

Sir David Norgrove  
UK Statistics Authority  
1 Drummond Gate  
London  
SW1V 2QQ

14 June 2022

Dear Sir David,

**RE: Numbers of patients waiting 12 hours or more from time of arrival in Emergency Departments in England**

We are writing to raise serious concerns over the misleading use and publication of the 12-hour 'decision to admit' metric issued by NHS England.

At present, NHS England publishes the numbers of patients waiting 12 hours or more in Emergency Departments from the decision made to admit the patient, to their admission. We have long argued that this metric is misleading and represents the tip of the iceberg. This metric does not capture the whole patient journey – which should be measured from the moment a patient steps foot into the Emergency Department. For example, in 2020/21 14,150 patients waited 12 hours or more from the decision to admit. In contrast, annual Emergency Department [Hospital Episode Statistics revealed 302,784 patients](#) waited 12 hours or more from their time of arrival – this is **21 times** the number of patients published in the monthly NHS performance figures.

An amendment to the [NHS Standard Contract 2022/23](#), published in March 2022, changed the way 12 hour waits in Emergency Departments were measured. It specified that the 12-hour standard for maximum waits in the Emergency Department should be measured from the point of arrival in A&E to discharge, admission or transfer – rather than from the decision to admit to admission. This brings England in line with the other devolved nations and allow for waiting time comparisons across the UK. You have [previously stated that it is important to be able to compare health and social care performance across the UK](#), particularly to learn lessons from different ways of doing things.

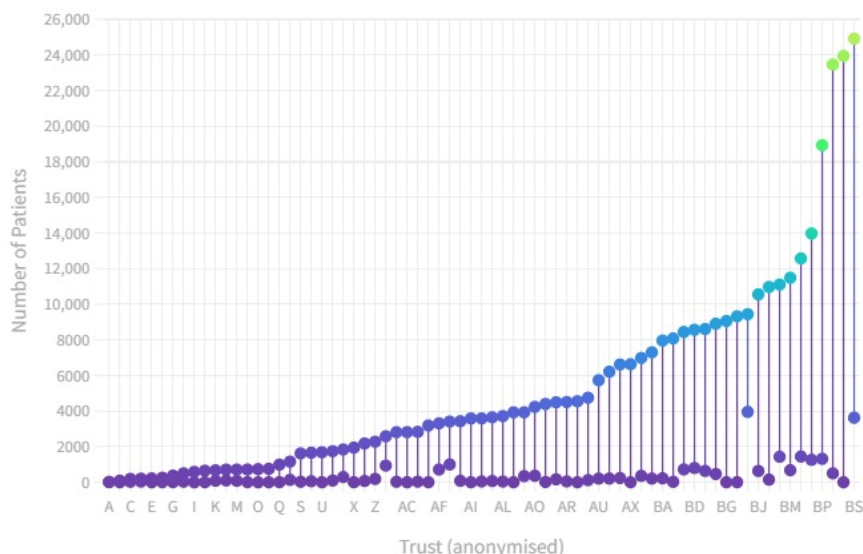
The graph below contains data from a Freedom of Information request carried out by RCEM. We received data on the numbers of patients delayed by 12 hours or more from their time of arrival across 74 Trusts, representing 104 Type 1 Emergency Departments. The graph displays the huge and unwarranted variation in the reported numbers of patients who endure long waits in the Emergency Departments.

No one has provided us with a reasonable justification as to why this data should not be published. Providing trustworthy data is a core responsibility of the NHS and we believe the decision to admit metric is being used inappropriately, concealing the true extent of crowding in Emergency Departments.

## Comparison of 12 Hour Figures by Trust

2021 yearly aggregate of 12 Hour from Decision to Admit VS.  
12 Hour from Time of Arrival

DTA vs TOA 0  24,912



In the interests of the public good, we believe this data should be published immediately, on a regular basis, alongside the monthly publication of the NHS Emergency Department performance figures. Not only is it important that the public has faith over the accuracy of the statistics that are published by NHS England, publishing this data will support patients to make informed decisions about accessing care. Additionally, this data will shed light on the sheer numbers of patients experiencing long waits in the NHS and in turn lead to better policy decisions about capacity in the NHS.

Last year, we argued that the lack of metrics [left Emergency Departments in a performance vacuum](#). Publishing the 12-hour time of arrival data is important for both transparency and accountability in the NHS.

We would welcome your view on the use of the numbers of patients waiting 12 hours or more from decision to admit as an accurate measure of the extent of patients who endure 12 hour stays in the Emergency Department. Can we request that you to consider asking NHS England to publish the numbers of patients waiting 12 hours or more from their time of arrival?

We look forward to hearing back from you.

Yours sincerely,



Dr Katherine Henderson  
President of the Royal College of Emergency Medicine



Dr Adrian Boyle  
President-Elect of the Royal College of Emergency Medicine