This publication provides a compilation of Accident and Emergency (A&E) data in England, to give a broad picture of the patient journey through A&E.

- Multiple sources of A&E data are available nationally, providing information on specific aspects of care.

- More information on each data source is provided at the end of this document. A wealth of further information is available through specific, more detailed publications referenced there.

- The figures reported here are for England overall. Variation exists locally.
Summary

- There were 22 million A&E attendances in 2012/13 compared to an estimated 340 million GP consultations.
- Overall major (type 1) department attendances have risen slightly above the rate of population increase between 2004/05 and 2012/13.
- Minor (type 3) department attendances have risen at 11 times the rate of population increase over this period.
- Most major (type 1) department attendances are for people aged under 40, but the proportion of older attendees has risen.
- The pattern of attendance by hour of day has remained consistent.
- Due to the way the data are collected there are problems with coverage and content in some areas, notably reason for attending.
- While overall attendance figures are published from 2004/05, analysis of the detail making up these numbers is only possible from 2008/09.

1 NHS England, High quality care for all, now and for future generations: Transforming urgent and emergency care services in England - Urgent and Emergency Care Review End of Phase 1 Report, November 2013

Department types (full details under ‘Definitions, footnotes, data sources and further reading’ at end of report):
- Type 1 A&E department - Major A&E
- Type 2 A&E department - Single Specialty
- Type 3 A&E department - Other A&E / Minor Injury Unit / Walk In Centre
Introduction – overall attendances

Growing number of attendances at A&E. Trends show attendances have been highest in April to June since 2007/08.

A&E quarterly attendances, all departments

Millions per quarter

NHS England Weekly situation report A&E data (WSitAE)

Data Source: NHS England A&E Activity (WSitAE), official attendance count.
Overall attendances have risen faster than the growth in population. This is largely driven by type 3 department attendances which have risen at 11 times the rate of population. Though the type 3 growth rate has decreased recently.


Footnotes (page 49): 1, 2, 3.
The journey through A&E

This report describes the journey through A&E:

• Who goes to A&E?
• Why do they go?
• When do they go?
• What happens while they are there?
• Where do they go next?
The journey through A&E

Who goes to A&E?
Who goes to A&E?

Highest percentage of A&E attendances are for very young children and those in their early twenties.

Percentage of total attendances by age, 2008/09 and 2012/13

Data Source: HSCIC Hospital Episodes Statistics (HES) (age on arrival). Data for 2012/13 are provisional. HES is not as complete as WSitAE, but is a richer source of information, containing details for each attendance. Type 1 departments may make a disproportionate contribution to the numbers for all department types in HES as they have a greater coverage than other department types when compared to WSitAE.

Footnotes (page 49): 4.
Who goes to A&E?

Type 1 departments see a higher proportion of attendances from older patients and a lower proportion from younger patients than type 3 departments.

Percentage of attendances by age by department type, 2012/13

Data Source: HSCIC Hospital Episodes Statistics (HES) (age on arrival). Data for 2012/13 are provisional. HES is not as complete as WSitAE, but is a richer source of information, containing details for each attendance. Type 1 departments may make a disproportionate contribution to the numbers for all department types in HES as they have a greater coverage than other department types when compared to WSitAE. Footnotes (page 49): 4.
Who goes to A&E?

In 2012/13 there were at least 500 attendances at type 1 departments for every 1000 people aged under 2 or over 83.

Attendances per 1,000 population by year of age, Major A&E departments, 2012/13

Data Sources: HSCIC Hospital Episodes Statistics, Data for 2012/13 are provisional. Office for National Statistics Population Estimates (Mid-2012)
Who goes to A&E?

Proportion of attendances for over 64s at type 1 departments has increased by 2.6 percentage points between 2008/09 and 2012/13. One in five attendances at type 1 departments are over 64.

Attendance at major (type 1) departments by age group

Data Sources: HSCIC Hospital Episodes Statistics (age on arrival). Data for 2012/13 are provisional. NHS England A&E Activity (WSitAE).
Who goes to A&E?

Proportion of attendances for over 64s at type 3 departments has decreased by 2.2 percentage points between 2008/09 and 2012/13. Proportion of attendances for under 10s has increased by 3.4 percentage points.

Data Sources: HSCIC Hospital Episodes Statistics, Data for 2012/13 are provisional. NHS England A&E Activity (WSitAE).
Who goes to A&E?

In 2012/13, on average 13 of every 20 attendees referred themselves to A&E while one was referred by a GP.

