a little over 1.6 million attendances at Scottish A&E departments, as **Chart 33a** shows. This number was more or less unchanged (up 0.2%) from the previous year, matching the English trend for the two years. Attendance was 3.2% higher in 2013/14 than in 2008-09. Chart 33b shows aggregated data for each month for 2008-2013 (inclusive). Over this period May and August have been the busiest months at Scottish A&E departments, while November and February have been the quietest months.

Charts 33a and 33b: A&E attendances in Scotland



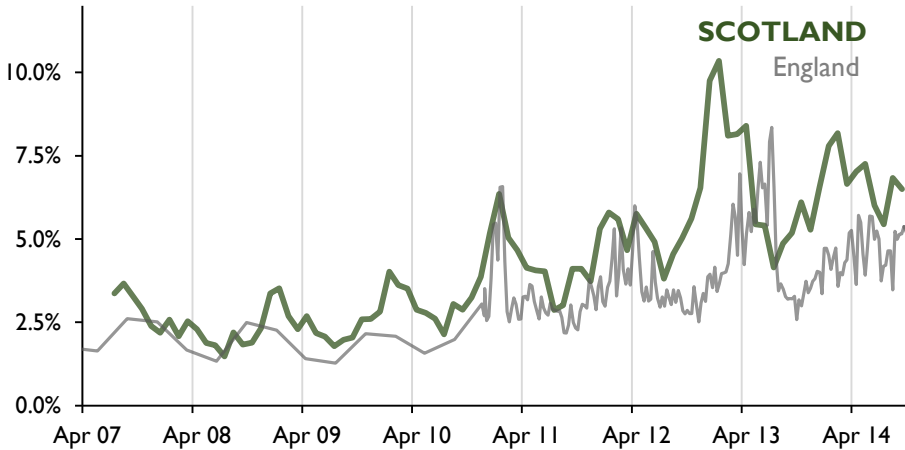
Data on Scottish A&E attendances by time of day is presented in **Chart 34**. The data shows that while the hourly pattern is broadly similar to that seen in England, Scotland's A&E departments have slightly more attendance (proportionally speaking) from midday onwards and during the night, while England has notably higher proportions of its attendance between 7am and 11am.

Chart 34: A&E attendance by hour of arrival, Scotland
Percentage of all attendance per hour, with comparison to England



The percentage of patients waiting for over four hours in Scottish A&E departments is slightly higher than in England. In 2013/14, 6.1% of patients in Scotland's A&E departments spent over four hours in A&E, compared with 4.3% in English A&E departments.²⁰

Chart 35: Patients spending over 4 hours in A&E (%), Scotland
(with comparison to England²¹)



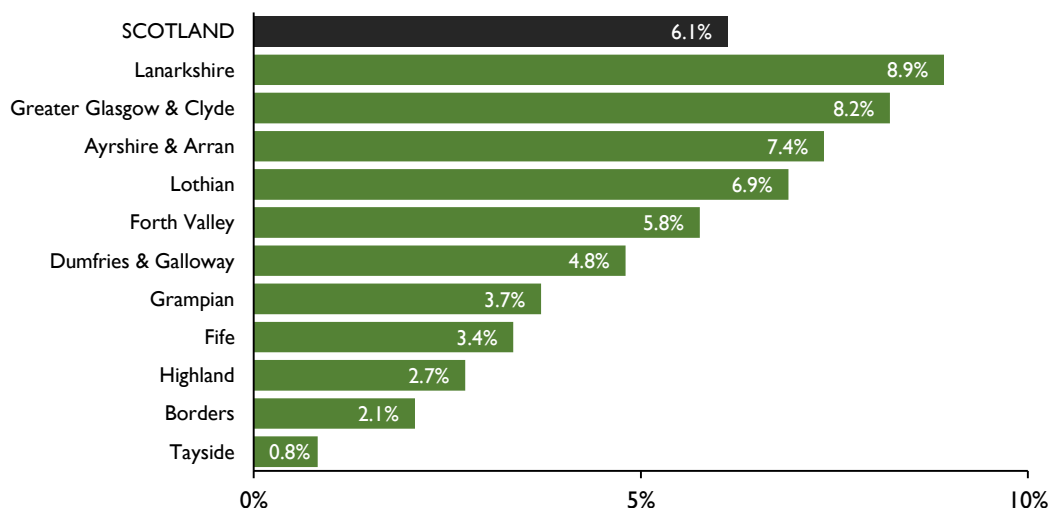
As **Chart 35** shows, the recent rise in patients waiting over four hours has been evident in Scotland as well as England: the percentage of patients waiting for over four hours rose from 2.3% in 2008/09 to its current level of 6.1%.

Among Scottish Health Boards, Tayside had the lowest percentage of patients waiting over four hours, at 0.8%. Lanarkshire registered the highest, at 8.9%.

