NHS
Kent and Medway

REDUCING ACCIDENT AND EMERGENCY ADMISSIONS

This briefing responds to the specific questions raised. Examples are used rather than attempting to summarise the detailed activity or the wide range of plans within each Clinical Commissioning Group area.

QUESTIONS FOR COMMISSIONERS

1 Can you provide an outline of the range of urgent and emergency healthcare services available in Kent & Medway?

The current arrangements for urgent healthcare are as follows:

A Self care, supported by professional advice:

NHS Direct respond to around 9,000 calls per month in Kent and Medway. Of these around 64% are managed by telephone, 23% are advised to see a primary care clinician, and 13% are advised to attend A&E or call 999.

B Primary Care:

All GP surgeries offer urgent appointments on the day, and home visiting where required. Many have arrangements to enable telephone advice for urgent requests.

The GP out of hours service for Kent (excluding Medway) is provided by South East Health. They manage over 20,000 calls per month. Of these around 75% of patients are advised by telephone, or referred directly to another service. 20% are seen at a base and 6% receive a home visit. The Out of Hours (OOH) services provide access to community nurses and can draw on other services such as social care and palliative care.

An emergency dental service is provided via a central telephone access point for all Kent and Medway. Local commissioning variations apply but the service is available every evening, seven days a week and Saturday, Sunday and Bank Holiday mornings. The caller is taken through a triage process and if applicable is booked into a local dental practice.

Community pharmacies provide a comprehensive range of free advice, mainly seven days a week and often with extended hours. Emergency supply of medication is usually available, especially for regular patients. Most pharmacies also provide additional urgent services such as emergency contraception and minor ailments services as well as a range of health promotion services such as smoking cessation.

C Specific help-lines and direct access for particular conditions:

There are a range of direct access arrangements for patients with particular conditions to enable them to access urgent advice from the team providing their specific care. This includes palliative care patients, those with particular long term conditions such as heart failure and COPD (Chronic Obstructive Pulmonary Disease), and mental health patients.

A number of ‘ Rapid Access Clinics’ are being set up for complex elderly patients with certain acute or chronic conditions which are perceived as urgent by the GP, requiring prompt clinical assessment, diagnosis and treatment, but whose condition does not require hospital admission. These geriatrician-led clinics are supported by a multi-disciplinary team providing specialist assessment and treatment where appropriate (nursing, physiotherapy, occupational therapy, social care and mental health care) both during the clinic and afterwards, to ensure the appropriate on-going management of the client group. Conditions suitable for referral include falls-related injury, certain respiratory, cardiac or musculoskeletal conditions and complicated urinary infections.

Women across Kent and Medway can access midwifery services directly at any point in their pregnancy, it is not necessary to be referred by a GP. This means that from the point that a women thinks she is pregnant, and then throughout her pregnancy and into her postnatal care, she can contact her local midwifery services to arrange to see a midwife. Women can also access emergency obstetric services at any time in their pregnancy should that be necessary.

Paediatric services: Self referring Children and young people across Kent and Medway will be seen, assessed, treated in Minor Injury Units (MIUs), Walk-in Centres (WIC), Emergency Care Centres (ECC) and A&E departments. Those children who need an assessment by a paediatrician will either be seen in A&E by a paediatrician or referred to a short stay paediatric assessment unit where a child can be observed and assessed in a child appropriate setting, before being admitted to a ward or discharge home. GPs and other health professional are able to refer children direct to the assessment units.

Parents of children with long term conditions are advised when to contact specialist services. In some areas this is direct to the paediatric ward, in others it is via A&E. EKHUFT (for east Kent) are aware of these children but prefer that in the first instance they enter hospital via A&E to ensure that the current problem is diagnosed, treated correctly and immediately, particularly during the Out Of Hours period, before the child is admitted to the ward. Medway have a Red Card system that allows the responsible adult or ambulance crew to take the child directly to the ward. Maidstone and Tunbridge Wells NHS Trust (MTW) has a direct access pathway for children to the assessment unit or ward, where appropriate and Darent Valley Hospital has an open passport scheme of children with specific conditions.

People in the care of community mental health services, provided by Kent and Medway NHS and Social Care Partnership Trust (KMPT) are assigned a care co-ordinator in their local team, who they or their carer should call during office hours if they feel they are relapsing or experiencing a mental health crisis. (In the case of the care co-ordinator being absent, they are advised to speak to the on-duty worker.) In the evenings and at weekends, they are advised to speak to the KMPT Crisis Resolution Home Treatment team for their locality.

D Minor injuries and walk in centres

Minor Injuries units for walk in patients are available in the following locations:

- Deal (nurse led)
- Dover (nurse led)
- Edenbridge (nurse led)
- Faversham (nurse led)
- Gravesham (nurse led)
- Sevenoaks (nurse led)
- Sheppey (nurse led)
- Sittingbourne (nurse led)
- Whitstable (nurse led, GP available on site)
- Medway Maritime Hospital (nurse led)

Walk in Centres for walk in patients are available in the following locations:

- Folkestone (nurse led)
- White Horse Practice Northfleet (GP led)
- Gillingham DMC (GP led)

The range of clinical skills and facilities available varies in each area, and are defined in the detail held on the Urgent Care Directory of Services currently supporting 999 and to be developed as described below.

