Hospital Accident and Emergency Activity
2017-18
Introduction

This is a high level summary report of NHS Accident and Emergency activity and performance of hospitals, during 2017-18, and as a comparison over time.

This is a joint publication between NHS Digital and NHS England. This collaboration enables data to be brought together from two different sources enabling inclusion of a wider set of breakdowns and measures and a more complete picture to be presented. Due to improvements to some of the NHS Digital processes this publication is earlier than in previous years.

The data sources for this publication are:
• Hospital Episode Statistics (HES) and
• A&E Attendances and Emergency Admissions Monthly Situation Reports (MSitAE)

Both sets of data are submitted by NHS providers on a monthly basis to NHS Digital and NHS England respectively. The MSitAE data is an aggregate dataset submitted shortly after month end and is used to monitor activity and performance levels. The HES data is patient level record based data which is aggregated and thus anonymised for subsequent analysis. We explore within this report both the similarities and differences between the two data sources. Planned A&E attendances are excluded, unless otherwise stated.
In 2017-18 there were 23.8 million attendances in Accident and Emergency.

This is an increase of 2 per cent compared with 2016-17 and 22 per cent since 2008-09.

The average growth per year over the period since 2008-09 is 2 per cent, compared with the England population average growth of 1 per cent per year over a similar period.

For more information: Summary Report 1, Hospital Accident and Emergency Activity, 2017-18
The proportion of attendances at minor injury units and walk in centres is slowly increasing over time, compared with total attendances.

In 2008-09 the minor injury units and walk in centres proportion was 28 per cent; this has grown to 33 per cent in 2017-18.

Source: MSitAE
Major A&E Consultant Led Departments (Types 1 and 2); Minor Injury Units and Walk In Centres (Types 3 and 4)

For more information: Summary Report 2, Hospital Accident and Emergency Activity, 2017-18
Whilst the volume of attendances has increased between 2008-09 to 2017-18 the age profile of patients attending A&E has remained relatively stable in this period. As a proportion of all attendances patients in the age band 65 to 79 increased from 11 per cent of attendances in 2008-09 to 12 per cent in 2017-18. Whilst patients in the age band 15 to 34 decreased from 31 per cent of attendances in 2008-09 to 28 per cent in 2017-18.

For more information: Summary Report 3, Hospital Accident and Emergency Activity, 2017-18
Performance Times and Waits for Admission

This section focuses on the performance of time to departure against the 4 hour national standard, and patients waiting over 12 hours from decision made by a clinician to admit the patient to their admission. There are two different measures of A&E waiting times, which should not be confused.

1. Total time spent in A&E from arrival to discharge, transfer or admission

This is collected in monthly MSitAE and is the official measure of the 4 hour total time standard.

It can also be calculated from HES which can be used to measure total time in A&E, for example 4 hours and 12 hours are shown in this report.

2. Waiting time from decision to admit a patient to admission to a ward

This is sometimes referred to as a ‘trolley wait’ and is collected in monthly MSitAE as over 4 hour and over 12 hour waits; any 12 hour waits may be subject to fines from commissioners.

These numbers are much lower than total time waits as only patients who are admitted are included. The equivalent figures cannot be calculated from HES because the decision to admit time is not available.
For 2017-18: 88 per cent of patient attendances spent 4 hours or less in A&E. At a national level, the standard has not been met annually since 2013-14, although it has been met in some individual months since then.

**Note:** The standard set in the NHS Constitution is the percentage of attendances discharged, admitted or transferred spending 4 hours or less in A&E. This was 98% up to quarter 1 (end June) 2010; from quarter 2 (July) 2010 this was reduced to 95%

Source: MSitAE

For more information: Summary Report 4, Hospital Accident and Emergency Activity, 2017-18
The number of attendances per day spending 4 hours or under in A&E has a range of 10,714, with a maximum of 61,647 attendances (Jun 2014) and minimum of 50,933 attendances (Jan 2015).

The 12 month rolling average shows very little variation with a low of 56,454 and a high 58,044 attendances per day.