²⁰ All English departments.

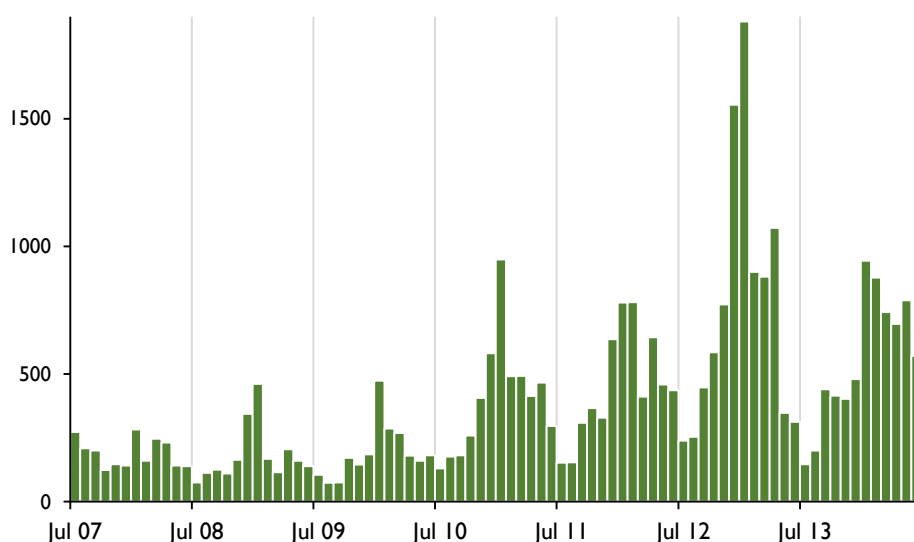
²¹ Quarterly data for England until late 2010, and weekly data thereafter. Monthly data for Scotland throughout.

Chart 36: Patients spending over 4 hours in A&E, 2013/14
(By NHS health board)



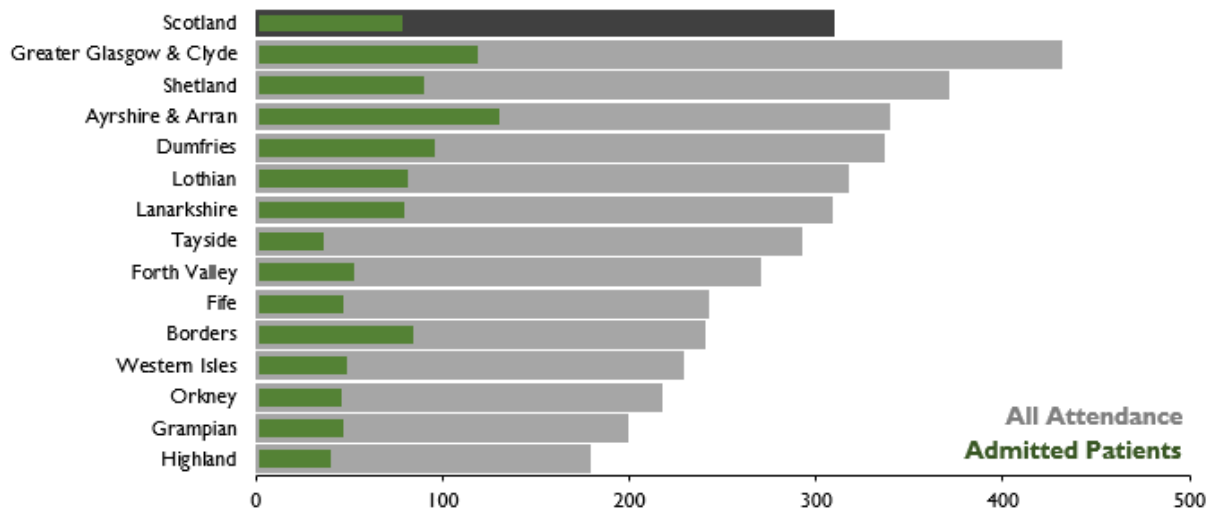
In addition, as **Chart 37** shows, it has become more common for patients to wait over eight hours in A&E. 0.14% of patients waited for over eight hours in 2008/09, but this rose to 0.56% in 2012/13 before falling back to 0.39% in 2013/14. Nevertheless, the total number waiting over eight hours in 2013/14 was three times that of the figure from 2008/09.

