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Emergency Care (A&E)

NIAR 193-12

This paper provides Members with information in relation to emergency care (A&E), paying particular focus to waiting time targets in Northern Ireland.

Paper 88/12 **May 2012**

Key Points

- Accident and emergency (A&E) departments act as a vital interface to many other parts of the health care system – including the ambulance system, laboratories, surgery, and admission wards.

- People should only attend A&E when they have a condition which requires immediate urgent care, however due to its unplanned nature, it is also very unpredictable. Many patients with non-emergency conditions are still presenting to A&E, thus adding to delays.

- In recent years, Northern Ireland's emergency care provision has witnessed considerable changes. This has had an impact on other emergency care sites, for example in terms of capacity, ambulance response times, and staff workload and morale.

- At present, **20 hospitals** deal with emergency care in Northern Ireland. There are ten Type 1 A&E departments for the most serious injuries; two Type 2 units and eight Type 3 minor injuries units.

- Over the last three years, the number of people attending A&E has remained relatively constant. In 2010/11 there were a total of 731,009 attendances.

- To monitor the performance of A&E services, Ministerial targets have been set. They include: i) that 95% of patients should be treated, discharged or admitted within 4 hours, and ii) that no patient should wait over 12 hours to be treated, discharged or admitted.

- In 2009/10 and 2010/11, the 4 and 12 hour targets were **not met** at Type 1 or Type 2 A&Es. It is unclear whether sanctions are in place for such breaches.

- There has been a marked increase in breaches in the 12 hour waiting time target; the number of patients who waited longer than 12 hours is **751%** more than it was in 2007/8. Over 7,000 patients waited more than 12 hours to be treated, admitted or discharged in 2010/11.

- In the last six months, the Ulster, Antrim, and Royal hospitals had the highest number of breaches in the 12 hour waiting time target. A range of factors have been cited as contributing to the delays. Interestingly, several other Type 1 hospitals (including Craigavon, which saw the most patients in 2010/11) had very few patients waiting over 12 hours.

- Conversely, minor injury units (Type 3), which treat less serious injuries, did meet the 4 and 12 hour waiting time targets in 2009/10 and 2010/11

- Between April 2010 and December 2011, there have been 207 formal written complaints relating to A&E departments in Northern Ireland. Verbal complaints are not recorded.

- The Compton Review "Transforming your Care" stated that overall, performance against the targets was poor and that the system was not *fit for purpose in the 21st century*.

- It is understood that the Minister has put in place a number of initiatives to address the shortcomings in emergency care provision and that a public consultation is also underway.

Contents

> *"Unscheduled care is currently delivered via 10 Accident and Emergency Departments (9 of which are 24/7 consultant led), 8 Minor Injuries Units and 19 GP Out of Hours facilities and supported by the NI Ambulance Service.* ***Evidence suggests the system is increasingly not fit for purpose in the 21st century****".*
>
> Transforming Your Care (Compton Review, 2011, p98)

1 Introduction

'Emergency care' or 'Accident and Emergency (A&E's) departments' as they are also called, serve as critical points in terms of access to the healthcare system. Their purpose is the assessment (triage)[1], diagnosis, and treatment of patients with serious injuries or illnesses, who are seen without prior appointment. Emergency care departments are highly skilled and complex environments that depend on a wide range of technical supports. They also act as an interface to many other parts of the health care system (such as the ambulance system, laboratories, wards and so forth).

People should only attend A&E when they have a condition which requires immediate urgent care, however this does not always happen, and non-emergency cases add to delays in being seen. As A&E attendances are unplanned or unscheduled, coping with the number of patients, some of whom will have life threatening conditions, is highly unpredictable and can change on a daily basis. In addition, resources and capacity to treat emergency care patients is coming under increasing strain.

2 Types of Emergency Care in Northern Ireland

There are currently 3 main categories of emergency care in Northern Ireland ranging from Type 1: major acute A&E departments, to Type 3 smaller units for less serious injuries.[2] Details of each type of emergency care unit are listed below.

Type 1: Consultant-led service with designated accommodation for emergency care patients; providing emergency medicine and surgical services on a 24 hour basis.

Type 2: Consultant-led service with designated accommodation for emergency care patients; does not provide both emergency medicine and emergency surgical services and/or has time-limited opening hours.

Type 3: A minor injury unit (MIU) designed for patients with a minor injury and/or illness (such as sprains, cuts, bruises); may be doctor-led or nurse-led.

[1] Triage is a measure of urgency of the requirement for patient assessment and treatment In Northern Ireland A&E

[2] PwC (2007) DHSSPS Audit of Accident and Emergency Activity, p5. Available online at: www.dhsspsni.gov.uk/a_e-report-volume-1.pdf p.6 Website accessed 16.3.12

At present, **20** sites deal with emergency care in Northern Ireland as shown in Table 1.

Trust	Type 1	Type 2	Type 3 Minor Injuries Unit
Western Trust	• Altnagelvin Area • Erne		• Tyrone County
Northern Trust	• Antrim Area • Causeway		• Whiteabbey[3] • Mid Ulster
Southern Trust	• Craigavon Area • Daisy Hill		• South Tyrone • Armagh • Mullinure
Belfast Trust[4]	• Royal Victoria • Mater Hospital • RBHSC[5]		
South E. Trust	• Ulster	• Lagan Valley[6] • Downe	• Ards • Bangor

Table 1. DHSSPS emergency care sites 2010/11 by type of emergency care[7]

2.1 Location sites of Emergency Care

Northern Ireland has a population of 1.8 million citizens, many of whom live in rural areas. Figure 1 shows where Type 1, 2, and 3 emergency care departments are located in each of the five Trusts across the province.

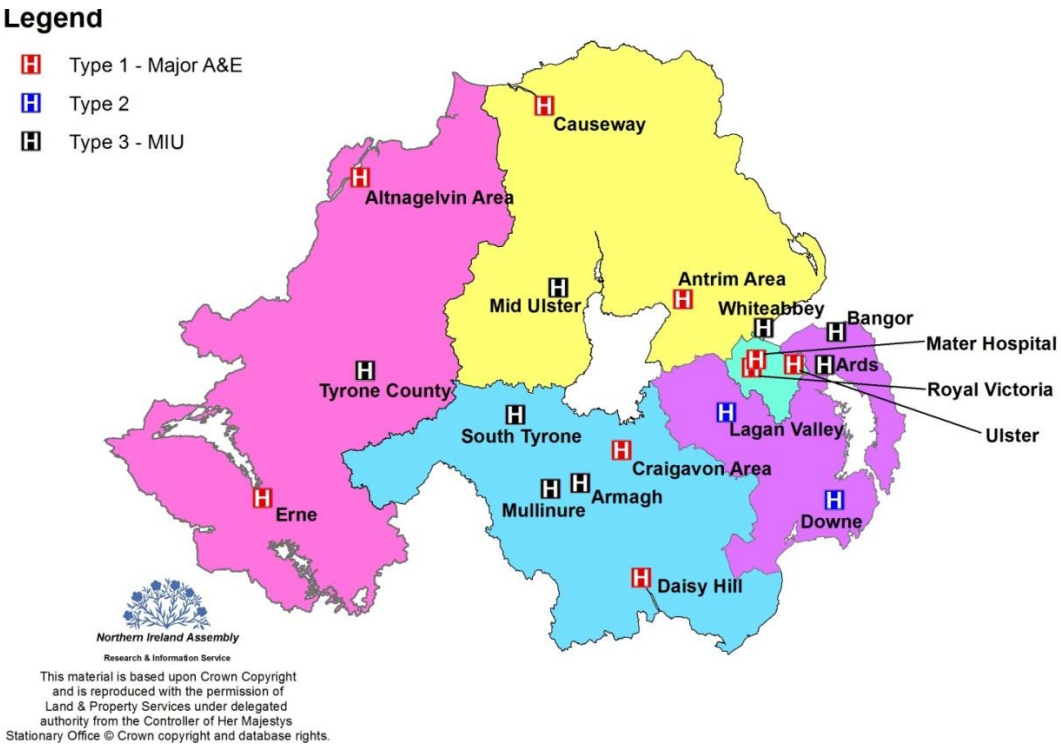


Figure 1. Emergency care provision in Northern Ireland

[3] Whiteabbey and Mid Ulster hospitals were reclassified from Type 2 to Type 3 as of 24 May 2010.
[4] Belfast City A&E closed temporality in November 2011.
[5] Acronym for Royal Belfast Hospital for Sick Children.
[6] Lagan Valley hours reduced from 1 August 2011
[7] DHSSPS Emergency care waiting time statistics (October-December 2011), page 22.

