

# Publication Report



## Emergency Department Activity and Waiting Times

Publication date – 29 May 2012

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## About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

**Purpose:** To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

**Mission:** Better Information, Better Decisions, Better Health

**Vision:** To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

## Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (i.e. assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (i.e. legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (i.e. still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.

## Introduction

Data from Emergency Departments and departments that provide Accident and Emergency services has been submitted to ISD since July 2007. This was primarily established to support the 4-hour waiting time target. Since that time the dataset has been expanded and the information has been used to support a variety of other purposes both by NHS Boards and Scottish Government. Information on compliance with the 4-hour wait has been published since 2007 and more recently we have been expanding the published information on this activity.

This release includes several charts and tables which present additional information about attendances at these services across Scotland. The information is provided at both Scotland level and at NHS Board level (see the [Further Data](#) section below).

The tables and charts in this publication include;

- Total attendances by site type
- Attendances and admission rates by age band and gender
- Waiting Times performance against the 4-hour wait standard
- Heat Target attendance rates

Throughout this report we refer to the collective term Accident and Emergency (A&E) Services which includes the following site types:

- 1) Emergency Departments (EDs) – a consultant-led, 24 hour service with full resuscitation facilities and designated accommodation for the reception of emergency patients
- 2) MIU/Other – smaller sites such as Minor Injury Units (MIUs), community A&Es or community casualty departments that are GP or nurse led

A list of sites and their classification can be found on the [Emergency Department Activity - Data Collection](#) webpage.

Previous releases of the 4-hour wait performance publication were known as ‘Accident and Emergency Waiting Times’ and ‘Emergency Department Activity’.

Previous Emergency Department Waiting Times publication reports are available on the [Waiting Times](#) and [Emergency Care](#) publication web pages.

## Key points

- During the quarter ending 31 March 2012, the number of new and unplanned return attendances at all A&E services across Scotland was approximately; 129,400 in January, 127,200 in February and 147,900 in March. The March 2012 attendances are an 8.7 % increase on the average March attendance for the previous 4 years. The attendances show an increase towards the last week of the month, which may be due to the reported record temperatures for this month.
- During the quarter ending 31 March 2012, the proportion of new and unplanned return attendances at all A&E services across Scotland that were seen within 4 hours was; 94.2 % in January, 94.4 % in February and 95.3 % in March.
- During the quarter ending 31 March 2012, the rate of new and unplanned return attendances (per 100,000 population) at all A&E services across Scotland was; 2,477 in January, 2,435 in February and 2,832 in March.
- Of 0-24 year olds, 0-4 year olds are most likely to attend an Emergency Department or be admitted, followed by 20-24 year old males and 15-19 year old females.
- Males aged 70 and over, and females aged 75 and over, have at least a 1 in 2 chance (greater than 50 %) of being admitted following an attendance at an Emergency Department.

## Results and Commentary

### 1) Total Attendances by Site Type

The total attendance figures presented here include all of the four attendance categories presenting at Accident and Emergency services; new, unplanned returns, planned returns and recall attendances. The first two of these categories are classed as new presentations while the latter two are classed as follow-up attendances, as they are connected with the original complaint.

