



## Excess deaths associated with crowding and corridor care

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Using the best available evidence, a scientific study published in the [Emergency Medicine Journal](#), we have been calculating an estimated number of excess deaths occurring across the United Kingdom associated with crowding and extremely long waiting times.

The Royal College of Emergency Medicine estimates that there are at least 300-500 excess deaths occurring across the UK associated with crowding and extremely long waiting times in Emergency Departments.

This figure is based off the EMJ study which show that for every 72 patients waiting between eight- and 12-hours from their time of arrival in the Emergency Department there is one patient death.

Emergency care waiting times data for Wales, Northern Ireland and Scotland are recorded from the time of arrival in the Emergency Department, so it is possible to calculate an estimated associated mortality figure for these three nations using their monthly published 12-hour data measured from time of arrival and the one in 72 ratio/calculation.

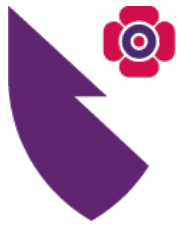
However, NHS England only routinely publish monthly 12-hour waiting time data measured from the decision to admit to admission. In order to routinely calculate a monthly estimate of excess deaths associated with long waits, we need to have ready access to 12-hour waiting time data measured from the time of arrival.

NHS Digital annually publish Hospital Episodic Statistics which does record 12-hour waiting times from the time of arrival in the Emergency Department. We have previously used NHS Digital Hospital Episodic Statistics to calculate an estimated figure of associated excess deaths for England.

However, we have 12-hour data measured from time of arrival through freedom of information requests. The graph above under the Tip of the Iceberg section shows 12-hour waits from time of arrival for 2018, 2019, 2020, 2021 and up to October 2022 (2022 in red) so far. We can use this data obtained through FOIs to calculate an estimated excess deaths figure for England by dividing the number of 12-hour time of arrival waits by 72 (the mortality ratio).

The 300-500 figure is an estimate, but it is based on sound scientific research. If or when 12-hour waiting time data measured from time of arrival is made publicly available monthly, we could calculate a more accurate estimate of excess deaths associated with long waiting times in Emergency Departments. RCEM believes in transparency of data and has been campaigning for NHS England to make 12-hour time of arrival data part of their monthly A&E statistics to understand the true number of 12-hour waits in England and associated harm and death.

The Financial Times has conducted calculations around excess deaths and has come up with a similar estimate: <https://www.ft.com/content/f36c5daa-9c14-4a92-9136-19b26508b9d2>.



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The Independent has also investigated this and concluded a similar estimate:  
<https://www.independent.co.uk/news/health/a-e-hospital-trolley-waits-patient-deaths-b2135801.html> and here: <https://www.independent.co.uk/news/health/crisis-emergency-department-deaths-b2248844.html>.

Lane Clarke & Peacock LLP have conducted research and concluded a similar estimate:  
<https://www.lcp.uk.com/our-viewpoint/2023/01/are-nhs-waiting-times-contributing-to-excess-deaths/>