

A&E Attendances and Emergency Admissions May 2024 Statistical Commentary

Main findings

All growth rates are adjusted for calendar days. When comparing a month to the previous year, a daily average is used. Due to the Covid-19 response, caution should be exercised in drawing comparisons with data from previous years.

From June 2023, 4 hour performance data from the 14 Clinical Review of Standard (CRS) field testing trusts has been reintroduced. Care should be taken when comparing performance during the field-testing period (May 2019 – May 2023). For further information on the impact of reintroducing the field-testing trust please see the note here:

<https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/>

Attendances

- The total number of attendances in May 2024 was 2,416,292. This is an increase of 7.6% when comparing the daily average attendances to May 2023.
- Attendances at Type 1 A&E departments were 5.1% higher when compared with May 2023.
- Attendances at Type 3 departments were 11.6% higher when compared with May 2023.
- Type 1 growth over the last 3 months, compared to the same period last year, is 6.5% and type 3 growth on the same basis is 12.9%.
- Growth over the last 12 months, compared to the preceding 12 months, for Type 1 is 3.3%, and for Type 3 is 7.8%.

Booked Appointments

- This month there were 85,282 A&E attendances that had been booked. This is an increase of 15.0% when comparing daily average booked attendances to May 2023.

Emergency Admissions

- There were 564,693 emergency admissions in the month. This is an increase of 6.8% when comparing daily average emergency admissions to May 2023.
- Emergency admission growth over the last 3 months, compared to the same period last year, is 8.0% and over the last 12 months, compared to the preceding 12 months, is 7.3%.
- Emergency admissions via Type 1 A&E departments is 6.7% higher than May 2023.
- Type 1 growth over the last 3 months, compared to the same period last year, is 8.7% and over the last 12 months, compared to the preceding 12 months, is 8.3%.

- Secondary User Service (SUS+) based analysis estimates a 11.6% April 2024 year to date (YTD) growth in emergency admissions. This is composed of 18.7% growth for those with zero length of stay (LoS) and 7.5% growth with a LoS of one or more days.
- SUS+ based analysis estimates a 11.4% April 2024 YTD growth for non-elective admissions. This is composed of 18.7% growth for those with zero LoS and 7.3% with a LoS of one or more days. 38% of non-elective admissions had a length of stay of zero days in April 2024 YTD. A full provider breakdown is available on the NHS England statistics website here: <https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/ae-attendances-and-emergency-admissions-2023-24/>.
- 28.1% of patients that attended a Type 1 major A&E department required admission to hospital, which compares to 27.7% for May 2023.

Performance

Caution should be exercised in drawing comparisons with data from previous years. An adjustment has been made to the values from this year in order to calculate growth in the number of attendances admitted, transferred or discharged within and over 4 hours due to the re-inclusion of the CRS field tests sites from June 2023.

- The number of attendances admitted, transferred or discharged within 4 hours was 1,581,779, this is an increase of 6.8% on May 2023*.
*when excluding the 14 CRS trial sites from this year's figures for a like-for-like comparison
- Of these, 766,769 were Type 1 attendances, an increase of 3.6% on May 2023*, and 773, 610 were Type 3 attendances, an increase of 9.9% on May 2023*.
* when excluding the 14 CRS trial sites from this year's figures for a like-for-like comparison
- 74.2% of patients, excluding CRS Trial Sites, were admitted, transferred or discharged within 4 hours in all A&E Departments in May 2024, this compares with 74.7% in April 2024 and 74.0% in May 2023.
- Including CRS Trial Sites, 74.0% of patients were admitted, transferred or discharged within 4 hours in all A&E Departments in May 2024 compared to 74.4% in April 2024.
- 59.7% of patients were admitted, transferred or discharged within 4 hours in Type 1 A&E departments compared to 60.6% in April 2024 and 60.4% in May 2023 (figures exclude the CRS trial sites).
- Including CRS Trial Sites, there has been a 0.7ppt decrease from April 2024 (60.4%) to 59.7% in May 2024 of patients seen within 4 hours in Type 1 A&E departments.
- Excluding CRS Trial Sites, Type 3 Performance is 96.1% this compares with 96.6% in April 2024 and 95.5% in May 2023.
- Including CRS Trial Sites, 96.3% of patients were admitted, transferred or discharged within 4 hours in Type 3 A&E departments, compared to 96.7% in April 2024.

