Hospital Accident and Emergency Activity
2018-19
This is a high level summary report of NHS Accident and Emergency activity and performance of hospitals, during 2018-19, and as a comparison over time.

This is a joint publication between NHS Digital and NHS England and NHS Improvement. 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.

The primary 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 and NHS Improvement 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 2018-19 there were 24.8 million attendances in Accident and Emergency.

This is an increase of 4 per cent compared with 2017-18 and 21 per cent since 2009-10.

The average growth per year over the period since 2009-10 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, 2018-19
The proportion of attendances at minor injury units and walk in centres is slowly increasing over time.

In 2009-10 the proportion of attendances at minor injury units and walk in centres was **30 per cent**; this has grown to **35 per cent** in 2018-19.

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, 2018-19
A&E Attendances by Age Band

Whilst the volume of attendances has increased between 2009-10 to 2018-19 the age profile of patients attending A&E has remained relatively stable.

From 2009-10 to 2018-19 the proportion of patients aged 65 and over increased from 19 per cent to 21 per cent. Whilst the proportion of patients in the 15 to 34 age band decreased from 30 per cent to 28 per cent in the same period.

Source: HES
Excludes unknown ages and planned A&E attendances

For more information: Summary Report 3, Hospital Accident and Emergency Activity, 2018-19
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 4 hours.

The results are presented as:

• Percentage of attendances spending 4 hours or less in A&E
• Average number of attendances of 4 hours or less and over 4 hours
• Provider map of percentage of attendances spending 4 hours or less in A&E
• Total time in A&E from Hour of Arrival to Transfer, Admission or Discharge
For 2018-19: 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 during this period.

**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, 2018-19
Over the last 7 years the number of attendances per day spending 4 hours or less in A&E has ranged from 50,933 in January 2015 to 63,350 in June 2018.

Source: MSitAE

For more information: Summary Report 5, Hospital Accident and Emergency Activity, 2018-19
The number of attendances per day spending over 4 hours in A&E has been increasing steadily.

There was a steady increase from April 2012 to April 2014 with a 12 month rolling average increasing from 2,014 to 2,498.

However, in the last 5 years the increase has been more marked and the average number of attendances spending over 4 hours in A&E has more than trebled.

Source: MSitAE

For more information: Summary Report 6, Hospital Accident and Emergency Activity, 2018-19
This displays a map of England with a coloured pin for every major A&E provider. Only 3 providers met the 95% standard, measured across the whole year, in 2018-19.

For more information: Summary Report 7, Hospital Accident and Emergency Activity, 2018-19
As a proportion of all patient attendances the hours between 9:00 and 9:59 have the lowest percentage (10%) of attendances spending over 4 hours in A&E. Whereas the previous hour between 8:00 and 8:59 has highest percentage (17%) spending one hour or less in A&E.

For the hours between 20:00 and 06:59 at least 1 in 5 patient attendances are spending over 4 hours in A&E

For more information: Summary Report 8, Hospital Accident and Emergency Activity, 2018-19
Performance Times and Waits for Admission

This section focuses on patients waiting over 12 hours. There are two different measures of A&E waiting times, which should not be confused. Total time spent in A&E from arrival to discharge, transfer or admission and waiting time from decision made by a clinician to admit the patient to their admission.

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.
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 329,961 in 2018-19.

This is a small decrease since 2017-18 and halts the growth whereby increases were seen in the years from 2012-13 to 2017-18.

For more information: Summary Report 9, Hospital Accident and Emergency Activity, 2018-19
Patients Waiting Over 12 Hours From Decision to Admit to Admission to a Ward

The number of patient admissions spending over 12 hours in A&E is **3,260** in 2018-19 (from decision to admit to being admitted).

These figures are not comparable to the previous slide as this measure is only applicable to admitted patients.

Source: MSitAE

For more information: Summary Report 10, Hospital Accident and Emergency Activity, 2018-19
Time of Day / calendar Distribution

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 2018-19 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
Monday experiences the highest volume of attendances.

On each day of the week the highest volume of attendances are between the hours of 10:00 and 12:00

Year: 2018-19
Source: HES
Includes planned A&E attendances

For more information: Summary Report 11, Hospital Accident and Emergency Activity, 2018-19
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 2018-19:
For every month of the year the number of attendances per day is slightly higher than in each of the previous two years.
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 11 months in 2018-19 than in the previous two years.

For more information: Summary Report 14, Hospital Accident and Emergency Activity, 2018-19
Over the past ten years the percentage of A&E attendances who are admitted has risen from just under 17 per cent to 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, 2018-19
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 2018-19. 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 reattended A&E over the last 10 years
• Day of the week of the patient’s first attendance of those that have reattended
• Age and sex of patients who have reattended
The number of reattendances to A&E has increased each year from 2009-10, when there were 1,115,759 reattendances, to 2018-19, when there were 1,919,425 reattendances.

In this period reattendances have increased from 7 per cent to just under 9 per cent of attendances.

For more information: Summary Report 16, Hospital Accident and Emergency Activity, 2018-19
Weekends have the highest proportions of reattendances, as a proportion of first attendances.

With the highest proportion (9 per cent) first seen on Saturday.
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.

The 20 to 29 years age band has the highest rate of reattendance with a steady decrease in the ensuing age bands.

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.

For more information: Summary Report 18, Hospital Accident and Emergency Activity, 2018-19
People residing in the ‘most deprived 10%’ areas in England have the largest number of attendances at A&E departments with just over 3 million in 2018-19. This group also has the highest rate of attendances with just over 55,600 attendances for every 100,000 people.

The ‘least deprived 10%’ have the lowest number of attendances (1.5 million) and a rate of attendances around half that of the ‘most deprived 10%’ with just over 28,700 attendances for every 100,000 people.

For more information: Summary Report 19, Hospital Accident and Emergency Activity, 2018-19
A&E attendances by Ethnicity and rate per 100,000 population

Just under 82% of A&E attendances (where the patients ethnicity is known) are for those with an ethnic group of White.

The lowest rate of attendances with 26,000 attendances for every 100,000 people is for those with an ethnic group of Mixed.

Other ethnic groups have a rate that is 2.7 times higher with a rate of just under 71,000 attendances for every 100,000 people.

For more information: Summary Report 20, Hospital Accident and Emergency Activity, 2018-19
Additional Information

Further guidance and associated documentation
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.


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 and NHS Improvement 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/
Future Data Source: Emergency Care Data Set (ECDS)

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 period to April 2020, ECDS is being mapped back to HES so as to maintain a continuity of reporting of certain measures. The 2018-19 annual statistics uses HES A&E data and ECDS data mapped into a HES A&E format for this publication; 2019-20 onwards annual statistics are intended to be 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.

• Detailed information about HES data quality of data items, and completeness of provider data submissions can be accessed via the following link:

• 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:
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
This is an Official Statistics publication

This publication may be requested in large print or other formats.
