

RESPONSE FROM THE SCOTTISH GOVERNMENT TO THE PUBLIC AUDIT COMMITTEE, DATED 5 NOVEMBER 2015

Dear Mr Martin

During the evidence session on progress against the Committee's "Report on Accident and Emergency - performance update" on Wednesday 7 October 2015, I agreed to share additional information with the Committee on benchmarking and A&E presentations.

As I said during the session, we do compare our performance with the other nations in the UK and Europe and with similar health systems internationally. Comparisons across the UK are best made using comparable data for major A&E departments. The latest official statistics in the UK for August 2015 show four hour A&E performance for major A&E departments at 94.5% in Scotland, 91.5% in England, 79.5% in Wales and 73.3% in Northern Ireland.

A recent study on international benchmarks showed that Germany and the Netherlands did not have A&E department waiting times standards. The latest statistics for Australia relate to 2013-14 and show performance against a four hour target of 81.4%. Equivalent statistics for 2014-15 are due to be published on 19 November.

In New Zealand, statistics are based on a six hour target for A&E and performance stood at 95.0% in quarter 4 of 2014-15. The Committee may also recall that the Waiting Times Alliance in Canada recently produced a report on waiting times in Canada, *Time to Close the Gap*. The report singles out performance in Scotland as the benchmark to which Canada should aspire.

Further detail on the published data for NHSScotland, England, Wales, Northern Ireland, Australia and New Zealand, and the report from Canada, is provided at **Annex A**. I have also attached a table showing A&E performance comparisons across the UK over the last eighteen months.

The latest official statistics for Scotland, published on 3 November, show that 95.4 per cent of patients were seen within the four hour standard in September – the third consecutive month where performance has exceeded 95 per cent.

The Committee also raised the issue of the number of people presenting at A&E as a result of accidents or poisonings (which, as we explained to the Committee, will include issues associated with alcohol), particularly during festivals and other events. All NHS Boards make appropriate plans on the basis of known events, to ensure that resource and capacity is available to manage any increase in demand.

A data item relating to alcohol has been part of the national A&E data collection since 2010. This was followed up in March 2011 by revised guidance, which was issued with the support of the College of Emergency Medicine; and the Chief Medical Officer wrote to boards reminding them about the importance of this information. However, this definition covers the patient's own alcohol consumption – injuries arising from the alcohol consumption of others involved in any incident would not be identified by this data item. In financial year 2011-12, 17% of A&E attendances across Scotland had an entry in this data item. This has improved to 70% in 2014-15. In 2014-15, 27,379 attendances (or 2.4%) were recorded as having alcohol involvement. The Committee should also note that the latest statistics available for 2013-14 show that poisonings are the most common reason for emergency admission in

those aged under 65. Emergency admissions statistics for 2014-15 for Scotland will be available from 1 December.

Information Services Division have also been facilitating a short life working group to review the A&E data currently collected and submitted for national purposes. As part of this review, the Alcohol Involved data item will be considered for mandatory collection. I will be happy to update the Committee further once this group has reached its conclusions – and I would be happy to feed back any observations the Committee may wish to make.

I will be happy to expand on this update if the Committee would find that helpful.

Yours sincerely

Paul Gray

Annex A

Summary of the most recent statistics for health service performance

The following website addresses provide links to the relevant information for Scotland, England, Wales, Northern Ireland, New Zealand, Australia; and the report from Canada respectively:

<http://www.isdscotland.org/Health-Topics/Emergency-Care/Publications/data-tables.asp?id=1489#1489>

<http://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/statistical-work-areasae-waiting-times-and-activityae-attendances-and-emergency-admissions-2015-16-monthly-3/>

<http://www.infoandstats.wales.nhs.uk/page.cfm?orgid=869&pid=62956>

<http://www.dhsspsni.gov.uk/index/statistics/downloadable-data.htm>

<http://www.health.govt.nz/system/files/documents/pages/q4-2014-15-health-targets.xlsx>

<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129549117>

<http://www.waittimealliance.ca/wp-content/uploads/2014/06/FINAL-EN-WTA-Report-Card.pdf>

A&E PERFORMANCE COMPARISON ACROSS UK (%)

Core/Type 1/Major Emergency Department Sites Only:

Month (%)	Scotland Core	England Type 1	Wales Major	N Ireland Type 1
Jan 2014	91.4	92.7	86.8	71.8
Feb 2014	90.8	91.9	84.0	70.9
Mar 2014	92.5	93.4	85.0	70.5
Apr 2014	92.0	92.8	85.6	72.6
May 2014	91.7	92.2	85.1	73.1
Jun 2014	93.1	92.8	85.3	75.1
Jul 2014	93.8	92.7	85.0	78.9
Aug 2014	92.2	92.7	84.0	74.7
Sep 2014	92.6	92.0	83.1	75.7
Oct 2014	90.8	90.6	81.3	75.3
Nov 2014	90.6	90.2	80.3	77.4
Dec 2014	88.6	84.8	77.2	73.5
Jan 2015	85.4	86.5	78.6	71.4
Feb 2015	86.2	87.8	79.9	67.3
Mar 2015	91.1	88.9	78.4	69.7
Apr 2015	91.8	89.8	79.4	70.1
May 2015	92.6	91.4	80.9	72.1
Jun 2015	93.4	92.3	81.1	74.4
Jul 2015	95.3	92.5	81.9	78.2
Aug 2015	94.5	91.5	79.5	73.3