Chart 37: Patients spending over 8 hours in A&E (numbers), Scotland
(Monthly data)



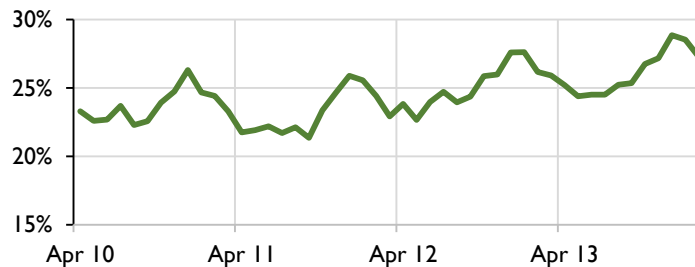
Scottish health boards vary in their rates of attendance and admission at A&E, as **Chart 38** shows. Greater Glasgow and Clyde had the highest rate of attendance relative to population size in 2013/14, while Ayrshire and Arran had the highest rate of admission. Tayside had the lowest rate of admission, despite having an attendance rate broadly in line with the Scottish average. This may help to explain their performance on the four-hour measure as shown in **Chart 36** (above) – as we have seen, admitted cases tend to spend longer in A&E than non-admitted cases.

Chart 38: A&E Attendance and Admission by NHS Board Area, 2013/14
Annual rates per 1,000 population



Just as in England, admissions via A&E in Scotland have been growing as a percentage of all attendances at A&E, as **Chart 39** shows. In 2013/14, 26% of all A&E attendances resulted in admission – compared with 18% in England.²²

Chart 39: Admissions as a proportion of attendance at A&E, Scotland
Monthly data

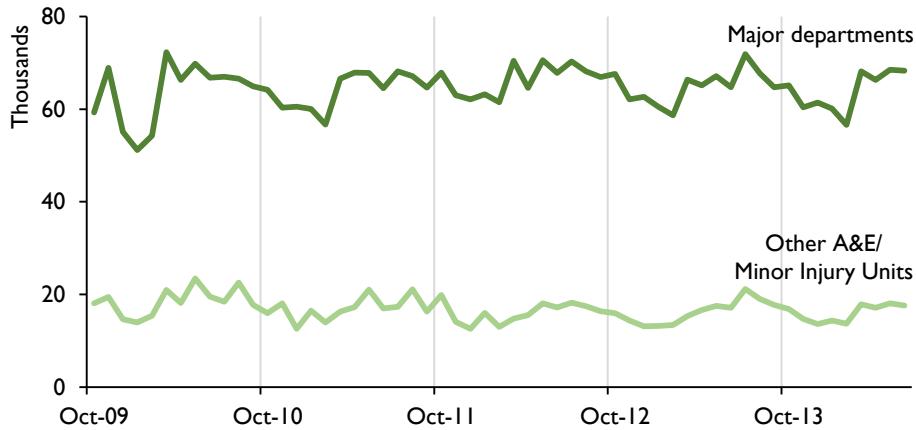


²² Note that **Chart 28** showed English admissions as a proportion of attendance at Type 1 departments. The Scottish data does not allow us to make this comparison.

9 Wales

In 2013/14 there were 973,000 attendances at A&E departments in Wales, of which 79% were at major A&E facilities. Total attendance was not significantly different from that recorded in 2012/13, but attendance at major facilities fell by 1.7%. Since 2010/11, total attendance has fallen by around 1%.

Chart 40: Attendances at Welsh A&E departments
Monthly data



Performance on the four-hour waiting times measure tends to be lower in Wales than in England, although the gap has closed somewhat over the last few years. After a large spike in the percentage of attendees spending over four hours in A&E in early 2013 – corresponding with a similar spike elsewhere in the UK – the summer of 2013 saw Wales record its best A&E performance since 2009. 2014 has seen a return to more typical values, with a smaller spike in long waiting times in winter 2013/14. In June 2014, 12.3% of patients waited for over 4 hours in major A&E departments, compared with just under 5% in England.

