Office for National Statistics

Article

Accident and Emergency wait times across the UK: 2024

A summary of the cross-UK comparability of Accident and Emergency wait time statistics from January 2013 to September 2023.

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1 . Main points

- The devolved nature of UK healthcare policy means that data on healthcare services, including Accident and Emergency (A&E) departments, are recorded differently between England, Northern Ireland, Scotland, and Wales.
- Healthcare policy on how A&E wait time data are collected from 24-hour consultant-led departments are sufficiently similar between England, Scotland, and Wales to make broad comparisons between their A&E wait time data.
- Northern Ireland's A&E wait time data cannot be compared with that from England, Scotland, and Wales because of wider differences in A&E healthcare data collection policy.
- Data on the overall number of A&E attendances can be broadly compared between all four countries of the UK, as these data are less affected by the differences in data collection policy.
- There has been a general upward trend in the monthly percentage of A&E attendances waiting longer than four hours, for all four countries of the UK, between January 2013 and September 2023.
- At the start of the coronavirus (COVID-19) pandemic, all four UK countries saw sharp decreases in the percentage of A&E attendances waiting longer than four hours, and in the number of A&E attendances per 1,000 population, demonstrating the impact of operational changes within the NHS, wider policy changes, and resultant changes in public behaviour on A&E wait times and attendance.

Comparisons of the percentage of Accident and Emergency (A&E) attendances waiting longer than four hours cannot be made between Northern Ireland and other countries of the UK because of differences in A&E wait time data collection policy.

Collaboration

This article has been produced by us, at the Office for National Statistics (ONS), in partnership with NHS England, Public Health Scotland, Welsh Government, Department of Health Northern Ireland and the Department of Health and Social Care. This article is part of a cross-government approach to improve the coherence of Accident and Emergency (A&E) wait time data and improve understanding of the trends of this data over time.

This article brings together A&E wait time and attendance data from across the four UK countries, from January 2013 to September 2023. We aim to provide information to allow data users to compare data, where appropriate, and understand where comparisons cannot be made. We will also explore the wider context influencing cross-country comparisons, including the impact of geographical and population differences.

We are partnering with health bodies to advance improvements in statistical coherence of health data, as outlined in our Creating a coherent picture of health in the UK blog post. This partnership has already produced a summary of ambulance response time data in the UK, which explains how categories differ between countries in the UK. In addition, this article is the first in a series of cross-UK articles that brings together published health statistics.

2 . Why Accident and Emergency wait times are measured

Hospitals collect Accident and Emergency (A&E) wait time data to assess performance against their standards, as set out in the NHS constitution for England, local delivery plan for Scotland, annual operating framework for Wales (PDF, 465KB), and ministerial targets for Northern Ireland (PDF, 1.2MB).

All UK countries have a "four-hour standard" that at least 95% of attendances are admitted, transferred, or discharged within four hours of their arrival at any type of A&E department. In December 2022, England implemented an intermediate minimum standard, where at least 76% of A&E attendances should be seen within four hours following increased pressures on the NHS. England will continue using the original (95%) four-hour standard from March 2024. Data on the four-hour standard is collected and published by all four countries, as set out in Section 7: Data sources and quality.

Wales and Northern Ireland have an additional "12-hour standard", where no attendance should wait longer than 12 hours in any type of A&E department from arrival to patient admission, patient transfer, or patient discharge. Although England and Scotland do not have a 12-hour standard, they still collect and publish data on number of A&E attendances waiting longer than 12 hours. Data on the percentage of A&E attendances waiting longer than 12 hours are not commented on in this article. However, links to, and information on, the data published by each country can be found within the Section 7: Data sources and quality.

Understanding the comparability of A&E wait time data across the UK helps to support effective policy decisions aimed at improving NHS performance and may also help to explain the reasons for recent changes in A&E wait times across the UK.