Usage varies from less than 100 patients per month in Faversham to over 1,000 per month in Folkestone.

E Emergency Departments

Emergency departments for walk in patients are at:

- Darent Valley Hospital
- Pembury Hospital
- Maidstone Hospital
- William Harvey Hospital, Ashford
- Queen Elizabeth, the Queen Mother Hospital, Margate
- Medway Hospital

These provide a full range of service for 'minor' and 'major' emergencies.
Kent and Canterbury Hospital provides a more limited emergency department, Kent and Canterbury Hospital Emergency Care Centre is open 24/7 and a consultant is on call at all times. It provides the majority of services available at an A&E but does not accept Major Trauma or provide surgery. The detail of all symptoms accepted is currently available and live on the Directory of Services attached to *NHS Pathways* triage system. This is in addition to the nurse led MIU on the same site.

For certain serious conditions, the ambulance service will take patients to particular hospitals with the necessary specialist skills required. E.G. those requiring primary angioplasty will be taken to William Harvey Hospital, emergency surgery and orthopaedic patients in the Maidstone area will be taken to Pembury Hospital (or Medway/William Harvey if nearer).

From 1 April it is planned that patients with major trauma will be taken to either the nearest Major Trauma Centre (likely to be Kings College Hospital) if within 45 minutes, or to a designated trauma unit in Kent – planned to be Pembury, Medway and William Harvey hospitals.

F Rapid access clinics

A number of 'Rapid Access' clinics are being set up to enable patients to have an urgent assessment and treatment for certain conditions, after assessment by a GP or other healthcare professional. Examples include a DVT (deep vein thrombosis) assessment service in Medway, TIA clinics (transient ischemic attack – mini-stroke) in several hospitals, falls services.

Whilst not providing 'walk in' immediate access for self referral, they provide an alternative to A&E when a health professional has assessed the patient. In many cases these are same day or next day and provide a bookable appointment with a relevant specialist nurse, doctor or other clinician.

G Ambulance service

South East Coast Ambulance NHS Foundation Trust provides emergency ambulance services across Kent & Medway. The service is accessed via 999 and a triage system (called *NHS Pathways*) leads the call hander to assess the immediacy of the situation, using nationally established criteria. Where a call is immediately life threatening, then an emergency response is dispatched immediately. Where it may be that an alternative service could meet the patients' needs, then the system identifies a range of options for the patient, based on our locally defined directory.

The service plans to respond to around 220,000 incidents in Kent & Medway in the year, and currently around 4% are being managed with telephone advice and/or referral.

Around two thirds of 999 calls from the public lead to an ambulance taking the patient to hospital. For the remainder, the crew assess the patient and either provide

reassurance and advice, or arrange some further support e.g. a follow up by the patients own GP.

2 Specifically, what is the definition of 'minor injury' and 'Minor Injuries Unit'?

The NHS Choices website gives a good summary of the role of minor injury units, see appendix A. They do differ dependant on the service commissioned, and the skills and facilities available.

Minor Injury Units come under type 03 in terms of A&E reporting. Below is the definition for type 03 from the NHS Data Dictionary.

03 *Other type of A&E/minor injury ACTIVITY with designated accommodation for the reception of accident and emergency PATIENTS. The department may be doctor led or NURSE led and treats at least minor injuries and illnesses and can be routinely accessed without APPOINTMENT. A SERVICE mainly or entirely APPOINTMENT based (for example a GENERAL PRACTITIONER Practice or Out-Patient Clinic) is excluded even though it may treat a number of PATIENTS with minor illness or injury. Excludes NHS walk-in centres*

3 How do people currently access urgent and emergency services and how is this being developed? In particular, how is public awareness of the most appropriate service to access, for example Minor Injuries Unit against Accident and Emergency Department, being raised?

A number of mechanisms have been used to establish how people make their choices in accessing urgent care.

In Maidstone, research undertaken with patients in A&E and the GP out of hours centre in 2008 showed:

Route to A&E/Out of Hours (OOH) /Decision Making

- Overall, half go direct to A&E/OOH, increasing to 63% amongst A&E patients
- Whereas OOH patients were significantly more likely to seek advice from their GP prior to attendance than A&E patients
- Urgency of response and advice from a third party (after a health professional or friend/family member) are the main drivers behind patients choice to visit A&E/OOH
- The advice received is reported to impact heavily on their decision to attend A&E/OOH with advice from GPs and NHS Direct being key
- However, just under half (42%) said not knowing where else to go impacted their decision and over half said timing of health problem had an impact

Awareness and Knowledge of Alternatives

- Almost all patients felt they made the right decision to attend A&E/OOH, with around a third saying there was no alternative
- A quarter would have preferred to go elsewhere for treatment (usually their own doctor) and two fifths would treat themselves if the same situation repeated itself
- Amongst those with a preference to go to their own doctor, most OOH patients and half of A&E did not do so because the surgery was closed
- Knowledge of GP surgery services seems limited in terms of availability of emergency appointments, out of hours cover and to some extent surgery timing/turn up and wait
- Those attending OOH have better knowledge of GP services
- Knowledge of NHS Direct and MIU/Walk-in Centre is also limited, especially the latter with two-fifths unaware of it.