Source: MSitAE

For more information: Summary Report 5, Hospital Accident and Emergency Activity, 2017-18
The number of attendances per day spending over 4 hours in A&E has been increasing steadily.

There was a steady increase from April 2011 to April 2014 with a 12 month rolling average increasing from 1,770 to 2,498.

However, since that point there has been a significant increase where the average number of attendances over 4 hours has more than trebled.

For more information: Summary Report 6, Hospital Accident and Emergency Activity, 2017-18
Percentage of Patient Attendances Spending 4 Hours or Less in A&E, by Provider

This displays a map of England, with a coloured ‘pin’ for every major A&E Provider, of which only 4 met the standard of 95 per cent and above for all attendances in 2017-18.

Year: 2017-18
Source: MSitAE
Major A&E Departments only (Type 1)

For more information: Summary Report 7, Hospital Accident and Emergency Activity, 2017-18
As a proportion of all patient attendances the hours between 9:00 and 9:59 have the lowest per cent of attendances spending over 4 hours (10%) in A&E. The previous hour between 8:00 and 8:59 has highest per cent spending one hour or less (17%) in A&E. For the hours between 21:00 and 07:00 at least 1 in 5 patient attendances are spending over 4 hours in A&E.
Patients Spending Over 12 Hours in A&E From Arrival

The number of patient attendances spending over 12 hours from arrival to being transferred, admitted or discharged is 332,995 for 2017-18.

This has increased year on year and is now more than 5 times greater than in 2011-12 (57,718).

Source: HES

For more information: Summary Report 9, Hospital Accident and Emergency Activity, 2017-18
The number of patient admissions spending over 12 hours in A&E is **3,471** in 2017-18 (from decision to admit to being admitted).

These figures are not comparable with the previous slide, as they are reporting on two different measures.

Source: MSitAE

For more information: Summary Report 10, Hospital Accident and Emergency Activity, 2017-18
This section reports how the distribution of A&E attendances varies with the time of day, day of the week and the month of arrival for 2017-18.

The results are presented as:

• All attendances by time of day compared with the day of the week
• Attendances brought in by ambulance by time of day
• Average attendances per day for each month
A&E Attendances by Time of Arrival and Day of Week

Most attendances occurred on a **Monday**.

For each day the highest attendances are reported between the hours of **10:00 and 12:00**.

Year: 2017-18
Source: HES
Includes planned attendances

For more information: [Summary Report 11, Hospital Accident and Emergency Activity, 2017-18]
Night time has the lowest number of ambulance attendances; however the proportion of people to arrive by ambulance is at its highest.

Daytime has the highest total of ambulance attendances; however the vast majority of people arrive by other means.

For more information: Summary Report 12, Hospital Accident and Emergency Activity, 2017-18
For 2017-18:
The average number of attendances per day is slightly higher compared with the average of the previous two years, with the exception of March.

Source: MSitAE

For more information: Summary Report 13, Hospital Accident and Emergency Activity, 2017-18
The seasonal pattern remains similar to the previous years with the largest proportions occurring between November and February. The proportion of A&E attendances that led to a hospital admission is slightly more for each month in 2017-18 than in the previous two reporting years.

Source: MSitAE

For more information: Summary Report 14, Hospital Accident and Emergency Activity, 2017-18
The per cent of A&E attendances who are admitted shows a slight increase over the past ten years from just under 17 per cent to under 19 per cent.

Source: MSitAE
Data excludes other emergency admissions (i.e. not via A&E)

For more information: Summary Report 15, Hospital Accident and Emergency Activity, 2017-18
Reattendances Within 7 Days to A&E

This section reports how the distribution of reattendances varies with the day of the week, age and sex for 2017-18. All reattendances are defined to be within 7 days of the patient’s first attendance, either to the same or another A&E department, and over 4 hours to exclude transfers between organisations. The reason for the initial and reattendances have not been compared to assess whether they are related or not.

The results are presented as:

• Annual total of patients who have re-attended A&E over the last 10 years
• Day of the week of the patient’s first attendance of those that have re-attended
• Age and sex of patients who have re-attended
The number of reattendances to A&E has increased each year. In 2017-18 the reported number of reattendances was 1,796,526, an increase of 86 per cent from 2008-09 (964,453).

