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Dear Member

HEALTH OVERVIEW AND SCRUTINY COMMITTEE - FRIDAY, 25 NOVEMBER 2011

I am now able to enclose, for consideration at next Friday, 25 November 2011 meeting of the Health Overview and Scrutiny Committee, the following report that was unavailable when the agenda was printed.

Agenda No	Item
5	<u>Reducing Accident and Emergency Admissions: Part 2 (Information from Dartford and Gravesham NHS Trust) (Pages 1 - 4)</u>

Yours sincerely

Peter Sass
Head of Democratic Services

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**Responses to questions posed by Health Overview and Scrutiny Committee
Dartford & Gravesham NHS Trust
November 2011**

1. Since 2008, broken down by quarter, what have the numbers of attendances been at you accident and emergency department?

Period	Attendances
Q1 08/09	11170
Q2 08/09	10753
Q3 08/09	11174
Q4 08/09	11675
Q1 09/10	12359
Q2 09/10	12060
Q3 09/10	12806
Q4 09/10	12262
Q1 10/11	22958
Q2 10/11	22043
Q3 10/11	22303
Q4 10/11	23016
Q1 11/12	24356
Q2 11/12	24402

2. What factors explain this change?

- September 2009: Overnight closure of Queen Mary's Hospital, Sidcup Type 1 A&E with Minor Injuries / Walk In facility available only in Sidcup overnight
- December 2009: West Kent Primary Care Trust opened the White Horse Clinic walk in centre in Gravesend, reducing A&E attendances by around 200 per month
- April 2010: Trust took over running of the on-site Urgent Care Centre / minors service from West Kent PCT
- November 2010: Closure of daytime Type 1 at Queen Mary's Hospital, Sidcup with Minor Injuries Unit remaining only in Sidcup.
- Underlying growth

3. What has been the impact of the new A&E provisional quality indicators?

- The Trust has maintained a focus on ensuring that patients are treated and discharged from A&E within 4 hours. Maintaining compliance against the 4 hour target ensures compliance against the majority of the new indicators.
- New indicators are being used to improve quality further, for example by reviewing reasons for re-attendance and refusals to wait

4. Specifically, has there been any impact due to the closure of A&E departments in neighbouring areas?

- Phased closure of our nearest neighbouring A&E, 10 miles away, has had a significant impact as shown above. This equated to 15 additional attendances per day from the Bexley area.

5. Why is it important to reduce attendances at A&E Departments?

- Ensuring that patients attend the most appropriate provider for their needs is essential to an efficient health service.
- We recognise that some patients attend A&E when they could access their GP, a pharmacist or other health care professional. We work with commissioners to help the public make the right choice first time.

6. What work is being undertaken currently, and planned for the future, aimed at reducing A&E attendance?

- A&E attendances are reported electronically to patients' GP who reviews the current and future care needs for them to try to ensure that the right care is in place.
- Patients have been able to access the White Horse walk in centre in Gravesend since the end of 2009
- Work to reduce re-attendances by the Trust through clinical review to improve pathways has started

7. What are the main challenges to reducing attendance at A&E?

- Convenience of access for the public
- Speed of access and treatment

8. How many people arrive at your A&E by ambulance / helicopter compared to other methods?

Period	Ambulance	Other
Q1 08/09	4707	6463
Q2 08/09	4682	6071
Q3 08/09	5146	6028
Q4 08/09	4985	6690
Q1 09/10	4999	7360
Q2 09/10	5069	6991
Q3 09/10	5669	7137
Q4 09/10	5183	7079
Q1 10/11	5504	17454
Q2 10/11	5537	16506
Q3 10/11	6228	16075
Q4 10/11	6207	16809
Q1 11/12	6001	18355
Q2 11/12	6158	18244

9. What information can you provide on the method of discharge from your A&E?

Chart 1 shows the discharge method / destination from A&E for all patients in 2010/11:

- 22642 patients (25%) were admitted either to Darent Valley or transferred to another hospital for admission.
- 61308 patients (68%) were discharged home from A&E, either for follow up in a clinic or with their GP
- 6254 patients (7%) did not wait to be treated
- 116 died (0.1%) in the department

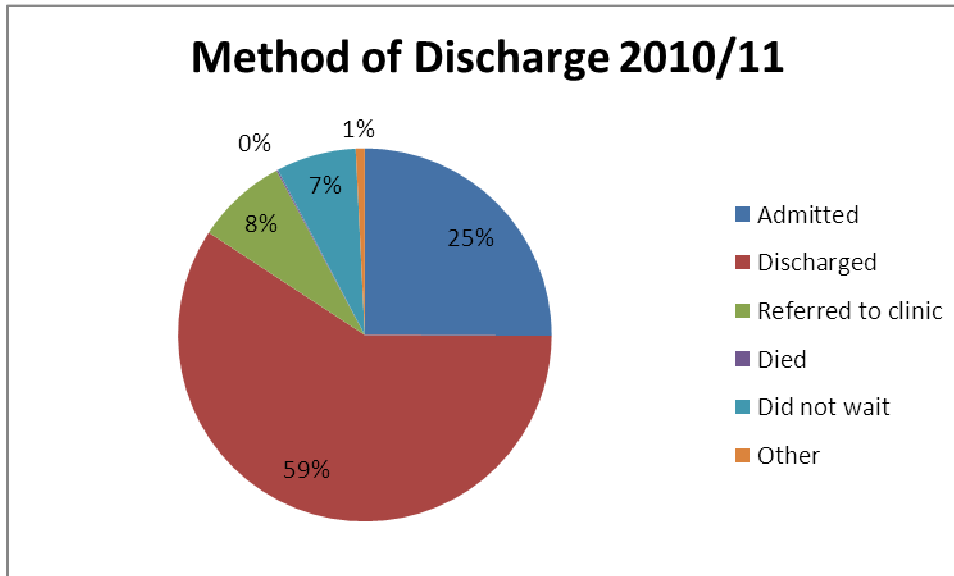


Chart 1

10. What is the place of urgent and emergency care in your organisation's QIPP?

- We have invested significantly in A&E estate and staffing following external review in Spring 2011
- The Trust has developed a cutting edge reporting system for live monitoring of performance in A&E and is implementing an electronic patient record in A&E
- The Trust is working with commissioners to reduce the need for patients to attend A&E
- The General Manager for A&E is a key member of the Trust's QIPP Board.

Stuart Jeffery
Director of Performance and Business Intelligence

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