At present, there are ten Type 1 A&E departments (shown in red), two Type 2 units (shown in blue) both located in the South Eastern Trust, and eight Type 3 minor injuries units (shown in black). From the map it is evident that emergency care sites are much more dispersed in both the Western and Northern Trusts, given the geographic size of those Trust areas.

In terms of Type 3 Minor Injuries Units (MIU) which treat less serious injuries or illnesses, opening times are restricted (with the exception of Tyrone County). The Belfast Trust does not have any Minor Injury Units. As shown in Table 2, MIU opening times vary; some are open 9am-5pm, others 9am-9pm, and not all are open on public holidays, nor weekends.[8] Such restrictions, and the lack of consistency for patients wanting to access them, can place additional pressure on acute emergency care departments. This can also result in patients attending Type 1 or 2 A&Es, instead of perhaps going to an out-of-hours clinic, if appropriate (further information on GP out-of-hours is provided in Appendix 1).

Trust	Minor Injuries Unit	Opening Times
Western Trust	Tyrone County	24 hours
Northern Trust	Whiteabbey	Monday to Friday: 9am -5pm
	Mid Ulster	Monday to Friday: 9am -5pm
Southern Trust	South Tyrone	9am-9pm
	Armagh	Monday to Friday 9am -5pm
	Mullinure	Monday to Friday 5pm to 9am
South E. Trust	Ards	9am - 5pm (excl Christmas Day)
	Bangor	9am - 5pm (excl Christmas Day)

Table 2. Opening times of Minor Injuries Units in Northern Ireland

3 Reconfiguration & Review: Emergency Care (2002-present)

Northern Ireland's emergency care provision has witnessed considerable changes in the last number of years. In 2002 the Department of Health, Social Services and Public Safety (DHSSPS) published ***Developing Better Services*** which recommended that reform and modernisation of hospital services across Northern Ireland was necessary.[9] Reasons for change included rising care demands and the aging population, resource and funding constraints, risks to patient safety and the need for 'fit for purpose' quality healthcare. In turn, a new model of hospital provision was proposed:

- A reduction in the number of acute hospitals (from 15 to 9);
- Acute hospitals would be supported by local hospitals; namely the Mid Ulster, South Tyrone, Whiteabbey, Downe, Lagan Valley, Mater and Tyrone County.

[8] Health and social care: Minor injury unit locations. Available online at http://www.gpoutofhours.hscni.net/Performance%20Information.html Website accessed 29.3.12

[9] Developing Better Services DHSSPS (2002) http://www.setrust.hscni.net/involving/involving/Developing%20Better%20Services.pdf

The aim was that most of the population would have timely access to emergency care; the majority of people would live within 45 minutes, and almost all within one hour of emergency care and consultant-led maternity services.

In 2005 an *Independent Review of Health and Social Care in Northern Ireland*, conducted by Professor John Appleby, indicated that the level of A&E attendances per head of population in Northern Ireland was 31% higher than in England, and that the reasons for this were unclear.[10,11] His report recommended that demands on certain aspects of the hospital system, particularly in A&E, should be contained or reduced.

During 2007, an independent review of emergency care activity, commissioned by the DHSSPS, was carried out by PwC.[12] The review suggested that nearly one quarter (24%) of A&E attendances in Northern Ireland were "inappropriate" and could be addressed by alternative healthcare services - such as minor injuries units.[13] It also highlighted that some people attend A&E when they cannot get an appointment quickly enough with their GP.[14] The findings made a number of recommendations including: increased promotion of primary care gatekeeping by piloting GPs in or adjacent to A&Es; reviewing minor injury unit opening times, the staff skill mix, and the consistency of information recorded at A&Es; focussing on early discharge; considering the role of community care as a preventative measure; and clarifying definitions around planned/unplanned care.[15]

In 2007, the Department instructed Trusts to implement a range of actions to improve patient waiting times, for example, ensuring that bed managers focus on expediting patients through the care system, introducing nurse-led discharge and scheduling clinical ward rounds to facilitate twice daily senior decision making.[16]

A year later, the Northern Ireland Audit Office published *Transforming Emergency Care in Northern Ireland (2008)*.[17] This report highlighted that a range of obstacles had resulted in a "disjointed and uncoordinated emergency care system which has been manifested in patients waiting too long in A&E and experiencing difficulty in getting the right service".[18]

More recently in 2011, a wider review of health and social care, *Transforming Your Care* (also known as the Compton Review), reported that performance against targets in emergency care were not being met, and that up to 50% of patients presenting to A&E are "standard cases *without* immediate danger or distress".[19] To further compound A&E 'congestion', it is estimated that alcohol is a significant factor in 40% of all hospital

[10] DHSSPS John Appleby. Independent Review of health and Social Care Services in Northern Ireland (2005) http://www.dhsspsni.gov.uk/appleby-report.pdf, page 67.(Figures reflective of 2003/4).
[11] It has been suggested that this could be due to the lack of development of other types of unscheduled care services. For example, out-of-hours centres require an appointment and Northern Ireland does not have 'walk-in' primary care health facilities that are available elsewhere in the UK.
[12] DHSSPS (2007) Audit of Accident and Emergency Activity: Final Report: PwC
[13] Ibid, 'Inappropriate Use of A&E' p10
[14] Belfast Telegraph 'A&E Services Belfast' (1 August 2011)
[15] PWC Report (2007) Executive summary. http://www.dhsspsni.gov.uk/a_e-report-executive-summary.pdf p14-15
[16] NIAO (2008) Transforming emergency care in Northern Ireland. Report by the Comptroller & Auditor General, p 9.
[17] NIAO (2008) Transforming emergency care in Northern Ireland. Report by the Comptroller & Auditor General, p 9.
[18] NIAO (2008) Transforming emergency care in Northern Ireland. p 17.
[19] DHSSPS Transforming your care, p98. This is based on Category 4 of the Manchester Triage categories currently used to classify priority cases.

admissions, rising to 70% of A&E attendances at weekends.[20] In addition, the review stated that options available to the public in dealing with emergency injuries and illnesses are not well known.[21] Therefore getting the message across to the public about when to access A&Es, minor injuries units, and out-of-hours clinics will require further work.

3.1 What factors influenced the need for change to emergency care services?

Since the original publication of *Developing Better Services* a number of emergency care services have been reconfigured. This has been met with opposition by campaigners against A&E closures.[22] Some of the main factors cited for the changes concern patient safety, and capacity issues, for example:

- Problems recruiting appropriate levels of staff, namely consultants and junior doctors, and there exists a national shortage of trained A&E doctors.
- Trusts not always being able to comply with the requirements of the European Working Time Directive (EWTD). The EWTD is enshrined in law and means that medical staff should on average, work less than 48 hours per week.
- Local hospitals in smaller towns having limited or no access to specific acute services such as surgical inpatient services or intensive care units.
- Smaller hospitals have restricted training status and therefore are unable to provide a full training environment for junior doctors. Medical staff are unable to develop their skills - leading to difficulties attracting appropriately trained staff. Locum doctors can provide cover, but at significant cost. Hence staff are more likely to progress career opportunities in specialised medical centres in centralised, urban locations.
- Senior doctors/specialists are often under increased pressure to provide cover across multiple sites.[23]

3.2 Impact of the changes to emergency care

Table 3 overleaf provides an overview of the changes that have affected 6 emergency care units since 2009.

These changes have led to a considerable 'knock-on' effect for other sites for patients presenting with more serious conditions. In addition, the reconfiguration of emergency care services over the last few years has had an impact on bed availability, ambulance response times, and staff workload and morale to name but a few.[24,25] Delays in waiting times have also been exacerbated. For example, the reconfiguration of smaller A&E

[20] DHSSPS Transforming your care, p60.
[21] DHSSPS Transforming your care, p103.
[22] For example, BBC NEWS NI (28.7.11) *Protest over Belfast City A&E Closure* ; Mid Ulster Mail (13.1.09) *Anger over decision to remove A&E for the Mid*
[23] Northern Health and Social Care Trust Acute Services "Acute Services" Briefing Paper. Available online at: http://www.northerntrust.hscni.net/pdf/Acute_Service_Briefing_Paper_May_2010.pdf
[24] BBC News 21 March 2012. Edwin Poots to detail plans to tackle problems at Royal A&E.
[25] Belfast Telegraph, 7 March, 2012 Health Minister apologises over chaos in casualty

departments such as Mid-Ulster and Whiteabbey to minor injury units has impacted on waiting times in Antrim Area hospital[26] and to a lesser extent, Causeway hospital.

