

BMA survey of A&E waiting times

March 2005



BMA survey of A&E waiting times

March 2005

Summary

In February 2004 the government introduced a new incentive scheme aimed at reducing waiting times in accident and emergency (A&E). For each of the staged targets met, trusts are paid £100,000 to spend on capital projects. The most recent target was for the period 1 October 2004 to 31 December 2004 and required 97 per cent of patients to be seen, treated or discharged within four hours.

The BMA survey of A&E waiting times was distributed in the first week of January 2005 and received a response from 80 per cent of departments (163/205).

From the results of the survey it was clear that many staff had worked incredibly hard to improve patient care in A&E and that some A&E departments had been able to use money from the scheme to purchase equipment which could bring further benefits to patients.

Nonetheless, the survey revealed a number of areas of concern:

Of the 125 departments that had met one or more of the first three targets, only 65 (53%) said their department had benefited from the money. In many cases the funds had been simply absorbed by the trust deficit.

Of those departments that had met the most recent target (for the period 1 October to 31 December 2004) only 26 per cent (42/163) said the figures submitted were an accurate reflection of the performance of their department. In an effort to meet the target:

- 48 per cent of departments used additional agency staff for the period of measurement
- 26 per cent reported that elective surgery had been cancelled
- 16 per cent reported direct manipulation of data

Forty-eight per cent of departments (78/163) said they did not meet the target for the period ending 31 December 2004. The main reasons for not reaching this target were:

- **not enough in-patient beds;** 90 per cent said this was a major reason, 10 per cent said this was minor reason
- **delayed discharges;** 80 per cent said this was a major reason, 20 per cent said this was a minor reason
- **delay in accessing specialist opinion;** 57 per cent said this was a major reason, 40 per cent said this was a minor reason

- **not enough nurses;** 49 per cent said this was a major reason, 41 per cent said this was a minor reason
- **not enough middle grade doctors;** 46 per cent said this was a major reason, 42 per cent said this was a minor reason
- **department too small;** 36 per cent said this was a major reason, 31 per cent said this was a minor reason
- **delay in accessing diagnostic services;** 30 per cent said this was a major reason, 59 per cent said this was a minor reason

Eighty-two per cent of departments reported threats to patient safety from pressure to meet the four-hour target. The most common complaints were that:

- care of the seriously ill or injured was being compromised
- patients were being discharged from the A&E department before they were adequately assessed or stabilised
- patients were being moved to inappropriate areas or wards

Improvements in waiting times for patients need to be sustainable. The key to sustainability is support from management for hospital-wide changes. For many respondents it was not the target itself but the way the target was implemented, for example by bullying staff resulting in stress and poor morale. Withholding money from incentive payments from successful A&E departments was a further source of demoralisation for staff.

Ninety-eight per cent of departments reported that workload had increased in the last 12 months. This is likely to be a result of a combination of changes in doctor and patient behaviour. For example, many departments were reporting an increase in referrals from primary care and that patients were reporting to A&E as their first port of call.

The A&E four-hour target will always be limited if its implementation fails to involve first degree care, acute mental health and social services. Rather than focusing on the A&E department, attention needs to be on the whole area of unscheduled care. The aim should be the development of a collaborative strategy from the local health economy, that is, primary, secondary and community care working together to create a more efficient system that is better for patients.

Introduction

The A&E capital incentive scheme pays trusts £100,000 for each staged target met. The target refers to the proportion of patients who are seen, treated and admitted or discharged within four hours (table 1). A trust may receive a total of £500,000 for meeting each target.

Table 1. A&E capital incentive scheme

Performance	From	To	Amount (capital)
Average 94%	1 March 2004	31 March 2004	£100k
Average 95%	1 April 2004	30 June 2004	£100k
Average 96%	1 July 2004	30 Sept 2004	£100k
Average 97%	1 Oct 2004	31 December 2004	£100k
Average 98%	1 Jan 2005	31 March 2005	£100k

Method

A postal questionnaire (appended) was sent to consultants working in English A&E departments. In total, surveys were returned from 163 out of a total of 205 departments eligible for the scheme.

Results

At the time of being surveyed 81 per cent of departments had met one or more of the targets (132/163). Of those that had met one or more of the first three staged targets (n=125), 53 per cent said their department had benefited from the money (table 2).

