Indicator 8.4 - Proportion of patients admitted, transferred or discharged from A&E within 4 hours of arrival

Rationale
This indicator relates to the high level objective for improving access to and standards of services for patients. The NHS targets for 2003-2005 required that trusts ensure that, from January 2005 onwards, at least 98% of patients spend four hours or less in any type of A&E from arrival to admission, transfer or discharge. Maintaining this standard has continuously been reiterated and this indicator forms part of the NHS performance ratings. Waiting time in A&E is used as an indicator of access to and the quality of emergency care. Variations in this indicator between PCTs may indicate inequalities in access and the quality of care in A&E.

Existing indicator sets
This indicator is part of the NHS performance ratings.

Definition
The number of patients admitted, transferred or discharged from A&E within 4 hours of arrival as a proportion of all those attending A&E.

Numerator definition
Number of patients waiting less than 4 hours in A&E from arrival to admission, transfer or discharge. Data for this indicator is based on acute trust activity during a nine month period from July 2003 to March 2004; and for the financial years April to March from 2004. This indicator is a measure of performance for acute trusts with A&E departments. It includes attendances at all types of A&E department either run by an acute trust or a PCT. (The following detailed calculations are shown for the period July 2003 to March 2004 only: For the purposes of the acute trust indicator PCT A&E services are partnered with the nearest acute trust with a major A&E department and included in the ratings for that trust. It is adapted to a PCT indicator by apportioning trust activity to the relevant PCTs. Activity at trusts with A&E departments has been mapped onto PCTs using proportions supplied by SHAs. For example, the data show that the number of people from Barnet PCT waiting 4 hours or less in A&E is 90,239. This is calculated as:

\[ 62.060\% \text{ of Trust A’s activity} + 36.510\% \text{ of Trust B’s activity} + 1.430\% \text{ of Trust C’s activity}. \]

The clock starts from the time that the patient arrives in A&E and stops when the patient leaves the department on admission, transfer from the hospital or discharge).
Source of indicator
Care Quality Commission.

Source of numerator
QMAE quarterly return (financial year). The QMAE return provides a count of the number of attendances at A&E departments and minor injury units; the total time spent in major A&E departments; and the number of patients admitted through A&E including time waiting for a bed. The QMAE is a quarterly return.

Denominator definition
Number of patients that attended A&E. The definition of the number of patients is ‘all unplanned attendances in the reporting period at A&E departments whether admitted or not’, that would be counted for completion of form QMAE. It includes unplanned follow up attendances but does not include planned follow up attendances (e.g. to an A&E clinic or a planned follow up to remove sutures).

Source of denominator
QMAE quarterly return (financial year).

Geographic coverage
Information is available at PCT level only and for England as a whole.

Other dimensions of inequality
No other dimensions of inequality are collected for this indicator.

Timeliness
QMAE returns are completed every quarter. The Healthcare Commission reported on this indicator using this data for the first time in July 2004 and included data for July 2003 - March 2004. In previous years this indicator was based on a different data source and the information is therefore not comparable to this year.

Accuracy and completeness
As this indicator has been adapted for PCTs from acute trust information it is only an approximate indicator of the experience of a PCT’s population. In addition the average time waiting in A&E is only a marker of patient experience. The experience of those who wait for
more than 4 hours will differ greatly with some having a more positive experience than others.

Disclosure
There are no disclosure issues with this indicator

Further information
Further information on the NHS performance ratings and how indicators are used is available on the Care Quality Commission website.

References

Health and Social Care Information Centre
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