Hospital	Date of change	Type of change	Opening times	Knock-on effect to other sites
Western Trust				
Tyrone County	March 2009	Reconfigured from consultant-led Type 2 emergency care department to a Type 3 minor injury unit	24 hours	There are two A&E hospitals west of the Bann, Erne hospital (Enniskillen) and Altnagelvin (L/Derry). For some patients, the drive may be longer than the "one hour" standard.[27]
Northern Trust				
Whiteabbey Hospital	May 2010	Reconfigured from a consultant-led Type 2 emergency care department to a Type 3 minor injury unit	9am-5pm Monday to Friday. Not open weekends or public holidays.	Patients are likely to be re-directed to Belfast or Antrim. These alternative sites are already overstretched in terms of capacity.
Mid Ulster Hospital	May 2010	Reconfigured from a consultant-led Type 2 emergency care department to a Type 3 minor injury unit	9am-5pm Monday to Friday. Not open weekends or public holidays.	Serious injuries likely to be redirected to either Antrim or Causeway Hospital[28] in Coleraine. Overflow to Antrim will impact on their already overstretched capacity.
South Eastern Trust				
Downe Hospital	April 2011	Change in staffing cover. Type 2 status retained.	8am - 10pm covered by hospital doctors; 10pm - 8am: enhanced out of hours supported by nursing staff.	Depending on patient location, patients with serious injuries are likely to be-redirected to other hospitals e.g. the Ulster, or those in Belfast, or Newry or Craigavon.
Lagan Valley Hospital	August 2011	Temporary reduction in emergency medical hours announced. Type 2 status retained.	Removal of 24 hour access. Open 9am-8pm daily. Further changes are currently under consultation.	Depending on patient location, patients with serious injuries during 8pm-9am would be more likely to be re-directed to Craigavon, or Belfast (Mater or Royal).
Belfast Trust				
Belfast City Hospital	Nov 2011	Temporary closure of Type 1 A&E	N/A. Change likely to be in place for the foreseeable future.	Huge knock-on effect to all other hospitals in the greater Belfast area (Royal, Mater, Ulster and Antrim) is likely.

Table 3. Summary of emergency care reconfiguration in NI 2009-2011

Likewise in November 2011, Belfast City A&E closed temporarily. It was the first Type 1 A&E to do so. The primary reason cited was because of a shortage of senior medical staff which was impacting on patient safety.[29] The Belfast Trust also claimed that a model of

[26] BBC News NI 19.1.12 Patient waits at Antrim hospital 'unacceptable': Poots. Available online at: http://www.bbc.co.uk/news/uk-northern-ireland-16628938. Website accessed 3.4.12
[27] Irish News July 22, 2011. 'Patients west of Bann face up to 2 hour drive for care'.
[28] Assembly Question AQO 1047/11 (February 2011), The Health Minister has no plans to reduce services at the Causeway hospital.
[29] DHSSPS Statement to the Assembly by Health Minister Edwin Poots: Changes to Accident and Emergency Service Configuration in the Belfast HSC Trust. http://www.dhsspsni.gov.uk/emergency-statement130911

three A&Es (namely the Royal, Mater and the City) within close proximity of each other in Belfast was unsustainable, and not the most effective use of resources. Nevertheless, a total of **45,008** patients attended Belfast City hospital A&E during 2010/11, and 45,018 patients attended in 2009/10.[30] The high influx of patient attendances at the City hospital will now be dealt with elsewhere, and this will result in increased patient attendances at other hospitals nearby - such as the Royal, Mater and Ulster.[31]

4 A&E Attendance Trends

Over the last five years, the total number of attendances at emergency care departments has increased by around **3%;** an increase in around 20,000 cases since 2006/7. [32,33] A full breakdown of hospital attendances is available in Appendix 2.

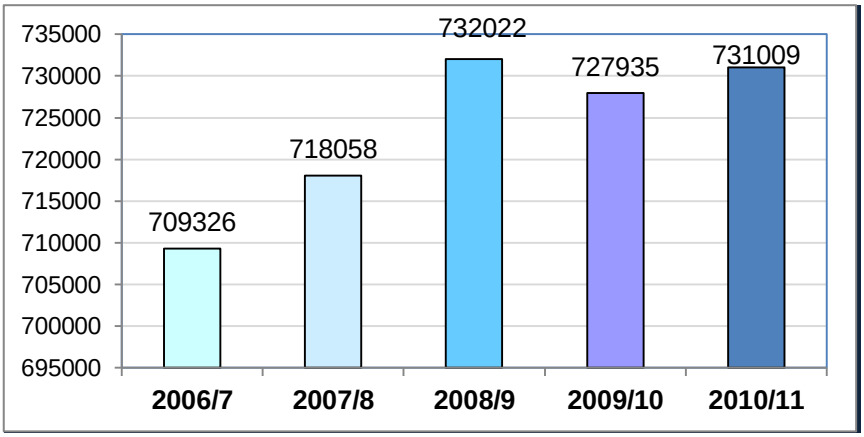


Figure 2. Attendances at A&E departments across NI between 2006-2011

4.1 Attendances by Trust Area 2010/2011

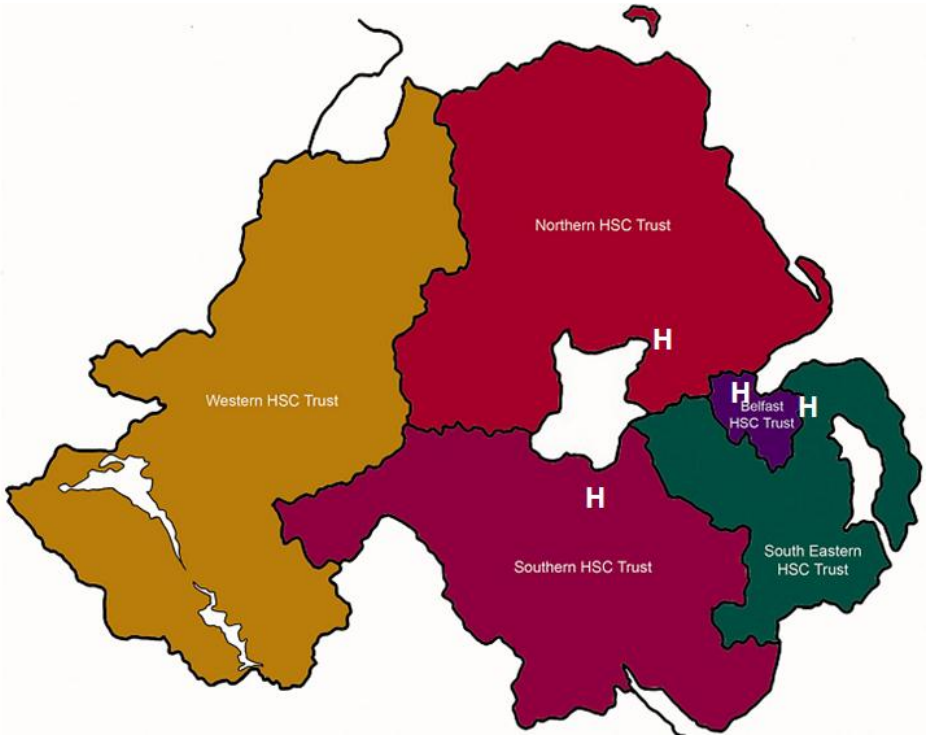
Between 1 April 2010 and 31 March 2011, a total of **731,009** attendances at emergency care departments in Northern Ireland were recorded.[34] Of these, around 56,600 were review (i.e. planned) attendances. The Belfast Trust dealt with the most attendances (27%), whereas the Western Trust had the least (14%) as shown in Table 4.