<table>
<thead>
<tr>
<th></th>
<th>2009/10</th>
<th>2010/11</th>
<th>2011/12</th>
<th>2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self referral</td>
<td>65.5%</td>
<td>65.7%</td>
<td>64.7%</td>
<td>64.1%</td>
</tr>
<tr>
<td>General Medical Practitioner</td>
<td>6.4%</td>
<td>5.7%</td>
<td>5.1%</td>
<td>5.1%</td>
</tr>
<tr>
<td>Other referral sources</td>
<td>28.0%</td>
<td>28.5%</td>
<td>30.0%</td>
<td>30.8%</td>
</tr>
</tbody>
</table>

‘Other referral sources’ includes Health Care Provider, Police and Educational Establishment

Data Source: HSCIC Hospital Episodes Statistics (HES). Data for 2012/13 are provisional. HES is not as complete as WSitAE, but is a richer source of information, containing details for each attendance. Type 1 departments may make a disproportionate contribution to the numbers for all department types in HES as they have a higher coverage than other department types when compared to WSitAE.
Who goes to A&E?

In each of the last 5 years at least twice the number of attendances in all departments have been by those living in the most deprived 10% of areas than those in the least deprived 10%.

Data Sources: HSCIC Hospital Episodes Statistics. Data for 2012/13 are provisional. Type 1 departments may make a disproportionate contribution to the numbers for all department types in HES as they have a greater coverage than other department types when compared to WSiAtAE.

Department for Communities and Local Government Index of Multiple Deprivation.

Footnotes (page 49): 5.
Who goes to A&E?

Users of mental health services were more than twice as likely to have attended A&E than non-users. They were also likely to attend more frequently.

Attendance by Mental Health service users (aged 18+), 2012/13

<table>
<thead>
<tr>
<th>Patients who accessed A&amp;E services at least once 2012/13</th>
<th>Population (aged 18+)</th>
<th>Number of patients (at least one A&amp;E attendance in year)</th>
<th>Number of A&amp;E attendances (all)</th>
<th>Average number of A&amp;E attendances per patient</th>
<th>Percentage accessing A&amp;E services (at least once)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All patients</td>
<td>41,623,870</td>
<td>8,885,277</td>
<td>13,824,243</td>
<td>1.56</td>
<td>21.3%</td>
</tr>
<tr>
<td>Non-MH Service users</td>
<td>40,198,505</td>
<td>8,271,344</td>
<td>12,334,688</td>
<td>1.49</td>
<td>20.6%</td>
</tr>
<tr>
<td>MH service users</td>
<td>1,425,365</td>
<td>613,933</td>
<td>1,489,555</td>
<td>2.43</td>
<td>43.1%</td>
</tr>
</tbody>
</table>

Data Source: HSCIC Linked HES (Hospital Episode Statistics) and MHMDS (Mental Health Minimum Dataset). HES data for 2012/13 are provisional. Numbers refer to attendances at A&E, and use of mental health services, in 2012/13 irrespective of whether attendees were users of mental health service before or after attendance.

The journey through A&E

Why do they go to A&E?
Why do they go to A&E?

Data about patients’ reasons for attending A&E is very limited in scope. However, it does provide information on some categories of interest including sports injuries, road traffic accidents, assaults and self-harm.

<table>
<thead>
<tr>
<th>Reason for attendance, all department types</th>
<th>2009/10</th>
<th>2010/11</th>
<th>2011/12</th>
<th>2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>64.0%</td>
<td>65.6%</td>
<td>67.1%</td>
<td>69.4%</td>
</tr>
<tr>
<td>Other accident</td>
<td>25.3%</td>
<td>24.1%</td>
<td>22.2%</td>
<td>21.0%</td>
</tr>
<tr>
<td>Not known</td>
<td>5.1%</td>
<td>4.7%</td>
<td>5.0%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Sports injury</td>
<td>2.0%</td>
<td>2.2%</td>
<td>2.3%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Road traffic accident</td>
<td>1.6%</td>
<td>1.5%</td>
<td>1.6%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Assault</td>
<td>1.2%</td>
<td>1.1%</td>
<td>1.1%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Deliberate self-harm</td>
<td>0.7%</td>
<td>0.7%</td>
<td>0.7%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Firework injury</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.1%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Brought in dead</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

**Data Source:** HSCIC Hospital Episodes Statistics (Patient Group). Data for 2012/13 are provisional. Type 1 departments may make a disproportionate contribution to the numbers for all department types in HES as they have a greater coverage than other department types when compared to WSitAE.
The journey through A&E

When do they go to A&E?
When do they go to A&E?

The pattern of arrival time by hour of day has remained consistent over the past 5 years.

Percentage of all A&E attendances by hour of day

Data Source: HSCIC Hospital Episodes Statistics. Data for 2012/13 are provisional. Type 1 departments may make a disproportionate contribution to the numbers for all department types in HES as they have a greater coverage than other department types when compared to WSitAE.

Footnotes (page 49): 7.
When do they go to A&E?

Type 1 department attendances are more evenly split across 24 hours than type 3 departments.