- There were 138,770 4 hour delays from decision to admit to admission this month. The daily average in May 2023 was 3,949 while in May 2024 this has increased to 4,476, an 13.3% (527) increase.
- Of these, 42,555 were delayed over 12 hours (from decision to admit to admission). This equates to 1,373 decision to admit delays over 12 hours per day, an increase of 35.1% (357 patients) from May 2023.
- 0 out of 122 reporting trusts with Type 1 departments achieved the 95% standard on all types during the month. With additional local activity (mapped attendances) taken into account, no further trusts achieved the standard.

Data Notes

Full tables and an England level time series are available on the NHS England statistics website here:

<http://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/>

The revised figures for April 2023 to March 2024 will also be published on Thursday 13th June 2024. There are changes to the figures following these revisions. We have also revised the figures for April 2022 due to an erroneous submission by an organisation which has now been addressed.

Background

A&E waiting times form part of the NHS Constitution, which contains a list of expected rights and pledges for patients that NHS England take into account when assessing organisational delivery. The operational standard for A&E waiting times is that 95% of patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department.

A fuller analysis of the A&E data is available in the form of an annual report which was published in conjunction with former NHS Digital in September or October each year. This report draws on A&E data from both the Monthly A&E Attendances and Emergency Admissions Sitrep published by NHS England and the Hospital Episode Statistics dataset published by former NHS digital. The Hospital Episode Statistics dataset is based on patient level data and so can be broken down in numerous ways that the Monthly Sitreps data cannot. This includes breakdowns of attendances and admissions by age and by diagnosis. The report for 2022-23 can be found here:

[Hospital Accident & Emergency Activity, 2022-23 - NHS Digital](#)

Methodology

NHS England compiles A&E attendances and emergency admissions data through a central return that is split into two parts:

- A&E Attendances: This collects the number of A&E attendances, patients spending greater than 4 hours in A&E from arrival to discharge, transfer or admission and the number of patients delayed more than 4 hours from decision to admit to admission.
- Emergency Admissions: This collects the total number of emergency admissions via A&E as well as other emergency admissions (i.e. Not via A&E).

The above data items are split by the following categories of A&E department:

- Type 1 A&E department = Increasingly referred to as an Emergency Department. 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 = A consultant led single specialty accident and emergency service or Emergency Department (e.g. ophthalmology, dental) with designated accommodation for the reception of patients.
- Type 3 A&E department. These are now Urgent Treatment Centres (UTCs). These are GP-led, open at least 12 hours a day, every day, offer appointments that can be

booked through 111 or through a GP referral, and are equipped to diagnose and deal with many of the most common ailments people attend A&E for.

NHS Trusts, NHS Foundation Trusts, Social Enterprises and GP Practices submit data to NHS England via The Strategic Data Collection Service (SDCS). SDCS is a secure data collection system used by health and social care organisations to submit data. Once data is submitted and signed-off, NHS England performs central validation checks to ensure good data quality.

Note that the activity growth rates used in this document have been adjusted to take into account the extra day due to the leap years.

System (Formally Sustainability and Transformation Plan) Areas

From April 2017, the data is also presented aggregated to a System (formerly Sustainability and Transformation Plan (STP)) area basis, to better reflect A&E performance in each local area. This has been done by allocating data for each provider to one of the 42 Integrate Care Boards (ICBs) on a geographical one to one basis.

Acute Footprint Mapping

From November 2017, the data is also presented with type 3 activity mapped to partner acute trusts to reflect the performance of that trust footprint as a whole. Type 3 activity is assigned to the closest type 1 provider(s).

Data availability

A&E attendances and emergency admissions data are published to a pre-announced timetable, usually every second Thursday of the month. The data is published on the NHS England website here:

<http://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/>

Revisions

The figures for April 2023 to March 2024 have been revised and published on Thursday 13th June 2024. We have also revised the figures for April 2022 due to an erroneous admissions submission by an organisation which has now been addressed – no other figures have been amended in this file.

The impact of the revisions is minimal at England level. The table below shows the revision impact each month.