**Table 2. Departments that had met one of the first three staged targets:
Has your department benefited from the money?**

		Frequency	Per cent	Valid per cent
Valid	Yes	65	52.0	52.8
	No	55	44.0	44.7
	Don't know	3	2.4	2.4
	Total	123	98.4	100.0
Missing	No reply	2	1.6	
Total		125	100.0	

A frequent complaint was that the money had been 'swallowed up' by the trust's deficit:

'£400,000 so far awarded. The A&E department has seen none of this money. Requests to management on where this money had gone have not been answered. Requests to spend some of the money on the department have been refused.'

'It was suggested that extra equipment was needed and this would be a reward to the staff but this was rejected. Hospital finances are perilous so all extra was put into the main finances.'

'Don't know where the money went – nil to department.'

'Not even a thank you from management!'

For those departments that had benefited from this money, a number had spent the money on hiring more staff, especially nurses and middle grade doctors. Other examples included:

- monitors
- ultrasound machine
- paediatric ventilator
- CCTV
- document imaging system
- modernisation of waiting room
- observation wards and medical assessment units
- teaching rooms
- resuscitation equipment

The most recent target was for 97 per cent of patients to be seen, treated and admitted or discharged within four hours. 50 per cent of departments (81/163) indicated that their trust had submitted figures showing that this target had been met. However, only 69 per cent of these (56/81) said that their department actually met this target.

Table 3. The target for the period ending 31 December 2004 was for 97 per cent of patients to be seen, treated and admitted or discharged within four hours. Did the figures submitted by your department show that this target had been met?

		Frequency	Per cent
Valid	Yes	81	49.7
	No	78	47.9
	Don't know	4	2.5
	Total	163	100.0

Table 4. In your view, did your department in fact meet this target?

	Frequency	Per cent	Valid per cent
Valid	Yes	56	69.1
	No	12	14.8
	Don't know	5	6.2
	Total	73	90.1
Missing	No reply	8	9.9
Total		81	100.0

All departments that had failed to meet this target gave 'not enough in-patient beds' and 'delayed discharges' as reasons for not meeting the target (table 5).

Table 5. Departments who did not meet target for the period ending 31 December 2004: reasons for not meeting target.

	Major reason	Minor reason	No effect	Total	No reply
Not enough in-patient beds	69 (90%)	8 (10%)	–	77	1
Delayed discharges	60 (80%)	15 (20%)	–	75	3
Delay in accessing specialist opinion	41 (57%)	29 (40%)	2 (3%)	72	6
Not enough middle grade doctors	31 (46%)	28 (42%)	8 (10%)	67	11
Not enough nurses	31 (49%)	26 (41%)	6 (10%)	63	15
Department too small	22 (36%)	19 (31%)	21 (34%)	62	16
Delay in accessing diagnostic services	21 (30%)	41 (59%)	7 (10%)	69	9
Not enough SHOs	13 (22%)	30 (50%)	17 (28%)	60	18
Not enough consultants	16 (24%)	38 (56%)	14 (21%)	68	10

Other reasons given included:

- absence of a trust-wide focus
- wards shut due to infection
- funding refused for observation unit/clinical decision unit
- increasing numbers of patients coming to department without being seen by a GP, especially over holiday period
- increasing numbers of patients being referred from primary care
- delay in accessing mental health services
- delay in accessing ambulance transport for discharged patients
- delay in access to social services to assess and implement community care
- staff illness

Of the departments who failed to meet the target, 68 per cent (53/78) did not think this was an achievable target for their department. One respondent said this was because there was no 'buy in' from either the rest of hospital or the PCT, rather, it was seen as an 'A&E problem'. Other comments included:

'Inadequate trust-wide changes, A&E continually told to work harder'

'Case mix includes too many clinical exceptions to make 97 per cent achievable'

'The department was only built for 35,000 patients (6 cubicles), now processing 65,000 plus'

'More than 3 per cent of our patients are too ill to move within four hours. We have a heavy out-of-hours workload (1-3am).'

'Achievable but I'm not sure it's realistic and sustainable.'

Exceptional arrangements and 'fiddling'

In order to meet the target, 48 per cent of departments reported employing agency or locum staff for the period of measurement, 26 per cent reported that operations were cancelled and 16 per cent reported direct manipulation of data (table 6).

Table 6. Which, if any, of the following were introduced in an effort to meet the target (n=163).