Trust	No. of A&E patient attendances 2010/11
Belfast Trust	196,106 (27%)
S. Eastern Trust	155,934 (21%)
Southern Trust	143,455 (20%)
Northern Trust	134,944 (19%)
Western Trust	100,570 (14%)
TOTAL	**731,009**

Table 4 Number of A&E attendances 2010/11 by Trust area

[30] KH09 Departmental return DHSSPS/NISRA Northern Ireland Hospital Emergency Care Statistics Emergency Care 2010/2011 page 14.
[31] NI Assembly RaISE paper 437 (2011) Belfast City A&E. Available online at: http://www.niassembly.gov.uk/Documents/RaISe/Publications/2011/Health/8411.pdf
[32] This includes people attending A&E for the first time and those who had review appointments.
[33] DHSSPS/NISRA Northern Ireland Hospital Statistics: Emergency Care 2010/2011, page 6.
[34] DHSSPS/NISRA Northern Ireland Hospital Statistics: Emergency Care 2010/2011, page 13.

Around four out of every five A&E attendances were to a Type 1 (major) emergency care department. In 2010/11, the majority of attendances were reported in the following hospitals marked **'H'** in the map below:[35]



- Craigavon (Southern Trust): 76,732 A&E attendances
- Ulster (S. Eastern Trust): 76,013 A&E attendances
- Royal (Belfast Trust): 75,652 A&E attendances
- Antrim (Northern Trust): 72,216 A&E attendances[36]

Interestingly **Craigavon Area** A&E had the most attendances in 2010/11, followed by the Ulster hospital. High attendances at these four hospitals are perhaps reflective of our population spread, as the *wider Belfast Metropolitan Area* represents about one third of Northern Ireland's total population.[37]

In terms of overall demand during 2010/11, Type 1 emergency care departments were visited most:

- 589,264 (80%) attendances were reported at Type 1 emergency care departments
- 84,622 (12%) were seen at a Type 3 MIU
- 57,123 (8%) attendances were seen at Type 2 emergency care departments[38]

[35] HSC Trust boundaries map reproduced with permission from the Belfast HSC Trust 29.3.12
[36] DHSSPS/NISRA Northern Ireland Hospital Statistics: Emergency Care 2010/2011, page 13.
[37] Belfast City Council: Belfast demographics. Available online at: http://www.belfastcity.gov.uk/factsandfigures/demographics.asp Website accessed 28.3.12
[38] DHSSPS/NISRA Northern Ireland Hospital Statistics: Emergency Care 2010/2011

4.2 Type 1 A&E trends 2009/10 and 2010/11

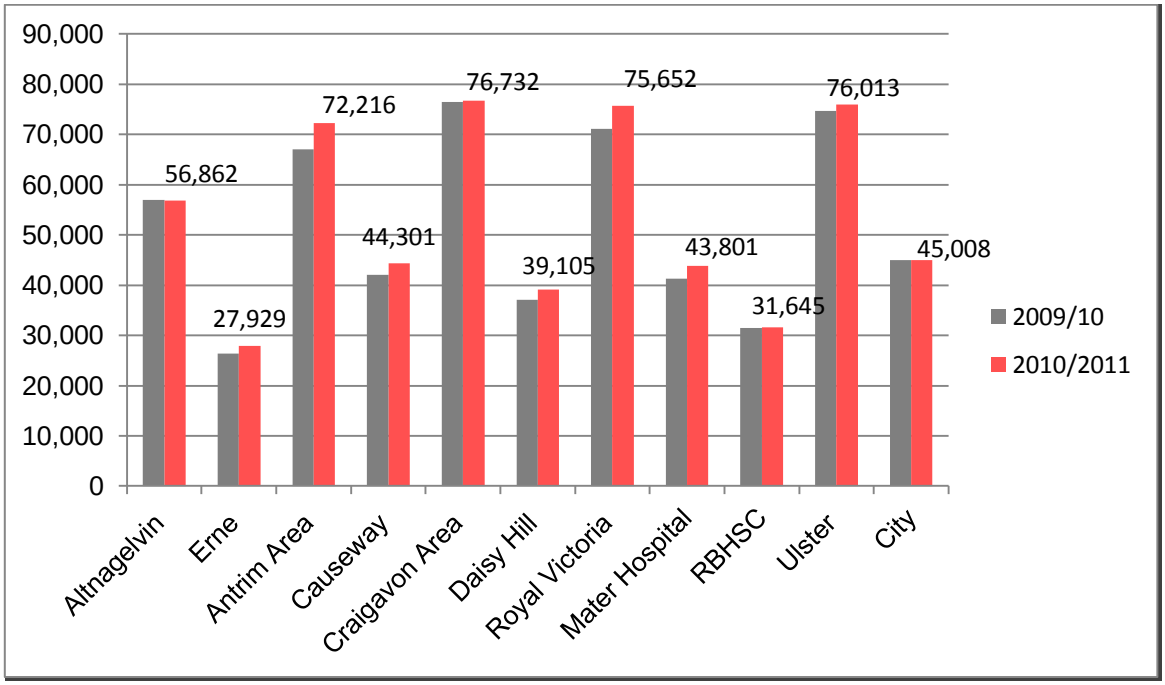


Figure 3. A&E trends for 2009/10 -2010/11 Type 1 A&E departments[39]
(Figures detailed in the chart are for the 'red' 2010/11 figures only)

Figure 3 shows the total number of A&E attendances in 2009/10 and 2010/11. Slight increases have been experienced in most Type 1 A&E departments in the timeframe shown. The biggest increases in the timeframe were seen in the Royal (increase of 4,571) and Antrim (increase of 5,204) hospitals.

4.3 Type 2 A&E Trends 2009/10 and 2010/11

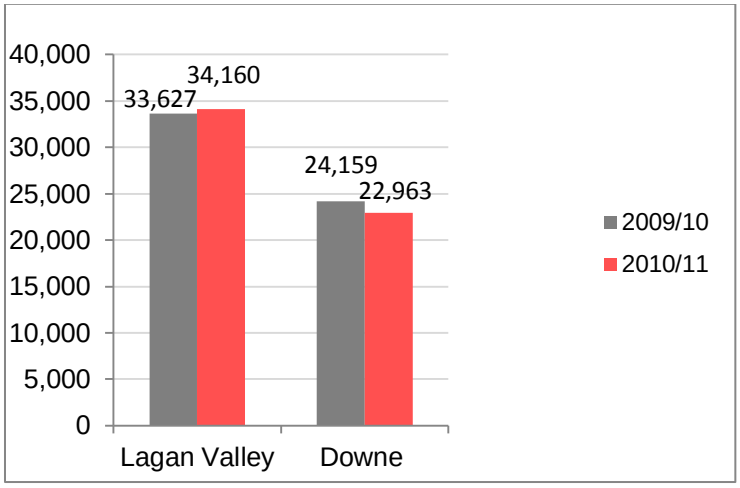


Figure 4. A&E trends in Type 2 emergency care units40

Attendances at Lagan Valley and Downe A&E departments over the two year timeframe have remained relatively similar (as shown in Figure 4). The reduction in the opening hours

[39] DHSSPS/NISRA Northern Ireland Hospital Statistics: Emergency Care 2010/2011
[40] DHSSPS/NISRA Northern Ireland Hospital Statistics: Emergency Care 2010/2011

to these two Type 2 emergency care departments did not take effect until after the publication of the DHSSPS 'Hospital Statistics' (year ending 31 March 2011). It is therefore likely that a reduction in attendance rates may be seen in the 2012 statistical publication.