In Eastern and Coastal Kent, feedback was obtained from a pilot that placed a GP in the Emergency Care Centre at the Kent and Canterbury Hospital. The feedback revealed that during the period September 2009 – February 2011 approximately 20% of the patients arriving at the Kent and Canterbury Emergency Care Centre when the GP was on site* were triaged as suitable for a GP consultation in preference to an ECC or MIU consultation. A requirement of the pilot was that the service was not advertised as available but was to identify the number of patients who self referred to an A&E that had symptoms suitable for treatment by a GP

The majority of the patients triaged to the GP for their consultation were asked to complete a survey. The survey is one that is more frequently used to monitor patient satisfaction with their own registered GP service and is used as a national benchmark. The survey for this cohort of patients triaged to the GP at the Kent and Canterbury Emergency Care Centre also included the question: 'Why did you choose to attend a Minor Injuries Unit?'

The responses indicate a mix of reasons

Why did you choose to attend a Minor Injuries Unit'		
Left blank	226	20.3%
Close to home	209	18.8%
Own GP surgery closed	354	31.8%
No GP appointment available	212	19.1%
Other	111	10.0%
Total	1112	100%

And when asked if they would use the service again there was an overwhelmingly positive response with many of the respondents also adding a positive qualitative statement about the service they had received and that they would use the service

again. This is an indication that patients will choose to travel to the site where they will receive the service that they perceive they need.

These themes were also reflected in local results from national patient surveys of people attending A&E.

Building on the information from this, and from national best practice, the communications team has actively promoted the appropriate use of the range of urgent care services through year-round campaigns, starting in 2008/9 and building ever since. These are themed:

- Keep Warm, Keep Well/ look after yourself in a heat wave/how to prevent falls
- Infection control (including Catch It, Bin It, Kill It and norovirus)
- Choose Well
- Seasonal flu

The overall objectives of the campaigns are to encourage people to take measures to protect their own health and wellbeing, and to ensure they have the information they need about the full range of NHS services, to support them in making appropriate choices.

Different communication channels are used to reach different audiences, depending on the campaign and the message – for instance, the main audiences for Choose Well communications (i.e. people who leave A&E without being treated or who are discharged to their GP or on-call GP services) are people aged between 17 and 45. (Source: research carried out by NHS Medway Commissioning and Performance Team).

It is also important to note that a high proportion of people attending A&E (48 per cent) have long term conditions, including mental health conditions

Communications to improve knowledge and understanding of the range of services across Kent and Medway include:

- Booklets with information about GPs offering extended hours sent to every home in Kent and Medway
- Roadside banners encouraging people to use NHS Direct and alternative services displayed outside hospitals / railway stations / supermarkets
- Press releases and social media activity proactively with public health messages / information about services available at MIUs, pharmacies etc
- Press releases and social media activity reactively at times of pressure, asking people to think before they come to A&E
- NHS magazines with Choose Well and other information distributed via a range of outlets including supermarkets, train stations
- Leaflets distributed via a range of outlets, including GP surgeries, pharmacies, children's centres, libraries, acute Trusts, hairdressers, businesses, takeaways
- BT phonebook information
- Adverts in buses, on radio, in local newspapers, on websites

- Information about services and how to use them prominently displayed on PCT websites
- Information sent out to the community via health networks, community publications such as carers' newsletters
- Letters to parents sent out via schools, thanks to support from Kent County Council and Medway Council

This winter we also plan to further develop digital communications, promoting use of the NHS Direct text and Smartphone app, once we are certain that they are robust and 100 per cent accurate.

This is in addition to the seasonal flu campaign, which is focusing on the role of frontline health professionals (such as midwives, district nurses and GPs) in encouraging uptake.

The NHS Choices website and NHS Direct both provide links to search for the nearest service, while NHS Direct has an excellent symptom checker to help guide people as to when they need to access care. These are linked from the PCT website and from the websites of all our local providers.

Despite this information being available, we know from the research described above that there are still many people who would have preferred to use a service other than A&E and we are therefore keen to make access even easier. Communications also forms part of a new cluster project which is reviewing ways of reducing inappropriate A&E attendances across Kent and Medway – please see response to question 8.

4 ***Since 2008, broken down by quarter, what have the numbers of attendances at accident and emergency departments been across the Kent and Medway health economy? How many of these have been:-***

a new attendances
b emergency readmissions

Please refer to appendix B and Q5

5 How do these trends compare to those:

a across the south east?
b nationally?

Please refer to appendix B.

Overall, A&E and Minor Injury Unit activity in the Kent and Medway hospitals increased by 5.2% between 2008/09 and 2010/11. Nationally for Q1 this was approximately 7.8% and in South East Coast 1.9%.