3 . UK Accident and Emergency wait time methods

Accident and Emergency (A&E) departments provide urgent and emergency care services. There are different types of A&E departments, but most attendances take place in departments providing 24-hour consultant-led services, which are equipped for the treatment of serious and life-threatening injuries (although can provide treatment of minor injuries and conditions, too). Departments offering these services are called "Type 1 Departments" in England and Northern Ireland, "Emergency Departments" in Scotland, and "Major Emergency Departments" in Wales.

Detailed descriptions of the other types of A&E departments that are not commented on within this article are available from NHS England (PDF, 525 KB), Public Health Scotland, Welsh Government (PDF, 203 KB), and the Department of Health Northern Ireland (PDF, 1.2MB).

Policy comparability

The devolved nature of UK healthcare policy means that health services, including A&E departments, are run differently across the four UK countries. These differences are reflected in A&E wait time data; specifically, in how data are defined and collected.

In preparation for this article, we conducted a collaborative review of UK A&E wait time data collection policy with NHS England, Public Health Scotland, Welsh Government, and the Department of Health Northern Ireland. The extent to which A&E wait time data collection policy were comparable was analysed, including analysis of their policies on "clock start" and "clock stop" times.

For all UK countries, a "clock stop" time is the time at which an A&E attendance is recorded as having left A&E - either by patient admission, patient transfer, or patient discharge.

Additionally, England, Scotland, and Wales's policy guidance states that every effort should be made to transfer or admit patients, who require a period of observation, assessment, or recovery, to suitable facilities (see Section 6: Glossary for a definition of "suitable ward and facilities") where available - at which point the clock then stops.

In Northern Ireland, no policy explicitly directs patients requiring observation, assessment, or recovery to be transferred out of an A&E department.

Based on our analysis, we have collectively determined that A&E wait time policies in England, Scotland, and Wales are broadly comparable. However, comparisons cannot be made with Northern Ireland because of this additional policy guidance.

This difference in A&E healthcare policy may result in longer recorded wait times for A&E attendances in Northern Ireland. Consequently, A&E wait time statistics for Northern Ireland are not directly comparable with those for the other UK countries.

Further to this, our analysis determined that healthcare policy definitions and data collections of Type 1 Departments (England), Emergency Departments (Scotland) and Major Emergency Departments (Wales) are similar, allowing for broad comparisons of A&E wait time data from these departments to be made. Other types of A&E department cannot be included within cross-country comparisons, as their definitions within respective healthcare policy differs too greatly.

Healthcare policies can be complex and evolve over time, and policy documentation sometimes does not keep up with changing processes. Differences in local coding and management of patients lead to inconsistencies and differences between hospitals and health boards within countries, in how policy is interpreted and implemented, and in how data is recorded.

In line with the Code of Practice for Statistics, producers of A&E statistics continue to monitor data, as well as relevant healthcare policy and definitions, to ensure quality and transparency for data users. As the practices of different hospitals and health boards change, our assessment of comparability could change. In Scotland, for instance, an expert group is currently considering definitions, and devolved administrations and UK health bodies continue to work more widely to review and improve their data collections.

Further information on this and other technical differences between countries is available in Section 6: Glossary.

Data comparability

As mentioned in the previous section, data on the length of time an attendance waits in A&E are affected by policy and recording differences, with the definitions used within Northern Ireland's A&E wait time data collection policy being different enough that their data cannot be included within cross-country comparisons.

Data on the overall number of A&E attendances, and analysis of trends in A&E wait time data over time, are less affected by policy and so we can make cross-UK comparisons of these data from all four countries.