	Total Attendances				<4hr %		
	Original	Revised	Change	% Change	Original	Revised	Change (ppts)
Apr-22	no change				no change		
Apr-23	2,029,988	2,034,040	4,052	0.2%	74.6%	74.6%	0.04
May-23	2,241,349	2,245,919	4,570	0.2%	74.0%	74.0%	0.03
Jun-23	2,220,954	2,225,726	4,772	0.2%	73.3%	73.4%	0.04
Jul-23	2,194,900	2,199,787	4,887	0.2%	74.0%	74.0%	0.04
Aug-23	2,106,150	2,109,861	3,711	0.2%	73.0%	73.0%	0.04
Sep-23	2,165,741	2,170,046	4,305	0.2%	71.6%	71.7%	0.06
Oct-23	2,219,618	2,224,320	4,702	0.2%	70.2%	70.3%	0.07
Nov-23	2,162,122	2,167,584	5,462	0.3%	69.7%	69.8%	0.07
Dec-23	2,179,232	2,184,918	5,686	0.3%	69.4%	69.5%	0.07
Jan-24	2,225,035	2,230,825	5,790	0.3%	70.3%	70.4%	0.08
Feb-24	2,152,361	2,157,822	5,461	0.3%	70.9%	71.0%	0.07
Mar-24	2,352,113	2,370,221	18,108	0.8%	74.2%	74.3%	0.14

	Total Emergency Admissions				Total Emergency Admissions via AE			
	Original	Revised	Change	% Change	Original	Revised	Change	% Change
Apr-22	491,794	479,779	-12,015	-2.4%	371,946	359,931	-12,015	-3.2%
Apr-23	490,787	490,787	0	0.0%	370,074	370,115	41	0.0%
May-23	529,529	529,529	0	0.0%	395,088	395,088	0	0.0%
Jun-23	523,231	522,723	-508	-0.1%	387,972	387,972	0	0.0%
Jul-23	535,166	534,682	-484	-0.1%	400,414	400,414	0	0.0%
Aug-23	524,452	523,881	-571	-0.1%	389,842	389,842	0	0.0%
Sep-23	522,033	521,228	-805	-0.2%	388,931	388,931	0	0.0%
Oct-23	547,586	546,871	-715	-0.1%	407,340	407,341	1	0.0%
Nov-23	545,636	544,643	-993	-0.2%	402,526	402,526	0	0.0%
Dec-23	547,111	546,143	-968	-0.2%	412,324	412,324	0	0.0%
Jan-24	556,258	556,254	-4	0.0%	409,170	409,168	-2	0.0%
Feb-24	527,344	527,343	-1	0.0%	387,829	387,828	-1	0.0%
Mar-24	567,174	567,456	282	0.0%	425,955	426,154	199	0.0%

	4-12hr delays				12hr delays			
	Original	Revised	Change	% Change	Original	Revised	Change	% Change
Apr-22	no change				no change			
Apr-23	113,144	113,083	-61	-0.1%	26,606	26,492	-114	-0.4%
May-23	122,503	122,427	-76	-0.1%	31,574	31,498	-76	-0.2%
Jun-23	113,840	113,791	-49	0.0%	26,537	26,488	-49	-0.2%
Jul-23	109,519	108,240	-1,279	-1.2%	23,938	23,396	-542	-2.3%
Aug-23	120,115	118,962	-1,153	-1.0%	28,863	27,710	-1,153	-4.0%
Sep-23	125,787	124,956	-831	-0.7%	33,059	32,228	-831	-2.5%
Oct-23	144,926	143,850	-1,076	-0.7%	44,655	43,534	-1,121	-2.5%
Nov-23	146,272	145,934	-338	-0.2%	42,854	42,503	-351	-0.8%
Dec-23	148,282	148,105	-177	-0.1%	44,045	43,858	-187	-0.4%
Jan-24	158,721	158,735	14	0.0%	54,308	54,312	4	0.0%
Feb-24	139,458	139,467	9	0.0%	44,417	44,420	3	0.0%
Mar-24	140,181	140,195	14	0.0%	42,968	42,972	4	0.0%

Revisions to published figures are released on an annual basis and in accordance with the NHS England and NHS Improvement's revision policy. The revisions policy can be found here:

<https://www.england.nhs.uk/statistics/code-compliance/>

Data comparability

Data has been published monthly since June 2015. Before this, data was published weekly from November 2010 to June 2015. Prior to November 2010, data was briefly collected monthly between August 2010 and October 2010 and was collected quarterly from 2003/04 until September 2011.