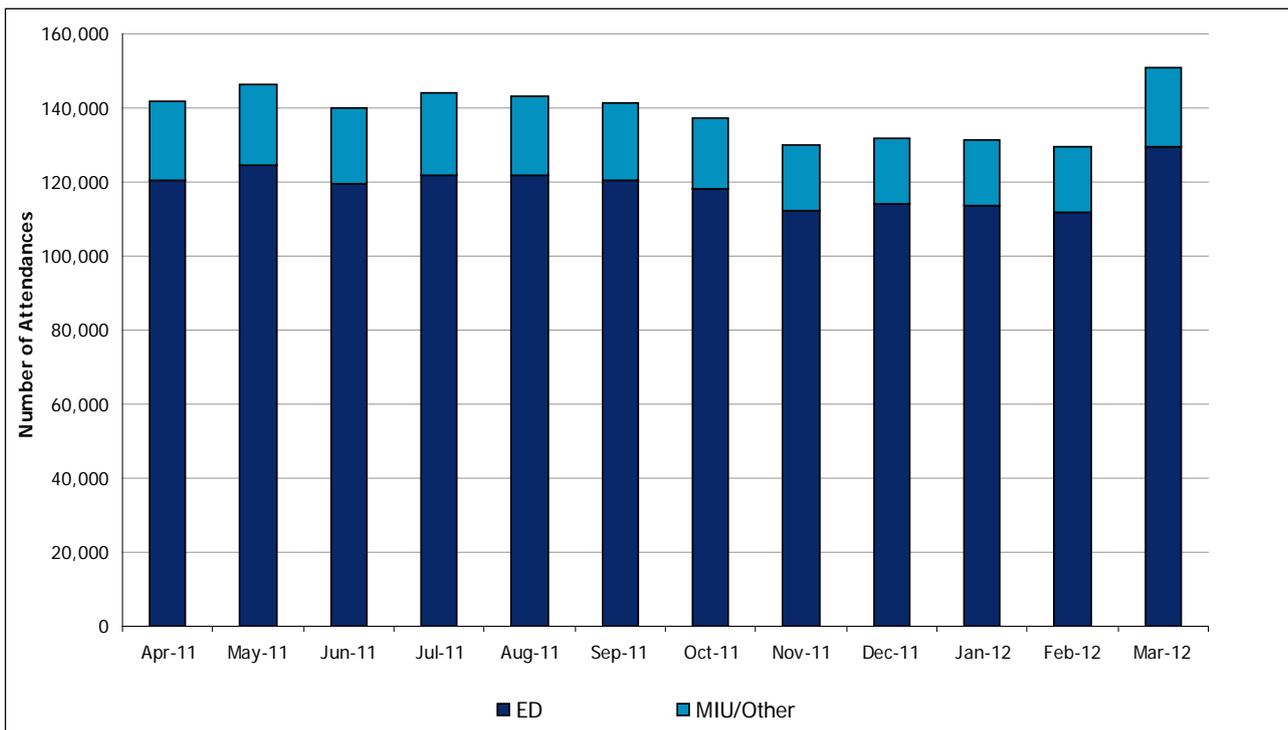
It should be noted that the number of attendances quoted in the 4-hour waiting time standard and the HEAT target data quoted in the later sections of this report only include new presentations; that is the new and unplanned return attendance categories.

To see the proportion of different attendance categories presenting at A&E services across Scotland, please refer to the [Further Data](#) section of this report.

Figure 1-1 shows the total number of attendances at A&E services across Scotland for the latest financial year. It can be seen that over the past 12 months the number of attendances have varied from approximately 130,000 to 150,000 with the latest month, March 2012 showing the highest overall attendances, and November 2011 the lowest. As expected, the main proportion of attendances is occurring at EDs (approximately 115,000 to 130,000) with remaining (approximately 20,000) attending the smaller sites such as Minor Injury Units (MIUs).

For the definition of the two different site types, see the [Introduction](#) section of this report.

**Figure 1-1: Total attendances at A&E Services by site type – Scotland (April 2011 to March 2012).**



To see total attendances by site type broken down by NHS Board, please refer to the [Further Data](#) section of this report.

## 2) Attendances & Admission Rates by Age Band and Gender

The definition of both the attendance rate and admission rate can be found in the [Glossary](#) at the end of this report.

Figure 2-1 shows the attendance and admission rates at EDs across Scotland (i.e. 31 sites) by age band and gender. This is presented for the latest 12 month period, for new and unplanned return attendances only.

It can be seen that;

- For both males and females, over 85s are more likely than any other age group to attend an ED or to be admitted following an attendance.
- For both males and females, 60-64 year olds are least likely to attend an ED.
- 10-14 year old males and 5-14 year old females are least likely to be admitted.
- Males are more likely than females to attend an ED at any age.
- Of 0-24 year olds, 0-4 year olds are most likely to attend an ED or be admitted, followed by 20-24 year old males and 15-19 year old females.

