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Subject: Reducing Accident and Emergency Admissions

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1. Introduction

(a) One of the main drivers in health policy in recent years has been to deliver more care outside of acute hospital settings. A distinction can be made between two kinds of shift:

i. a shift where the same work which would have been carried out in an acute setting is carried out elsewhere, such as outpatient follow-ups by a GP.

ii. a shift where work is provided in other ways forestalling the need for work in acute settings, such as closer monitoring of people with chronic conditions to prevent A&E attendances.[1]

(b) A distinction needs to be made between attendance at accident and emergency (A&E) departments and patients admitted via A&E, but both are important areas of focus.

(c) The QIPP (Quality, Innovation, Productivity and Prevention) is a series of 12 workstreams aimed at making efficiency savings to be reinvested in services. Across the NHS in England as a whole, the QIPP target is to find £20 billion in efficiency saving by the end of 2014/15[2].

(d) The QIPP workstream on urgent care:

i. "aims to maximise the number of instances when the right care is given by the right person at the right place and right time for patients. The workstream starts from a perspective that rather than 'educating' patients about where it is appropriate for them to go, we should focus on designing a simple system that guides them to where they should go;" and

ii. "aims to achieve a 10 percent reduction in the number of patients attending Accident and Emergency with associated reductions in ambulance journeys and admissions."[3]

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[1] World Health Organisation, *United Kingdom (England) Health System Review*, 2011, p.246.
[2] The Department of Health, *Quality Innovation, Productivity and Prevention,* http://www.dh.gov.uk/en/Healthcare/Qualityandproductivity/QIPP/index.htm
[3] The Department of Health, *Urgent care,* http://www.dh.gov.uk/en/Healthcare/Qualityandproductivity/QIPPworkstreams/DH_115468

(e) The Department of Health broadly defines urgent and emergency care as "the range of healthcare services available to people who need medical advice, diagnosis and/or treatment quickly and unexpectedly."[4] The following sections provide an overview of the range of services; it is not exhaustive.

2. Accident and Emergency (A&E) Departments

(a) There are three types of A&E department[5]:

Type 1 = A consultant led 24 hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients

Type 2 = A consultant led single specialty accident and emergency service (e.g. dental).

Type 3 = Other type of A&E/minor injury units (MIUs)/Walk-in Centres, primarily designed for the receiving of accident and emergency patients. An appointment based service (for example an outpatient clinic) or one mainly or entirely accessed via telephone or other referral (for example most out of hours services), or a dedicated primary care service (such as GP practice or GP-led health centre) is not a type 3 A&E service even though it may treat a number of patients with minor illness or injury.

(b) Selected key trends for A&E across England:

- Attendances at Type 1 A&E departments are the main source of emergency admissions to hospital[6].
- Emergency admissions rose by 11.8% equalling 1.35 million additional admissions from 2004/05 to 2008/09[7].
- The number of attendances at Type 1 departments grew by 1.2% and the proportion admitted as emergencies grew by 14.3% from 2004/05 to 2008/09[8].

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[4] The Department of Health, *Urgent and emergency care,* http://www.dh.gov.uk/en/Healthcare/Urgentandemergencycare/index.htm

[5] The Department of Health, *Quarterly Monitoring of Accident and Emergency (QMAE), Guidances, FAQs and Simple form,* p.3, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/@sta/@perf/documents/digitalasset/dh_129783.doc

[6] The Nuffield Trust, *Trends in emergency admissions in England 2004-2009: is greater efficiency breeding inefficiency?*, p.1, http://www.nuffieldtrust.org.uk/publications/trends-emergency-admissions-england-2004-2009.

[7] Ibid., p.1.

[8] Ibid., p.1.

- Across all three types of A&E, there was a 10% increase in attendance from 2004/05 to 2008/09 with the majority of the additional attendances being at Types 2 and 3[9].

- Emergency admissions accounted for around 65% of hospital bed days in 2007/08 which equates to 34 million bed days or 4.75 million emergency admissions[10].

- The majority of attendances at A&E are self-referrals (65.5% in 2009/10) with referrals from GPs and the emergency services at 6.4% and 9.3% respectively (also for 2009/10). Around 25% arrive by ambulance or helicopter.[11]

(c) Modern A&E departments began to evolve from casualty wards across the country in the 1960s, with the first posts in the A&E specialty piloted by the then Department of Health and Social Security in 1972[12]. Issues around long delays within A&E departments led to *The NHS Plan* of 2000, the publication of a ten year strategy, *Reforming Emergency Care* in 2001 and the target of 98% of patients being admitted, discharged or transferred within 4 hours being agreed in January 2004 as part of a five point plan[13].

