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Via email

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Dear Ed

Accident and Emergency Statistics in England

Thank you for your letter of 22 January on the subject of A&E statistics.

As you pointed out, there has been some confusion surrounding the reporting of A&E performance since the letter issued by Jim Mackey on 13th October.

As head of profession for statistics in the Department of Health and Social Care, and the lead official for statistics in NHS England, I have subsequently been working with NHS Improvement bring greater clarity.

To that end you will have seen that the new chief executive of NHS Improvement, Ian Dalton, issued a follow up letter on 25 January. This letter has provided helpful and welcome clarity on A&E performance reporting. Its three main points were a follows.

Firstly, it re-confirmed how non-co-located A&E Type 3 activity would be handled. In particular, it made clear that trusts should not be including non-co-located Type 3 activity in their returns. It also outlined how the published statistics will continue the recent practice of presenting two sets of figures, unmapped and mapped. As you will be aware the mapped data does not change the national volume of activity and does not change the reported national performance. However it does allow fairer comparisons between trusts with a co-located type 3 service and those without.

Secondly, the letter outlined the approach the NHS should take to the types of newly identified activity which Jim Mackey's letter focussed on. As you will appreciate, it is difficult within an aggregate return to identify the separate elements of activity making up an aggregate figure – and this had led to concerns about how this newly

identified services could be impacting upon the published data. Therefore we have outlined that the current data return should not contain any of the newly identified, or emerging, services. Instead, these services should be separately identified and submitted via a newly created separate return. We feel that this approach will provide complete transparency and will allow us, and users, to gain a better understanding of the services being reported. This approach is now in effect, and therefore is in place for the current collection of January data to be published on 8 February.

Thirdly, the 25 January letter announced a formal exercise to run from February to understand the detail of new activity (submitted via the separate process described above) and how such activity fits within current A&E guidance. The creation of a separate data return is an important first step of evidence gathering to inform this exercise. Since this area is high profile and is of importance, to patients and the public alike, I intend, in a spirit of transparency and in line with the intent of the statistics code of practice, to publish a summary of the data from this separate return as soon as our analysis has been completed. For the avoidance of doubt, none of this newly reported activity should be included in official performance calculations at present; any decisions on this will be taken via the formal exercise announced in Ian Dalton's letter. I hope this approach will help inform debate, retain the public's confidence in these important official statistics, and address the matters your raised in your letter of 22 January.

I will continue to work with NHS Improvement to ensure that further work in this area, whilst being flexible enough to adapt to the evolving nature of NHS services, retains the integrity of our performance statistics. I will keep you updated as this work progresses, and please let me know if you or your team have any specific queries or concerns.

Yours sincerely

Mark Svenson

Head of Profession for Statistics in the Department of Health and Social Care, and in NHS England