

## A&E Doctors slam 'misguided' suggestion to downgrade four-hour target

### News Article



A record two million people had to wait more than four hours to be treated at A&E units in 2015-16, according to new data, but plans to downgrade the target by the health secretary have been labelled as “patient blaming” by the Royal College of Emergency Medicine (RCEM).

NHS Digital’s latest annual figures have shown that for the first time, over 20 million people were treated at an A&E unit last year with 20,457,805 people attending either an acute hospital’s A&E department or an urgent care centre or walk-in centre, a 4.6% rise from 2014-15’s figures.

Of these, 2,090,200 people were not dealt with within the four hour target, a rise on 2014-15’s figure of 1.6 million. Approximately 5.2 million people also waited between three and four hours for care, a 0.3 million rise on those who did so the previous year.

The figures came a day after the **Health Secretary Jeremy Hunt vowed to protect the NHS’s aim to see and then admit, transfer or discharge 95%**

**of patients within four hours of their arrival by only applying the target to patients with ‘urgent’ health problems**

“This government is committed to maintaining and delivering that vital four-hour commitment to patients. But since it was announced in 2,000 there are nearly 9 million more visits to our A&Es, up to 30% of whom NHS England estimate do not need to be there,” Hunt told MPs during an emergency statement in the House of Commons.

“So, if we are to protect our four-hour standard, we need to be clear it is a promise to sort out all urgent health problems within four hours, but not all health problems, however minor.”

A&E doctors have admitted that many departments are struggling to achieve the four hour target, with 40% of English hospitals registered with the **RCEM’s winter flow programme** reporting performance under 75% of that standard.

However, the RCEM, which represents A&E doctors, has said that Hunt’s **suggestion to caveat the four-hour standard is misguided**, warning that decisions must be made to deliver quality patient care rather than to simply improve statistics.

“We welcome the health secretary’s recognition of the current problems and he is correct in saying that emergency departments should be for emergencies only,” said Dr Taj Hassan, RCEM president.

“However, it is exactly those patients who present as emergencies that pose the greatest challenges as a substantial proportion of these spend long periods of time in the ED, waiting for a bed. Seeking to target patients with minor illnesses should not be the priority.”

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The College has disagreed with NHS England's figure that around 30% of A&E attendees could be treated in other healthcare services, saying that its own research estimated the figure to be closer to 15-20%.

Hassan said that the rise in A&E attendance was due to a "lack of sufficient alternatives" with long waits for GPs and social care cuts leaving hospitals struggling to discharge patients safely, advising that a "correction" of acute and emergency funding is the best long-term solution to the crisis.

"We should not seek to blame patients for the situation the health service finds itself in. We have said many times that resources must be aligned with demand and not the other way around," Hassan said.

"Any efforts to remove the four-hour standard would be a move towards taking out even more resources, making our systems worse, and increasing patient suffering.

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