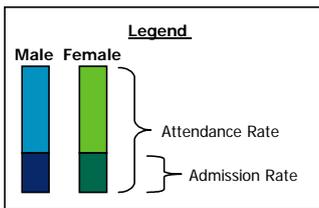
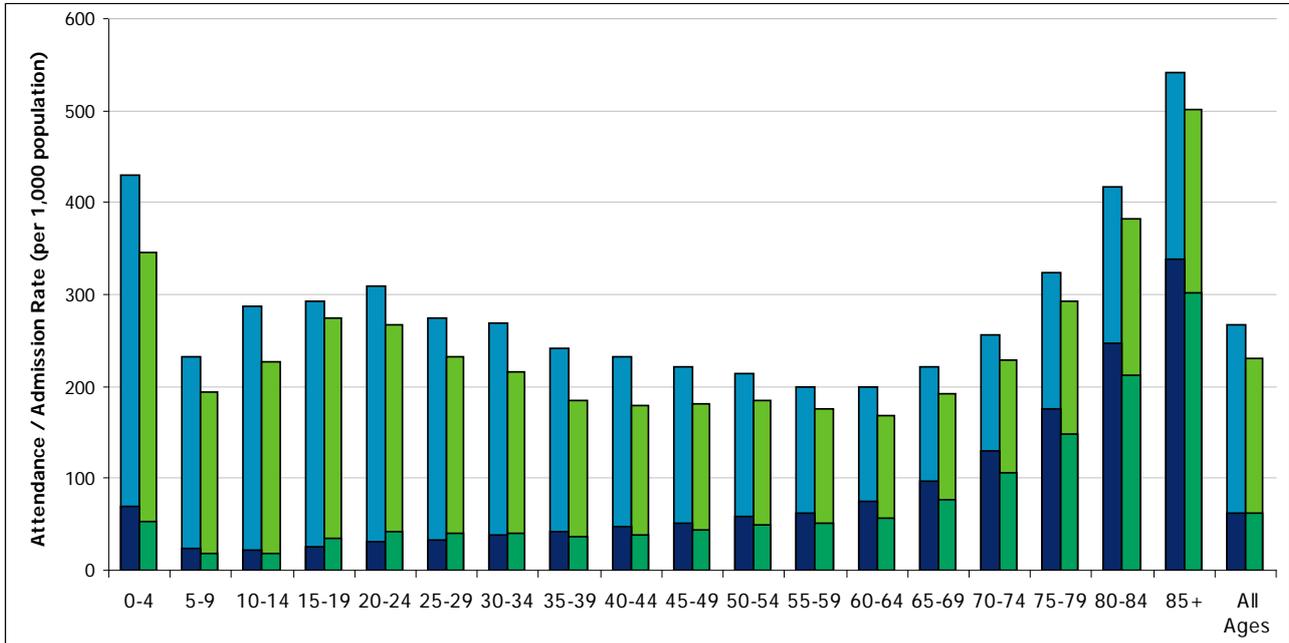
Figure 2-2 shows the proportion of patients admitted following an attendance at EDs across Scotland by age band and gender. This is defined as the ratio of the admission rate and attendance rate for each group.

It can be seen that;