Differentiating between the changes in A&E (type 1) and MIU (type 3) is difficult due to changes in the organisations and in counting. It is also worth noting that changes

outside Kent can impact on the activity at the hospitals. For example, the closure at Queen Mary's Sidcup before Christmas 2010 has led to an increase in Bexley patients using Darent Valley Hospital.
It is not possible to identify the proportion of patients re-attending to A&E in a summary form. However, individual Clinical Commissioning Groups (CCGs) are looking at their patients who re-attend with the aim of identifying any further care which could be given to manage their care better. Weekly reports are produced for GPs in the Maidstone and Malling CCG and for example in one week recently, 2 of the 78 patients had visited A&E 2 or 3 times in the previous 6 months, seven had attended once before but for most, this was the only visit. Practices in the Eastern and Coastal Kent CCGs are provided a report of the most frequent attendees each month to enable them to identify if care could be improved.

6 What factors explain this change?

The increase in attendances is related to a number of factors, including the perception of availability of GP services, the increasing numbers of residents from overseas where A&E is the only option, the increasing population and the increasing life expectancy and the increasing numbers of people with long term conditions. A needs analysis to support the Joint Strategic Needs Assessment is required for urgent care to fully indentify the causes and therefore support the solutions.

Analysis of the types of patients and conditions that present to A&E is being considered by the CCGs. For example in the Maidstone & Malling area, the CCG has very recently identified that around 66% of patients are self presenting to A&E. Of these, the majority of A&E attendances are for patients between the ages of 25-59, and the majority are during the afternoon i.e. within working hours. Soft tissue injuries are the greatest proportion (18.5% of all self referrers). Of these, 56% did not require any treatment.

This analysis is being considered by the CCG, and is also being reviewed for other areas to identify more clearly where services may need to be targeted.

7 Why is it important to reduce attendance at accident and emergency departments?

The accident and emergency departments have the skilled staff and facilities to identify manage patients with a wide range of illness and injury. Some of this can only be managed at the A&E department, but others can be managed in a variety of settings. It is important that the departments have the flexibility and capacity to manage those more serious conditions, rather than having to see patients who had a simple problem.

With good advice and with readily accessible primary care services patients can be managed closer to their home and by those health professionals who are providing their ongoing care. This is especially important for those with long term conditions where the relationship with their primary and community health professionals can mean they are able to stay in their own home.

In the A&E department, the clinicians generally have little prior knowledge of that patient, or their support at home and arranging the services the patient needs can be complex. They therefore may have to admit the patient whilst arranging everything, whereas a patient's own GP and community healthcare professionals may well have everything arranged and can simply advise or amend the treatment.

For those patients experiencing a one-off problem, many travel a considerable distance to the full A&E department, whereas a more local MIU or GP could meet their needs if they were aware and had confidence that the service was appropriate for them.

The cost of an A&E attendance ranges from £52 to £183 depending on the complexity. Patients using their own GP, or out of hours primary care are generally covered by the overall primary care contract. Where additional community services are needed, the cost may be included in the contract or may be additional. Whilst there is still a cost to the NHS of providing the care in this way, it is generally at a significantly lower cost than through a hospital A&E department. Should the patient go on to be admitted, instead of cared for at home, the costs become more significant.

Using an A&E department when the condition could be managed differently is therefore:

- Potentially less convenient for the patient,
- Uses skilled resources and facilities unnecessarily,
- And costs more

This always needs to be balanced with the need to 'get it right first time' and if the care is best provided by an A&E, then the patient should be directed there first.

8 What work is being undertaken currently, and planned for the future, aimed at reducing accident and emergency attendance?

In the immediate short term, a project has been established to review and reduce A&E attendances by utilising the successful 'emergency planning' mechanisms which support the Kent and Medway system at times of particular pressure. This will include a combination of rapid access to key data, better information for patients and the public and some specific work with GPs and other services to improve access.

Existing medium to longer term plans are also being further developed, as indicted in the NHS Kent and Medway integrated plan. These are at several levels:

A Kent & Medway

Across the cluster, the strategic change to the urgent care system is being pursued, through three main changes across Kent & Medway which are interlinked: NHS 111, NHS Pathways and the Directory of Services.

NHS 111 is being introduced nationally from April 2013, and in Kent & Medway, we are looking to start procurement of a provider this autumn.

111 will be a single point of access for patients who have an urgent health need but do not need to call 999 or go to A&E, and cannot contact their GP. It will ensure patients receive the right care, by the right person, at the right place and right time regardless of which point of the health service they access first.

Access to urgent care will be improved and simplified, the quality of the urgent care that patients receive will be improved, and patients' experience of urgent and emergency care will be enhanced. Health outcomes will be improved because patients will get the care that is most appropriate for their needs. 111 will make for more efficient use of emergency services by directing patients who don't need to call 999 or go to A&E to the service that can best treat their needs.

A single procurement will be conducted to implement 111 across this region, with possible flexibility for variations in the service specification in each PCT cluster area to allow for the particular needs of local populations.

Various pilots are already underway, or are soon to be launched, in other parts of the country.

Key messages about 111

- NHS 111 will make it easier for the public to access local health services when they need help quickly. In future if people need to contact the NHS for urgent care there will only be three numbers: 999 for life-threatening emergencies, their GP surgery or 111.

- 111 will improve and simplify access for people to urgent care services, and improve public satisfaction and confidence in their local NHS.

- It will make 999 ambulance services more efficient by reducing the number of non-emergency calls to 999.

- It will help NHS commissioners to ensure services are tuned to meet people's needs.

