Introduction

This publication from the Information Services Division reports on attendances at Emergency Departments in Scotland. These are larger A&E services that typically provide a 24-hour consultant led service. This report looks at the pathways patients take into and out of Emergency Departments and the services they make contact with on their journey.

Emergency Care Services

Annually there are around 1.6 million attendances to all A&E services in Scotland. Emergency Departments are responsible for more than 8 out of every 10 attendances, and 19 out of 20 admissions to hospital from A&E.

There are a total of 93 locations providing A&E services across Scotland. Of these, 30 are Emergency Departments. As well as the 30 Emergency Departments there are also minor injuries units, community hospitals and health centres all of which carry out Accident and Emergency related activity, and are often GP or nurse led.
Locations of all A&E services in Scotland

- **Emergency Departments**
- **Other A&E sites**
Attendances at Emergency Departments

This release focuses on 1.32 million attendances that took place at the 30 Emergency Departments in Scotland in the year ending 30 September 2015.

Who refers patients to Emergency Departments?

There are a number of different ways a patient can be referred to an Emergency Department in NHSScotland. They may be referred by a healthcare professional such as a GP, through a call to NHS24 or via a 999 emergency call. A patient may also ‘self refer’, making a personal decision to attend the Emergency Department. Self referral includes patients brought in by a family member or bystander.

The referral ‘source’ is recorded at reception. Information may be taken from the GP letter of referral, as part of the handover of a patient’s care by Scottish Ambulance Service crew or as indicated by the patient or person accompanying them.

More than half of attendances at Emergency Departments were self-referred

Over half of patients (55%) attending an Emergency Department attended of their own accord. 40% of presentations at Emergency Departments were referred by a healthcare professional or organisation. The majority of these individuals were referred by the Emergency Services.

If an ambulance was called by a healthcare professional that had assessed the patient clinically and made the decision to call an ambulance the patient was considered to be referred by the healthcare worker not the ambulance service.
How do patients travel to Emergency Departments?

Patients travel to Emergency Departments by different means. The majority of patients (59%) arrived by private transport; 28% were brought in by ambulance and 10% used public transport to get to the Emergency Department.

The number of patients who arrived by ambulance was higher than the number of patients referred by the 999 Scottish Ambulance Service. This was as a result of patients who arrived by an ambulance called by a healthcare professional (GP, NHS 24, Out of Hours service). Ambulances called by a healthcare professional accounted for nearly 1 in 5 of all ambulance journeys to Emergency Departments.
Where do patients go after attending an Emergency Department?

Following attendance at an Emergency Department, patients may be admitted to the same hospital, transferred to a different hospital or health and social care service, or discharged home.

Two thirds of patients attending an Emergency Department were discharged home

Two thirds of patients (66%) attending an Emergency Department were discharged home, 29% were admitted to the same hospital, and 2% were transferred to another health and social care service such as a psychiatric hospital, specialist centres or out of hours GP service.

How long do patients spend in the Emergency Department?

The length of time patients spent in the Emergency Department varies according to where they go to after leaving the department. The time is calculated from the time of arrival until the time of discharge, admission or transfer.

The ‘median’ is the time within which 50% of patients are seen, treated and discharged which helps to give an indication of the typical patient experience. The median time patients spent in an Emergency Department before being admitted to hospital was 3 hours and 15 minutes, compared to just under 2 hours for those patients who were discharged home.
**Time in Emergency Department (minutes) by destination on leaving the Emergency Department**

<table>
<thead>
<tr>
<th>Time in Emergency Department (minutes)</th>
<th>Destination on leaving Emergency Department:</th>
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<tbody>
<tr>
<td></td>
<td>Place of residence</td>
</tr>
<tr>
<td>25th percentile (quarter of patients discharged within)</td>
<td>72</td>
</tr>
<tr>
<td>Median (half of patients discharged within)</td>
<td>117</td>
</tr>
<tr>
<td>75th percentile (three-quarters of patients discharged within)</td>
<td>172</td>
</tr>
</tbody>
</table>

Patients discharged home typically spent less time in the Emergency Department than those who went on to be admitted to hospital.
**Emergency Department data**

Data on A&E service attendances across Scotland are collected on local systems, then extracted and submitted to the Information Services Division of NHSScotland.

The source of referral is derived from the referral source field within the A&E datamart, the exception to this is when the arrival mode is “ambulance”, and the referral source is ‘self referral’. These attendances have been coded as referral source "999 Emergency Services", to improve the consistency of this analysis.

This report only includes first / unplanned attendances, it excludes those patients that are recalled or have been planned to return.

**Alternative sources of Emergency Care pathways information**

The Information Services Division of NHS Scotland have been working to link together patient level data on A&E attendances, emergency inpatient admissions, NHS24 calls, Scottish Ambulance Service contacts and deaths, creating an alternative source of Emergency Care pathways information. Technical notes supplied in the accompanying workbook compare the two sources, and find a good level of agreement between them.
## Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Emergency Department</td>
<td>A larger A&amp;E services that typically provides a 24-hour consultant led service.</td>
</tr>
<tr>
<td>Accident &amp; Emergency (A&amp;E) Services</td>
<td>Collectively the term Accident and Emergency (A&amp;E) Services includes the following site types: Emergency Departments; Minor Injury Units, community A&amp;Es or community casualty departments that are GP or nurse led.</td>
</tr>
<tr>
<td>Attendance</td>
<td>The presence of a patient in an A&amp;E service seeking medical attention.</td>
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<tr>
<td>Admission</td>
<td>Admission to a hospital bed in the same NHS hospital following an attendance at an ED service.</td>
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Further Information

The tables and charts included in this report are supplied in an Excel Workbook: 2016-01-12-EmergencyCare-Pathways.xlsx. Analyses are available as interactive tables and charts allowing the user to view information for individual NHS Boards and hospitals.

Further information on Emergency Department Activity can be found on the Emergency Department Activity pages of the ISD website. A metadata document has been produced for this publication.

A list of Accident and Emergency sites is also available online.

This edition is latest in a series of quarterly publications focusing on different aspects of emergency care. The analysis included in this release was developed following consultation with our users, including; the public, users of ISD statistics across NHSScotland and the Scottish Government.

Future editions of this publication will include analysis of seasonal, daily and weekly patterns of attendance and analysis of longer term trends. If there is any other analysis that you would like to see in future release of this series, please send your suggestions to: nss.isdunscheduledcare@nhs.net

Feedback

If you would like to provide feedback on this publication, you can ‘rate this publication’ online and help us improve our outputs.