Chart 41: Patients spending over 4 hours at Welsh A&E departments
Monthly data

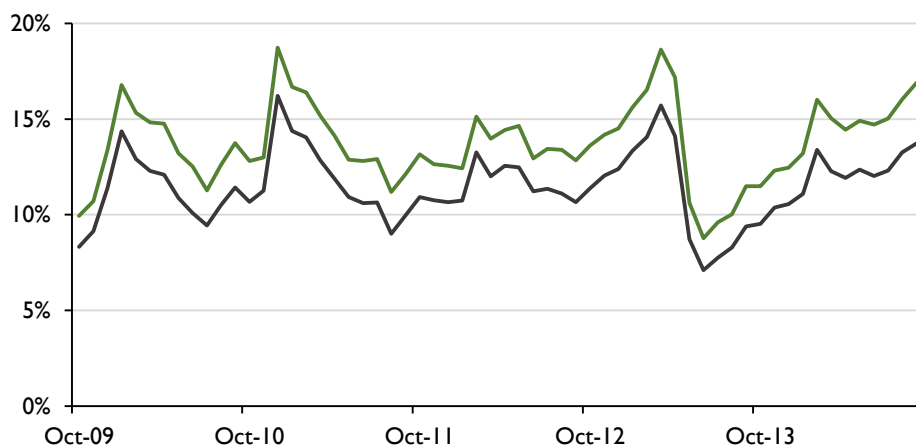
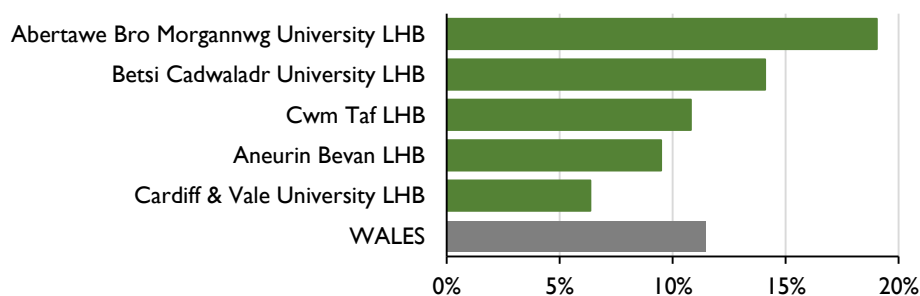


Chart 42: Patients waiting over 4 hours in major departments
By local health board, June 2014



As of August 2014, data is available on the total time spent in emergency care facilities in Wales. The median total time in A&E is around two hours, which is slightly below the equivalent estimate for English departments. Overall, 24% of patients are treated within one hour, ranging from 15% at Aneurin Bevan LHB to 76% at Powys LHB. Across Wales, 67.8% of attendees left A&E within three hours.

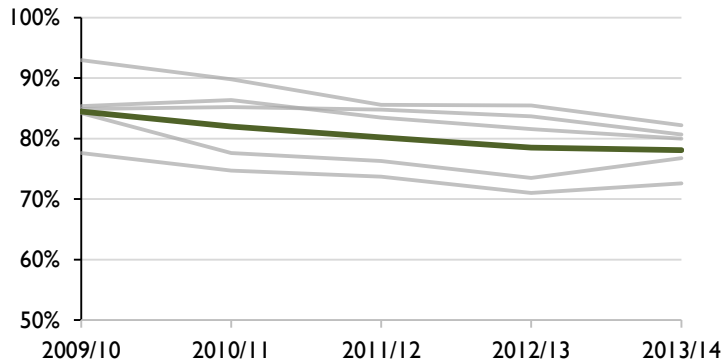
10 Northern Ireland

In 2013/14 there were 658,000 new attendances and 37,000 unplanned review attendances at Northern Irish emergency departments. 81% of new attendances were at Type 1 emergency care facilities, and this rises to 84% for unplanned review attendances. This is higher than the corresponding proportion of Type 1 attendances in England.

The total number of A&E attendances in Northern Ireland has not changed significantly since 2009/10, remaining at around 727,000. The number of new and unplanned review attendances has also remained stable. There was, however, a 1.6% rise in attendance between 2012/13 and 2013/14. These trends vary across Northern Ireland. Belfast and Northern HSCT areas experienced drops in total attendance (6% and 9% respectively) between 2009/10 and 2013/14, while South Eastern, Southern and Western HSCT areas all experienced rises (4%, 7% and 8% respectively).

Overall, 78.1% of attendees spent less than four hours in Northern Irish emergency departments in 2013/14. This percentage has steadily fallen since 2009/10, as **Chart 43** shows. The best performer in 2013/14 was Southern HSCT (82.2% waiting less than 4 hours) and the worst was Belfast (72.6%). Both Belfast and Northern HSCT, the second lowest performer, saw an improvement in 2013/14 compared to the previous year.

Chart 43: Patients waiting less than 4 hours in A&E
(Northern Ireland & individual health areas)



However, the number of patients spending over twelve hours in Northern Ireland’s A&E departments has fallen sharply in the past two years, as **Chart 44** shows. This comes after a corresponding sharp rise between 2009/10 and 2011/12. Attendances over twelve hours at the Southern and Western HSCTs, although dwarfed by the other trusts, has risen over the period.