4.4 Type 3 Minor Injury Unit attendances 2009/10 -2010/11

A breakdown of the 84,622 attendances in MIUs across Northern Ireland during 2010/11 (shown in red), and the previous year 2009/10 (in grey) is provided in Figure 5.[41]

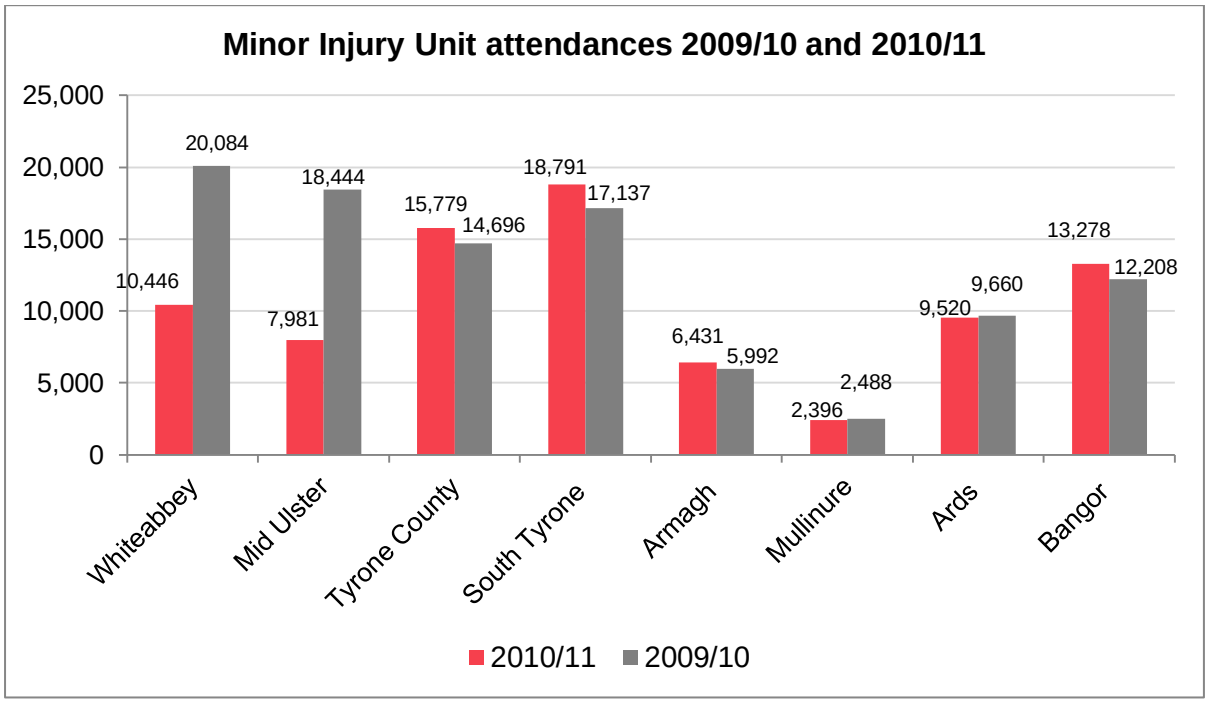


Figure 5. Patient attendances at Minor Injuries Units 2009/10 and 2010/1142

Figure 5 shows that, with the exception of Whiteabbey and Mid Ulster, most other units have experienced similar levels of attendances in 2010/11 as they did for 2009/10. However the decrease in the number of attendances at Whiteabbey and Mid Ulster in 2010/11 would indicate that more patients from those catchment areas are now attending other hospitals – such as Causeway or Antrim area as a result of the reconfiguration of Whiteabbey and Mid Ulster to Type 3 MIUs in May 2010.

5 A&E waiting time targets

Given recent media attention about A&E waiting times, this section of the paper examines in more detail waiting time targets and trends. HSC Trusts set new A&E performance targets in June 2006.[43] The targets are also outlined in the current DHSSPS Commissioning Plan Direction:[44]

[41] This figure includes 8,723 review attendances and 75,899 new attendances.
[42] DHSSPS/NISRA Northern Ireland Hospital Statistics: Emergency Care 2010/2011
[43] NIAO Report by the Comptroller and Auditor General (2008) Transforming Emergency Care in NI p3. Available online at: http://www.niauditoffice.gov.uk/pubs/TransformingEmergencyCare/fullreport.pdf; http://www.dhsspsni.gov.uk/microsoft_word_-_priorities_for_action_2010-11.pdf page 20
[44] DHSSPS The Commissioning Plan Direction 2011. Available online at: http://www.dhsspsni.gov.uk/commissioningplandirection2011.pdf . Website accessed 3.4.12

*'from April 2011,**95%** of patients attending Types 1,2,or 3 A&E departments are either treated and discharged home, or admitted within **four hours** of their arrival in the department; and no patient attending A&E should wait longer than **12 hours** either to be treated and discharged home, or admitted.'*[45]

5.1 Breaches in waiting times: Overall Trust Performance

Target component – New and unplanned review attendances	Achieved in 2010/11?	Achieved in 2009/10?
95% of Type 1 attendances within 4 hours achieved?	NO	NO
95% of Type 2 attendances within 4 hours achieved?	NO	NO
95% of Type 3 attendances within 4 hours achieved?	Yes	Yes
Type 1 - no attendee to wait longer than 12 hours?	NO	NO
Type 2 - no attendee to wait longer than 12 hours?	NO	NO
Type 3 - no attendee to wait longer than 12 hours?	Yes	Yes

Table 5. Performance of emergency care departments against Ministerial targets

- The current A&E target results are poor, given that the majority of targets were not met (Table 5). Overall, targets for new and unplanned review attendances were not being met in each Trust in Type 1 and the majority of Type 2 emergency care departments (Appendix 3). However, as discussed below, the Southern Trust did do comparatively better than the other Trusts (as mentioned below). During 2010/11, 82% of patients were treated and discharged, or admitted within 4 hours of their arrival in A&E which **falls short of the 95% target**.[46] This was a drop in performance since 2009/10 when 84% of patients were seen and treated within 4 hours.[47]
- As shown in Table 6, in 2010/11 the Belfast Trust performed **the least well** in terms of waiting times, and the Southern Trust performed best with only 7 patients waiting over 12 hours. One reason that may be attributed to the Belfast Trusts' reduced performance could be due to over a quarter of all A&E attendances being treated in that one Trust. 17% of all patients in 2010/11 waited between 4-12 hours and 1% waited over 12 hours.

	Total number of new and unplanned review attendances waiting under 4 hours (95%=target)	Total number of new and unplanned review attendances waiting between 4-12 hours	Total number of new and unplanned attendances waiting over 12 hours (0%=target)
Southern Trust	119,351 (90%)	13,542 (10%)	7 (0%)
S. Eastern Trust	129,445 (86%)	19,156 (13%)	1,285 (1%)
Western Trust	80,354 (85%)	13,886 (15%)	56 (0.1%)
Northern Trust	102,401 (78%)	26,884 (20%)	2,759 (2%)
Belfast Trust	142,565 (75%)	44,918 (23%)	3,272 (2%)
Total	**574,116 (82%)**	**118,386 (17%)**	**7,379 (1%)**

Table 6. Number of patients treated, admitted or discharged within specific timeframes[48]

[45] This is the same targets that were set in the DHSSPS Priorities for Action targets 2010/11
[46] DHSSPS Transforming your care, p98.
[47] DHSSPS Northern Ireland statistics hospital care. Available online at: http://www.northernireland.gov.uk/news/news-dhssps/news-dhssps-august-new-2010/news-dhssps-050810-northern-ireland-hospital.htm
[48] DHSSPS EC1 Departmental Return

- It is unclear what sanctions, if any, are placed on HSC Trusts when these targets are not met.
- The targets also do not tell us if patients in the 4-12 hour group are closer to the four hour target or nearer to the 12 hour target (which is quite a range), nor how long patients wait over the 12 hours, therefore it is difficult to get a really accurate picture of how long waits actually are.
- Targets that were met related to attendances at Type 3 emergency care departments (Minor Injury Units). In 2010/11, 100% of patients were treated, admitted or discharged within 4 hours and no patients waited over 12 hours.

5.2 12 hour target

- In 2010/11, a total of **7,379 patents** waited over 12 hours to be seen. This figure has almost doubled since 2009/10 figures (**3,881**). Also worrying is that between 2007/8 and 2010/11, the number of patients who waited longer than 12 hours is **751%** more than it was in 2007/8 as shown in Figure 6.