In 2017-18 the percentage of reattendances as a proportion of total attendances was nearly 9 per cent.

For more information: Summary Report 16, Hospital Accident and Emergency Activity, 2017-18
Saturday and Sunday have the highest proportion of attendances of patients who reattend A&E within 7 days, with Saturday highest at 9 per cent.
Men have a higher proportion of reattendances than women for all age groups, with the exception of those between 10 to 29 years of age. These trends could be linked to patterns of admissions, for example older people may be more likely to be admitted and conversely less likely to need to return to A&E within seven days.
A&E attendances by Index of Multiple Deprivation and rate per 100,000 population

People residing in the most deprived 10% areas in England have the largest number of attendances at A&E departments with just under 3 million in 2017-18. This group also has the highest rate of attendances with just over 53,500 attendances for every 100,000 people.

The least deprived 10% have the lowest number of attendances (1.4 million) and a rate of attendances around half that of the most deprived 10% with just over 27,000 attendances for every 100,000 people.

For more information: Summary Report 19, Hospital Accident and Emergency Activity, 2017-18
Just under 82% of A&E attendances (where the patients ethnicity is known) are for those with an ethnic group of White.

Mixed ethnic groups have the lowest rate of attendances with **25,000** attendances for every 100,000 people.

Other ethnic groups have a rate that is 2.7 times larger with a rate of just over **68,000** attendances for every 100,000 people.
Additional Information

Further guidance and associated documentation
Source Data Information

Hospital Episode Statistics (HES)

HES is extracted from Secondary Uses Service (SUS). It holds patient level details of all admissions, outpatient appointments and accident and emergency (A&E) attendances at National Health Service (NHS) hospitals in England.

HES data are the source for a wide range of healthcare analyses for the NHS, Government and many other organisations and individuals. It includes private patients treated in NHS hospitals, patients resident outside of England and care delivered by treatment centres (including those in the independent sector) funded by the NHS.

Further information about HES is available at: http://digital.nhs.uk/hes

A&E Attendances and Emergency Admissions Monthly reports (MSitAE)

The collection process used for MSitAE data is very different from the process used for HES.

MSitAE are based on counts made in local NHS and Independent Sector organisations and submitted to NHS England in aggregate form, rather than from patient level data.

These are still the official source of A&E information and should be used in preference to A&E HES where information is held in both data sets.

MSitAE data are available at: http://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/
The Emergency Care Data Set (ECDS) is a new national dataset for urgent and emergency care which will replace the current HES A&E dataset used to collect information from Emergency Departments across England. It will enable more detailed analysis and enhanced understanding of emergency services.

The new dataset began implementation from October 2017 to eventually include all Emergency Department types, including A&E, Minor Injury Units, Urgent Care Centres and Walk in Centres.

During the Interim period to April 2019, ECDS is being mapped back to HES. To maintain a continuity of reporting of certain measures. The 2017–18 annual statistics uses HES A&E data and ECDS data mapped into a HES A&E format for this publication; 2018–19 onwards annual statistics are intended to reporting data within the ECDS format.

More information is available at:

Caveats and Data Quality

- The first HES A&E submission from providers in England was for the 2007-08 financial year; these reports were experimental until 2012-13. During these early years data completeness was known to be an issue.


- MSitAE figures are higher than HES, predominantly due to higher coverage for minor injury units and walk in centres (department types 3 and 4)

- Further information on data sources and data quality is available in the supporting information documentation: https://digital.nhs.uk/data-and-information/publications/statistical/hospital-accident--emergency-activity/2017-18
Provide Feedback

We would welcome feedback from users on the content and style of this report.

Feedback on this publication can be provided to NHS Digital via email to enquiries@nhsdigital.nhs.uk or via telephone on 0300 303 5678.

NHS Digital welcomes all feedback relating to any aspect of this publication. In particular we would welcome feedback on:

• the usefulness of the content to different users
• the ways in which the information is used
• any further suggestions you may have for additional content that you would find useful