Percentage of A&E attendances by hour of day and department type, 2012/13

Data Source: HSCIC Hospital Episodes Statistics. Data for 2012/13 are provisional.
Sports Injuries accounted for 1.7 per cent of type 1 department attendances in 2012/13.

Attendances for sports injuries at major departments (type 1) by hour of day and day of week, for all of 2012/13

Number of attendances in year

Data Source: HSCIC Hospital Episodes Statistics. Data for 2012/13 are provisional.
Road traffic accidents accounted for 1.4 per cent of type 1 department attendances in 2012/13.

Attendances for road traffic accident at major departments (type 1) by hour of day and day of week, 2012/13

Data Source: HSCIC Hospital Episodes Statistics. Data for 2012/13 are provisional.
Assault related attendances accounted for 1.0 per cent of type 1 department attendances in 2012/13.

Attendances for assault at major departments (type 1) by hour of day and day of week, for all of 2012/13

Number of attendances in year

00:00 06:00 12:00 18:00
Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Day and hour of arrival

Data Source: HSCIC Hospital Episodes Statistics. Data for 2012/13 are provisional.
When do they go to A&E?

Deliberate self harm accounted for 0.7 per cent of type 1 department attendances in 2012/13.

Attendances for deliberate self-harm at major departments (type 1) by hour of day and day of week, for all of 2012/13

Number of attendances in year

Data Source: HSCIC Hospital Episodes Statistics. Data for 2012/13 are provisional.
When do they go to A&E?

In quarters three and four (Oct – Dec and Jan – Mar) of 2012/13 there was a slight increase in the proportion of attendances to type 1 departments by people aged under 10 and over 64.

### Percentage of type 1 Attendances by Age Group by Quarter, 2012/13

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Apr-Jun</th>
<th>Jul-Sep</th>
<th>Oct-Dec</th>
<th>Jan-Mar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 10</td>
<td>14.9%</td>
<td>14.1%</td>
<td>15.8%</td>
<td>15.0%</td>
</tr>
<tr>
<td>10 to 64</td>
<td>64.4%</td>
<td>65.3%</td>
<td>62.7%</td>
<td>62.9%</td>
</tr>
<tr>
<td>Over 64</td>
<td>20.7%</td>
<td>20.6%</td>
<td>21.5%</td>
<td>22.1%</td>
</tr>
</tbody>
</table>

**Data Source:** HSCIC Hospital Episodes Statistics. Data for 2012/13 are provisional. Type 1 departments may make a disproportionate contribution to the numbers for all department types in HES as they have a greater coverage than other department types when compared to WSitAE.
The journey through A&E

What happens while they are there?
What happens while they are there?

In 2012/13, 40 per cent of all attendances were recorded as having a first investigation of ‘none’. Data coverage has improved: 95 per cent of attendances were recorded in 2012/13 compared to 78 per cent in 2009/10.

<table>
<thead>
<tr>
<th>First A&amp;E investigation</th>
<th>2009/10</th>
<th>2010/11</th>
<th>2011/12</th>
<th>2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>25.5%</td>
<td>33.0%</td>
<td>40.4%</td>
<td>41.1%</td>
</tr>
<tr>
<td>X-ray plain film</td>
<td>27.9%</td>
<td>28.8%</td>
<td>26.6%</td>
<td>25.2%</td>
</tr>
<tr>
<td>Haematology</td>
<td>4.9%</td>
<td>5.4%</td>
<td>6.4%</td>
<td>6.9%</td>
</tr>
<tr>
<td>Other</td>
<td>5.8%</td>
<td>4.7%</td>
<td>5.4%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Other Classified</td>
<td>13.6%</td>
<td>15.5%</td>
<td>16.0%</td>
<td>16.9%</td>
</tr>
<tr>
<td><strong>Total valid records</strong></td>
<td><strong>77.7%</strong></td>
<td><strong>87.3%</strong></td>
<td><strong>94.8%</strong></td>
<td><strong>95.4%</strong></td>
</tr>
<tr>
<td><strong>Total invalid records</strong></td>
<td><strong>22.3%</strong></td>
<td><strong>12.7%</strong></td>
<td><strong>5.2%</strong></td>
<td><strong>4.6%</strong></td>
</tr>
</tbody>
</table>

**Data Source:** HSCIC Hospital Episodes Statistics. Data for 2012/13 are provisional. Type 1 departments may make a disproportionate contribution to the numbers for all department types in HES as they have a greater coverage than other department types when compared to WSitAE.

**Footnotes (page 49):** 8.
What happens while they are there?

Between 2009/10 and 2012/13, approximately four out of every 10 records for primary diagnosis were invalid. Diagnosis data are poor as their collection is not compulsory.