- 111 is part of a wider programme of improvements to the urgent care system across Kent, Surrey and Sussex to deliver a 24/7 urgent care service that ensures people receive the right care, from the right person, in the right place, at the right time.

- The NHS 111 service will be free to call and will be available 24 hours a day, 365 days a year.

- NHS 111 will provide a clinical assessment at the first point of contact, without the need to call patients back; will direct people to the right NHS service, first time, without the need for them to be re-triaged; and will be able to transfer clinical assessment data to other providers and book appointments for patients where appropriate.

- NHS 111 will work alongside the 999 emergency service and will be able to despatch an ambulance without delay and without the need for the patient to repeat any information.

- Each year in Kent, Surrey and Sussex more than one and a half million people go to A&E. However, many of those patients would be more appropriately treated elsewhere in the health service, in the community or even in their own home. This would give them better health outcomes whilst at the same time making better use of NHS resources.

- Research shows us that people find it difficult to know which bit of the NHS is right for them when they have an urgent need that isn't serious enough to call 999 or go to A&E. People are sometimes confused by the wide range of services on offer, like walk-in centres, minor injuries units and GP led health centres. As a result, many people choose to go to their local A&E by default. We need to change that culture, by making it easier for patients to get to the right care setting first time, regardless of which point of the health service they approach first

Supporting the NHS 111 telephone system will be a clinical triage system, consistent with that already being used for 999 calls by SECAmb, and being piloted by South East Health for GP out of hours calls.

This system (NHS Pathways) is nationally governed with a clinical board led by the Royal College of GPs. It has been in use in the North East Ambulance Service for some years, as well as some GP out of hours services and is now being used in the NHS 111 pilots.

It allows the call handler to identify the immediacy of the problem and also the skills needed to manage the problem. Within the 999 service, it allows an ambulance to be dispatched immediately for life threatening calls, but can also allow advice and referral to other more appropriate services.

These other services are identified through a live 'Directory of Services' (DoS). The PCTs have been working with the urgent care providers in Kent & Medway to ensure that detailed information about the skills available and the conditions that can be managed are captured on the database, which is then searched by the NHS Pathways system to identify as service suitable for the patient.

Commissioners prioritise the order in which the services are shown, e.g. primary care and minor injuries units will come higher up the list than an A&E department. Prioritisation will be confirmed by the Clinical Commissioning Groups for the services

in their area. Only the providers able to offer the service, at the time required, are shown.

The combination of the NHS Pathways and the DoS systems will also provide valuable reports to the commissioners about the services required and not available, or where patients have not accepted the suggestion. This will allow far greater understanding of the use and the gaps in urgent care services.
The role of the Ambulance Service is also developing to enable ambulance crews who attend a patient to be able to assess and identify alternative services, including linking the patient into their GP or community service. KMPT have developed a local protocol with SECAmb (commissioned by the Kent and Medway mental health commissioners) to refer people who identify themselves as existing users of secondary mental health services, direct to the correct KMPT team, subject to a risk assessment carried out by ambulance staff.

More highly trained paramedics 'Paramedic Practitioners' are being deployed to be better able to assess and manage a patient and involve other services to provide the necessary support. This change is being supported by the quality scheme 'CQUINS' and also involves providing information to the patients GP to help improve care, and also following up on the patients experience to make sure the care meets their needs.

Working with KCC we have been introducing telemedicine in Eastern and Coastal Kent and West Kent, as part of the Whole System Demonstrator pilot. We hope to roll this out further. This is expected to improve the management of patients with long term conditions, where monitoring their condition can reduce exacerbations and therefore reduce the need for ambulance and A&E attendances.

Across Kent & Medway, we will be reviewing the range and type of urgent care services available as part of our review of the overall integrated plan. We will be working closely with all our partners and stakeholders, with our shared public heath team and involving patients and public.

B In each Hospital Trust

All the acute hospitals are working on pathways for ambulatory emergency care, either by revising specific pathways or by a more generic approach to managing care when a patient presents themselves and need not be admitted.

In some cases, e.g. cellulitis, this means ensuring the community teams are able to provide the antibiotics and have the skills to administer via an intravenous drip. In other cases the equipment is needed e.g. for a dopplar scan to identify DVT.

We are working with the Trusts to identify the process for identifying less serious cases when they present and either manage them separately, or direct them to a primary care service on site e.g. the same day treatment service at Medway hospital. In each area, work is underway to streamline the access through A&E to admission (where required) or treatment/discharge. The joint work with social care to facilitate

discharge and support re-ablement and independence is also key to the efficient model of urgent care.

Over the last three years, acute psychiatry liaison services have been developed, and as of April 2011, are offered at all the emergency departments in Kent and Medway. These are for people who present at A&E with mental health needs, including those who also have physical conditions needing treatment. The service is provided by psychiatric nurses who assess patients on referral by A&E clinical staff. They may advise on treatment or management, signpost to other support, or refer people into KMPT services. The experience of the psychiatry liaison service to date is that it is highly effective at reducing re-attendances, particularly among those who self-harm.

C In each locality/clinical commissioning group

GPs and other clinicians in each area are reviewing their activity and identifying what may help reduce the need for their patients to attend A&E. Most areas are working through a toolkit to help ensure they can provide a high level of access for patients with urgent needs.

