

RCEM Explains:



Long waits and excess deaths

Emergency care services face an unparalleled crisis. More patients than ever before are experiencing extremely long waiting times in our Emergency Departments (EDs), associated with patient harm and excess deaths. [The UK Government recently published a Delivery Plan for the Recovery of Urgent and Emergency Care \(UEC\) services](#) in England. As a result of our campaigning, from April 2023, NHS England will publish data on 12-hour patient waits from Time of Arrival (TOA). The Royal College of Emergency Medicine (RCEM) welcomes this first step, the Government and NHS England must ensure that this data is published on a monthly basis and broken down by type of ED and at an individual ED level, so that hospitals can use this information to reduce long waiting times.

Insights

- In 2022, **1.65 million people** waited 12 hours or more from their TOA in an ED. This figure is 4.8 times the number of 12-hour Decision to Admit (DTA) waits reported, demonstrating the metric is misleading.
- From April 2023, NHS England will routinely publish 12-hour TOA data, a vital first step toward reducing long and unnecessary waiting times in EDs.
- We must have an accurate picture of these long waiting times, as they can have catastrophic consequences for patient safety and mortality. Using the Standard Mortality Ratio (SMR) and the 12-hour TOA figure, we estimate **23,003 excess patient deaths** in 2022 in England were associated with long stays in EDs.
- While we welcome the Government publishing the data, we seek assurance that this data will be published on a monthly basis at ED level, so that hospitals can use this information to improve quality of care and ensure patient safety.

Policy Context: long stays and mortality

Urgent and Emergency Care (UEC) performance figures are crucial indicators of operational pressures on the NHS. Current 12-hour performance figures published by NHS England represent just the tip of the iceberg as they are measured from when the DTA a patient was made rather than their TOA at the ED. NHS Digital data that we have collected as part of our [Tip of the Iceberg](#) Freedom of Information (FOI) campaign [shows that far greater numbers of patients wait 12 hours or more if you start the](#)

[clock at the patient's TOA in an ED](#). There is a substantial discrepancy between the two metrics, with thousands of patients falling through the gap. This discrepancy is significant as these metrics inform our understanding of how many people experience unnecessarily long waits in EDs, with consequences for harm and mortality. Furthermore, patients who discharge themselves from the department despite having stayed more than 12 hours are invisible to the DTA metric.

In January 2023, the [Government published their Delivery Plan for the Recovery of UEC services](#). It announced that from April 2023, NHS England will publish more data on waiting times, including 12 hour waits from the patient's TOA, with the ambition to improve waiting times and patient experience. RCEM has long campaigned to raise awareness of the extreme waits experienced by our patients. We have engaged with the Office for Stats Regulation, called for publication throughout the clinical review of standards (CRS), produced reports, facilitated a parliamentary debate and given evidence at the House of Lords. Throughout, the need to publish 12-hour TOA data was consistently recognised. In July 2022, the [Office for Statistics Regulation wrote to NHS England](#), stating there is a clear need for this data to be published. [In January 2023, the House of Lords Public Services committee released a report](#) urging the government that NHS England publish 12-hour data from TOA to reflect accurate patient waiting times and a clearer picture of the problem.

Meaningful metrics are vital to improving patient care and driving positive change. Different

metrics measure distinct aspects of patient crowding in EDs and are used to hold systems accountable or measure quality. One of these is the four-hour standard, pledged in the NHS Constitution. It set an operational standard that 95% of patients should be admitted, transferred, or discharged from an ED within four hours. During the CRS, four-hour performance further degenerated as our EDs plunged into a performance vacuum. The government recently announced the decision to keep the standard, adjusted to 76%. Four-hour performance last stood at 76.5% in May 2021; at that time just 2.26% of patients waited 12 hours or more from TOA. While we welcome the government's clarity regarding the decision to keep the four-hour standard, we are concerned hospitals will be incentivised to quickly process minor patients, allowing them to meet the target whilst neglecting patients who need admission, who are often most at risk of harm due to long waits.

What the data tells us about mortality

There is considerable scientific evidence to show that delays to care and long waits to admission to hospital increase a patient's risk of harm and death, even after leaving an ED. [A large observational study of more than five million NHS patients showed an increase in all-cause 30-day mortality](#), adjusted for age and co-morbidity. This quantified the harm, demonstrating that **there was one additional death for every 72 patients that spend 8-12 hours in the ED**. As 12-hour waits are reported using the DTA metric, the number of patients that come to harm is radically underrepresented. This study also showed that there was a linear increase in excess death rates with increasing time in department. Subsequent analyses by independent actuaries and economists have confirmed the validity of these results.

In 2022, NHS England reported that 347,703 patients waited 12 hours from DTA, 2.1% of Type 1 attendances. We have calculated that in 2022, 1,656,206 people waited 12 hours or more from their TOA at an ED, 10.2% of all Type 1 attendances. Using Jones et al.'s SMR methodology, **we estimate that 23,003 patients potentially died in 2022, equalling 446 patients a week**. What's more, as there is no backstop to the 12-hour TOA data, this figure is likely an underestimate.

We have uncovered that the gap between the 12-hour metrics is getting smaller over time. In January 2022, the ratio of DTA to TOA patient

waits was 1:6. By December, this deteriorated and for every DTA wait, there were just under four TOA waits (1:3.8). This shows that increasing numbers of patients experience long waits to admission and that our most vulnerable patients are spending prolonged lengths of time in EDs. Regular publication of TOA data will create greater transparency for our clinicians, who will be able to compare their data with the national picture and will incentivise hospitals to address system problems.

Excess deaths calculated using the SMR methodology					
Month	England 12 TOA attendances /72	Wales 12 TOA attendances /72	Scotland 12 TOA attendances /72	Northern Ireland 12 TOA attendances /72	Total
January	1,443	124	31	108	1,707
February	1,435	126	33	110	1,704
March	1,857	150	57	119	2,183
April	1,709	143	50	109	2,012
May	1,593	141	46	109	1,888
June	1,740	141	55	114	2,049
July	1,976	147	62	125	2,310
August	1,851	147	69	124	2,191
September	1,942	141	74	123	2,279
October	2,350	152	95	134	2,731
November	2,166	138	73	123	2,500
December	2,941	166	120	136	3,363
Total	23,003	1,717	765	1,434	26,919

Recommendations

- The Government and NHS England must publish the 12-hour data from time of arrival in full, on a monthly basis alongside other meaningful performance metrics, by the type of ED and at an individual ED level.
- UK Governments must resource the health and social care system in order to meet the 95% four-hour standard in the long term. Without significant recruitment and investment in workforce, the initiatives set out to alleviate system pressures will do very little.
- Integrated Care Systems, Trusts, and Hospitals must use this data proactively to make system changes, spread patient risk through hospitals, and drive improvements in patient safety and outcomes.

What you can do to support us

Help us improve patient care and safety by reviewing 12-hour TOA waits in your constituency, meeting with your hospitals to discuss the problem, and by putting forward parliamentary questions on this topic.

If you have any questions, please get in touch with the policy team via policy@rcem.ac.uk.