Chart 44: Patients spending over 12 hours in A&E, by HSC Trust

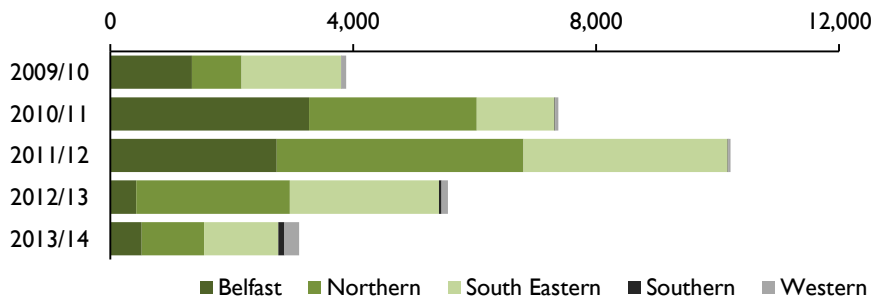
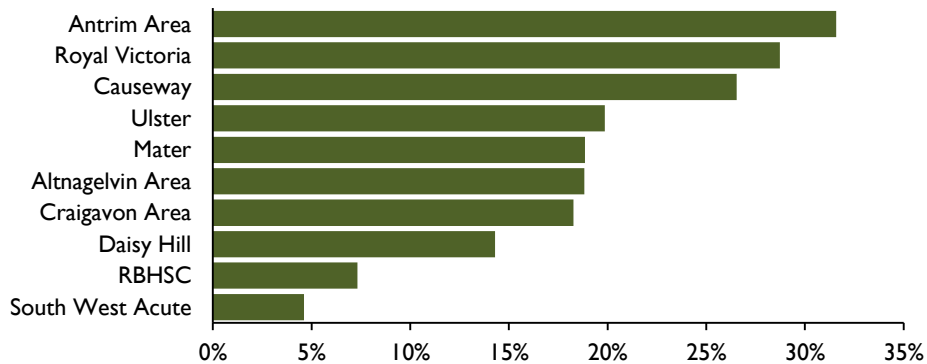


Chart 45: Patients waiting over 4 hours (%),
Individual Type 1 emergency care departments, July 2014



11 Appendix: Data Tables

**Appendix Table 1: NHS England, A&E Attendance, Waiting Times and Admission
2004-2014**

	Attendance		Spending over 4 hours in A&E				Admissions	
	Total	Type 1	Total	Total %	Type 1	Type 1 %	Via A&E	Waiting over 4 hours for admission
2004/05	17,837,180	13,265,820	682,415	3.8%	667,595	5.0%	2,813,368	92,663
2005/06	18,759,164	13,553,686	340,617	1.8%	335,373	2.5%	2,951,076	54,187
2006/07	18,922,275	13,602,589	343,333	1.8%	338,643	2.5%	3,037,131	57,841
2007/08	19,076,831	13,395,275	403,674	2.1%	396,449	3.0%	3,087,093	79,300
2008/09	19,588,344	13,426,136	378,905	1.9%	371,228	2.8%	3,267,839	73,519
2009/10	20,511,908	13,618,300	353,617	1.7%	344,772	2.5%	3,420,440	61,969
2010/11	21,380,985	13,931,715	557,114	2.6%	545,805	3.9%	3,564,555	93,905
2011/12	21,481,402	14,013,922	724,943	3.4%	713,289	5.1%	3,663,756	108,191
2012/13	21,738,637	14,252,068	901,411	4.1%	888,577	6.2%	3,781,335	152,414
2013/14	21,778,657	14,213,148	939,186	4.3%	925,319	6.5%	3,836,320	167,941

Source: NHS England Weekly SitReps

**Appendix Table 2: A&E Attendance by Time and Day (Thousands)
England 2012/13**

	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00
Mon	53	41	33	28	25	25	29	49	116	206	216	214
Tue	51	40	32	28	25	24	27	45	101	172	183	183
Wed	49	38	31	26	24	23	26	44	100	170	178	179
Thu	50	38	31	27	24	22	25	43	99	166	175	176
Fri	51	39	32	28	25	24	26	44	100	165	175	177
Sat	58	50	43	37	32	29	30	43	89	141	176	184
Sun	64	56	49	43	37	33	32	44	86	141	187	197
	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
Mon	198	191	183	174	176	171	179	163	136	111	89	68
Tue	173	170	165	158	161	158	168	154	132	109	87	66
Wed	170	169	165	157	160	154	165	153	132	108	87	66
Thu	168	167	164	157	158	154	162	150	130	108	87	66
Fri	166	166	163	155	158	153	155	141	122	104	86	71
Sat	177	171	169	164	155	146	138	126	116	101	87	74
Sun	190	181	173	165	156	149	147	139	126	106	87	70

Source: Hospital Episode Statistics

Appendix Table 3: A&E Attendance and Ambulance Arrivals by Age Group
England 2012/13