Based on these conclusions about the extent of coherence and comparability between the UK countries, this report makes the following comparisons of A&E wait time data relating to Type 1, Major Emergency, and Emergency Departments:

- broad comparisons of the percentage of A&E attendances waiting longer than four hours in England, Scotland, and Wales between January 2013 and September 2023

- overall comparisons of the number of A&E attendances (per 1,000 population), and of trends in the percentage of A&E attendances waiting longer than four hours over time, across England, Scotland, Wales, and Northern Ireland between January 2013 and September 2023

There are wider differences between countries, beyond A&E wait time data collection policy, that should be considered when interpreting the data on A&E wait times and attendances from each country. These include:

- the rural and urban split of areas within countries can lead to differences in ease of access to A&E departments and the services offered

- differences within populations across the four countries (including levels of deprivation, disability, long-term illness, and age profile) can influence patient needs and demands on urgent and emergency care

- the mix of healthcare facilities available, within countries and across the UK, may affect overall capacity and the level of care attendances require in A&E departments

Changes in healthcare policy, and in how NHS services operate, can further interact with these differences, and affect A&E wait times and attendances. This is discussed within the "Impact of policy and operational changes" section of this article (Section 4: Changes in Accident and Emergency waiting times.

4 . Changes in Accident and Emergency waiting times

Accident and Emergency wait times

There has been a general upward trend in the percentage of Accident and Emergency (A&E) attendances waiting longer than four hours in Type 1 Departments in England, Emergency Departments in Scotland, and Major Emergency Departments in Wales, between January 2013 and September 2023 (Figure 1).

The biggest increase in the percentage of A&E attendances waiting longer than four hours was seen in England, where the percentage of attendances waiting longer than four hours in A&E increased from 8.1% in January 2013, to 42.4% in September 2023.

The highest proportion of A&E attendances waiting longer than four hours for England, Scotland, and Wales were seen in December 2022 (50.4%, 41.7%, and 45.8%, respectively).

The lowest proportion of A&E attendances waiting longer than four hours in England and Wales were seen in June 2013 (4.6% and 8.8%, respectively). Scotland saw the lowest proportion of A&E attendances waiting longer than four hours (4.6%) in May 2020, during the coronavirus (COVID-19) pandemic, which also coincided with a decrease in the number of A&E attendances (Figure 3).

Large fluctuations in the percentage of A&E attendances waiting longer than four hours were seen during the pandemic, specifically, after the first UK pandemic lockdown restrictions began (Figure 1). The influence of the pandemic, and resultant policy and behavioural changes, on A&E wait times is discussed in a later section of the article.

Figure 1: The percentage of A&E attendances waiting more than four hours has increased over time in each country of Great Britain

Monthly percentage of Accident and Emergency (A&E) attendances waiting longer than four hours in England, Scotland, and Wales, from January 2013 to September 2023

Downloac

Notes:

1. The duration of time spent waiting in A&E is measured from the point an attendance arrives in A&E to the point of patient admission, patient transfer, or patient discharge.

2. The "clock stop" time for patients requiring a period of observation, assessment, or recovery is when suitable facilities are provided.

3. Data presented in this chart is for Type 1 Departments in England, Emergency Departments in Scotland, and Major Emergency Departments in Wales only.

4. Coronavirus (COVID-19) pandemic lockdown restrictions in all four countries began in March 2020, and the UK's roadmap out of lockdown began in March 2021.

Comparisons of the percentage of A&E attendances waiting longer than four hours cannot be made between Northern Ireland and other countries of the UK because of differences in A&E wait time data collection policy.

While the data are not directly comparable with Northern Ireland, a similar upward trend was also seen for Northern Ireland (Figure 2), where the percentage of A&E attendances waiting longer than four hours in Type 1 Departments increased from 28.2% in January 2013, to 56.6% in September 2023.

The highest proportion of A&E attendances waiting longer than four hours in Northern Ireland were seen in December 2022 (59.5%). The lowest proportion of A&E attendances waiting longer than four hours in Northern Ireland were seen in July 2014 (21.7%).

Figure 2: The percentage of A&E attendances waiting more than four hours has increased over time in Northern Ireland

Monthly percentage of Accident and Emergency (A&E) attendances waiting longer than four hours in Northern Ireland from January 2013 to September 2023

Downloac

Notes:

1. For all attendances, the duration of time spent waiting in A&E is measured from the point an attendance arrives in A&E to the point of patient admission, patient transfer, or patient discharge.