Primary Diagnosis

<table>
<thead>
<tr>
<th>First A&amp;E diagnosis</th>
<th>2009/10</th>
<th>2010/11</th>
<th>2011/12</th>
<th>2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis not classifiable</td>
<td>10.1%</td>
<td>12.4%</td>
<td>13.4%</td>
<td>13.9%</td>
</tr>
<tr>
<td>Dislocation/fracture/joint injury/amputation</td>
<td>4.9%</td>
<td>4.7%</td>
<td>4.7%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Laceration</td>
<td>4.5%</td>
<td>3.8%</td>
<td>4.2%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Sprain/ligament injury</td>
<td>3.8%</td>
<td>3.7%</td>
<td>3.9%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Soft tissue inflammation</td>
<td>3.4%</td>
<td>3.4%</td>
<td>3.6%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Total remaining valid records</td>
<td>31.5%</td>
<td>31.6%</td>
<td>32.8%</td>
<td>33.6%</td>
</tr>
<tr>
<td>Valid records</td>
<td>58.1%</td>
<td>59.6%</td>
<td>62.6%</td>
<td>62.9%</td>
</tr>
<tr>
<td>Invalid records</td>
<td>41.9%</td>
<td>40.4%</td>
<td>37.4%</td>
<td>37.1%</td>
</tr>
</tbody>
</table>

**Data Source:** HSCIC [Hospital Episodes Statistics](#). Data for 2012/13 are provisional. Type 1 departments may make a disproportionate contribution to the numbers for all department types in HES as they have a greater coverage than other department types when compared to WSitAE.

**Footnotes (page 49):** 9.
What happens while they are there?

Although it appears that first treatment recorded as ‘Guidance/advice only’ has increased between 2009/10 and 2012/13 to one in three of all attendances, this can be accounted for by an improvement in data quality.

<table>
<thead>
<tr>
<th>First A&amp;E treatment</th>
<th>2009/10</th>
<th>2010/11</th>
<th>2011/12</th>
<th>2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guidance/advice only</td>
<td>25.0%</td>
<td>27.1%</td>
<td>34.4%</td>
<td>34.4%</td>
</tr>
<tr>
<td>None</td>
<td>7.9%</td>
<td>10.7%</td>
<td>13.2%</td>
<td>12.8%</td>
</tr>
<tr>
<td>Observation/electrocardiogram, pulse oximetry/head injury/trends</td>
<td>5.0%</td>
<td>5.1%</td>
<td>6.7%</td>
<td>7.2%</td>
</tr>
<tr>
<td>Recording vital signs</td>
<td>1.8%</td>
<td>3.6%</td>
<td>6.4%</td>
<td>7.9%</td>
</tr>
<tr>
<td>Medication administered</td>
<td>3.3%</td>
<td>4.1%</td>
<td>6.0%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Other Classified</td>
<td>23.1%</td>
<td>24.2%</td>
<td>26.1%</td>
<td>25.1%</td>
</tr>
<tr>
<td><strong>Valid records</strong></td>
<td><strong>66.1%</strong></td>
<td><strong>74.7%</strong></td>
<td><strong>92.9%</strong></td>
<td><strong>94.1%</strong></td>
</tr>
<tr>
<td>Invalid records</td>
<td>33.9%</td>
<td>25.3%</td>
<td>7.1%</td>
<td>5.9%</td>
</tr>
</tbody>
</table>

**Data Source:** HSCIC Hospital Episodes Statistics. Data for 2012/13 are provisional. Type 1 departments may make a disproportionate contribution to the numbers for all department types in HES as they have a greater coverage than other department types when compared to WSitAE.

**Footnotes (page 49):** 10.
Attendees aged over 64 are less likely to receive ‘Guidance/advice only’ as a first treatment than other age groups.

First treatment by Age group, 2012/13

<table>
<thead>
<tr>
<th>First A&amp;E treatment</th>
<th>Under 10</th>
<th>10 to 64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guidance/advice only</td>
<td>38.6%</td>
<td>35.5%</td>
<td>25.7%</td>
</tr>
<tr>
<td>None</td>
<td>11.9%</td>
<td>12.4%</td>
<td>9.3%</td>
</tr>
<tr>
<td>Observation/electrocardiogram, pulse oximetry/head injury/trends</td>
<td>7.8%</td>
<td>6.6%</td>
<td>10.6%</td>
</tr>
<tr>
<td>Recording vital signs</td>
<td>9.6%</td>
<td>7.2%</td>
<td>10.2%</td>
</tr>
<tr>
<td>Medication administered</td>
<td>8.1%</td>
<td>6.7%</td>
<td>6.1%</td>
</tr>
<tr>
<td>Other Classified</td>
<td>18.0%</td>
<td>25.3%</td>
<td>34.1%</td>
</tr>
<tr>
<td>Valid records</td>
<td>93.8%</td>
<td>93.8%</td>
<td>95.9%</td>
</tr>
<tr>
<td>Invalid records</td>
<td>6.2%</td>
<td>6.2%</td>
<td>4.1%</td>
</tr>
</tbody>
</table>

Data Source: HSCIC Hospital Episodes Statistics. Data for 2012/13 are provisional. Type 1 departments may make a disproportionate contribution to the numbers for all department types in HES as they have a greater coverage than other department types when compared to WSitAE.