Age	All Attendance		Ambulance Arrivals	
	Number	Rate ^a	Number	Rate ^a
0	494,786	710	67,423	97
1-4	1,339,208	497	153,261	57
5-9	855,321	277	60,306	20
10-14	956,374	318	71,361	24
15-19	1,215,458	370	184,234	56
20-24	1,583,783	437	243,513	67
25-29	1,407,868	385	203,835	56
30-34	1,200,349	333	185,098	51
35-39	1,021,397	298	178,972	52
40-44	1,075,777	280	212,722	55
45-49	1,045,030	266	225,785	58
50-54	918,523	261	215,267	61
55-59	764,271	250	194,828	64
60-64	726,206	241	211,979	70
65-69	713,855	256	245,827	88
70-74	637,574	311	273,392	133
75-79	662,344	389	347,930	204
80-84	655,664	509	416,776	324
85-89	520,308	665	381,106	487
90+	366,539	837	300,370	686

^a Annual rate per 1,000 population

Source: Hospital Episode Statistics

Appendix Table 4: Provider-level waiting times data for Type 1 A&E departments
Patients spending over 4 hours in A&E, % and rank

NHS Area Team	Provider Name	%		Rank	
		2012/13	2013/14	2012/13	2013/14
Arden, Herefordshire & Worcestershire	George Eliot Hospital NHS Trust	4.3%	4.0%	31	22
	South Warwickshire NHS Foundation Trust	6.3%	5.6%	88	71
	University Hospitals Coventry And Warwickshire NHS Trust	11.8%	8.1%	136	113
	Worcestershire Acute Hospitals NHS Trust	9.8%	7.8%	127	108
	Wye Valley NHS Trust	6.3%	8.3%	87	115
Bath, Gloucestershire, Swindon & Wiltshire	Gloucestershire Hospitals NHS Foundation Trust	5.5%	6.2%	68	86
	Great Western Hospitals NHS Foundation Trust	6.7%	9.2%	97	121
	Royal United Hospital Bath NHS Trust	8.0%	6.3%	115	87
	Salisbury NHS Foundation Trust	3.1%	3.7%	10	13
Birmingham & the Black Country	Birmingham Children's Hospital NHS Foundation Trust	2.7%	2.3%	6	3
	Heart Of England NHS Foundation Trust	8.7%	8.8%	121	120
	Sandwell And West Birmingham Hospitals NHS Trust	8.9%	8.7%	122	118
	The Dudley Group NHS Foundation Trust	4.6%	6.2%	46	85
	The Royal Wolverhampton NHS Trust	5.6%	6.0%	74	81
	University Hospitals Birmingham NHS Foundation Trust	5.3%	4.8%	62	43
	Walsall Healthcare NHS Trust	5.5%	6.9%	67	96

Appendix Table 4 (continued)