2. Data presented in this chart is for Type 1 Departments in Northern Ireland.

3. Coronavirus (COVID-19) pandemic lockdown restrictions in all four countries began in March 2020, and the UK's roadmap out of lockdown began in March 2021.

There are many factors which may have influenced increases in the percentage of A&E attendances waiting more than four hours in Great Britain and in Northern Ireland, from January 2013 to September 2023. Some of these factors are listed in the data comparability part of Section 3: UK accident and emergency wait time methods.

Accident and Emergency attendances

A factor to consider when interpreting A&E wait times is the changing number of A&E attendances over time, as shown in Figure 3.

An A&E attendance refers to an unplanned, new or return, attendance to an A&E department in each UK country. This excludes booked appointments and planned follow-up attendances. Definitions of "planned" and "unplanned" A&E attendances can vary between and within countries and this is reflected in the data, specifically in the number of A&E attendances each country records. Despite this, data on the number of A&E attendances are less influenced by policy and recording differences than data on the length of time an attendance waits in A&E. Therefore, these are broadly comparable across all four UK countries.

Figure 3: The number of monthly A&E attendances per 1,000 population is higher in Northern Ireland compared with other countries of the UK

Number of monthly Accident and Emergency (A&E) attendances per 1,000 population in England, Scotland, Wales, and Northern Ireland, from January 2013 to September 2023

Downloac

Notes:

1. Data presented in this chart is for Type 1 Departments in England and Northern Ireland, Emergency Departments in Scotland, and Major Emergency Departments in Wales only.
2. Coronavirus (COVID-19) pandemic lockdown restrictions in all four countries began in March 2020, and the UK's roadmap out of lockdown began in March 2021.
3. Monthly population estimates and population projections (see Section 7: Data sources and quality for more information) have been used to calculate the number of A&E attendances per 1,000 population of each respective year.
4. In England, Wales and Northern Ireland, mid-year 2022 based estimates were used up to end of 2022 and 2021 based projections were used for 2023 onwards.
5. In Scotland, mid-year 2021 estimates used up to end of 2021 and 2020 based projections used for 2022 onwards.

Northern Ireland has had a consistently higher number of A&E attendances per 1,000 population, compared with other countries of the UK. For example, in September 2023, Northern Ireland had 29 A&E attendances per 1,000 population. This is higher than the numbers England, Scotland, and Wales had within the same month (13.6, 20.8, 20.8 A&E attendances per 1,000 population, respectively).

Differences in the number of attendances, between countries and over time, are influenced by many factors. These include:

- population increases
- aging populations
- rates of disability or long-term illnesses
- ease of access to other types of health services
- public behaviour
- policy changes

The impact of policy and operational changes on Accident and Emergency wait times

An example of changes in policy and public behaviour affecting both A&E wait times and attendances was the coronavirus pandemic. Throughout the pandemic, monthly A&E attendances and wait-times fluctuated in all four UK countries.

The first lockdown restrictions were announced on 23 March 2020, as set out in these statements for England, Scotland, Wales, and Northern Ireland, and the first stay-at-home order began from the 24 March 2020 for all four countries. All four countries saw sharp decreases in the number of A&E attendances per 1,000 population, and in the percentage of A&E attendances waiting longer than four hours, between March 2020 and April 2020 (Figures 1, 2, and 3).

As reported in our Coronavirus and the social impacts on behaviours during different lockdown periods, Great Britain: up to February 2021 and Coronavirus and the estimated impact on hospital episodes involving falls and fractures, England: 2013 to 2021 articles, changes in public behaviour and in the prevalence of injuries and illnesses during the pandemic are likely to have influenced A&E wait time and attendance across the UK.