(d) From 1 April 2011, the 4-hour standard was replaced by a series of clinical quality indicators. The five headline measures are[14]:

- Unplanned re-attendance
- Left without being seen rate
- Total time spent in A&E department
- Time to initial assessment
- Time to treatment

(e) There are three other indicators as supporting measures[15]:

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[9] Ibid. pp.6-7.
[10] The Kings Fund, *Avoiding Hospital Admissions. What does the research evidence say?*, December 2010, p.1, http://www.kingsfund.org.uk/publications/avoiding_hospital.html
[11] NHS Information Centre, *Accident and Emergency Attendances in England (Experimental Statistics) 2009*-10, January 2011, p.15, http://www.ic.nhs.uk/webfiles/publications/004_Hospital_Care/HES/aandeattendance0910/AE_Attendances_in_England_Experimental_statistics_2009-10__v2.pdf
[12] Department of Health, *Transforming Emergency Care in England*, October 2004, p.5, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4091781.pdf
[13] Ibid., pp.16-19.
[14] The Department of Health, *Dear Colleague Letter. Performance Management of NHS A&E Services Using the Clinical Quality Indicators*, June 2011, p.4, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_128536.pdf

- Ambulatory care
- Service experience
- Consultant sign-off

3. Ambulance Services

(a) The Ambulance Services across England have developed in a number of ways over the past decade. For example, there has been the development of two types of specialist paramedic. Critical Care Paramedics (CCPs) have received additional training and education in order to enable them to work in the critical care environment, often alongside doctors at the scene, and to undertake intensive care transfers between hospitals. Paramedic Practitioners (PPs) have received additional training and education to give them greater patient assessment skills. They are able to treat many minor injuries and illnesses ('see and treat') in patients' homes and in the community, bypassing the need to be seen in an Accident and Emergency Department[16].

(b) In 2010/11 the ambulance service overall received 8.08 million calls across England, which was a 2.7% increase, with 6.61 million calls (81.8%) resulting in an emergency response arriving at the scene which was a 3% increase on the previous year[17].

(c) *The NHS Plan* of 2000 also led to the target for 75% of Category A calls (life threatening emergencies) to be responded to within 8 minutes[18]. A set of 11 clinical indicators was introduced in April 2011 and the Category B 19 minute target removed[19]. The Category A targets remain[20].

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[15] Department of Health, *A&E Clinical Quality Indicators Implementation Guidance,* p.11, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_123055.pdf

[16] South East Coast Ambulance Service NHS Foundation Trust, *Integrated Business Plan 2010-2015*, p.38, http://www.secamb.nhs.uk/about_us/our_vision_and_strategy.aspx

[17] NHS Information Centre, *Ambulance Services England 2010-11*, June 2011, p.4, http://www.ic.nhs.uk/webfiles/publications/Audits%20and%20Performance/Ambulance/Ambulance%20Service%202010_11/Ambulance_Services_England_2010_11.pdf

[18] Department of Health, *Transforming Emergency Care in England*, October 2004, p.12, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4091781.pdf

[19] South East Coast Ambulance Service NHS Foundation Trust, *Clinical Quality Indicators,* http://www.secamb.nhs.uk/about_us/our_performance/response_time_targets/clinical_quality_indicators.aspx

[20] Department of Health, *Reforming urgent and emergency care performance management*, July 2011, http://www.dh.gov.uk/en/Healthcare/Urgentandemergencycare/DH_121239

4. Out of Hours

(a) Out of hours GP services received 8.6 million calls and completed 6.8 million medical assessments across England in 2007/08[21].

(b) In 2000, the Department of Health (DoH) commissioned a review of out-of-hours (OOH) services (referred to as the Carson Review). Its recommendations, combined with *The NHS Plan*, established the foundations for current OOH services[22].

(c) Following the Care Quality Commission's enquiry into Take Care Now, the Department of Health commissioned a report into GP out-of-hours services from Dr David Colin-Thomé, National Clinical Director for Primary Care at the Department of Health, and Professor Steve Field, Chairman of Council, Royal College of General Practitioners which made a number of recommendations[23].

(d) As set out in the NHS White Paper, out of hours services are set to be redefined as part of an integrated 24/7 urgent care service (see below).

5. NHS Direct

(a) NHS Direct has been available nationwide since October 2000[24]. It became an NHS Trust in 2007[25].

(b) It undertook 12.5 million assessments in 2010/11 - 4.5 million calls through to the national 0845 4647 number and 8 million assessments through the online service across England. 55% of assessments were completed by NHS Direct with no need for face to face contact[26].

