East Kent Hospitals University NHS
NHS Foundation Trust

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14 November 2011

From the Chief Executive: Stuart Bain

Dear Nick

Health Overview and Scrutiny Committee meeting – 25 November 2011

Thank you for your letter of 2 September 2011, inviting me to contribute to the Committee's understanding of reducing accident and emergency admissions.

You will find attached to this letter responses to the questions which you kindly attached as an appendix to your original letter to me.

Unfortunately I am unable to attend your Committee in person as we have a Board of Directors meeting on 25 November, however, I have asked Robert Rose, Divisional Director, Urgent Care and Long Term Conditions Division, to attending on behalf of our Trust together with Karen Miles, Programme Manager, Emergency Care Chris Green, Principal Information Analyst also in attendance. Once you have had the opportunity to reflect on the information I have provided, I would be more than happy to furnish more information as required.

My team is looking forward to seeing you and other Committee members on 25 November 2011.

Yours sincerely

Stuart Bain
Chief Executive

Responses to your key questions

1. Since 2008, broken down by quarter, what have the numbers of attendances been at your Accident & Emergency Department(s)?

A breakdown of attendances for each of the Accident & Emergency Departments at the William Harvey Hospital, Ashford and Queen Elizabeth the Queen Mother Hospital, Margate is attached as Appendix 1.

I will also take this opportunity to provide a further breakdown of attendance at the Emergency Care Centre, Kent and Canterbury Hospital, Canterbury and the Minor Injuries Unit, Buckland Hospital, Dover for your information.

Appendix 1 shows that the number of attendances at our Emergency Departments in East Kent has remained consistent over the past two years. However, the first quarter of this calendar year shows varying degrees of growth/decline.

2. What factors explain this change?

Traditionally, there has been a 4% year on year increase in attendances at the emergency departments. This is in part due to demographic changes. I am also conscious of housing development around Ashford. With the planned developments over the next 5 years it is expected that Emergency Department attendances will rise.

More recently, members will note there has been a reduction in attendances at the Accident & Emergency Departments at the William Harvey Hospital and Queen Elizabeth the Queen Mother Hospital. We believe this is due to proactive intervention by PCT and GP commissioning colleagues with more patients being seen within primary care. For example, the development of the Estuary View Medical Centre has, between 1st July 2011 and 30th September seen 4010 patients attend that unit. This is equivalent to an average of 43 patients per day. Historically these patients would have attended the Emergency Care Centre at the Kent and Canterbury Hospital or The Queen Elizabeth Hospital. It also reflects the opportunity for direct referrals by GP's to the Assessment Units at William Harvey Hospital, Queen Elizabeth Queen Mother Hospital and Kent & Canterbury Hospital.

3. What has been the impact of the Accident & Emergency provisional quality indicators?

Eight Clinical Quality Indicators were introduced on 1 April 2011 by the Department of Health, to ensure compliance with the broad range of performance across the emergency floor. Initially, it was proposed that five Clinical Quality Indicators were tracked on a monthly basis by Monitor within the first quarter. This was to enable Trusts to set up robust mechanisms for ensuring compliance.

A decision was taken between the Department of Health & Monitor on 4th August 2011 to use the '(4 hour) time in department' Indicator for performance monitoring.

We have consistently taken the view that we would wish to adhere to all Clinical Quality Indicators as originally described and have used these as an opportunity to drive performance and continued improvement in patient services across the board.

Attached at Appendix 2 are the eight National Clinical Quality Indicators which apply to Emergency Departments.

Appendix 3 is the performance report that we use to monitor Accident & Emergency Department performance.

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

We have noted the change in service provision at Maidstone Hospital on 21st September 2011.

Thus far we have noted minimal impact in terms of additional attendances, which are most likely to occur at the William Harvey Hospital, Ashford. Appendix 4 shows the increase in attendances from the Maidstone area that may possibly have attended the Maidstone Hospital. Based on the analysis shown at Appendix 4, we would expect to see, on average, an additional 9 patients a day likely to require 3 beds. This would predominantly occur at the William Harvey Hospital, although a minority may go to Kent & Canterbury Hospital.

An illustration of the changes in flow which we anticipate could materialise from change in the service model at Maidstone Hospital is also shown.