Policy changes, and changes in how NHS services operate, could also have had an impact on A&E wait times. For example, a restructuring of healthcare systems took place in Scotland and Northern Ireland in late 2020:

- Scotland redesigned services, aiming to reduce unplanned attendances (see the "Redesign of urgent care" of Scottish Government Healthcare standards policy for more information)
- Northern Ireland offered alternative services to those with less severe illness or injury, which is likely to have resulted in a higher proportion of more serious cases being treated in Type 1 Departments

Analysis of the size and impact of the changes made in Northern Ireland have not been assessed.

An independent evaluation of the impact of Scotland's Redesign of Urgent Care Programme is currently underway, with findings due to be reported in the summer of 2024.

Changes in A&E wait times and attendance, alongside coronavirus pandemic restrictions and the restructuring of healthcare systems, highlight the importance of considering the wider policy context when comparing trends across countries. These data also highlight the complexity of making comparisons between countries of the UK with differing policy positions between countries and over time.

5 . Accident and Emergency wait times data

England

Accident and Emergency (A&E) Attendances Emergency Admissions
Dataset | Published monthly
Data on the number of attendances in the specified period for all A&E types and, of these, the number discharged, admitted, or transferred within four hours of arrival. Data are shown at provider organisation level, from NHS Trusts, NHS Foundation Trusts and Independent Sector Organisations.

Northern Ireland

Emergency care waiting times
Dataset | Published quarterly
Data on the monthly number of A&E attendances, by Health and Social Care Trust and Emergency Department Type, as well as how many of these were waiting under four hours, between 4 and 12 hours, and over 12 hours.

Scotland

Accident and Emergency datasets
Dataset | Published monthly
Data on the monthly number of A&E attendances, as well as the monthly percentage of A&E attendances waiting within four hours, by NHS Board.

Wales

Emergency department data
Dataset | Published monthly
Data on the monthly number of A&E attendances, as well as the monthly percentage of attendances spending less than four hours in A&E, by Welsh Health Board.

6 . Glossary

Accident and Emergency attendance

An Accident and Emergency (A&E) attendance refers to an unplanned, new, or return attendance to an A&E department in each UK country. This excludes booked appointments and planned follow-up attendances.

Clock start

"Clock start" time refers to the time at which an attendance arrives at A&E, and the point at which an A&E department starts recording their wait time. Clock start points differ slightly between countries.

In England and Northern Ireland, the clock start time for patients arriving to A&E by ambulance is after ambulance handover, or 15 minutes after ambulance arrival - whichever is sooner.

In Scotland and Wales, the clock start time is when the ambulance arrives at A&E, or as soon as is practically possible after.

For all UK countries, there may be some time between the arrival of an ambulance at hospital and when an attendance is registered at A&E reception.

Our experimental analysis, performed in preparation for this article, suggests the differences in clock start times between the four UK countries have a negligible impact on overall performance metrics.

Clock stop

For all UK countries, a "clock stop" time is the time at which an A&E attendance is recorded as having left A&E, either by patient admission, patient transfer, or patient discharge.

See "Patient admission", "Patient transfer" and "Patient discharge" in this section for further information.

Additionally, England, Scotland, and Wales's policy guidance states that every effort should be made to transfer or admit patients, who require a period of observation, assessment, or recovery, to suitable facilities where available, at which point the clock then stops.

In Wales, the term "clinical exception" applies to patients who require observation, assessment, or recovery. These patients are included in Welsh A&E wait time statistics, as covered in a letter to the Office for Statistics Regulation.

In Northern Ireland, no policy explicitly directs patients requiring observation, assessment, or recovery to be transferred out of an A&E department.

Based on our analysis, we have collectively determined that A&E wait time policies in England, Scotland, and Wales are broadly comparable. However, comparisons cannot be made with Northern Ireland because of this additional policy guidance.

This difference in A&E healthcare policy may result in longer recorded wait times for A&E attendances in Northern Ireland. Consequently, A&E wait time statistics for Northern Ireland are not directly comparable with those for the other UK countries.

