

Item 5: Reducing Accident and Emergency Admissions: Part 2.

By: Peter Sass, Head of Democratic Services

To: Health Overview and Scrutiny Committee, 25 November 2011

Subject: Reducing Accident and Emergency Admissions: Part 2.

1. Background

- (a) At the meeting of 10 June, the Committee approved the Forward Work Programme which included a two-part review into reducing attendances at accident and emergency departments. This was further highlighted as a future area of HOSC work in the Committee's report on NHS Financial Sustainability.
- (b) The first meeting was held on 14 October. During this meeting it was decided that an additional meeting focusing on the role played by mental health services in this topic should be held and this will be arranged for 2012.

2. Questions

- (b) The strategic questions which this review will seek to answer are:
- What is the impact of the current levels of attendance at accident and emergency departments on the sustainability of health services across Kent and Medway?
 - How can levels of attendance best be reduced?
- (e) The specific questions submitted to the Acute Trusts attending today's meeting are appended to this report.

2. Recommendation

That the Committee consider and note the report.

Appendix – Questions from the Committee

Questions for Acute Trusts

1. Since 2008, broken down by quarter, what have the numbers of attendances been at your accident and emergency department(s)?
2. What factors explain this change?
3. What has been the impact of the new Accident and Emergency provisional quality indicators?
4. Specifically, has there been any impact due to the closure of accident and emergency departments in neighbouring areas?
5. Why is it important to reduce attendance at accident and emergency departments?
6. What work is being undertaken currently, and planned for the future, aimed at reducing accident and emergency attendance?
7. What are the main challenges to reducing attendance at accident and emergency departments?
8. How many people arrive at your accident and emergency department(s) by ambulance/helicopter compared to other methods?
9. What information can you provide on the method of discharge from your accident and emergency department(s) (i.e. admitted, referred and so on)?
10. What is the place of urgent and emergency care in your organisation's QIPP programme?