5. Why is it important to reduce attendance at Accident & Emergency Departments?

It is important that patients are seen and treated by the most appropriate healthcare team and within an appropriate environment, thereby ensuring patients receive treatment in the right place at the right time.

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

We are working closely with our colleagues in primary care to develop an Integrated Urgent Care Centre attached to the Emergency Care Centre at Kent and Canterbury Hospital, Canterbury. We see this as an opportunity to appropriately stream patients who traditionally have arrived at that site back into primary care, rather than be seen in a more acute environment and potentially be seen by acute (hospital) medical staff.

At the William Harvey Hospital, Ashford we have, with the agreement of the Integrated Care Board of the East Kent NHS partners, introduced an Assessment Unit to which General Practitioners can directly refer. In response we have seen a 2% reduction in attendances at the William Harvey Hospital and 5% reduction in admissions via Accident & Emergency. Conversely, as would be expected there has been an increase in direct referrals to the Assessment Unit.

7. What are the main challenges to reducing attendance at Accident & Emergency Departments?

We see the main challenge to reducing attendance at the Accident & Emergency Departments as being one of patient awareness and understanding of the role of Emergency Departments and appropriate streaming of patients that could be seen by primary care into primary care.

In response we have been working closely with primary care colleagues to raise awareness of Ambulatory Care and other pathways including those that would arise from the introduction of 111, so that primary care colleagues can provide support to patients who need to be seen within an acute hospital environment.

Appendix 3 illustrates that we are experiencing a high level of unplanned re-attendances. From the analysis that we have undertaken, we have seen there are a number of patients who have been initially attending for relatively minor injuries. Subsequently some of these patients have re-attended because there is confusion, and on occasion, lack of resource with a primary care provider. We are working closely with primary care and PCT colleagues to ensure re-routing of patients can take place by patients being more appropriately informed as they attend GP surgeries for example.

8. How many people arrive at your Accident & Emergency Department(s) by ambulance/helicopter compared to other methods?

Studying the profile of patients and their method of arrival, it can be seen that since April 2011, there has been no significant change in the proportion of patients that arrive via ambulance, or air ambulance. However, as we can see from the table below, the proportion differs dependent on the site.

	BHD		KCH			QEH			WHH		
	Other	Ambulance	Other	Ambulance	Helicopter	Other	Ambulance	Helicopter	Other	Ambulance	Helicopter
Apr-11	1525	10	3059	1016		4139	1696		3711	1993	7
May-11	1580	5	3085	1071		4399	1810	1	3999	2011	4
Jun-11	1388	5	2905	1044	1	4040	1777	2	3778	1992	3
Jul-11	1492	9	2919	1031		4170	1874	1	3987	2124	3
Aug-11	1303	6	2916	1060		3914	1904	1	3900	2093	1
Sep-11	1267	16	2824	1079		3856	1789		3900	2042	4
Oct-11	1228	7	3043	1180		3970	1850	3	3894	2095	1

9. What information can you provide on the method of discharge from your Accident & Emergency Department(s) (i.e. admitted, referred and so on)?

A breakdown of the flow of patients once they have been seen by Accident & Emergency staff is shown at Appendix 5. Appendix 5 shows that there is seasonal variation in the proportion of patients who are admitted after an Emergency Department attendance. This can be attributed to the increase in the population of East Kent, during the summer months either on vacation, or passing through the area. As with the aforementioned site variation, this is also the case with admissions through the Emergency Department.

10. What is the place of urgent and emergency care in your organisations QIPP programme?

Urgent and Emergency Care is high on the Trust's QIPP agenda, focussing on improving patient pathways to release capacity and costs with associated reduction in income due to left shifting the length of stay to zero and short stay (ie less than 3 days) rather than longer length of stays.

The Trust has worked with the Emergency Care Intensive Support Team and set up 3 work streams to deal with specific areas of Urgent and Emergency Care. The programme works across primary and secondary care as well as Social Services. The 3 work streams are as follows:

1. Urgent & Emergency Model of Assessment and Care
2. Ambulatory Emergency Care & Short Stay
3. Integrated Discharge and Transfer of Care

Each work-stream has Quality Indicators comprising aim statements, measures and balancing metrics designed to ensure that improvements and redesign initiatives meet both quality and productivity standards and targets.