NHS Area Team	Provider Name	%		Rank	
		2012/13	2013/14	2012/13	2013/14
Bristol, N Somerset, Somerset & S Gloucs	North Bristol NHS Trust	11.4%	11.1%	135	132
	Taunton And Somerset NHS Foundation Trust	3.6%	4.1%	20	24
	University Hospitals Bristol NHS Foundation Trust	7.4%	7.6%	109	106
	Weston Area Health NHS Trust	8.1%	6.6%	116	92
	Yeovil District Hospital NHS Foundation Trust	4.8%	3.8%	56	15
Cheshire, Warrington & Wirral	Countess Of Chester Hospital NHS Foundation Trust	4.9%	5.2%	57	58
	East Cheshire NHS Trust	6.7%	5.0%	96	52
	Mid Cheshire Hospitals NHS Foundation Trust	6.7%	6.1%	95	82
	Warrington And Halton Hospitals NHS Foundation Trust	5.6%	5.3%	75	61
	Wirral University Teaching Hospital NHS Foundation Trust	7.5%	6.7%	111	94
Cumbria, Northumberland, Tyne & Wear	Gateshead Health NHS Foundation Trust	5.1%	3.8%	60	17
	Northumbria Healthcare NHS Foundation Trust	2.2%	2.8%	2	6
	South Tyneside NHS Foundation Trust	4.5%	4.3%	36	32
	The Newcastle Upon Tyne Hospitals NHS Foundation Trust	2.9%	3.8%	8	19
	North Cumbria University Hospitals NHS Trust	5.7%	5.9%	77	77
Derbyshire & Nottinghamshire	University Hospitals Of Morecambe Bay NHS Foundation Trust	6.5%	5.5%	92	69
	Chesterfield Royal Hospital NHS Foundation Trust	4.3%	3.8%	33	16
	Derby Hospitals NHS Foundation Trust	6.0%	6.4%	83	88
	Nottingham University Hospitals NHS Trust	6.9%	7.5%	99	104
	Sherwood Forest Hospitals NHS Foundation Trust	7.1%	6.0%	105	79
Devon, Cornwall And Isles Of Scilly	Northern Devon Healthcare NHS Trust	5.4%	7.2%	66	101
	Plymouth Hospitals NHS Trust	5.1%	3.6%	59	9
	Royal Cornwall Hospitals NHS Trust	6.5%	9.5%	91	123
	Royal Devon And Exeter NHS Foundation Trust	4.8%	4.1%	54	26
	South Devon Healthcare NHS Foundation Trust	3.7%	4.8%	21	42
Durham, Darlington & Tees	County Durham And Darlington NHS Foundation Trust	8.4%	11.7%	119	136
	North Tees And Hartlepool NHS Foundation Trust	3.8%	4.8%	23	41
	South Tees Hospitals NHS Foundation Trust	4.7%	5.1%	52	55
East Anglia	Cambridge University Hospitals NHS Foundation Trust	5.5%	5.6%	69	70
	Hinchingbrooke Health Care NHS Trust	2.3%	3.7%	4	10
	Ipswich Hospital NHS Trust	4.6%	4.2%	42	28
	James Paget University Hospitals NHS Foundation Trust	2.7%	3.8%	7	14
	Norfolk And Norwich University Hospitals NHS Foundation Trust	5.6%	4.8%	73	40
	Peterborough And Stamford Hospitals NHS Foundation Trust	7.5%	8.3%	112	116
	The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust	7.0%	7.4%	103	103
West Suffolk NHS Foundation Trust	5.6%	4.7%	76	38	
Essex	Basildon And Thurrock University Hospitals NHS Foundation Trust	6.5%	5.0%	90	54
	Colchester Hospital University NHS Foundation Trust	3.9%	5.2%	26	57
	Mid Essex Hospital Services NHS Trust	4.3%	5.0%	32	50
	Southeast University Hospital NHS Foundation Trust	6.6%	7.6%	93	105
	The Princess Alexandra Hospital NHS Trust	6.1%	5.8%	84	75
Greater Manchester	Bolton NHS Foundation Trust	3.5%	3.6%	15	8
	Central Manchester University Hospitals NHS Foundation Trust	6.7%	8.2%	94	114
	Pennine Acute Hospitals NHS Trust	4.7%	5.4%	51	66
	Salford Royal NHS Foundation Trust	4.6%	4.1%	43	27
	Stockport NHS Foundation Trust	9.5%	7.1%	125	99
	Tameside Hospital NHS Foundation Trust	7.0%	5.4%	102	65
	University Hospital Of South Manchester NHS Foundation Trust	9.0%	5.6%	123	72
	Wrightington, Wigan And Leigh NHS Foundation Trust	2.9%	4.3%	9	30
	Kettering General Hospital NHS Foundation Trust	9.9%	9.6%	129	124
Hertfordshire & the South Midlands	Northampton General Hospital NHS Trust	9.9%	10.5%	128	129
	Bedford Hospital NHS Trust	4.9%	6.1%	58	84
	East And North Hertfordshire NHS Trust	4.1%	4.3%	29	31
	Luton And Dunstable University Hospital NHS Foundation Trust	2.2%	2.3%	3	4
	West Hertfordshire Hospitals NHS Trust	6.9%	6.5%	100	90
	Milton Keynes Hospital NHS Foundation Trust	15.0%	10.4%	140	128
Kent & Medway	Dartford And Gravesham NHS Trust	4.7%	5.0%	47	49
	East Kent Hospitals University NHS Foundation Trust	6.4%	6.7%	89	93
	Maidstone And Tunbridge Wells NHS Trust	7.2%	4.4%	108	33
	Medway NHS Foundation Trust	6.0%	11.1%	82	134
Lancashire	Blackpool Teaching Hospitals NHS Foundation Trust	3.4%	6.8%	12	95
	East Lancashire Hospitals NHS Trust	7.2%	10.9%	107	131
	Lancashire Teaching Hospitals NHS Foundation Trust	4.5%	4.9%	37	47
Leicestershire & Lincolnshire	United Lincolnshire Hospitals NHS Trust	4.6%	5.3%	45	62
	University Hospitals Of Leicester NHS Trust	11.3%	18.2%	134	140

Appendix Table 4 (continued)

