



Department of Health Statement

Casualty Watch

Date: 28/3/01

The following can be attributed to a DH spokesperson.

- Nineteen out of 20 of these cases are patients who are listed as being in hospital beds. That's because many of them are not waiting – they are under observation by doctors and nurses, or undergoing tests so they can actually diagnose what's wrong. This is a key part of what A&E departments have always done.
- Casualty Watch only provides a partial picture of A&E. It is a snapshot which doesn't compare progress over time and which doesn't always take account of the way A&E departments have modernised in recent years, especially of the introduction of assessment wards in A&E departments since the early 1990s.
- As Stephen Collinson, the Chief Executive of Maidstone and Tunbridge Wells NHS Trust says:

"At Kent & Sussex Hospital all the patients included in the report, except one, were being nursed in an established and dedicated observation ward. As a result we feel it was again inappropriate that these people should have been included in the return. I am pleased to hear that the local Tunbridge Wells CHC members who carried out the survey support this view.

"Until observation time is taken into account it will appear that waits in A&E Departments are excessively high when in fact we are monitoring and observing the patient before taking the all important decision to admit."

- It is completely wrong to say that the abolition of CHCs means the abolition of independent NHS scrutiny. Like CHCs, Patients' Forums will be independent statutory bodies, meaning they will have every right to continue carrying out surveys such as Casualty Watch."

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MORE POINTS ON CASUALTY WATCH

(From DH spokesman)

- The NHS has historically had problems with long trolley waits in A&E departments, but things are now getting better.
- In the last week of 1999, 320 people waited longer than 12 hours in A&E departments. In the last week of 2000, only eight people waited longer than 12 hours.
- And that reduction in waiting times is consistent. In the last week in February this year, 70 people waited longer than 12 hours – as opposed to 196 in the last week of February 2000. These are not small reductions.
- We are cutting long A&E waits at the same time as the NHS sees more A&E patients than ever before. Between October and December 1997, 466,000 patients were admitted to an NHS bed from A&E. Between October and December last year that figure had risen to 532,075.
- On top of this progress, as announced in the NHS Plan, we want to change the way waiting times in A&E are monitored. The current system measures the waiting time between the decision to admit and the time of admission to a bed. We are developing plans to replace this with a new system which measure waiting time from the point a patient arrives in A&E to admission, transfer or discharge – which will be a much better measure of patients' real experiences in A&E departments.