Why does winter in A&E get worse year on year?

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In the last 5 years

10 more EDs?

Admissions 443,000

Attendances 611,000
4HR STANDARD PERFORMANCE BY MONTH
4 Hour Standard Performance - Simple Average Basis

%
Four hour breach data as reflection of A&E pressures

- Efficient
- Overcrowded
- Challenged
Variability in number of attendees at a single A&E unit by time of the week over the course of one year.

- **MIN/MAX**
- **± 1 Standard Deviation**
- **Average**
Case-mix trend

Overall Since 2010
Not admitted Admitted
AVERAGE NO. OF DIAGNOSES FOR PATIENTS
ADMITTED FROM A&E, BY AGE GROUP

- 85+
- 75 - 84
- 65 - 74
- 45 - 64
- 15 - 44
- 5 - 14
- 0 - 4

Time periods:
- April 2008/09 to January 2013/14
Seasonal variation of A&E admissions by diagnostic grouping
Emergency departments (EDs) should be fully resourced to practice an advanced model of care where the focus is on safe & effective assessment, treatment and onward care.

Whilst it is essential to manage demand on EDs, this should not detract from building capacity to deal with the demand faced, rather than the demand that is hoped-for.

ED crowding adversely affects every measure of quality and safety for patients & staff.

The main causes of ED crowding include surges in demand and lack of access to beds in the hospital system due to poor patient flow and high hospital occupancy rates.

Performance against the 4-hour standard is a useful proxy measure of crowding.

EDs should be staffed so that capacity meets variation in demand NOT average demand.