Patients are waiting longer in A & E departments: Audit Commission report

WAITING times in accident and emergency departments are getting longer, states an Audit Commission report published on 25 October.

Fewer patients are seen by a doctor within the hour, and admission to hospital for some 20 per cent who need further treatment is taking longer than in 1996, when the Commission first surveyed A & E departments.

This decline in performance has accelerated since 1998, despite the fact that the number of doctors in A & E has increased by ten per cent in the same period, which is a higher percentage than the growth in numbers of patients treated.

Children attending A & E departments are more likely to be seen by a specialist children's nurse than they were two years ago and more heart attack patients are getting life saving drugs in the target time – though there is still room for improvement.

The Commission examined waiting times, staffing, quality and information in A & E departments across England and Wales.

Waiting times

Waiting times vary.

Small departments, which see fewer than 40,000 patients a year, are quickest. In all of them more than half of patients are seen by a doctor within one hour. Large departments show greater variation: some are as quick as the small departments, but others are very slow.

There is a regional pattern in waiting times. Rural areas tend to be fastest. Wales has the best performance followed by the South West of England. London does not perform well, with only 30 per cent of patients seen by a doctor within the hour.

Staffing

Doctors' workloads vary between 2,500 patients per annum and 6,000 per annum, but there is no association between workload and speed of treatment.

Nurses' workloads also vary widely, but there has been no increase in the number of nurses working in A & E departments since 1998 so their workloads have on average increased slightly.

Only one department in twenty makes significant use of nurse practitioners, i. e. nurses able to treat patient within agreed protocols.

Some quality issues

Speed of administration of clot-busting thrombolytic drugs for heart attack patients. Government targets state that by 2002, 75 per cent of patients should be given thrombolytics within 30 minutes. On average only 33 per cent of patients were given the drugs within 30 minutes – with 24 per cent in 1998. However, only 40 per cent of hospitals were able to provide data about the national target.

Availability of A & E experienced doctors. Only half of the departments have an experienced doctor with more than six months experience of A & E available 24 hours a day, which has not changed since 1998

Availability of child trained nurses. They are now on duty on average for 60 hours per week, a significant improvement on the 37 hours in 1998.

Information

If departments are to improve their performance they must have good information systems which tell them how well they are doing. There has been a marked improvement since 1998 with 89 per cent of hospitals able to supply information on waiting times (55 per cent in 1998). Most departments now have computerised systems, but many could not readily provide the information required. There are still 14 per cent of departments (1 in 7) with no computer system.

Conclusion

The Controller of the Audit Commission said: "Improving the experience of patients in casualty departments is a high priority, but this review shows it is proving difficult to achieve. There have been some steps forward, for example in the availability of specialist nurses helping children, but there is a long way to go before all patients are seen quickly, and treated well. Most hospitals will find it challenging to provide life saving drugs for heart attack victims in the target time, yet some can do it now. Different aspects of the service need to be improved at different places - such as capacity, quality of care and efficiency. Auditors will be helping managers focus their efforts most effectively at every A & E in the country."

Health Secretary announces a new strategy

Health Secretary Alan Milburn announced, on 25 October, a new strategy to tackle long waiting in accident and emergency departments.

£100 m will be allocated to buy up to 25,000 additional operations in the private sector and to create an extra 600 A & E nursing posts.

(Continued overleaf...)

A new queuing system will be introduced so that patients with minor injuries are separated from those with more serious problems.

Mr Milburn said: "Waiting is the public's number one concern about the NHS. We are determined to tackle waiting in A & E, whether that's waiting to be seen by a doctor or waiting to be admitted on a trolley.

"£40 million will be used to employ more A & E nurses in the NHS. Another £40 million will buy more operations in the private sector. This investment will get more operations done, more NHS patients treated and free up more NHS beds.

"Investment on its own is not enough. We are already taking action to tackle bed-blocking, train and recruit more NHS staff, use spare capacity in private hospitals and increase the number of available beds in NHS hospitals. The next step in cutting waits in A & E is reform of A & E."

BMA response

The BMA supports the Audit Commission's call for accurate measures of how long patients wait to see a doctor and then wait to be admitted.

Chairman of the BMA's Consultants' Committee Dr Peter Hawker said: "The causes of prolonged waits are complex. Improving the management of A & E departments is important but achieving a high quality, fast service for patients also depends crucially on making more in-patient beds available and increasing the number of doctors and nurse practitioners."

* *Review of National Findings: Accident and Emer*gency is available from Audit Commission Publications on 0800 502030, priced £10.

The figures quoted for 1996 and 1998 are from Audit Commission reports By Accident or Design and Accident and Emergency Services follow up respectively.

Overseas treatment

THE DECISION to treat NHS patients in other European countries will be made locally as part of normal NHS commissioning arrangements, Health Secretary Alan Milburn said in a written parliamentary reply on 17 October.

He said: "I have not had any negotiations with suppliers of health care in other EU countries offering to treat NHS patients. Officials in the Department have met several organisations which provide or arrange treatment in other member states of the European Union.

"The decision to treat NHS patients in mainland Europe will be made locally as part of normal NHS commissioning arrangements. The Department has not signed any contracts and is not aware of any contracts that have been signed by Primary Care Trusts or Health Authorities. The Department is working closely with NHS managers and clinicians in Portsmouth, East Kent, West Sussex and East Surrey to offer patients the option of going to other European countries for procedures. Lessons learned from these areas on the legal, clinical and quality issues involved in sending NHS patients abroad for treatment will inform guidance, which will be sent out to the service later this year."

Health Minister Hazel Blears in a written parliamentary reply on 26 October said moreover: "There is no separate finance for National Health Service patients travelling to European Union countries for treatment. The E112 scheme allows NHS patients to travel abroad specifically to receive treatment in European Economic Area countries on the same conditions as the host country's own insured people, subject to a prior authorisation regime. There were 1,100 such authorisations in 2000. There is no set annual budget for this scheme.

"NHS bodies meet any costs arising from such commissioning from their own budgets."

Diabetes National Service Framework

A STANDARDS document which will set out national standards for the improvement of the quality of care for diabetics will be published this autumn, Health Minister Lord Hunt said in a written parliamentary reply on 18 October.

He said: "We will be publishing a standards document this autumn, which will set out national standards to improve the quality of care for people with diabetes. The standards document will include the aims of the national service framework, the underpinning evidence and proposed service models. It will indicate the broad direction of travel over what will be a 10-year programme, starting in April 2003.

"We will publish the delivery strategy (including milestones) for the Diabetes NSF next summer. We shall also be setting up an implementation group this autumn, which will work with the National Health Service and other interested parties to develop a delivery strategy for the Diabetes NSF that takes account of the changing roles and responsibilities of NHS organisations emerging from Shifting the Balance of Power. The agreed delivery strategy, including milestones, service models, performance indicators and underpinning programmes, will be published next summer."

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