NHS Area Team	Provider Name	%		Rank	
		2012/13	2013/14	2012/13	2013/14
London	Barking, Havering And Redbridge University Hospitals NHS Trust	13.8%	13.7%	139	139
	Barnet And Chase Farm Hospitals NHS Trust	4.7%	10.1%	53	127
	Chelsea And Westminster Hospital NHS Foundation Trust	1.4%	1.7%	1	1
	Croydon Health Services NHS Trust	10.3%	9.4%	131	122
	Ealing Hospital NHS Trust	6.8%	6.5%	98	89
	Epsom And St Helier University Hospitals NHS Trust	3.6%	4.7%	17	37
	Guy's And St Thomas' NHS Foundation Trust	5.9%	4.8%	81	39
	Homerton University Hospital NHS Foundation Trust	4.1%	3.9%	27	20
	Imperial College Healthcare NHS Trust	5.4%	7.9%	65	109
	King's College Hospital NHS Foundation Trust	5.2%	11.4%	61	135
	Kingston Hospital NHS Foundation Trust	3.8%	4.6%	24	36
	Lewisham And Greenwich NHS Trust	5.5%	8.7%	70	117
	North Middlesex University Hospital NHS Trust	4.6%	5.2%	41	59
	North West London Hospitals NHS Trust	12.0%	12.8%	138	137
	Royal Free London NHS Foundation Trust	4.3%	3.7%	34	12
	St George's Healthcare NHS Trust	4.7%	6.1%	50	83
	The Hillingdon Hospitals NHS Foundation Trust	5.4%	7.9%	63	111
	The Whittington Hospital NHS Trust	4.8%	4.9%	55	45
	University College London Hospitals NHS Foundation Trust	4.6%	4.9%	44	48
	West Middlesex University Hospital NHS Trust	4.6%	6.0%	39	80
Merseyside	Aintree University Hospital NHS Foundation Trust	4.7%	5.1%	49	56
	Alder Hey Children's NHS Foundation Trust	3.6%	2.0%	18	2
	Royal Liverpool And Broadgreen University Hospitals NHS Trust	5.7%	7.0%	78	98
	Southport And Ormskirk Hospital NHS Trust	9.5%	8.8%	126	119
	St Helens And Knowsley Hospitals NHS Trust	5.7%	4.9%	79	46
North Yorkshire & the Humber	Harrogate And District NHS Foundation Trust	3.6%	4.1%	16	25
	Hull And East Yorkshire Hospitals NHS Trust	3.4%	5.5%	11	68
	Northern Lincolnshire And Goole NHS Foundation Trust	5.4%	5.3%	64	60
	York Teaching Hospital NHS Foundation Trust	7.1%	7.0%	104	97
Shropshire & Staffordshire	Burton Hospitals NHS Foundation Trust	11.2%	5.8%	133	76
	Mid Staffordshire NHS Foundation Trust	6.1%	9.9%	85	125
	Shrewsbury And Telford Hospital NHS Trust	10.3%	7.9%	130	112
	University Hospital Of North Staffordshire NHS Trust	10.4%	11.1%	132	133
South Yorkshire & Bassetlaw	Barnsley Hospital NHS Foundation Trust	6.2%	5.9%	86	78
	Doncaster And Bassetlaw Hospitals NHS Foundation Trust	7.5%	5.6%	113	73
	Sheffield Children's NHS Foundation Trust	2.4%	2.4%	5	5
	Sheffield Teaching Hospitals NHS Foundation Trust	8.5%	5.7%	120	74
	The Rotherham NHS Foundation Trust	4.7%	4.9%	48	44
Surrey & Sussex	Ashford And St Peter's Hospitals NHS Foundation Trust	8.2%	7.3%	117	102
	East Sussex Healthcare NHS Trust	5.8%	6.5%	80	91
	Frimley Park Hospital NHS Foundation Trust	4.5%	4.5%	38	34
	Royal Surrey County Hospital NHS Foundation Trust	5.5%	5.4%	72	64
	Surrey And Sussex Healthcare NHS Trust	3.7%	3.7%	22	11
	Western Sussex Hospitals NHS Foundation Trust	3.5%	3.9%	14	21
Thames Valley	Buckinghamshire Healthcare NHS Trust	7.1%	7.2%	106	100
	Heatherwood And Wexham Park Hospitals NHS Foundation Trust	9.4%	10.0%	124	126
	Oxford University Hospitals NHS Trust	7.8%	7.6%	114	107
	Royal Berkshire NHS Foundation Trust	5.5%	7.9%	71	110
Wessex	Hampshire Hospitals NHS Foundation Trust	6.9%	5.0%	101	51
	Portsmouth Hospitals NHS Trust	11.9%	13.4%	137	138
	University Hospital Southampton NHS Foundation Trust	8.4%	10.7%	118	130
	Dorset County Hospital NHS Foundation Trust	3.5%	5.3%	13	63
	Poole Hospital NHS Foundation Trust	4.2%	5.0%	30	53
	The Royal Bournemouth And Christchurch Hospitals NHS Found	3.6%	5.5%	19	67
West Yorkshire	Airedale NHS Foundation Trust	4.1%	4.2%	28	29
	Bradford Teaching Hospitals NHS Foundation Trust	4.3%	3.8%	35	18
	Calderdale And Huddersfield NHS Foundation Trust	4.6%	4.6%	40	35
	Leeds Teaching Hospitals NHS Trust	7.4%	4.0%	110	23
	Mid Yorkshire Hospitals NHS Trust	3.9%	3.2%	25	7

Source: NHS England Weekly SitReps