Work with care homes has been targeting those where the numbers of admissions is high. Increased support and better access to nursing, coupled with a proactive approach to care planning has had a significant impact.

End of Life care is a particular sensitive area, where better planning and communication can help a patient be supported at home rather than be admitted via A&E . A range of projects are in place to help.

Our overall approach is to encourage the service to respond to people’s need for the right care to be provided at the right place and the right time, first time.

9 What are the main challenges to reducing attendance at accident and emergency departments?

People need to have confidence that the service is available and will meet their needs. Whilst we have a range of options, the only two services perceived as being always available are the A&E departments and the ambulance service.

GP services are also available, in and out of hours, but are often not perceived as being available and getting a same day appointment is not always easy.

Minor injuries departments have varied times and skills available and without certainty, people may choose to go straight to the place they know is there.

The strategic model for urgent access across NHS Kent and Medway is aimed at tackling this uncertainty by co-ordinating a consistent approach. NHS 111 number, supported by a clinically safe triage system and an accurate ‘live’ Directory of Services, will be coupled with a ‘phone before you go’ message and backed up by a

more informed commissioning and performance management process. This will go a long way towards having an integrated urgent care system which people can be confident will be able to support them whenever they need it.

10 How much is spent on urgent and emergency care services across the health economy and how much solely on attendance at accident and emergency departments?

Urgent and emergency care is estimated to be around £500million across the Kent and Medway cluster. Of this, around 13% is spent on A&E attendance and by far the largest element is the emergency hospital admission which accounts for some two thirds of urgent and emergency care costs.

The figures below do not include primary care, although GP and community pharmacy provide the majority of all urgent care. Nor is NHS Direct included as this is not currently funded through the local PCT budgets.

The figures attributed to the community services, including minor injuries, community hospitals and other intermediate care services are approximate as most are part of a broader contract for services.

As can be seen below, the current forecast for emergency admissions is slightly below 2010/11 although A&E attendances are higher.

Urgent & Emergency care spend by NHS Kent & Medway	Actual 2010/11				Forecast 2011/12			
	East Kent	West Kent	Medway	All K&M	East Kent	West Kent	Medway	All K&M
GP Out of Hours					6.3	5.2	1.8	13.3
Minor injuries/walk in					2.6	0.9	tbc	3.5
Community Hospitals					9.0	7.1	tbc	16.1
Other intermediate care services					13.1	3.8	tbc	16.9
NHS joint work with Social care					8.4	7.8	tbc	16.2
Emergency Ambulance	25.1	18.2	7.5	50.8	26.0	18.5	7.9	52.5
A&E (98% within K&M)	18.3	17.0	6.2	41.5	18.9	19.1	6.9	44.9
Admissions (70% within K&M)	154.6	142.0	54.2	350.8	152.6	135.4	54.0	342.0

Total	198.0	177.1	68.0	443.1	237.0	197.9	70.6	505.5
% A&E	12%	12%	11%	12%	12%	14%	13%	13%

11 What is the place of urgent and emergency care in the QIPP programme across Kent and Medway?

The acute QIPP programme is built around the philosophy of having the right care in the right place, first time. The programme focuses on NHS 111 and the supporting systems described above to reduce attendances at A&E, and therefore have an impact on admissions. It also includes:

- Supporting patients in their community with primary and self care, where it is appropriate
- Streamlining the care pathways for people who attend A&E and can be followed up in the community
- Minimising the duplication by having a co-ordinated and consistent system

Over the 4 year period £77million is planned to be released through the QIPP programme.

The programme was developed last year in each PCT area, in conjunction with health and social care partners. Projects include:

- Implement NHS Pathways for 999 to reduce ambulance conveyance by use of Directory of Service.
- Implement 111 through NHS Pathways supported by expanded Directory of Service leading to redirection to alternative services, e.g. MIU & OOH.
- Role out programme of 49 Ambulatory Emergency Care pathways.
- Reduction in A&E attendances & admissions through front-end GP provision.
- Implement hospice/ hospital at home services for patients with long term conditions (LTC) and those in need of end of life (EOL) care.
- Introduce single bed bureau across health systems
- Redefine direct admission criteria to community hospitals.
- Roll-out OOH thrombolysis for stroke beyond east Kent.
- Roll-out of a local version of the ‘Bolton Dashboard’.
- Implement hub/spoke model level 2 trauma through Critical Care and Trauma networks

Appendix A

Minor injuries units

If you have an illness that is not life threatening, contact your GP surgery first if possible. You can still call your GP outside normal surgery hours, but you will usually be directed to an out-of-hours service. The out-of-hours period is 6.30pm to 8am on weekdays, and all day at weekends and bank holidays.

You can also call NHS Direct on 0845 4647 (or NHS 111 if it's available in your area). They can give you advice or direct you to the best local service to treat your injury. Alternatively, use our symptoms checker to assess your symptoms online and receive personalised advice on the best action to take.

If your injury is not serious, you can get help from a minor injuries unit (MIU), rather than going to an A&E department. This will allow A&E staff to concentrate on people with serious, life-threatening conditions and will save you a potentially long wait.