List of Appendices

Question	Details of appendix	Appendix Number
No. 1	A breakdown of attendances at departments.	Appendix 1
No. 3	The eight Clinical Quality Indicators that this Trust has been adhering to.	Appendix 2
No. 3	Performance report that is used to monitor Accident & Emergency Department performance.	Appendix 3
No. 4	This shows the increase in attendances from the Maidstone area that we would previously have anticipated would have attended Maidstone Hospital.	Appendix 4
No. 9	A breakdown of the flow of patients once they have been seen by Accident & Emergency staff.	Appendix 5

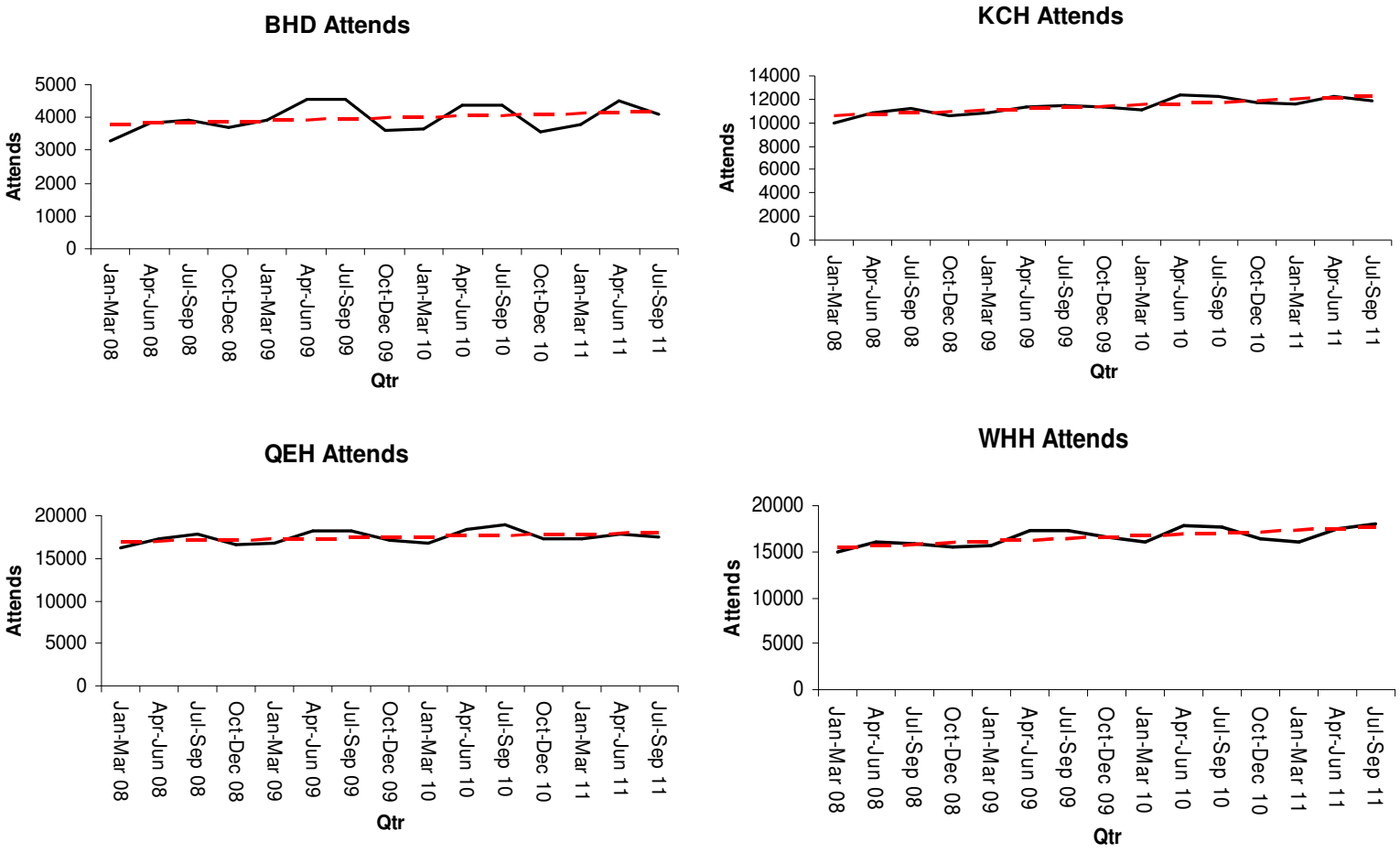
Appendix 1 - A breakdown of attendances at Departments

As can be seen from the graphs below there remains a consistent number of attendances in the Emergency Departments across the services provided by East Kent Hospitals. However, if we focus upon the first three quarters of this calendar year we can see from the below table that there have been varying degrees of growth/decline.