Footnotes (page 49): 10.
What happens while they are there?

95.9 per cent of all A&E attendances were completed within 4 hours in 2012/13, 93.8 per cent in type 1 departments and 99.8 per cent in Type 3 departments.

Percentage of attendances concluded in 4 hours or less, by week (all department types)

Data Source: NHS England A&E Activity (WSitAE)
Footnotes (page 49): 11, 12.
By 10 minute interval the largest number of all attendees spent between 3 hours 51 minutes and 4 hours in A&E. Also, a greater proportion are admitted to hospital during this period.

Number of attendances by time in A&E (hours:minutes), by 10 minute time intervals, and outcome, 2012/13.

Data Source: HSCIC Hospital Episodes Statistics. Excludes planned attendances. Data for 2012/13 are provisional. Type 1 departments may make a disproportionate contribution to the numbers for all department types in HES as they have a greater coverage than other department types when compared to WSitAE.
What happens while they are there?

By 10 minute interval in type 1 departments the largest percentage of attendees spent between 3 hours 51 minutes and 4 hours in A&E. In type 3 departments the largest percentage spent 21-30 minutes.

Data Source: HSCIC Hospital Episodes Statistics. Excludes planned attendances. Data for 2012/13 are provisional.
The journey through A&E

Where do they go next?
Where do they go next?

Just over two in 10 of all A&E attendances ended with admission to hospital.

On leaving A&E by year

<table>
<thead>
<tr>
<th></th>
<th>2009/10</th>
<th>2010/11</th>
<th>2011/12</th>
<th>2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admitted</td>
<td>21.8%</td>
<td>21.9%</td>
<td>20.7%</td>
<td>20.8%</td>
</tr>
<tr>
<td>Discharged - follow up by GP</td>
<td>18.6%</td>
<td>18.8%</td>
<td>19.7%</td>
<td>20.0%</td>
</tr>
<tr>
<td>Discharged - no follow up required</td>
<td>39.1%</td>
<td>38.6%</td>
<td>38.8%</td>
<td>39.0%</td>
</tr>
<tr>
<td>Referred</td>
<td>13.4%</td>
<td>13.1%</td>
<td>13.0%</td>
<td>12.3%</td>
</tr>
<tr>
<td>Others (inc. not known)</td>
<td>7.1%</td>
<td>7.5%</td>
<td>7.8%</td>
<td>7.8%</td>
</tr>
</tbody>
</table>

Data Source: HSCIC Hospital Episodes Statistics (Disposal Method). Data for 2012/13 are provisional. Type 1 departments may make a disproportionate contribution to the numbers for all department types in HES as they have a greater coverage than other department types when compared to WSitAE.
Where do they go next?

Around half of all A&E attendances for people aged over 64 ended with admission to hospital. Compared to around one in seven for people aged under 10.

On leaving by age group, 2012/13

<table>
<thead>
<tr>
<th></th>
<th>Under 10</th>
<th>10 to 64</th>
<th>Over 64</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admitted</td>
<td>13.6%</td>
<td>14.9%</td>
<td>46.9%</td>
</tr>
<tr>
<td>Discharged - follow up by GP</td>
<td>20.1%</td>
<td>21.7%</td>
<td>15.4%</td>
</tr>
<tr>
<td>Discharged - no follow up required</td>
<td>50.0%</td>
<td>40.5%</td>
<td>23.0%</td>
</tr>
<tr>
<td>Referred</td>
<td>9.4%</td>
<td>13.9%</td>
<td>10.1%</td>
</tr>
<tr>
<td>Others (inc. not known)</td>
<td>6.9%</td>
<td>9.1%</td>
<td>4.6%</td>
</tr>
</tbody>
</table>

Data Source: HSCIC Hospital Episodes Statistics. Data for 2012/13 are provisional. Type 1 departments may make a disproportionate contribution to the numbers for all department types in HES as they have a greater coverage than other department types when compared to WSitAE.
The highest number of all emergency admissions to hospital are for very young children and the elderly.

Number of emergency admissions (all, not just through A&E) by year of age, 2008/09 and 2012/13

Data Source: HSCIC Hospital Episodes Statistics, admitted patient care. Finished admission episodes concluded in the year.
Where do they go next?

The number of emergency admissions to hospital per 1000 population are highest for very young children and the elderly.

Emergency admissions per 1000 population by year of age, 2012/13

Data Source: HSCIC Hospital Episodes Statistics, admitted patient care. Finished admission episodes concluded in the year.