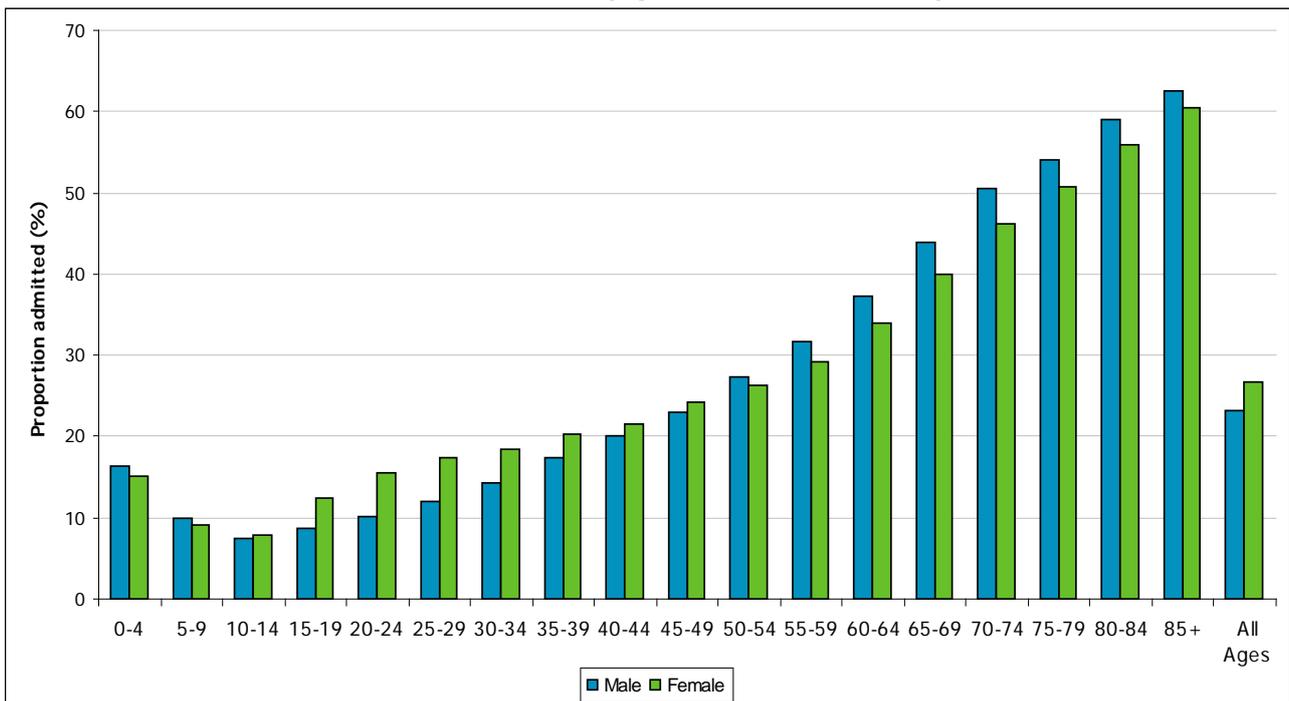
- A higher proportion of males are admitted after an attendance for all ages except for 10-49 year olds, where there are a higher proportion of females admitted.
- From the age of 10 onwards the older you are the more likely you are to be admitted.
- Males aged 70 and over, and females aged 75 and over, have at least a 1 in 2 chance (greater than 50 %) of being admitted.

To see attendance and admission rates by age band and gender broken down by NHS Board, please refer to the [Further Data](#) section of this report.

**Figure 2-1: Attendance and admission rates for new and unplanned return attendances at EDs across Scotland by age band and gender – latest 12 months (Apr 2011 to Mar 2012).**



**Figure 2-2: Proportion of patients admitted following a new and unplanned return attendance at EDs across Scotland by age band and gender – latest 12 months (Apr 2011 to Mar 2012).**



### 3) Waiting Times (4-hour wait standard)

The national standard for A&E waiting times states that at least 98 % of new and unplanned return attendances at an A&E Service should be seen and then admitted, transferred or discharged within 4 hours. This standard applies to all areas of emergency care such as assessment units, minor injury units, community hospitals, anywhere where emergency care type activity takes place. The 4-hour waiting time standard came into place in 2007 and continues to be the measure by which the Scottish Government (SG) monitors NHS boards' performance within A&E Services.

Table 3-1 shows, for the latest quarter, the number of new and unplanned return attendances at A&E Services across Scotland and the proportion of those seen within 4 hours.

**Table 3-1: Number of new and unplanned attendances at A&E Services across Scotland and proportion of those seen within 4 hours, January 2012 to March 2012.**