In order to provide meaningful comparisons of recent monthly data to previous years, we have created an estimated monthly time series from the official weekly data. Monthly figures prior to June 2015 should be regarded as estimates. This monthly time series forms the basis of the analysis and is also published on our web page.

Revised guidance for the A&E attendances and emergency admissions collection applied from December 2015 data onwards. The definition for delays for emergency admissions via A&E from decision to admit to admission was amended to include patients who are transferred to another provider (disposal code 7). This was to ensure that such patients are counted in the number of patients spending more than 4 or more than 12 hours from decision to admit to admission. This change did not affect the measures of A&E attendances, the numbers waiting four hours from arrival to discharge, transfer or admission, and total emergency admissions which still focus purely on attendances at the same healthcare provider (disposal code 1).

The data can also be compared to A&E data for Wales collected by the Welsh Government, data for Scotland collected from Information Services Division (ISD) Scotland and data for Northern Ireland collected from the Department of Health, Social Services and Public Safety. A description of the technical differences between data from the four administrations can be found here: <https://gss.civilservice.gov.uk/health-waiting-time-statistics/>

The Welsh Government publishes monthly data on A&E attendances and performance against the 4-hour standard. Data can be found here: <https://statswales.wales.gov.uk/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Accident-and-Emergency>

ISD Scotland now publishes a weekly update on A&E attendances and performance against the 4-hour standard. This can be found here: <http://www.isdscotland.org/Health-Topics/Emergency-Care/Publications/index.asp?ID=1251>

The Department of Health, Social Services and Public Safety publishes quarterly data on A&E attendances and performance against the 4-hour standard. Data can be found here: <http://www.dhsspsni.gov.uk/index/statistics/hospital/waitingtimes-emergency.htm>

The UK Comparative waiting times group has published a summary of the differences in methodologies between the 4 countries: <https://gss.civilservice.gov.uk/health-waiting-time-statistics/>

12 Hour Waits in ED

There are currently two 12hr A&E waiting metrics reported, one covering the time from arrival to departure (whether that be admission, transfer or discharge) and one covering the period from a decision to admit (DTA) being made and the patient leaving the department for an admission. In most cases there will be more 12hr waits from arrival than

12hr waits from DTA as the later only covers part of the patient's time in department whereas the former covers the whole wait.

Only the decision to admit metric (sometime also known as a 'trolley wait') metric is covered by this publication, as it is part of the NHS constitution.

The 12 hour from arrival waiting times are now published monthly alongside this publication and as part of the joint NHS England and NHS Digital Annual A&E Report

[Hospital Accident & Emergency Activity, 2022-23 - NHS Digital](#)

Glossary

4-Hour Standard

The national standard whereby 95% of all patients are admitted, transferred or discharged within 4 hours of arrival.

A&E Attendance

The presence of a patient in an A&E service seeking medical attention.

A&E Type

Collectively the term All Types includes the following department types:

Type 1) Major A&E Departments

Type 2) Single Specialty A&E service (e.g. ophthalmology, dental)

Type 3) Other type of A&E such as Minor Injury Units and Walk-in Centres

Emergency admission

Admission to a hospital bed as an emergency. These can be split into admissions via an A&E department or from other sources (e.g. direct from a GP).

Provider

An organisation that provides NHS treatment or care, for example, an NHS acute trust, mental health trust, community provider, or an independent sector organisation.

Type 1 A&E

A large hospital department which provides a consultant-led, 24 hour service with full resuscitation facilities and designated accommodation for the reception of emergency patients.

Waiting Time

The time of arrival until the time of admission, transfer or discharge.

Delay to admission

The time a patient waited for an admission and is measured from decision to admit to admission (also known as a 'trolley wait').

Feedback Welcomed

We welcome feedback on the content and presentation of the A&E and emergency admissions statistics within this quarterly statistical report and those published on the NHS

England website. If anyone has any comments on this, or any other issues regarding A&E data and statistics, then please email england.nhsdata@nhs.net

Additional Information

Full details of A&E and emergency admissions data for individual organisations are available at:

<http://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/>

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