Patient admission

A patient admission is defined as the point at which the A&E attendance is admitted to a suitable ward, outside of A&E, by relevant staff and is a point of "clock stop" within UK A&E data collection policy.

Suitable ward and facilities

For England, Scotland, and Wales, the definition of a "suitable ward" or "suitable facilities" for those in A&E who need observation, assessment or recovery involves a group of beds with associated treatment facilities managed by a senior nurse. In addition to other features, these wards are expected to have:

- infection control measures
- provision for privacy and dignity
- access to toilet and washing facilities
- facilities for patients to securely store their belongings
- provision of hot meals and appropriate access to refreshments
- no public thoroughfare through the area

UK data producers conclude that the definition of "suitable ward" and "patient admission" is broadly similar across UK A&E wait time data collection policy.

Patient transfer

A patient transfer refers to when an A&E attendance is transferred to another health service provider and is a point of "clock stop" within A&E data collection policy. UK countries differ in how their A&E departments define a "patient transfer" as a point of clock stop.

In England and Scotland, the "clock stops" when a patient has left A&E to be transferred to another service.

In Northern Ireland and Wales, however, the clock can stop at an earlier point when hospital transport is requested for patient transfer.

Data from NHS England A&E activity tables and Public Health Scotland A&E activity and waiting times suggest hospital transfers account for a very small minority of all A&E attendances, and therefore, as a clock stop point within A&E wait time data. UK data producers believe this minor difference in the definition of "patient transfer", and so the point of clock stop, does not have a sufficient effect on the comparability of the statistics.

Patient discharge

Patient discharge refers to when an attendance is discharged from A&E to a place of residence and is a point of "clock stop" within A&E data collection policy. UK countries differ in how their A&E departments define a patient discharge as a point of clock stop.

In Northern Ireland, Scotland, and Wales, the "clock stops" when an A&E attendance is informed that they are discharged and may leave.

This is in the same definition used by England. However, if an A&E attendance requires hospital transport to return to a place of residence, then "patient discharge" is defined as, and the "clock stops", when they leave the A&E department in hospital transport.

UK data producers believe this minor difference in the definition of "patient discharge", and so the point of "clock stop", does not have a sufficient effect on the comparability of the statistics.

Coronavirus (COVID-19) pandemic

As defined by the World Health Organisation (WHO), the coronavirus (COVID-19) pandemic is a global outbreak of coronavirus - an infectious disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

In this article, the pandemic is defined as starting the point when UK pandemic lockdown restrictions were announced, and the stay-at-home order began (23 March 2020 and 24 March 2020, respectively).

Note that, during the pandemic, additional regional restrictions were put in place outside of national lockdowns.

7 . Data sources and quality

This article brings together the data on Accident and Emergency (A&E) wait times and attendances that are published by each UK country.

England

Data on the monthly number of A&E attendances in England were obtained from the NHS A&E Attendances Emergency Admissions dataset, which is published monthly by NHS England. These data are Official Statistics and show the total number of attendances in the specified period for all A&E types, and of these, the number discharged, admitted, or transferred within four hours of arrival. This dataset was used to calculate the monthly percentage of A&E attendances waiting longer than four hours in England.

NHS England also publish monthly data on the number of A&E attendances in England 12 hours total, as well as more than 12 hours from decision to admit, to admission to ward, within the A&E Attendances Emergency Admissions dataset. Monthly data on the number A&E attendances in England are summarised within NHS England's annual Hospital Accident and Emergency Activity report.

Northern Ireland

Data on the monthly number of A&E attendances in Northern Ireland were obtained from Emergency care waiting times dataset, which is published quarterly by the Department of Health Northern Ireland. These data are National Statistics and present the monthly number of A&E attendances, by Health and Social Care Trust and Emergency Department Type, as well as how many of these were waiting under four hours, between 4 and 12 hours, and over 12 hours. This dataset was used to calculate the monthly percentage of A&E attendances waiting longer than four hours in Northern Ireland.