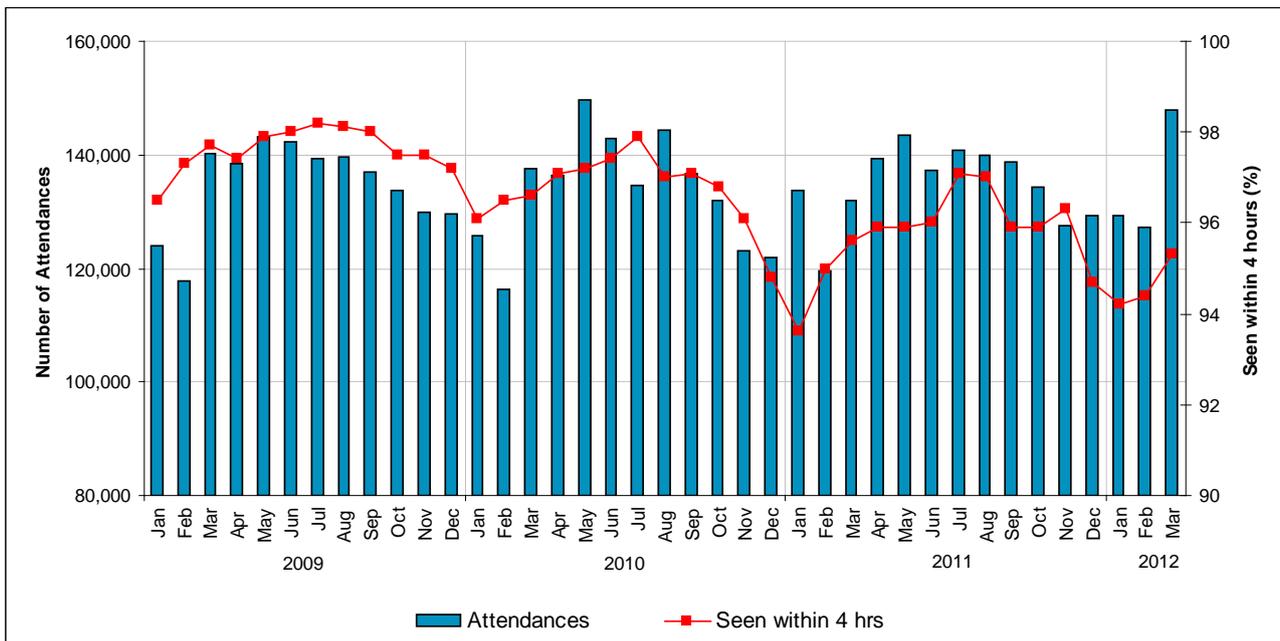
Month	Number of attendances	Seen within 4 hours (%)
Jan-12	129,358	94.2
Feb-12	127,150	94.4
Mar-12	147,896	95.3

The March 2012 attendances are an 8.7 % increase on the average March attendance for the previous 4 years (2008 - 2011). The March 2012 attendances show an increase in the last 2 weeks and especially during the last week of the month. This increase may be due to the reported record temperatures during the last week of March<sup>1</sup>.

To see the attendances and performance against the 4-hour wait standard for the latest financial year broken down by individual site and NHS Board, please refer to the [Further Data](#) section of this report.

The longer term monthly trend of attendances and performance against the 4-hour wait standard for Scotland since January 2009 is shown in Figure 3-1.

**Figure 3-1: Number of attendances at A&E Services across Scotland and proportion of those seen within 4 hours, January 2009 to March 2012**



#### 4) HEAT Target - Reducing Attendance Rates

In order to reduce the number of attendances at Emergency Departments (EDs) across Scotland and shift the balance of care, the Scottish Government has introduced a [HEAT target](#) performance measure. NHS Boards are tasked with reducing the attendance rate at EDs between 2009/10 and 2013/14. The aim is to reduce attendances with better provision and use of primary care services, better preventative and continuous care in the home and improved self care. The target only applies to EDs (refer to [HEAT Target Attendance Rates](#) Table 2) with the aim of providing more appropriate alternative services for patients.

Table 4-1 shows, for the latest quarter, the number and rate of new and unplanned return attendances at A&E Services across Scotland for all sites (EDs and MIUs) and for HEAT target sites alone (EDs).

A list of sites included in the HEAT target for each NHS Board can be found in Table 2 of the ED HEAT Rates tables (see the [Further Data](#) section below).