Emergency admissions are slightly higher in quarters 3 and 4 (October – March) for patients aged over 64 and for the under 10s.

Emergency admissions 2012/13, by age group


Where do they go next?

The rate of re-attendance to A&E within a week has remained consistent at between seven and eight per cent over the last three years.

Rate of re-attendance within 7 days

Data Source: HSCIC A&E Quality Indicators. HES data are provisional. Type 1 departments may make a disproportionate contribution to the numbers for all department types in HES as they have a greater coverage than other department types when compared to WSitAE. Footnotes (page 49): 14.
Additional information

The A&E Workforce
The A&E Workforce

Understanding the workforce data

The data shown here are for NHS Hospital and Community Health Service (HCHS) doctors recorded as having a specialty of Emergency Medicine. This should capture all those doctors trained in Emergency Medicine but it does not necessarily show where they work. Doctors may also be coded by specialty based on the department where they work. Emergency Medicine is likely therefore to capture all A&E doctors plus some that are employed in Emergency Admission Units, although these are expected to be few.

A doctor does not need to be trained in Emergency Medicine to be working in A&E. For example doctors trained in general medicine could be working in A&E and may still be recorded under the Specialty they trained in, and therefore not included in the Emergency Medicine doctors shown here.

Emergency Medicine is the General Medical Council (GMC) (Statutory Instrument approved) Main Specialty. It is also currently known as Accident and Emergency within Workforce Data Standards.

NHS Hospital and Community Health Service (HCHS) Workforce excludes General Practitioners, GP practice staff and high street dentists.
The A&E Workforce

Over the past 10 years, there has been a steady increase in the number of doctors with an Emergency Medicine specialty.

HCHS doctors, Emergency Medicine specialty

Full time equivalent

Year


Data Source: HSCIC NHS Workforce Census – Medical and Dental staff. The workforce is at 30 September each specified year.
The A&E Workforce

The number of doctors with an Emergency Medicine specialty has increased at a faster rate than all other specialties combined.

Workforce trends, relative change in full time equivalent HCHS doctors (indexed to 2002)

- **Emergency Medicine specialty**: +71% (3,183 in 2002 to 5,437 in 2012)
- **All other specialties**: +47% (65,077 in 2002 to 95,462 in 2012)

Data Source: HSCIC NHS Workforce Census – Medical and Dental staff. The workforce is at 30 September each specified year.
The A&E Workforce

From 2002 to 2012, a move to fewer part time workers is shown by the increase in the full time equivalent to headcount ratio.

Workforce, full time equivalent to headcount ratio, 2002 to 2012, HCHS doctors

Data Source: HSCIC NHS Workforce Census – Medical and Dental staff. The workforce is at 30 September each specified year.
Overall, the rate and pattern of sickness absence amongst doctors with Emergency Medicine specialty does not differ greatly from doctors in other specialties.

Sickness Absence Rates by Staff Group

Data Source: HSCIC NHS Sickness absence rates. Sickness absence rate is calculated by dividing the sum total sickness absence days (including non-working days) by the sum total days available per month for each member of staff.

Footnotes (page 49): 15.
The journey through A&E

Definitions, footnotes, data sources and further reading
A&E department type definitions

A&E department types in this report follow the definitions used in the NHS England Weekly Trust WSitAE data.

**Type 1 A&E department (Major A&E)**
A consultant led 24 hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients

**Type 2 A&E department (Single Specialty)**
A consultant led single specialty accident and emergency service (e.g. ophthalmology, dental) with designated accommodation for the reception of patients

**Type 3 A&E department (Other A&E / Minor Injury Unit)**
Other type of A&E/minor injury units (MIUs)/Walk-in Centres (WiCs), primarily designed for the receiving of accident and emergency patients. A type 3 department may be doctor led or nurse led. It may be co-located with a major A&E or sited in the community. A defining characteristic of a service qualifying as a type 3 department is that it treats at least minor injuries and illnesses (sprains for example) and can be routinely accessed without appointment. An appointment based service (for example an outpatient clinic) or one mainly or entirely accessed via telephone or other referral (for example most out of hours services), or a dedicated primary care service (such as GP practice or GP-led health centre) is not a type 3 A&E service even though it may treat a number of patients with minor illness or injury.

Please note that the NHS data dictionary currently defines Walk in Centres as type 4 departments. For the purposes of WSitAE, these are included under type 3. The HES analysis in this publication reports data submissions of type 3 and type 4 under the heading of type 3 departments to provide consistency of reporting with WSitAE.
1. In 2004/05 there were approximately 49,000 attendances per day; this increased to approximately 60,000 in 2012/13. In type 1 departments in 2004/05 there were approximately 36,000 attendances per day; this increased to approximately 39,000 in 2012/13. In type 3 departments in 2004/05 there were approximately 11,000 attendances per day; this increased to approximately 19,000 in 2012/13.