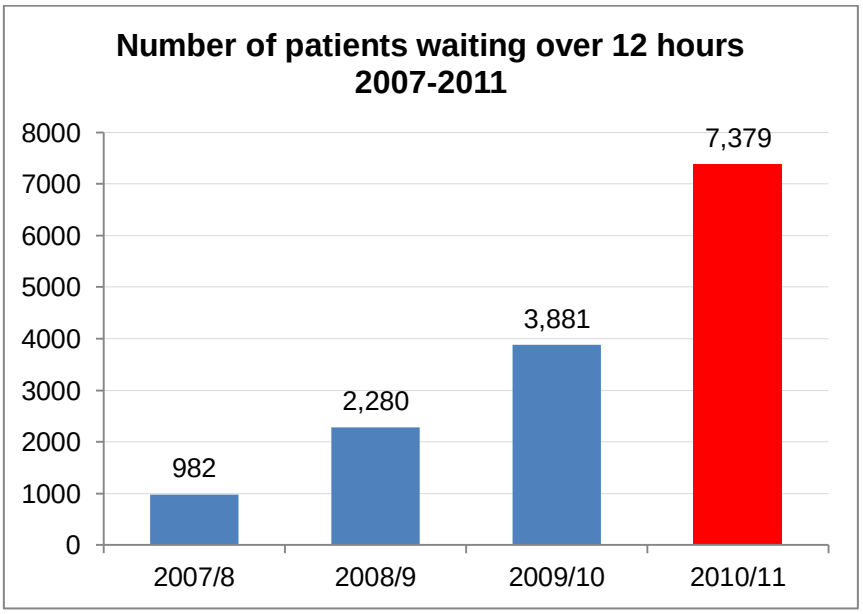


Figure 6. Number of patients waiting more than 12 hours (2007-2011)[49]

5.3 Type 1 A&E: 12 hour waits in last 6 months

Figure 7 overleaf shows a number of Type 1 emergency care departments which experienced a sharp increase in the number of people waiting over 12 hours during the last 6 months (Oct 2011- Mar 2012) which includes the winter period.[50]

[49] DHSSPS/NISRA Northern Ireland Hospital Statistics: Emergency Care 2010/2011, p8.
[50] Data available online at http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats/emergency_care-3/emergency_care-monthly_waiting_times.htm Website accessed 11.1.12

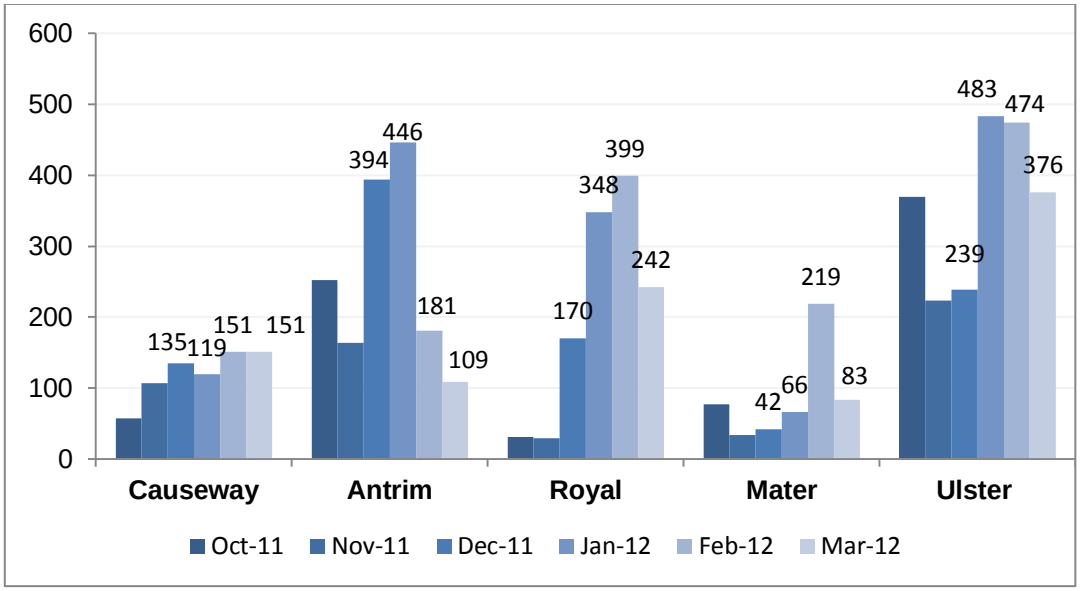


Figure 7. Type 1 A&Es with breaches over 12 hour waiting target (Oct 2011-Mar 2012)

As can be seen, Antrim had a substantial increase in the number of people waiting over 12 hours in December and January. Interestingly, over the 6 month timeframe, the **Ulster hospital** A&E experienced the most attendances waiting over 12 hours (a total of 2,165), followed by Antrim (1,546) and then the Royal hospital (1,219). Also noticeable is the significant peaks in attendances especially around January/ February 2012 which led to extensive trolley waits in hospital corridors and a serious backlog in terms of admissions and treatment, a situation that the Health Minister described as 'unacceptable'.[51]

However, in the same timeframe (Oct 11-Mar 12) the five other Type 1 A&E hospitals had far less attendances waiting more than 12 hours, as shown in table 7.

	Oct 2011	Nov 2011	Dec 2011	Jan 2012	Feb 2012	Mar 2012	Total number of patients waiting over 12 hours
Altnagelvin	7	0	6	2	7	5	27
RBHSC	0	1	1	2	3	1	8
Daisyhill	0	0	0	1	2	0	3
Craigavon	0	0	0	0	2	1	3
Erne	0	0	2	0	0	0	2

Table 7. Other Type 1 A&E hospitals: low numbers of patients waiting over 12 hours

From the table we can see:

- Erne hospital had just 2 cases of patients waiting over 12 hours to be treated in the past 6 months;
- Craigavon had high attendance rates (similar to that of Antrim), yet only 3 breaches in the 12 hour target - in the same timeframe.

[51] NI Assembly Official Report (Hansard) Oral Answers to Questions. Royal Victoria Hospital: Waiting Lists and Trolley Waits Available online at http://www.niassembly.gov.uk/Assembly-Business/Official-Report/Reports-11-12/26-March-2012/ Website accessed 1.4.12

- the Children's A&E at the Royal (RBHSC) had eight cases, and Altnagelvin Area hospital had 28 cases reportedly waiting over 12 hours.[52]

Table 8 below shows that during some months, more patients waited over 12 hours in Type 1 A&Es. In particular, January and February in 2011 and 2012 were comparably higher than at other times of the year.

Month	Percentage Waiting 4 Hours and Under	Number Waiting Over 12 Hours	Total Attendances (New and Unplanned Review)
January 2011	74.1%	1,181	46,550
February 2011	73.2%	1,196	43,551
March 2011	79.3%	773	49,447
April 2011	80.7%	563	50,239
May 2011	79.2%	885	49,778
June 2011	79.3%	917	48,482
July 2011	80.5%	342	47,746
August 2011	79.2%	447	48,096
September 2011	77.5%	538	46,847
October 2011	76.5%	823	47,094
November 2011	77.8%	558	43,472
December 2011	73.8%	989	44,033
January 2012	72.2%	1,467	44,500
February 2012	68.7%	1,438	44,951
March 2012	71.4%	968	49,061

Table 8. Type 1 A&E performance against targets (Jan 11-March 2012)[53]

5.4 Reasons behind recent delays

The reasons behind the recent A&E backlog are multifaceted and complex. As previously highlighted there is misuse of A&E, including people who do not wait to get a GP appointment, or who are not deemed 'an emergency'. A variety of other factors have also been identified. Limited bed capacity resulted in A&E patients waiting (sometimes on trolleys) until a ward bed became available.[54] Some patients presenting also had a range of highly complex conditions requiring acute admission, and this a wider issue of the health care system. Other patients were not being discharged from wards in a timely manner as this depended on staff with the appropriate authority to give approval for discharge.[55] The Minister also stated that over the Christmas period, several hospitals experienced A&E staff shortages,[56] in addition to the "general winter pressures"[57] and an increase in viruses experienced at that time of year. However, for the Royal, Mater, Ulster and Antrim, the increased pressures are likely to have been exacerbated by the closure of

[52] Data for January to March 2012 are available online at http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats/emergency_care-3/emergency_care-monthly_waiting_times.htm
[53] DHSSPS Emergency Care waiting time statistics (Jan – March 2012) page 13.
[54] Irish News, 2 March 2012. *Claims of 'chaotic' scenes at Royal's A&E*
[55] Belfast Telegraph 26 March 2012 *Poots eyes hospital discharges move.*
[56] BBC News NI 9.12.12 Hundreds of gaps in Belfast nursing rota http://www.bbc.co.uk/news/uk-northern-ireland-16472796
[57] NI Assembly Official Report (Hansard) Private Members' Business Royal Victoria Hospital: Accident and Emergency. Available online at http://www.niassembly.gov.uk/Assembly-Business/Official-Report/Reports-11-12/26-March-2012/#a12

the City hospital A&E, in addition to reduced hours of Minor Injury Units in Mid Ulster, Whiteabbey and Lagan Valley.[58]

5.5 Complaints about A&E experiences

Statistics on the number of complaints regarding A&E waiting times received by each Trust during the last three financial years is shown in Table 9. The DHSSPS has advised that it *does not collect information on the number of informal / verbal complaints received.*[59] One assumes this would inevitably add to the number of actual complaints made.