There are currently 225 minor injuries units in England. MIUs are usually led by nurses and an appointment is not necessary.

Some MIUs and walk-in centres do not have facilities to treat young children. This depends on the capacity, resources or skill levels available at the MIU or walk-in centre. Contact your local MIU or walk-in centre in advance if you are not sure whether you or your child can be treated there. Search for your local MIU.

Minor injuries units can treat:

- *sprains and strains*
- *broken bones*
- *wound infections*
- *minor burns and scalds*
- *minor head injuries*
- *insect and animal bites*
- *minor eye injuries*
- *injuries to the back, shoulder and chest*

If there is not a minor injuries unit in your area, these services will also be provided by an A&E department.

Minor injuries units cannot treat:

- *chest pain*
- *breathing difficulties*

- *major injuries*
- *problems usually dealt with by a GP*
- *stomach pains*
- *gynaecological problems*
- *pregnancy problems*
- *allergic reactions*
- *overdoses*
- *alcohol-related problems*
- *conditions likely to require hospital admission*
- *mental health problems*

Appendix B

Type 1 and Type 3 A&E First Attendances 2008-09 to 2011-12 Quarter 1

Source - Unify QMAE Data Return

Type 1 Attendances

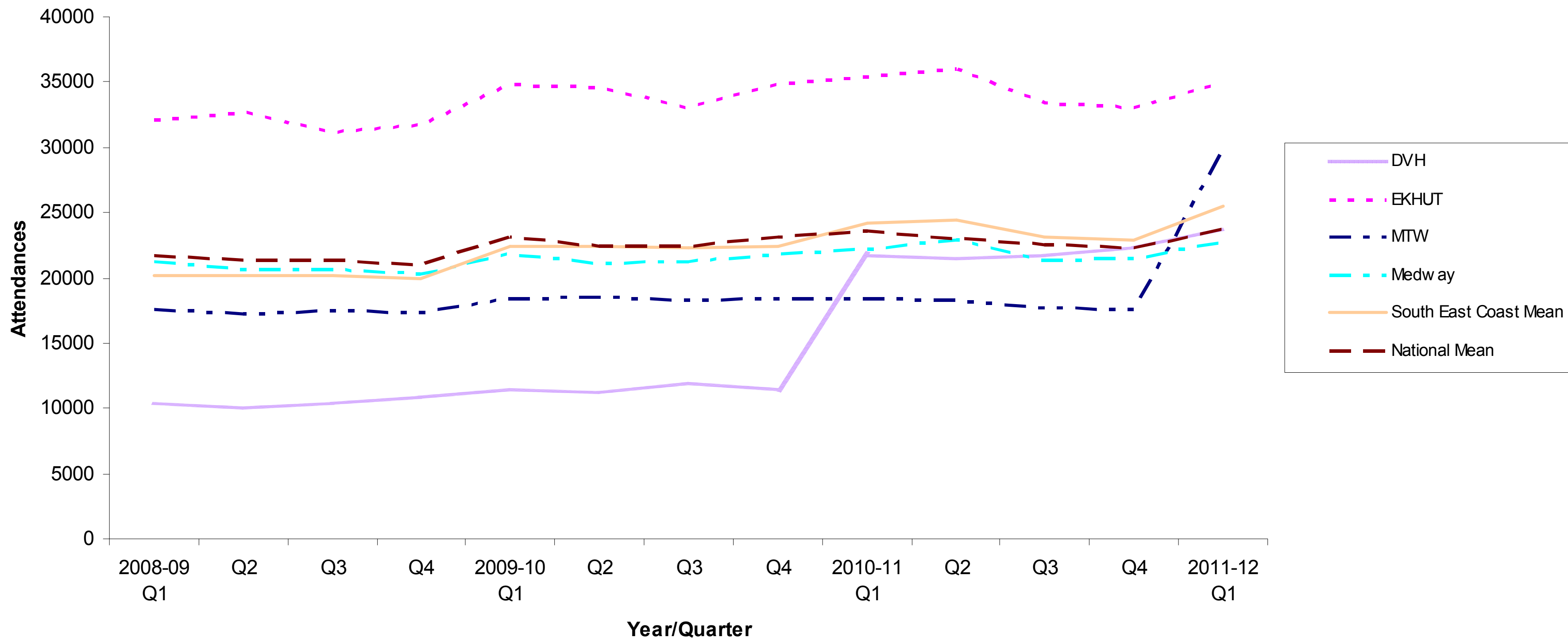
	2008-09 Q1	Q2	Q3	Q4	2009-10 Q1	Q2	Q3	Q4	2010-11 Q1	Q2	Q3	Q4	2011-12 Q1
DVH	10353	10003	10385	10908	11438	11260	11963	11438	21733	21479	21720	22331	23744
EKHUT	32099	32636	31201	31768	34808	34610	33014	34808	35415	35991	33436	33051	34957
MTW	17636	17253	17488	17344	18391	18532	18322	18391	18428	18299	17684	17639	29677
Medway	21189	20628	20630	20294	21858	21152	21219	21858	22141	22936	21349	21517	22803
South East Coast Mean	20183	20168	20198	19978	22455	22371	22340	22455	24143	24368	23135	22938	25451
National Mean	21714	21341	21306	20981	23181	22423	22441	23181	23586	22975	22514	22353	23767