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[21] The Healthcare Commission, *Not just a matter of time. A review of urgent and emergency care services in England,* September 2008, p.12, http://www.cqc.org.uk/_db/_documents/Not_just_a_matter_of_time_-_A_review_of_urgent_and_emergency_care_services_in_England_200810155901.pdf

[22] National Audit Office, *The Provision of Out-of-Hours Care in England. Full Report,* p.4, May 2006, http://www.nao.org.uk/publications/0506/the_provision_of_out-of-hours.aspx#

[23] Department of Health, *General Practice Out-Of-Hours Services. Project to consider and assess current arrangements,* January 2010, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_111893.pdf

[24] NHS Direct, *History*, http://www.nhsdirect.nhs.uk/About/History

[25] NHS Direct, *Annual Report and Accounts 2008/09,* p.41, http://www.nhsdirect.nhs.uk/About/OperatingStatistics/~/media/Files/AnnualReportArchive/AnnualReport_2009.ashx

[26] RCGP Centre for Commissioning, *Guidance for commissioning integrated urgent and emergency care. A 'whole system' approach*, August 2011, p.21, http://commissioning.rcgp.org.uk/wp-content/uploads/2011/09/RCGP-Urgent-Emergency-Commissioning-Guide-v2.pdf

6. Other Primary Care

(a) GP in-hours services (GPs and practice nurses) deal with around 290 million consultations each year, with a growth rate of 3% each year between 1995 and 2006[27].

(b) Pharmacy services dispense c.750 million prescription items each year, and there are 1.8 million visits each day to community pharmacists[28].

(c) A proportion of the work of both GPs and Pharmacists concern urgent and emergency care.

7. Mental Health Services

(a) An estimated 5% of those attending A&E have a primary diagnosis of mental ill health. The largest groups within this are substance abuse and deliberate self-harm.

(b) A further 20-30% of attendees have coexisting physical and psychological problems.

(c) Overall, it has been estimated that around 35% of A&E attendances are alcohol related (including violent assaults, road traffic accidents, mental health emergencies and deliberate self-harm)[29].

(d) There is a range of health services involved in urgent and emergency care for people with mental health problems – including crisis resolution home treatment teams (CRHT) and liaison psychiatry services. CRHT provide treatment at home for those who are acutely unwell but do not require A&E admission[30]. Liaison psychiatry provides psychiatric treatment to patients attending general hospitals, whether they attend out-patient clinics, accident & emergency departments or are admitted to in-patient wards[31].

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[27] Ibid., p.21.
[28] Ibid., p.22.
[29] Department of Health, *Checklist Improving the management of patients with mental ill health in emergency care* settings, September 2004, p.3 http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4089197.pdf
[30] Royal College of Psychiatrists, *Acute mental health care: briefing note*, November 2009, p.5, http://www.rcpsych.ac.uk/Docs/Acute%20mental%20health%20care%20briefing%20final%2097-03%20version.doc
[31] Royal College of Psychiatrists, *Faculty of Liaison Psychiatry*, http://www.rcpsych.ac.uk/specialties/faculties/liaison.aspx

8. A 24/7 Urgent Care Service

(a) The NHS White Paper, *Equity and Excellence: Liberating the NHS*, contains the following policy intention:

i. "Develop a coherent 24/7 urgent care service in every area of England that makes sense to patients when they have to make choices about their care. This will incorporate GP out-of-hours services and provide urgent medical care for people registered with a GP elsewhere. We will make care more accessible by introducing, informed by evaluation, a single telephone number for every kind of urgent and social care and by using technology to help people communicate with their clinicians."[32]

(b) The new NHS 111 service is currently being piloted with the intention that it becomes an England-wide non-emergency healthcare service on a three-digit telephone number[33]. It is currently available in County Durham and Darlington, Nottingham City, Lincolnshire and Luton[34]. When rolled out nationally by April 2013, it will replace the NHS Direct number, though NHS Direct is expected to continue, alongside other providers[35]. It will be commissioned locally[36].

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[32] Department of Health, *Equity and Excellence: Liberating the* NHS, July 2010, p.18 http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_117794.pdf

[33] Ofcom, *New 111 non-emergency healthcare phone number confirmed*, December 2009, http://media.ofcom.org.uk/2009/12/18/new-111-non-emergency-healthcare-phone-number-confirmed/

[34] Department of Health, *Press Release: Prime Minister and Health Secretary announce new commitments on 24/7 NHS care*, 1 October 2011, http://mediacentre.dh.gov.uk/2011/10/01/prime-minister-health-secretary-new-commitments-247-nhs-care/

[35] Department of Health, *NHS 111*, November 2010, http://www.dh.gov.uk/en/Healthcare/Urgentandemergencycare/DH_115054

[36] Department of Health, *Dear Colleague Letter. Rolling out the NHS 111 Service,* August 2011, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_129104.pdf