**Table 4-1: Number and rate of new and unplanned attendances at A&E Services across Scotland, January 2012 to March 2012.**

Month	Total (all sites)		HEAT Target sites (EDs)	
	Number of attendances	Attendance Rate (per 100,000)	Number of attendances	Attendance Rate (per 100,000)
Jan-12	129,358	2,477	110,224	2,119
Feb-12	127,150	2,435	107,097	2,059
Mar-12	147,896	2,832	124,013	2,384

To see the HEAT target data for the latest financial year broken down by NHS Board, please refer to the [Further Data](#) section of this report.

## Further Data

- Comparable information on total attendances by site type and attendance category broken down by NHS Board is available on the ISD website:

[ED site type and attendance category: 2011/12](#)  [110 KB]

- Comparable information on attendance and admission rates by age band and gender broken down by NHS Board is available on the ISD website:

[ED attendance & admission rates: latest 12 months](#)  [120 KB]

- Comparable information on attendances and performance against the 4-hour waiting time standard broken down by NHS Board and at individual site level is available on the ISD website:

[ED attendances and waiting times: 2011/12](#)  [160 KB] [PDF](#)  [150 KB]

- Comparable information on attendances and rate of attendance (total and HEAT target sites) broken down by NHS Board is available on the ISD website:

[ED HEAT rates: 2011/12](#)  [60 KB] [PDF](#)  [40 KB]

## Historical Data

The following previously published data can be found on the [Emergency Department Activity – Statistics](#) web page.

- Total attendances by site type and attendance category broken down by NHS Board – from April 2010
- Attendance and admission rates by age band and gender broken down by NHS Board – from April 2010
- Attendances and performance against the 4-hour waiting time standard broken down by NHS Board and at individual site level – from April 2006
- Attendances and rate of attendance (total and HEAT target sites) broken down by NHS Board – from April 2009.

## Notes

1) Borders - Borders General Hospital transferred to a new patient management system at the end of November 2010. There was an issue with the new system that prevented the recording of different attendance categories from April to September 2011. This results in the attendance figures for Borders General being artificially inflated by approximately 0.8 % (estimated from the data 12 months leading up to transfer), please interpret with caution.

- 2) Fife - As of 08:00 hrs on 19 January 2012 all ED services were transferred to Victoria Hospital and Queen Margaret Hospital became an MIU.
- 3) Forth Valley - As of 08:00 on 12 July 2011 the ED at Stirling Royal Infirmary closed and became an MIU at Stirling Community Hospital; a new ED opened at Forth Valley Royal Hospital and the MIU at Falkirk Community Hospital closed.
- 4) Greater Glasgow & Clyde - Stobhill Hospital changed from having both an ED and MIU to only having an MIU in April 2011.
- 5) Highland - The previous quarter's publication (28 February 2012) reported Belford and Caithness General Hospitals with double the attendances for October and November 2011. This was due to a technical problem with the submission file upload that resulted in duplicate records for these sites, this has now been rectified in the current publication.
- 6) Lanarkshire - the three EDs transferred to a new patient management system during March 2011. There was an issue with the new system that prevented the recording of different attendance categories from April to June 2011. This results in the attendance figures for the three EDs being artificially inflated by approximately 5.0 % (estimated from the data 12 months leading up to transfer), please interpret with caution.

## References

- 1) <http://www.metoffice.gov.uk/climate/uk/2012/march.html>

## Glossary

Emergency Department (ED)	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.
Accident & Emergency (A&E) Services	collectively the term Accident and Emergency (A&E) Services includes the following site types: <ol style="list-style-type: none"> <li>1) Emergency Departments (EDs)</li> <li>2) MIU/Other – small sites such as Minor Injury Units (MIUs), community A&amp;Es or community casualty departments that are GP or nurse led.</li> </ol>
Attendance	the presence of a patient in an A&E service seeking unplanned medical attention
4-hour performance	the proportion of all attendances in a calendar month that are seen within 4 hours of arrival
Patients seen	patients who are assessed by a clinician then either admitted to hospital, discharged or transferred to another hospital
Admission	admission to a hospital bed following an attendance at an A&E service
Attendance category	a record of whether a patient is making a first or follow-up attendance at a particular A&E service
Attendance rate	the ratio of the number of attendances in a region divided by the number of people resident in that region (the population). The ratio presented here is given as per 1,000 population (or even 100,000 population) as the numbers can be relatively small. The attendance rate of 500 per 1,000 population is equivalent to 1 in 2 people
Admission rate	the ratio of the number of admissions in a region divided by the number of people resident in that region (the population). The ratio presented here is given as per 1,000 population as the numbers can be relatively small. The attendance rate of 500 per 1,000 population is equivalent to 1 in 2 people