Type 3 Attendances

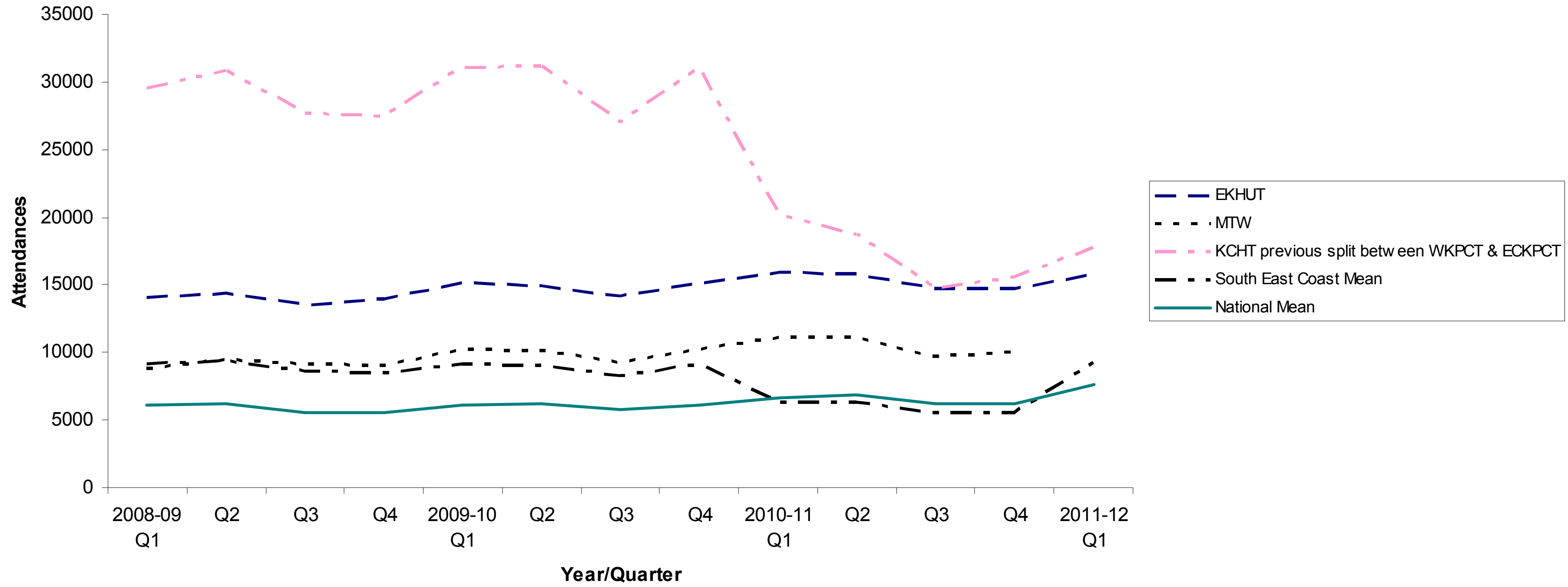
	2008-09 Q1	Q2	Q3	Q4	2009-10 Q1	Q2	Q3	Q4	2010-11 Q1	Q2	Q3	Q4	2011-12 Q1
EKHUT	14105	14381	13574	14006	15132	14929	14166	15132	15887	15783	14672	14772	15835
MTW	8864	9525	9111	9079	10233	10186	9265	10233	11174	11087	9673	9992	
EKCPCT	11632	12849	10965	11231	12385	12447	10710	12385	11924	10315	8238	8657	
WKPCT	17935	17993	16703	16237	18717	18774	16324	18717	8231	8417	6517	6985	
KCHT previous split between WKPCT & ECKPCT	29567	30842	27668	27468	31102	31221	27034	31102	20155	18732	14755	15642	17721
South East Coast Mean	9115	9403	8629	8555	9145	9001	8264	9145	6364	6303	5587	5557	9295
National Mean	6135	6201	5604	5574	6155	6253	5829	6155	6700	6853	6196	6221	7583

Minor Injury Units attached to A&E Departments. This may also explain the non-return of Type 3 attendances in Q1 2011-12 at MTW

West Kent PCT ceasing reporting of figures to Urgent Care Centre



Type 1 A&E First Attendances 2008-09 to 2011-12 Q1
Attendances
40000
35000
30000
25000
20000
15000
10000
5000
0
2008-09 Q1
Q2
Q3
Q4
2009-10 Q1
Q2
Q3
Q4
2010-11 Q1
Q2
Q3
Q4
2011-12 Q1
Year/Quarter
DVH
EKHUT
MTW
Medw ay
South East Coast Mean
National Mean


Type 3 A&E First Attendances 2008-09 to 2011-12 Q1
35000
30000
25000
20000
15000
10000
5000
0
Attendances
2008-09 Q1
Q2
Q3
Q4
2009-10 Q1
Q2
Q3
Q4
2010-11 Q1
Q2
Q3
Q4
2011-12 Q1
Year/Quarter
EKHUT
MTW
KCHT previous split betw een WKPCT & ECKPCT
South East Coast Mean
National Mean