

The problem

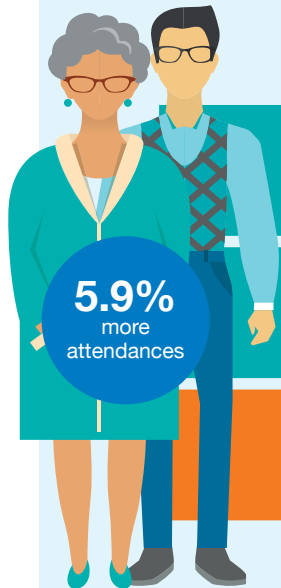
91% of trusts did not meet the A&E four-hour maximum waiting time standard last winter – this was the worst performance in 10 years.

Our analysis

Monitor has identified key national causes of these delays. We found the problem was not in A&E departments, but at other points in the health and social care systems.

Point of entry

While attendances increased last winter, only those by ambulance had an impact on national delays longer than 4 hours.



GP referrals

5.9% more attendances

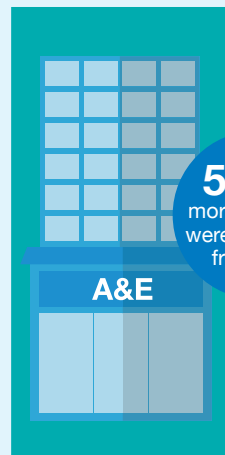
Walk in

Ambulance

7.1% more attendances by ambulance

The acute hospital

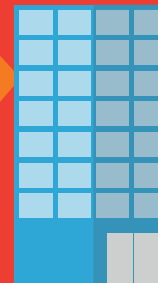
The main cause of the national delays was that hospitals were full and struggled to cope with the increased admissions from A&E.



A&E

5.9% more patients were admitted from A&E

Other departments



89.7% capacity

Community and/or social care

Trusts told us that capacity problems in hospitals were caused by issues with social and/or community care, but we need more data to quantify the effect on A&E delays.



GP

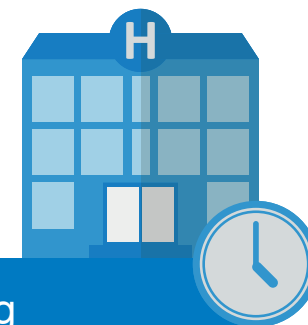
CLINIC

NURSING HOME

27% more delayed transfers of care

Key: ■ No impact ■ Some/unknown impact ■ High impact

Tested: 10 theories on the cause of the A&E delays



There are lots of theories why so many more trusts failed to meet the four-hour A&E waiting time standard last winter. We tested the leading theories to understand their impact on waiting times for patients across England.

- ✓ Other hospital departments had higher rates of occupancy.**
Yes. Hospitals were incredibly full last winter and struggled to admit patients from A&E within four hours. We found this to be the main national cause of the longer waiting times last winter.
- ✓ More people were admitted to hospital from A&E which caused delays.**
Yes. More patients were admitted to other hospital departments from A&E last winter than the winter before. This, combined with the capacity issues in those departments, contributed to the longer waits.
- ✓ More people came to A&E by ambulance which led to longer waits.**
Yes. A 7% increase in ambulance attendances did have an impact on waiting times. A&E departments usually need to see patients who come in by emergency ambulance before those already waiting.
- ? Delays in discharging patients to social and/or community care affected A&E waits.**
Perhaps. Many trusts told us this was the main cause of the delays, with a 27% increase in delayed handover of patients from hospital departments to social or community care. However, we would need more evidence than is currently available to confidently measure the direct impact on A&E waiting times.
- X People who went to A&E were sicker last winter.**
No. While levels of sickness are hard to measure, we tested a number of different proxies for this and found no real difference from the winter before.
- X More people going to A&E when they didn't need to caused waiting times to exceed four hours.**
No. There was an increase in the number of people who went to A&E, but we found A&E departments nationally coped well with this added demand. Delays occurred when patients needed to be admitted to other hospital departments from A&E but had to wait in A&E because the wards were full.
- X The pattern of when people came to A&E was different from the previous winter which made it hard for hospitals to predict demand.**
No. We found patients went to A&E departments almost on the same day of the week and time of the day as they did last winter.
- X A&E staffing issues meant that people waited longer in A&E.**
No. We didn't find any evidence to suggest that A&E staffing issues contributed to the national delays last winter. In fact we believe that A&E departments had more staff available and the ratio of junior to senior doctors was stable in this period.
- X Waits for specialists or diagnostic services from other departments caused delays.**
No. Some trusts reported longer waits to access services outside the A&E department, but this was not a cause of the national delays.
- X There were delays because there were fewer A&E beds last winter.**
No. We found that the number of beds available to A&E departments nationally remained about the same. The challenge was finding an appropriate bed in the rest of the hospital for patients who needed one.