HSC Trust	Financial Year		
	1 Apr 09 - 31 Mar 10	1 Apr 10- 31 Mar 11	1 Apr 11 - 31 Dec11[60]
Belfast	32	50	31
Northern	30	34	4
S. Eastern	23	22	17
Southern	2	13	17
Western	5	11	8
Northern Ireland	**92**	**130**	**77**
% of total complaints which related to A&E waiting times	**2.0%**	**2.6%**	**2.0%**

Table 9. Complaints relating to A&E waiting times (2009/10 - 2011/12)[61]

The Belfast Trust has experienced more formal complaints in relation to A&E than other Trusts. Nevertheless, formal complaints regarding waiting times only constitute around 2% of total health service complaints. It will be interesting to see if, given recent pressures, the remaining months in this financial year will result in a higher number of complaints being reported.

5.6 Assembly Questions on waiting times data

A number of Assembly Questions (AQs) have also been asked in relation to the waiting times issue. According to the DHSSPS responses, some of the data is "*not routinely collected and could only be provided at disproportionate cost*". This includes data regarding:

- average waiting times in emergency departments;[62]
- trolley waiting times;[63]

[58] Belfast Telegraph: 7 March 2012 *Health Minister apologises over chaos in casualty.*
[59] DHSSPS Departmental response; Complaint information refers to formal / written complaints only.
[60] It should be noted that data for 2011/12 refers to the period from 1st April 2011 to 31st December 2011.
[61] Response to information from the DHSSPS to the author. Response dated 28.3.12
[62] AQW 8678/11-15 Mr Mark Durkan to ask the HSSPS Minister to detail the average waiting time at an A&E in each Trust in the last 12 months.
[63] AQW 5815/11-15 Ms Sue Ramsey to ask the HSSPS Minister to detail the average trolley waiting times at the Royal and Antrim Area hospital.

- length of time before a patient is admitted;[64]
- main reasons for admission;[65]
- reasons for delay in admission;[66]
- statistics on waiting times between 10pm and 8am.[67]

5.7 Data not provided by the DHSSPS

As part of this research request, the researcher also requested information on the following from the DHSSPS[68]:

- To advise whether HSC Trusts have an Emergency care (A&E) policy in place;
- To provide a flowchart to illustrate the process of patient flow in A&E until admission or discharge.
- To advise if any work has been completed in regard to inappropriate attendances at A&Es;
- To advise what the Department defines as a "trolley wait";
- An outline of the main reasons for recent delay and long trolley waits;
- To provide statistics on the number of people waiting on trolleys in each Type 1 A&E hospital in NI over the past 12 months; broken down by month and the number of people who waited: less than 4 hours, 4-12 hours, 12-20 hours, and over 20 hours**.**
- To provide a breakdown of how many consultants are needed on shift for Type 1 A&Es in Northern Ireland, and details of how many consultants are on duty on night shifts and weekends. To advise if there has been a shortage of consultants in any particular A&E Departments;
- To indicate if Trusts are being fined for poor performance;
- To advise how the DHSSPS/Trusts are planning to deal with increased demand and delay at A&E in going forward?

This data will be provided to the Committee in a follow-up paper.

6. The way forward

Easing the problems that emergency care faces is not unique to Northern Ireland, and will require a much wider approach to health service reform. On the 21 March 2012, the Health and Social Care (HSC) Board agreed a comprehensive action plan with Health and

[64] AQW 5909/11-15 Ms Sue Ramsey to ask the HSSPS Minister to detail the number of patients at the Royal A&E who had to wait more than 8 hours before being admitted in the last 12 months and the reasons for delay in admission.
[65] Ibid
[66] AQW 4349 Ms Sue Ramsey to ask the HSSPS Minister to detail the reasons for delayed admission to the Royal Victoria hospital
[67] AQW 1126/11-15 Ms Margaret Ritchie to ask the HSSPS Minister to detail what the waiting times are between 10pm and 8am.
[68] Request for information submitted 8 March 2012 to DHSSPS.

Social Care Trusts to support them in reducing emergency care waiting times and improving overall patient experience at A&Es.[69] This includes the establishment of an *Improvement Action Group* to work with Trusts to reduce waiting times.[70] It is also envisaged that a group comprising of Chief Executives will be set up to drive the programme of change. Trusts are also expected to put in place additional measures regarding resources that impact on emergency care in the hospital and community setting.[71]

At a Health Committee meeting in March 2012, the Minister has also stated that work is on-going to improve patient flow such as: improved hospital discharge arrangements, a range of measures to improve quality decision making, bed capacity, additional recruitment of nurses, and further exploration about cross border healthcare.[72] The DHSSPS has also advised that the Minister is exploring options around maximising the amount of surgery undertaken as day case rather than inpatient, sufficient ward rounds (twice daily), and tackling delays with discharges into the community.[73] In April 2012, the Minister also announced a range of 'special measures' to monitor overall performance in the Belfast Trust.[74]

Moreover, further reconfiguration is likely. In a recent Assembly Question, the Minister stated that:

"*Permanent changes to accident and emergency services will be subject to public consultation as early as possible in 2012 starting with Lagan Valley, followed by the Belfast Trust proposals at a later date".*[75]

Reconfiguration has also been indicated in the Compton Review (2011):

"There are ten acute hospitals in Northern Ireland. In Great Britain populations of 1.8 million are supported by maybe only four large hospitals. The Review accepts that by 2016/7 the model of major acute hospitals for Northern Ireland's more dispersed population will reconfigure to a more appropriate scale…. The Review's view is that it is only likely to be possible to provide resilient sustainable major acute services on ***five to seven sites,*** *assuming that the Belfast Trust hospitals are regarded as one network of major acute services."*[76]

This will undoubtedly have implications for A&E services, and in the Compton Review an integrated urgent care model has been proposed:

[69] Further details are available at: http://www.hscboard.hscni.net/lnews/21%20March%202012%20-%20News%20Release%20-%20Plan%20to%20improve%20A&E%20services.html#TopOfPage
[70] Official Report Hansard (28 March 2012) Committee for Health, Social Services and Public Safety Health. *Social Care Review: DHSSPS/ HSCB Briefing*
[71] Health and Social Care Board website. Press Release: plans to improve A&E Services. Website accessed 11.4.12.
[72] NI Assembly Hansard. Oral Answers to Questions p93 and p97.
[73] DHSSPS response to researcher. Response dated 14.5.12.
[74] DHSSPS Website 'Poots introduces special measures to monitor Belfast Trust'. http://www.northernireland.gov.uk/index/media-centre/news-departments/news-dhssps/news-dhssps-050412-poots-introduces-special.htm
[75] NI Assembly Hansard. (AQ0 1085/11-15). Question on Belfast A&E Services posed by Mr Alex Maskey. Oral response by Minister on 17 January 2012. p97.
[76] DHSSPS Transforming your care, p 101.

"Accident and Emergency Departments can and should be supported more locally through an integrated urgent care model. It is an approach which looks at the needs of the local people and tailors the provision to meet their urgent care needs. This model could look very different for an urban area compared to a remote rural area. Urgent care should be available on a 24/7/365 basis…Services to be provided to a population would be minor injuries, specialist nurses trained in urgent care, urgent care GPs, specialist teams such as mental health crisis response teams and urgent care social workers."[77]