	Number (%) of A&E departments
Use of agency or locum staff for the period of measurement	78 (48%)
Combining with the results from the minor injury unit	63 (39%)
Cancellation of elective surgery	43 (26%)
Manipulation of data	26 (16%)
Making staff work extended shifts	25 (15%)
Inappropriate use of the A&E department eg, creation of a 'ward'	23 (14%)
Other	48 (29%)
None of the above, figures submitted are a true reflection of department performance	42 (26%)

It is important to note that some departments met the target by modernising their practices. It is of concern that some respondents who selected the 'other category' reported 'bullying' by managers:

'Bullying' of staff. Intolerable pressure leading to mass resignations of nurses and general loss of morale.'

Clinical concerns

Forty per cent of departments said patients had been discharged before they were adequately assessed or stabilised. A third said that care of the seriously ill or injured was compromised because of the pressure to meet the four-hour target (table 7).

Table 7. Which, if any, of the following clinical concerns arose from efforts to meet the 98 per cent target for the period ending 31 December 2004 (n=163).

	Number (%) of A&E departments
Patients moved to inappropriate areas or wards	85 (52%)
Patients were discharged from the A&E department before they were adequately assessed or stabilised	65 (40%)
Care of seriously ill or injured compromised	44 (27%)
Patients 'admitted' to A&E department instead of a ward	30 (18%)
Other	38 (23%)
No clinical concerns	32 (20%)

'All of the above have been concerns but rather than compromise care we have not consistently met the target.'

'Patients about to breach get a bed ahead of more seriously ill patients.'

'Senior doctors were criticised for spending time in resuscitation area.'

'Generally I think it is okay – it is certainly better than a year ago when patients were waiting a long time to be seen, a long time for beds etc.'

Increases in workload in the last 12 months

98 per cent of departments (159/163) had experienced an increase in workload in the last 12 months. Contributing factors included, ironically, positive publicity about A&E and an increase in patients using A&E without having first seen a GP. Respondents reported that patients were attending A&E because they could not book an appointment with their GP, or because they believed that this would be case. GPs were also said to be increasingly referring their patients directly to A&E. Some departments reported insufficient self-care and 'an inability of patients to look after very minor problems'. Other departments were reporting an increase in the number of sick elderly patients seen.

'Lack of awareness of patients that GP OOH services are available, Increasing referrals via NHS direct.'

The core standard for emergency care

An A&E four-hour target is to continue as a core standard for emergency care. Respondents were asked what proportion of patients should be expected to be seen within this time. The most popular was 95 per cent (chosen by 53% of respondents) a further 18 per cent of respondents chose 90 per cent (see table 8 below). Other suggestions were that there should be different expectations for different categories of patients and that 'exception reporting' should be undertaken for each patient waiting over 6 hours.

Table 8. An A&E 4-hr target is to continue as a core standard for emergency care. Do you think that the standard for the number of patients seen within this time should be:

	Frequency	Percent Valid	Percent	Cumulative Percent
Valid	100%	5	3.1	3.1
	98%	25	15.3	15.5
	95%	85	52.1	52.8
	90%	29	17.8	18.0
	85%	2	1.2	1.2
	Other	15	9.2	9.3
	Total	161	98.8	100.0
Missing	No reply	2	1.2	
Total		163	100.0	

'Quality should not be measured in time. Four hours is too long for many and too short for a few.'

Other comments on the four-hour A&E target:

Many respondents felt that the four-hour target was good, but that 98 per cent was too high:

'98 per cent makes us hostages to fortune. If for reasons beyond our control we have a 92 per cent day it is virtually impossible to catch-up.'

Such a tight target did not take account of models of care that aimed to keep patient care in one place or that there will always be patients, for example those with multiple injuries, who cannot be 'sorted' in four hours. Ninety-five per cent was thought to be a more realistic target. Others suggested different times for different streams:

'Can be met with adequate facilities and resources. Can benefit departments and patients but needs some slack, eg to give post- manipulation patients refreshments rather than bundle into transport.'

'Initially a good thing as has made departments and whole hospitals look at processes, working together, discharge planning etc. In a high activity hospital almost impossible to consistently achieve greater than 95 per cent.'

'Children and minor injuries should be seen within two hours. At long last emergency services are in the spotlight! This has been a wonderful opportunity to improve patient care.'