Northern Ireland does have a 12-hour standard for their A&E departments (see Section 2: Why accident and emergency wait times are measured). However, as explained in Section 3: UK accident and emergency wait time methods, because of differences in A&E wait time data collection policy, neither the 4 hour or 12 hour A&E wait time data from Northern Ireland are comparable with that from the other UK countries.

Scotland

Data on the monthly number of A&E attendances in Scotland were obtained from the Accident and emergency datasets, which are published by monthly by Public Health Scotland. These data are National Statistics and present the monthly number of A&E attendances, as well as the monthly percentage of A&E attendances waiting within four hours, for all types of A&E department, by NHS Board. This dataset was used to calculate the monthly percentage of A&E attendances waiting longer than four hours in Scotland.

As mentioned in Section 2: Why Accident and Emergency wait times are measured, Scotland do not have a 12-hour standard for their A&E departments. That said, the A&E Activity and Waiting Times Statistics dataset does include the number of monthly A&E attendances waiting longer than 12 hours.

Wales

Data on the monthly number of A&E attendances in Wales were obtained from Emergency department data, which are published monthly by Welsh Government. These data are National Statistics and present the monthly number of A&E attendances, as well as the monthly percentage of attendances spending less than four hours in A&E, by Welsh Health Board. These statistics were used to calculate the monthly percentage of A&E attendances waiting longer than four hours in in Wales.

Wales also has a 12-hour standard for their A&E departments (see Section 2: Why accident and emergency wait times are measured)and data on the percentage of attendances spending less than 12 hours in A&E is also published within the emergency department datasets.

Rates of Accident and Emergency attendances per 1,000 population

In Figure 3, rates of A&E attendances per 1,000 population were calculated by dividing the monthly number of A&E attendances in each country, by the respective monthly population estimate, and then multiplying by 1,000.

In England, Northern Ireland, and Wales, mid-year 2022-based estimates were used up to end of 2022 for our Estimates of the population for England and Wales article and 2021-based projections were used for our National population projections datasets for 2023 onwards.

In Scotland, mid-year 2021 estimates used up to end of 2021 and 2020-based projections used for 2022 onwards, for our Interim national population projections datasets.

Monthly population estimates have been calculated through interpolation. We calculate an annual population centred on the midpoint of the month using two years' worth of population estimates (or where these are not available, population projections).

For the first half of the year (January to June), populations for the current year and the previous year are used; for the second half of the year (July to December), populations for the current year and the following year are used. This is then multiplied by the number of days within the month as a proportion of the total number of days within that year.

This method is also used to produce population estimates for mortality rates produced by us. These are described in our Coronavirus and mortality in England and Wales methodology.

8 . Future developments

Comparisons of UK Accident and Emergency (A&E) wait time data continue to be published in yearly publications by NHS England. Analysts across the Government Statistical Service (GSS) will continue to report on UK A&E wait time data.

9 . Related links

Hospital Accident and Emergency Activity
Article | Released 21 September 2023
Yearly publication by NHS England describing and providing context for a range of English A&E statistics. Includes a cross-UK comparison of A&E wait time statistics.

Accident and emergency
Article | Released 11 January 2024
Monthly publication by Public Health Scotland describing trends and context for 4 hour A&E standard compliance and attendance in Scotland.

NHS activity and performance summary
Article | Released 18 January 2024
Publication describing a range of data on NHS activity in Wales, published monthly.

Emergency care waiting times
Article | Released 31 October 2023
Quarterly PDF and HTML interactive publication by the Department of Health Northern Ireland displaying and describing trends for a range of data on emergency care in Northern Ireland.

Government Statistical Service: Coherence of statistics
Webpage | Last updated 2023
This page sets out information and signposts to resources on the coherence of statistics across the Government Statistical Service.

Government Statistical Service: Health and care statistics
Webpage | Last updated September 2023
This page sets out information and signposts to resources for users on health and care statistics in the UK.

10 . Cite this article

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