2. England population rose by 6.6 per cent between 2004/05 and 2012/13.

3. Overall A&E attendances rose by 21.9 per cent between 2004/05 and 2012/13. Type 3 department attendances rose by 73.6 per cent, type 1 departments by 7.4 per cent.

4. 55.5 per cent of all attendances in 2012/13 were for people aged less than 40. 54.3 per cent of all attendances at type 1 departments in 2012/13 were for people aged less than 40. 62.8 per cent of all attendances at type 3 departments in 2012/13 were for people aged less than 40. Type 1 departments may make a disproportionate contribution to the numbers for all department types in HES as they have a higher completion rate than other department types when compared to WSitAE.

5. The Index of Multiple Deprivation (IMD) gives a composite measure of relative deprivation and the English population is divided into 10 bands of equal size based on this measure. Figures relate to the deprivation level of the area of residence, not to the attendees themselves.

6. The MIdMDS covers not only services provided in hospitals, but also in outpatient clinics and in the community, where the majority of people in contact with these services are treated.

7. The decrease in the percentage of attendances recorded as arriving at midnight is very likely to be an improvement in data quality rather than a change in activity.

8. An attendance may result in more than one investigation. This table shows the first investigation recorded.

9. Multiple diagnoses may be recorded. This table is of the first diagnosis recorded.

10. Multiple treatments may be administered. This table is of the first treatment recorded.

11. WSitAE remains the official source of A&E data and is updated weekly. The chart shows up to and including 13/10/2013.

12. This data are available by department type. In type 3 departments 99.9 per cent of attendances were completed in four hours in 2004/05 and 99.8 per cent were completed in four hours in 2012/13. In type 1 departments 97.2 per cent of attendances were completed in four hours in 2004/05 and 93.8 per cent were completed in four hours in 2012/13.

13. Approximately seven out of 10 emergency admissions were via A&E in 2012/13. Other admission methods include ‘via general practitioner (GP)’ and ‘via consultant outpatient clinic’.

14. Re-attendance rates within seven days are calculated from HES data for the Accident and Emergency Quality Indicators for England. It shows the number of re-attendances within 7 days of a previous attendance at A&E as a percentage of the total number of attendances in A&E HES (excluding planned follow-up attendances and attendances where the attendance category was unknown).

15. Sickness absence rate is calculated by dividing the sum total sickness absence days (including non-working days) by the sum total days available per month for each member of staff. While lower sickness absence rates, in general, indicate lower levels of sickness absence it should be noted that lower rates can also indicate under reporting of sickness absence.
**Hospital Episodes Statistics** (HES)

HES is a data warehouse containing details of all admissions, outpatient appointments and A&E attendances at NHS hospitals in England.

This data are collected during a patient's time at hospital and are submitted to allow hospitals to be paid for the care they deliver. HES data are designed to enable secondary use, that is use for non-clinical purposes, of this administrative data.

It is a records-based system that covers all NHS trusts in England, including acute hospitals, primary care trusts and mental health trusts. HES information is stored as a large collection of separate records - one for each period of care - in a secure data warehouse.

Provisional HES data may be incomplete or contain errors for which no adjustments have yet been made. Counts produced from provisional data are likely to be lower than those generated for the same period in the final dataset. This shortfall will be most pronounced in the final month of the latest period. It is also probable that clinical data are not complete, which may in particular affect the last two months of any given period. There may also be errors due to coding inconsistencies that have not yet been investigated and corrected.

Coverage of A&E HES data has improved since it was first collected in 2007-08 but it remains incomplete compared to the official weekly WSitAE data. In 2011/12, the latest full year of data, HES contained 80% (17.3 million) of the 21.5 million recorded attendances. The provisional 2012/13 HES data presented in this report contains 83% (17.9 million) of the 21.7 million recorded attendances.

Coverage varies between department type with the greatest coverage in major A&E departments. 2011/12 contained 98.4% of recorded major unit attendances, which increases to 99.2% in the provisional 2012/13 data. As the coverage in major departments is greater than in other types, type 1 departments may make a disproportionate contribution to the numbers for all department types in HES when compared to WSitAE.
Accident and Emergency Weekly Situation Reports (WSitAE) and Quarterly Monitoring of A&E (QMAE)

The collection process used for A&E HES data is very different from the process used for collecting the other nationally published source of information on A&E activity, the weekly A&E situation reports (WSitAE). WSitAE are based on counts made in local NHS organisations and submitted to NHS England in aggregate form, rather than from patient level data. WSitAE data have been collected since 2010-11. Historic QMAE data was collected until quarter two 2011-12.

Using HES or WSitAE data

The aggregate WSitAE data are the official source of A&E information and should be used in preference to A&E HES for information that is held in both datasets.

