

Amanda Pritchard
Chief Executive NHS England
Skipton House
London
SE1 6LH

12 May 2022

Dear Ms Pritchard,

RE: Publishing the number of patients who experience waits of 12 hours or more from their time of arrival in Emergency Departments

We are writing to ask when NHS England plans to publish the number of patients who wait 12 hours or more in Emergency Departments from their time of arrival. At present, the biggest risk to patient safety in emergency care is crowding and ambulance handover delays.

The Royal College of Emergency Medicine has long argued that the current way in which the 12-hour metric is measured and published – from the decision to admit (DTA) – is misleading and conceals the sheer numbers of patients who suffer very long stays in Emergency Departments.

Publication of the 12-hour data from time of arrival will bring about greater accountability in the entire health and social care system. This will help us, NHS England, Trusts, and Integrated Care Systems to better understand the extent of crowding, long stays and corridor care taking place in our Emergency Departments. Better quality data will help to inform policymakers and allow us to make the case for corrective investment into the NHS. Transparent public scrutiny of the number patients staying over 12 hours will drive policymakers and system leaders to take action.

Over the past year, we have been encouraged by the progress made by NHS England to address this issue. In March 2021, Trusts were instructed to [start collecting the proportion of patients spending more than 12 hours in A&E](#) from time of arrival. The subsequent [NHS Operational Guidance published in December 2021](#) asked systems to eliminate 12-hour waits in Emergency Departments – working towards zero and no more than 2%. This important message was [reiterated in the updated Operational Guidance published in February 2022](#). We welcomed the amendment to the [NHS Standard Contract 2022/23](#), which 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 is now to be measured from the point of arrival in A&E to discharge, admission or transfer – rather than from the decision to admit to admission. Simply collecting this data is not enough, we would like to see progress on publishing this data on a regular basis.

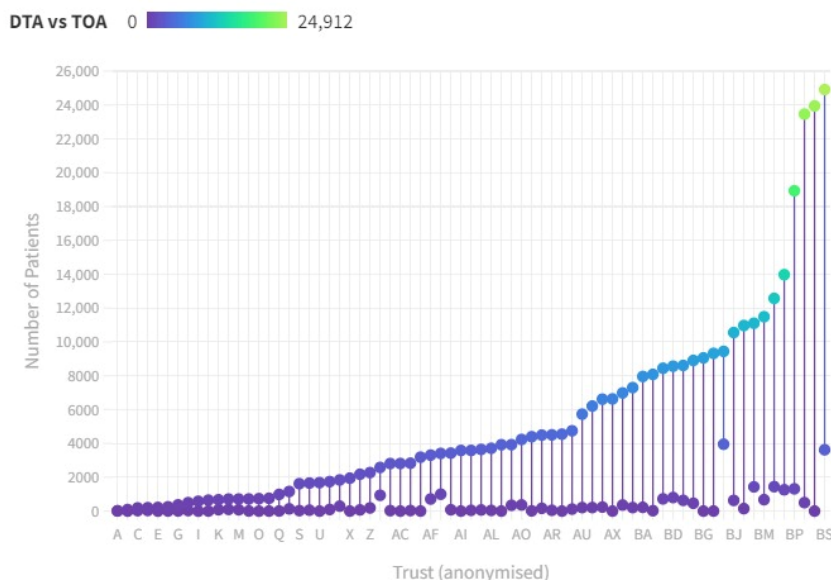
Emergency Department crowding is a major threat to public health and represents a serious challenge that NHS England must urgently tackle. [The College has long campaigned on the dangers of crowding and corridor care and the impact this has on the patients we care for.](#)

Through the important work carried out by the Getting it Right First Time Emergency Medicine report, we now have evidence of a [time-associated increase in mortality for patients](#) who remain in the Emergency Department for more than five hours from their time of arrival. No patient has a clinical need to remain in the Emergency Department beyond 12 hours. Indeed, there is very little justification for patients to remain in the department beyond six hours.

In line with the NHS Operational Guidance 2022/23, we know Emergency Departments are collecting 12-hour data from time of arrival. We are told that this data is being used in regional action plans. However, our members have not reported any improvement in the number of patients experiencing stays of 12 hours or more. In fact, performance by every single metric is getting worse.

Comparison of 12 Hour Figures by Trust

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



The graph above reveals the huge unwarranted variation in the reported numbers of patients waiting 12 hours or more. Our view is that the only way to get any traction on this problem is for this data to be published alongside the monthly performance figures. No one has provided us with a reasonable justification as to why this data should not be published. We suggest that to give Trusts and Integrated Care Systems the opportunity to understand their data and take action to tackle long waits to treatment ahead of winter, regular publication of this data must begin by **1st of July 2022**.

We are sure you recognise this is a patient safety matter and so we will continue comment publicly and lobby the Government directly as the current situation cannot be allowed to continue.

We do hope we can work together to see the data published and work to eradicate crowding and corridor care in our Emergency Departments. We would be grateful if you could advise us of your plans.

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