Other departments reported only negative effects, including significant levels of stress, staff sickness, poor morale and high turnover of nursing staff; neglect of training, research and clinical governance; and threats to patient safety.

There were concerns about increasing numbers of GP patients attending and that the target continues to view waiting times as an A&E problem, failing to involve first degree care, acute mental health and social services.

Finally, comments by respondents gave an indication of what was needed to successfully improve patient care in A&E. Key is support from management for a hospital-wide effort concerned with sustainable improvements in processes and, essentially, resources made available to implement change.

'The four-hour target has been a huge benefit to us. We had management support to make sustainable changes rather than manipulate figures or make temporary efforts to make the numbers better. We feel our service has improved.'

Appendix

BMA survey of A&E waiting times

This is a confidential survey. All data will be stored and managed anonymously. Results will be published in aggregate form only. No individual or department will be identifiable.

- 1a. In March of this year the Department of Health launched an incentive scheme aimed at increasing the number of patients seen, treated and admitted or discharged within four hours. Has your trust met one or more of the four staged targets and thus become eligible for money from this scheme?**

☐ Yes (please answer **1b**)

☐ No

☐ Don't know

- 1b. If yes to 1a for which period (tick all that apply):**

☐ 1 March 2004 to 31 March 2004

☐ 1 April 2004 to 30 June 2004

☐ 1 July 2004 to 31 September 2004

☐ 1 October to 31 December 2004

☐ Don't know

- 2. Has your department benefited from this money?**

☐ Yes (please specify how) _____

☐ No (please add further comments) _____

The target for 31 December was for 97 per cent of patients to be seen, treated and admitted or discharged within four hours:

3a. Did the figures submitted by your department show that this target had been met?

☐ Yes

☐ No

☐ Don't know

3b. In your view, did your department in fact meet this target?

☐ Yes

☐ No (*please specify*) _____

☐ Don't know

3c. What were the main reasons for not meeting the target? (Tick all that apply)

	Major reason	Minor reason	No effect
Not enough consultants	☐	☐	☐
Not enough middle grade doctor	☐	☐	☐
Not enough SHOs	☐	☐	☐
Not enough nurses	☐	☐	☐
Department too small	☐	☐	☐
Delay in accessing specialist opinion	☐	☐	☐
Not enough available in-patient beds	☐	☐	☐
Delayed discharges from wards	☐	☐	☐
Delay in accessing diagnostic services	☐	☐	☐
Other	☐	☐	☐

(*please specify*) _____

4. In your view, is this an achievable target for your department?

☐ Yes

☐ No (please specify) _____

5. Which, if any, of the following were introduced in an effort to meet the 97 per cent target in the period 1 October 2004 to 31 December 2004 (tick all that apply):

☐ Use of agency/locum staff on short term contracts

☐ Making staff work extended shifts

☐ Cancellation of elective surgery

☐ Inappropriate use of A&E, eg ward created from corridor area

☐ Data manipulation

☐ Combining figures with those of minor injury unit or walk-in centre

☐ Other (please specify) _____

☐ None of the above, figures submitted are a true reflection of department performance

6. Which, if any, of the following clinical concerns arose from efforts to meet the 97 per cent target for the period 1 October 2004 to 31 December 2004 (tick all that apply)

☐ Care of seriously ill and/or injured patients was compromised

☐ Patients were discharged out of A&E before they had been adequately assessed and/or stabilised

☐ Patients were being 'admitted' to the A&E department instead of a ward

☐ Patients were moved to inappropriate areas or wards

☐ Other (please specify) _____

☐ No clinical concerns

7a. Has workload in your department increased in the last 12 months?

☐ Yes (please answer **7b**)

☐ No

7b. In your opinion, what is/are the main reason(s) for the increase (tick all that apply)?

☐ Transfer of responsibility for GP out-of-hours care in new GP contract

☐ Increased positive publicity around A & E four-hour target

☐ Other (please specify) _____

8. As an A & E 'four-hour target' is to continue as a core standard for emergency care, do you think that the standard for the number of patients seen within in this time should be:

☐ 100%

☐ 98%

☐ 95%

☐ 90%

☐ 85%

☐ Other (please specify) _____

9. Please offer any further views or opinions you may wish to express around the A&E four-hour target.



Health Policy and Economic Research Unit
British Medical Association
BMA House
Tavistock Square
London
WC1H 9JP