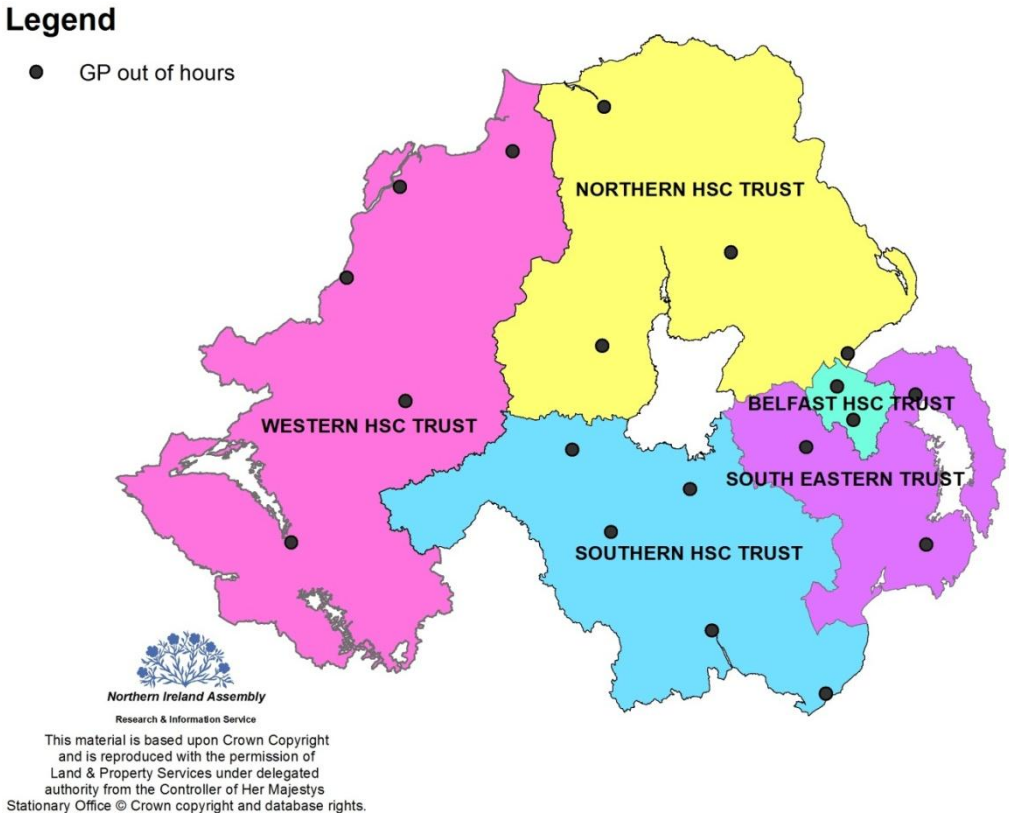
7 Conclusion

Emergency care is a complex and vital component of our healthcare infrastructure. This paper has highlighted the recent changes made to emergency care services in Northern Ireland and some of the challenges it faces in providing quality services. The poor performance of A&Es against Ministerial targets, and recent backlog in several Type 1 emergency care departments suggests that there is much room for improvement. Although it remains unknown what shape emergency care will take in the future, this will require joined-up working across the entire hospital system, well-resourced facilities, efficient processes and contingency planning measures to accommodate the people attending for treatment, especially at peak times. Further efforts will also be required to reduce misuse of A&Es and to enable the public to be better informed about the types of emergency care and treatment facilities they should access.

[77] DHSSPS Transforming your care, p 102

Appendix I GP Out of hours in Northern Ireland

Nineteen out-of-hours (OOH) services operate across Northern Ireland as shown in the map below. These typically run outside of normal GP practice hours. Patients requiring urgent treatment can contact their nearest OOH service by telephone. A GP will return their telephone call and triage the illness; offering the caller advice, which could include attending an A&E, attending the OOH practice (by appointment only), or a GP home visit. The benefit with this type of system is that those with relatively minor ailments can get treated much quicker than in an A&E. There are also a number of cross-border OOH services being piloted for people living in rural areas near the border.[78]



The table below shows the number of calls, visits and house call made by GP OOH providers between 1st April 2010 and 31st March 2011.[79]

Out-of-Hours Provider	Telephone	Base Visit	Home Visit	Total
Dalriada Urgent Care	64,351	55,343	13,114	132808
Southern HSC Trust	53,659	49,027	6,372	109058
South Eastern HSC Trust	55,276	32,096	6,563	93935
Western Urgent Care	47,373	51,959	5,846	105178
Belfast HSC Trust	60,593	34,635	7,763	102991
				543,970

[78] Centre for Cross Border Studies http://www.crossborder.ie/research/cross-border-gp-out-of-hours-evaluation/
[79] HSC GP Out of hours. Available online at http://www.gpoutofhours.hscni.net/Performance%20Information.html

Appendix 2: Total attendances by HSC Trust / hospital 2008/9 -2010/11

HSC Trust / Hospital	Total Attendances		
	2008/09	2009/10	2010/11
Belfast City	45,967	45,018	45,008
Mater Infirmorum	42,754	41,298	43,801
RBHSC	31,547	31,531	31,645
Royal Victoria	71,163	71,081	75,652
Belfast HSCT	**191,431**	**188,928**	**196,106**
Causeway	40,987	42,012	44,301
Antrim	64,660	67,012	72,216
Mid Ulster	19,046	18,444	7,981
Whiteabbey	22,547	20,084	10,446
Northern HSCT	**147,240**	**147,552**	**134,944**
Ards	10,125	9,660	9,520
Bangor	11,152	12,208	13,278
Downe	25,327	24,159	22,963
Lagan Valley	33,828	33,627	34,160
Ulster	73,426	74,639	76,013
South Eastern HSCT	**153,858**	**154,293**	**155,934**
Armagh Community	7,894	5,992	6,431
Mullinure	2,689	2,488	2,396
Craigavon Area	76,197	76,465	76,732
Daisy Hill	36,064	37,044	39,105
South Tyrone	16,686	17,137	18,791
Southern HSCT	**139,530**	**139,126**	**143,455**
Altnagelvin Area	54,116	56,910	56,862
Erne	24,632	26,430	27,929
Tyrone County	21,215	14,696	15,779
Western HSCT	**99,963**	**98,036**	**100,570**
Northern Ireland	**732,022**	**727,935**	**731,009**

Source: KH09 (ii) Departmental Return

Appendix 3: New and unplanned attendances by hospital / trust (2008-11):

1) seen within 4 hours

HSC Trust / Hospital	Percentage seen within 4 hours		
	2008/09	2009/10	2010/11
Belfast City	71.4%	71.4%	71.9%
Mater Infirmorum	79.2%	79.2%	68.3%
RBHSC	84.0%	84.0%	81.5%
Royal Victoria	77.8%	77.8%	77.1%
Belfast HSCT	**83.0%**	**77.8%**	**74.7%**
Causeway	89.0%	89.0%	85.0%
Antrim	74.0%	74.0%	67.6%
Mid Ulster	98.0%	98.0%	98.7%
Whiteabbey	99.0%	99.0%	99.5%
Northern HSCT	**88.0%**	**84.0%**	**77.6%**
Ards	100.0%	100.0%	100.0%
Bangor	100.0%	100.0%	100.0%
Downe	93.7%	94.0%	91.7%
Lagan Valley	88.0%	88.0%	87.2%
Ulster	78.0%	78.0%	80.4%
South Eastern HSCT	**91.0%**	**85.0%**	**86.4%**
Armagh / Mullinure	100.0%	100.0%	100.0%
Craigavon Area	90.0%	90.0%	83.3%
Daisy Hill	94.0%	94.0%	95.5%
South Tyrone	100.0%	100.0%	100.0%
Southern HSCT	**94.0%**	**93.0%**	**89.8%**
Altnagelvin Area	77.6%	77.6%	77.6%
Erne	92.6%	92.6%	92.8%
Tyrone County	99.9%	99.9%	99.9%
Western HSCT	**90.9%**	**84.9%**	**85.2%**
Northern Ireland	**89.0%**	**84.0%**	**82.0%**

Source: EC1 Departmental Return

2) waiting over 12 hours

HSC Trust / Hospital	Number Waiting Over 12 Hours		
	2008/09	2009/10	2010/11
Belfast City	316	293	615
Mater Infirmorum	239	446	1,428
RBHSC	4	3	13
Royal Victoria	336	601	1,216
Belfast HSCT	**895**	**1,343**	**3,272**
Causeway	95	99	319
Antrim	417	720	2,440
Mid Ulster	0	0	0
Whiteabbey	0	0	0
Northern HSCT	**512**	**819**	**2,759**
Ards	0	0	0
Bangor	0	0	0
Downe	7	30	147
Lagan Valley	67	270	309
Ulster	778	1,337	829
South Eastern HSCT	**852**	**1,637**	**1,285**
Armagh / Mullinure	0	0	0
Craigavon Area	1	4	7
Daisy Hill	0	0	0
South Tyrone	0	0	0
Southern HSCT	**1**	**4**	**7**
Altnagelvin Area	15	76	51
Erne	4	2	5
Tyrone County	1	0	0
Western HSCT	**20**	**78**	**56**
Northern Ireland	**2,280**	**3,881**	**7,379**

Source: EC1 Departmental Return