## List of Tables

Table No.	Name	Time period	File & size
1	<a href="#">Attendances and Performance against the 4-hour Waiting Time Standard</a>	1 January – 31 March 2012	Excel [160kb]
2	<a href="#">Attendances by site type and attendance category</a>	1 January – 31 March 2012	Excel [110kb]
3	<a href="#">Attendances and admission rates by age band and gender</a>	1 January – 31 March 2012	Excel [120kb]
4	<a href="#">HEAT Target Attendance Rates</a>	1 January – 31 March 2012	Excel [60kb]

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## Further Information

Further information on Emergency Department Activity can be found on the [Emergency Department Activity](#) pages of the ISD website.

Further details on ISD publications and available information can be found on the [ISD website](#).

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Appendix

## **A1 – Background Information**

Data on A&E service attendances across Scotland are collected and maintained by ISD in the national data warehouse known as the A&E data mart. Data is collected on local systems, then extracted and submitted to the data mart soon after the end of each month. All sites that provide emergency care are required to submit data to the A&E data mart.

There are two types of data submitted to the A&E data mart; episode and aggregate level data. The larger hospitals with EDs generally submit episode level data containing a detailed record for each patient attendance. Smaller sites such as minor injury units or community hospitals generally only submit aggregate level data as they do not have the information systems and support to enable collection of detailed patient based information. The aggregate level data consists of the total monthly attendance figures and the number of these seen within 4 hours.

A&E service attendances are also collected as part of the ISD(S)1 data submission. This data provides aggregate numbers of attendances going back to 2001, and can be found on the [Acute Hospital Activity](#) pages of the ISD website.

## A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Emergency Department Activity and Waiting Times
Description	Summary of activity of attendances at emergency departments including the proportion of those waiting less than 4 hours, breakdown by age and gender.
Theme	Health and Social Care
Topic	Emergency Care
Format	Excel workbooks and PDF
Data source(s)	A&E data mart
Date that data are acquired	Monthly by the 10 <sup>th</sup>
Release date	The last Tuesday of the month for each publication
Frequency	Quarterly
Timeframe of data and timeliness	From 1 January 2012 to 31 March 2012
Continuity of data	<p>1) Borders - Borders General Hospital transferred to a new patient management system at the end of November 2010. There was an issue with the new system that prevented the recording of different attendance categories from April to September 2011. This results in the attendance figures for Borders General being artificially inflated by approximately 0.8 % (estimated from the data 12 months leading up to transfer), please interpret with caution.</p> <p>2) Fife - As of 08:00 hrs on 19 January 2012 all ED services were transferred to Victoria Hospital and Queen Margaret Hospital became an MIU.</p> <p>3) Forth Valley - As of 08:00 on 12 July 2011 the ED at Stirling Royal Infirmary closed and became an MIU at Stirling Community Hospital; a new ED opened at Forth Valley Royal Hospital and the MIU at Falkirk Community Hospital closed.</p> <p>4) Greater Glasgow &amp; Clyde - Stobhill Hospital changed from having both an ED and MIU to only having an MIU in April 2011.</p> <p>5) Lanarkshire - the main EDs transferred to a new patient management system during March 2011. There was an issue with the new system that prevented the recording of different attendance categories from April to June 2011. This results in the attendance figures for the three EDs being artificially inflated by approximately 5.0 % (estimated from the data 12 months leading up to transfer), please interpret with caution.</p>
Concepts and definitions	<p>Details of data items collected and validation process : <a href="#">A&amp;E Users Guide</a></p> <p>Data item codes, descriptions and definitions: <a href="#">A&amp;E: Codes</a></p>

