A&E attendances twice as high for people in the most deprived areas as in the least deprived.

There were more than twice as many attendances to Accident and Emergency departments in England for the 10% of the population living in the most deprived areas (3.1 million), compared with the least deprived 10% (1.5 million) in 2018-19, according to official figures released today.

NHS Digital’s Hospital Accident and Emergency Activity 2018/19, created in partnership with NHS England and NHS Improvement, also shows that attendances for the 20% of the population living in the most deprived areas¹ accounted for 27% of all A&E attendances (5.9 million attendances)².

The report brings together newly published data from NHS Digital’s Hospital Episode Statistics (HES) with previously published data from NHS England and NHS Improvement’s A&E Attendances and Emergency Admissions Monthly Situation Reports (MSitAE)³. It includes attendances from all types of Accident and Emergency departments ranging from major A&E departments, single specialty, consultant-led emergency departments to Minor Injury Units and Walk-in Centres.

HES data in the report shows for 2018/19:

- Monday is the busiest day of the week and the most popular time of arrival is between 10am and 12pm

- The number of reattendances⁴ to A&E within 7 days was 1.9 million and accounted for 8.7% of all reported attendances
• Patients arriving from 8am to 10am generally spent the shortest time in A&E with 16% of patients arriving between 8am and 8:59am spending one hour or less; and 90% of arrivals between 9am and 9:59am spending four hours or less

• Looking at all arrival times, 1.5% (330,000) of all attendances in 2018/19 spent more than 12 hours in A&E, compared with 1.6% (333,000) in 2017/18. This measures the entire duration of stay in A&E\(^5\).

MSitAE data in the report shows that:

• There was a four per cent increase in attendances to A&E during 2018-19 (24.8 million), compared to 2017-18 (23.8 million) and a 21% increase since 2009-10 (20.5 million)

• The average growth per year over the period since 2009-10 is two per cent, compared with the England population average growth of one per cent per year, over a similar period

Provider level analysis of the figures is also available as part of this release.

ENDS

Read the full report

Hospital Accident and Emergency Activity 2018/19

Notes to editors

1. The Index of Multiple Deprivation 2015 is the official measure of relative deprivation for small areas (or neighbourhoods) in England. The Index of Multiple Deprivation ranks every small area in England from 1 (most deprived area) to 32,844 (least deprived area). It is common to describe how relatively deprived a small area is by saying whether it falls among the most deprived 10 per cent, 20 per cent or 30 per cent of small areas in England. To help with this, deprivation 'deciles' are published alongside ranks. Deciles are calculated by ranking the
32,844 small areas in England from most deprived to least deprived and dividing them into 10 equal groups. These range from the most deprived 10 per cent of small areas nationally to the least deprived 10 per cent of small areas nationally.


2. Population rates are calculated using Office for National (ONS) data using population estimates for the 2011 Lower Layer Super Output Areas (LSOA) combined with the Index of Multiple Deprivation (IMD) to create a population estimate for each IMD decile group. The population estimates are the 2016 mid-year estimates mapped to 2011 LSOAs and IMD is using the 2015 version.

3. Both sets of data are received monthly by NHS Digital and NHS England and NHS Improvement respectively. MSitAE are submitted data and are used at aggregate level, to a quick timetable, to monitor performance and activity growth. Coverage is more complete for MSitAE than HES, though HES holds the data at patient level from hospital systems. The gap between the two datasets is narrowing over time as the coverage in HES improves. All data excludes planned attendances, unless otherwise stated.

4. All reattendances are defined to be within 7 days of the patient’s first attendance, either to the same or another A&E department where more than four hours has elapsed from A&E for the initial attendance. The reason for the initial and reattendances have not been compared to assess whether they are related or not. All reattendances are defined to be within 7 days of the patient’s first attendance, either to the same or another A&E department where more than four hours has elapsed from A&E for the initial attendance. The reason for the initial and reattendances have not been compared to assess whether they are related or not.

5. This is defined as the ‘total time spent in A&E from arrival to discharge, transfer or admission’. This is distinct from the official measure, which relates to the time between the point a clinician decides to admit the patient to the point the patient is admitted.

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