

Analysis of Older Patients in Scottish Emergency Departments

Emergency Departments (EDs) provide universal access to care regardless of ethnicity, socio-economic background, and underlying health status, serving as a 24/7 access point and safety net to the most deprived and vulnerable in society. However, due to the immense strain and pressure EDs have faced in recent years, such vulnerable patients are facing disproportionately long delays. Older people are one group among these patients, with the oldest in the group markedly more likely to experience waits of 12 hours or more. Decisive steps need to be taken towards closing this gap, ensuring that equity is at the heart of the healthcare system.

Key insights from 2024:

- The average likelihood of patients waiting 12 hours or more in an ED based on age were:
 - Ages 70-79: 12.2%
 - Ages 80-89: 16%
 - Ages 90 and over: 18.7%
- The average likelihood of patients aged 70 and over waiting 12 hours or more was almost 16 times higher than it was in 2019.
- Patients aged 70 and over were four times more likely to wait 12 hours or more than patients aged under 70.

Ageing population and national performance

Like many countries, Scotland's population is beginning to age rapidly. According to the latest [Census report](#), Scotland's fertility rate is sitting at its lowest ever point of 1.3 largely due to shifts in family planning attitudes. The population now has more than a million people aged over 65 compared to fewer than 750,000 people aged under 15.

This demographic shift coincides with the ever-increasing pressures on EDs. In 2010, [the NHS set an operational standard](#) that '95% of patients attending A&E should be admitted, transferred or discharged within four hours'. Yet, as Figure 1 shows, all four UK nations continue to struggle to meet this target. In Scotland, the four-hour target has not been met in major EDs since July 2017, only reaching 64% in 2024.

Long waits

More worrying than four-hour performance is the growing proportion of patients waiting 12 hours or

longer from their time of arrival at an Emergency Department. In Scotland, 5.5% of patients experienced waits of this length in 2024; in 2016, not even 0.1% of patients faced this experience.

% Waiting less than four hours in type-1 EDs



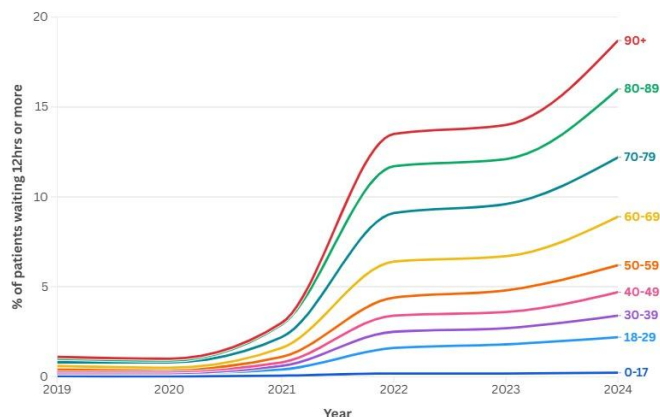
The longest waits often affect the most vulnerable patients. As Figure 2 demonstrates, a patient's likelihood of waiting 12 hours or more is directly correlated with age. Not only is the likelihood of delay increasing for all age groups, but it is increasing the quickest for the eldest patients.

In 2024, the likelihood of over 70s waiting 12 hours or more was 14.3%, compared to just 3.6% for under 70s.

Vulnerable groups typically present as much more complex cases in EDs, and older patients are no exception. They often have multiple chronic illnesses (heart disease, diabetes) which have greater potential

to be co- or multi-morbid and therefore require more thorough assessments and coordinated care. Many older patients are also on multiple medications, increasing the risk of side effects and drug interactions which must be carefully reviewed. Lastly, this group of patients regularly need additional support after hospital discharge, like arranging home care or rehabilitation.

Proportion of Patients Who Waited 12 Hours or More From Their Time of Arrival by Age in Scotland



Royal College of
Emergency Medicine

All these factors create delays in decision making throughout the emergency care pathway. Though, perhaps most crucially, delays to discharge create delays in bed availability.

Beds

In 2024, general and acute (G&A) bed occupancy averaged 90%, exceeding the clinically safe threshold of 85%. The last time Scotland's bed occupancy met this threshold was in quarter 2 of 2021.

Bed Occupancy and 12-hour Waits

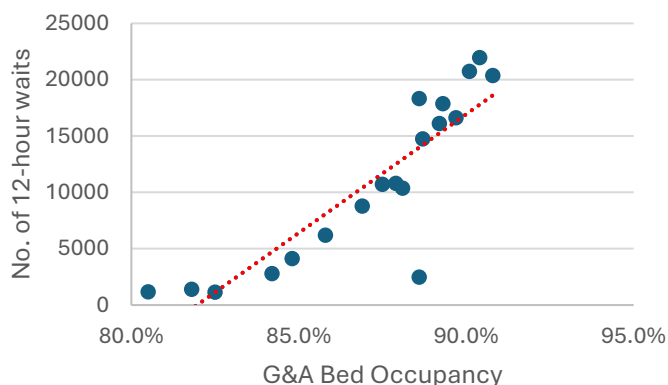


Figure 3 demonstrates the strong positive correlation between bed occupancy and 12-hour waits. A high

level of occupancy disrupts the emergency care pathway at the point of hospital admission. When wards are near or at capacity, admitted patients from the ED must wait longer for an available bed – this is known as 'exit block'. Limited bed availability combined with a case mix which is increasingly complex leads to older patients waiting both longer in EDs and for inpatient care. Such delays increase their risk of deterioration, hospital-acquired complications, and can ultimately lead to avoidable deaths.

Harm associated with long waits

As mentioned previously, 5.5% of patients experienced a wait of 12 hours or more from their time of arrival in 2024, equivalent to over 76,000 patients. Around 59,000 of these patients then went on to be admitted to hospital.

[Academic research](#) has shown that prolonged waits in emergency departments – particularly those lasting 8-12 hours before hospital admission – are associated with an increased risk of patient harm, including a higher likelihood of death. Delays of this nature have become increasingly common and have significant implications for patient outcomes and experiences, particularly among older people who are more likely to require admission due to higher levels of acuity. This group is especially vulnerable to the negative effects of long waits, which may contribute to avoidable harm and deteriorating health.

Recommendations

1. Provide equal performance focus on the 12-hour waiting time as the four-hour access standard. Commit to an actual performance standard for 12-hour stays of no more than 2%.
2. Increase the number of available beds through:
 - a. Improving delayed discharges
 - b. Opening new staffed available beds
3. Improve data transparency by releasing ED delays broken down by age publicly.
4. Frontline healthcare professionals should adopt decision tools like NEWS2, the Clinical Frailty Scale, and the four A's test (4AT) to guide care for people over 65.