<p>Relevance and key uses of the statistics</p>	<p><a href="#">and Values</a></p> <p>Waiting times are important to patients and are a measure of how the NHS is responding to demands for services. Measuring and regular reporting of waiting times highlights where there are delays in the system and enables monitoring of the effectiveness of NHS performance throughout the country. The NHS in Scotland has been set a number of targets for maximum waiting times.</p> <p>Monitoring HEAT target to reduce the rate of attendance at Emergency Departments.</p> <p>Other uses of the data include information requests for a variety of customers, e.g. research charities; public companies; freedom of Information requests; information support to Boards; parliamentary questions.</p>
<p>Accuracy</p>	<p>In addition to any local data quality checks, the data submitted to the A&amp;E data mart is subject to a validation procedure. For a list of the validation rules refer to Appendix A of the <a href="#">A&amp;E User Guide</a>. As well as ensuring that data for the correct site and time period is submitted, the validation ensures that the data is in the correct format and only contains accepted codes, refer to <a href="#">A&amp;E: Codes and Values</a>.</p> <p>If the submission file does not meet all of the validation rules then the whole file is rejected. The resulting errors are reported back to the submitting site where they must be amended and the file resubmitted. Once the file passes validation it is loaded into the data mart where it is then available for analysis and reporting. ISD works closely with colleagues in the NHS boards to improve the validation and accuracy of the data and to ensure that the appropriate data standards are understood and applied by all sites.</p> <p>Each month a suite of performance and monitoring reports are produced and sent to the SG. These are reviewed and any unusual or unexpected figures are raised with the NHS board for confirmation. Before the 4-hour waiting times data is published each quarter, the figures are sent back to the NHS boards to confirm their accuracy. If changes are required then they must be explained fully by the NHS board and the data is resubmitted. A log is kept noting any changes that are necessary.</p>
<p>Completeness</p>	<p>Following on from the <a href="#">Audit Scotland Review of Emergency Departments</a> in 2010 a programme of work has begun in order to develop training for NHS Board staff on the completion and understanding of A&amp;E data items, particularly those used for national reporting purposes. In addition to this, ongoing monitoring of the quality of data has begun; this covers the completeness, timeliness and accuracy of data recorded. Biannual meetings with data</p>

	providers are being established to discuss all aspects of A&E data including data quality.
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines. See attached link for further details: <a href="http://www.isdscotland.org/isd/2412.html">http://www.isdscotland.org/isd/2412.html</a>
Value type and unit of measurement	Count of total attendances. Count of attendances seen within 4 hours. Proportion of attendances seen within 4 hours. Rate of attendance by age and gender and subsequent admission.
Disclosure	The <a href="#">ISD protocol on Statistical Disclosure Protocol</a> is followed.
Official Statistics designation	National Statistics (attendances and 4-hour wait). Non National Statistics remaining charts and tables.  The waiting times (4-hour wait) part of this publication was previously assessed as part of the <a href="#">Statistics on NHS Waiting Times in Scotland</a> assessment and was designated as National Statistics.
UK Statistics Authority Assessment	Assessed by UK Statistics Authority as part of the <a href="#">Statistics on NHS Waiting Times in Scotland</a> report.
Last published	29 February 2012
Next published	28 August 2012
Date of first publication	Data available from 1 July 2007 (with data from main Emergency Departments back to 1 March 2006)
Help email	<a href="mailto:nss.isdunscheduledcare@nhs.net">nss.isdunscheduledcare@nhs.net</a>
Date form completed	10 May 2012

## **A3 – Early Access details (including Pre-Release Access)**

### **Pre-Release Access**

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access and, separately, those receiving extended Pre-Release Access.

#### **Standard Pre-Release Access:**

Scottish Government Health Department  
NHS Board Chief Executives  
NHS Board Communication leads

#### **Extended Pre-Release Access**

Extended Pre-Release Access of 8 working days is given to a small number of named individuals in the Scottish Government Health Department (Analytical Services Division). This Pre-Release Access is for the sole purpose of enabling that department to gain an understanding of the statistics prior to briefing others in Scottish Government (during the period of standard Pre-Release Access).

Scottish Government Health Department (Analytical Services Division)