WSitAE includes data about:
• the number of attendances at A&E departments
• attendances over 4hrs in duration
• emergency admissions to hospital from A&E

HES A&E information is collected from record level hospital patient data and also includes more detail about A&E activity including:
• the breakdown of times for assessment, treatment and duration in A&E
• demographic data (such as age, sex, residential geographies and deprivation)
• day and time of attendance
• disposal method (not just admissions but also discharges requiring GP follow up, referrals and patients leaving before treatment)
• some information about reasons for attending A&E and treatments, investigations and diagnoses
Workforce Statistics
Including:

• **NHS Workforce Census – Medical and Dental staff**
• **NHS Sickness absence rates**

Emergency Medicine is the General Medical Council (GMC) (SI approved) Main Specialty but is also currently known as Accident and Emergency within Workforce Data Standards.

Linked HES (Hospital Episode Statistics) and MHMDS (Mental Health Minimum Dataset)

The Mental Health Minimum Data Set (MHMDS) contains record-level data about the care of adults and older people using secondary mental health services. The MHMDS is unique in its coverage, because it covers not only services provided in hospitals, but also in outpatient clinics and in the community, where the majority of people in contact with these services are treated.

HES and MHMDS have been linked using specific patient identifiers collected in each thereby allowing the datasets to be linked from 2006/07. The HES-MHMDS linkage allows national (within England) analysis along acute patient pathways for mental health service users, thereby enabling a much deeper understanding of MH (mental health) service users’ interactions with acute secondary care.

A&E Quality Indicators

This set of clinical quality indicators were introduced to measure the quality of care delivered in A&E departments in England. The data used in these indicators are sourced from provisional A&E HES data. Indicator data published for earlier months have not been revised using updated HES data extracted in subsequent months.

Office for National Statistics Annual Mid-year Population Estimates

The mid-year estimates refer to the population on 30 June of the reference year and are published annually. They are the official set of population estimates for the UK and its constituent countries, the regions of England and Wales and local authorities.

The data used in this report is adapted from data from the Office for National Statistics licensed under the Open Government Licence v.1.0.
Additional data sources

**NHS Safety Thermometer**
The NHS Safety Thermometer provides a quick and simple method for surveying patient harms and analysing results so the user can measure and monitor local improvement and harm free care over time.

From July 2012 data collected using the NHS Safety Thermometer is part of the Commissioning for Quality and Innovation (QUINN) payment programme.

**NHS Written Complaints**
The NHS complaints procedure is the statutorily based mechanism for dealing with complaints about NHS care and treatment and all NHS organisations in England are required to operate the procedure. This annual collection is a count of written complaints made by (or on behalf of) patients.

**Diagnostic Imaging Dataset**
The Diagnostic Imaging Dataset (DID) is a central collection of detailed information about diagnostic imaging tests carried out on NHS patients, extracted from local radiology information systems and submitted monthly.

The DID captures information about referral source and patient type, details of the test (type of test and body site), demographic information such as GP registered practice, patient postcode, ethnicity, gender and date of birth, plus items about waiting times for each diagnostic imaging event, from time of test request through to time of reporting.
Patient Experience


The statistics are produced using results taken from the national patient survey programme, published separately but on the same day by the Care Quality Commission (CQC).

**NHS England** publish results from the **Friends and Family Test** (FFT). The FFT is a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care. It is initially for providers of NHS funded acute services for inpatients (including independent sector organisations that provide acute NHS services) and patients discharged from **A&E** (type 1 & 2) from April 2013.
Other organisations have recently published reports relating to A&E and emergency care.

**The College of Emergency Medicine**

*The drive for quality - How to achieve safe, sustainable care in our Emergency Departments*

**NHS England**

*Urgent and Emergency Care Review reports and outcomes*

**Care Quality Commission**

*The state of health care and adult social care in England in 2012/13*

**Monitor**

*Walk-in centre review: preliminary report*

**National Audit Office**

*Emergency admissions to hospital: managing the demand*
Further reading

Patient Focussed Information

**NHS Choices**
NHS Choices is the online ‘front door’ to the NHS. It is the country’s biggest health website and gives information to help patients make choices about their health.

[See NHS Choices information specifically on A&E.](#)

**Healthwatch**
Healthwatch England is the independent consumer champion for health and social care in England. It works with a network of 152 local Healthwatch bodies and aims to ensure that the voices of consumers and those who use services reach the ears of the decision makers.

Research Papers
As has been illustrated, the data on reason for A&E attendance is of relatively poor quality or incomplete. Academic studies in this area provide additional information. Two such papers are:

- [Potentially avoidable emergency department attendance: interview study of patients’ reasons for attendance](#)
- [Why are we here? A study of patient actions prior to emergency hospital admission](#)