Essential facts regarding A&E Services

This factsheet is intended to provide all interested and concerned parties with a summary of the key data that should inform any responsible debate concerning Emergency Departments (EDs).

Patients

1. There were 15,379,166 attendances at Type 1 Emergency Departments in 2017-18.¹
2. The UK has the 5th lowest A&E attendance rate of 11 comparable nations.²
3. In Quarter 1 of 2010-11 Four-Hour Standard performance at Type 1 Emergency Departments was 97.7%, in Quarter 4 of 2017-18 it was 76.8%.³
4. From Quarter 1 2010-11 to Quarter 4 2017-18 the number of people waiting more than four hours from decision to admit to admission has increased by 211,367 (1468%).⁴
5. From Quarter 1 2011-12 to Quarter 4 2017-18 the number of people waiting more than twelve hours from decision to admit to admission has increased by 2248 (11,831%).⁵
6. In 2010-11 patients 65 years and over made up 19.2% of attendances (3,022,671). In 2016-17 they made up 20.8% (4,287,391).⁶
7. Across the UK 15% of patients could be seen in a non-hospital setting.⁷

Departments

8. A Type 1 Emergency Department is defined as ‘a consultant led 24-hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients’.⁸
9. There are 137 NHS Trusts in England providing Type 1 Emergency Department services in England.⁹
10. Annual attendances per Provider range from around 44,626 (Dorset County) to 332,418 (Barts Health).¹⁰
11. In total there were 183 Type 1 Emergency Departments in England in 2018.¹¹
12. In 2017-18 there were 1,447,451 more attendances than in 2010-11 – equivalent to the annual workload of 14 large Emergency Departments.¹²
13. In 2017-18 there were 922,514 more admissions via Type 1 Emergency Departments than in 2010-11. This is a 26.51% increase.¹³
14. In 2017-18 there was one consultant for every 8693 Type 1 attendances.¹⁴ If we achieve the staffing levels set out in RCEM Vision 2020 it will be one consultant for every 3,874 Type 1 attendances.
Staff

15. In February 2018 there were 1,769 Emergency Medicine (EM) consultants working in the NHS in England.xv

16. While the consultant workforce has grown in recent years this has not kept pace with demand. 26% of advertised consultant posts remain unfilled.xvi

17. The Emergency Medicine specialty has the highest vacancy rate across the NHS at 15.6%.xvii

18. Since 2015 at least 112 EM consultants and 171 trainees have left the UK to work overseas.xviii

19. Whilst EM training posts have a 100% fill rate, attrition rates among EM trainees is high relative to other medical specialties because of the intensity of work in Emergency Departments.xix

Beds and Flow

20. Exit block occurs when patients cannot be moved in a timely manner to a ward because of a lack of available beds. Exit block causes harm to patients and avoidable mortality.

21. In Quarter 4 2017-18 there were 14,223 fewer overnight beds in the NHS in England than there were in Quarter 1 of 2010-11. This represents a 9.85% in the decline in the bed base of the English NHS.xx

22. In Quarter 1 2010 bed occupancy was 84.8%, in Quarter 4 2017-18 bed occupancy was 90.0%.xli

23. There is a clear link between four-hour standard performance and bed occupancy rates. The last quarter in which acute bed occupancy stood at 85% was also the last quarter in which four-hour standard performance reached 95% at Type 1 Emergency Departments.xxii

24. Delayed Transfers of Care (DTOC) are a serious problem and a cause of Exit Block.

25. In Quarter 3 2010-11 DTOC accounted for 3.07% of bed occupancy. In Quarter 4 2017-18 the same figure was 4.23%.xxiii

26. The biggest single cause of DTOC is patients awaiting a care package in their own home.xxiv

Finance

27. The total recorded cost of delivering ED services in England in 2016-17 was £3 billion.xxv

28. According to NHS Reference Costs the average cost of an ED attendance in 2016-17 was £148.xxvi

29. NHS Trusts are paid for the services of Emergency Departments through something called the National Tariff system.xxvii Historically, national tariff payments have not reflected the full costs of treatment in Emergency Departments.xxviii

30. Because tariff payments have not kept pace with inflation and because of what is known as the ‘Tariff Efficiency Factor’ the gap between the actual cost of treatment and what Trusts are paid to deliver it has grown.xxix

31. In 2016-17 the NHS in England spent £2.94 billion on locum and agency staff 16% of which (£470 million) was spent in Emergency Medicine.xxx
References

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