Table 1 – growth

	BHD	KCH	QEH	WHH
Jan-Sep 10	12386	35690	54118	51580
Jan-Sep 11	12372	35572	52716	51648
Growth	-0.11%	-0.33%	-2.59%	0.13%

Emergency Department



Graph set 1 – Emergency department attendances

Graphs show - Dotted line as the trend
Unbroken line as the actual performance.

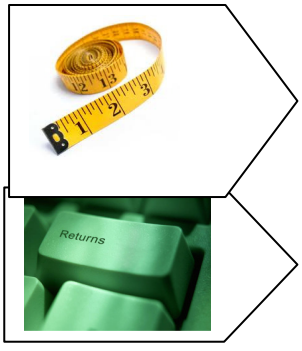
Appendix 2 - The eight Clinical Quality Indicators that this Trust has been adhering to.

Arrival to Nurse Assessment	15 MINUTES	Initial Assessment (IA) Tracking Step

Arrival to Treatment Commenced When competent decision maker commences assessment or treatment	60 MINUTES	D1S Tracking Step

Total Time in A&E from Arrival to Discharge	4 HOURS	Discharge Tracking Step

Consultant Sign Off for High Risk Patients Must be seen by a senior doctor*.	-Adults over 17 years with non traumatic chest pain. -Febrile children less than 1 year. -Patients re-attending with same condition within 72 hours of discharge from A&E.	6 Monthly Audits (College of Emergency Medicine)



Patient Experience Audit	Productive Ward handheld audit tool to be given to patients to complete whilst in the department	Audit information to be presented monthly
Unplanned Re-attendance	Less than 5% of ALL A&E Attenders	Audit of patients booked in under Code

Left without being seen	Less than 5% of ALL A&E Attenders	Information collected from discharge code. DNW – Did not wait
Ambulatory Care -DVT -CELLULITIS	% of patients with a diagnosis of DVT or cellulitis	Clinical coding upon discharge

Appendix 3 - Performance report that is used to monitor Accident & Emergency Department performance.- Trust Summary

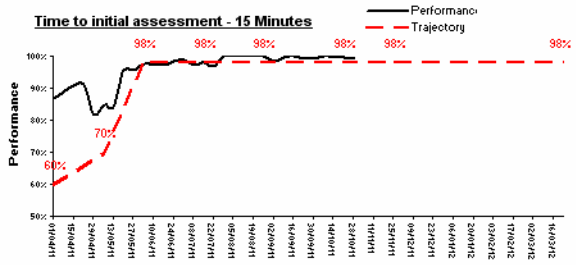
AE Clinical Quality Indicators 2011-12

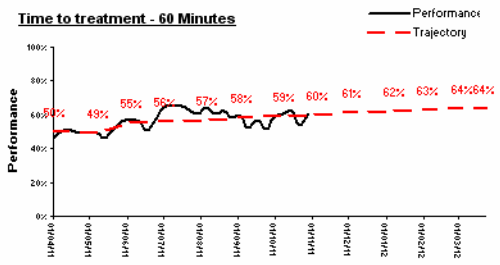
East Kent Hospitals University NHS
NHS Foundation Trust

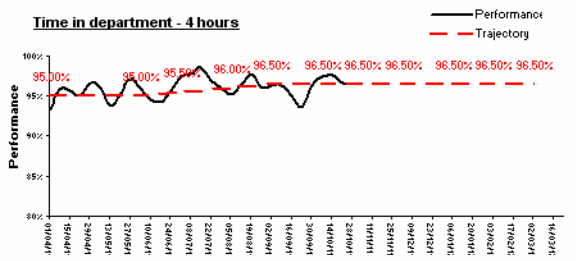
Site: Trust ← Please use the drop down menu to change site

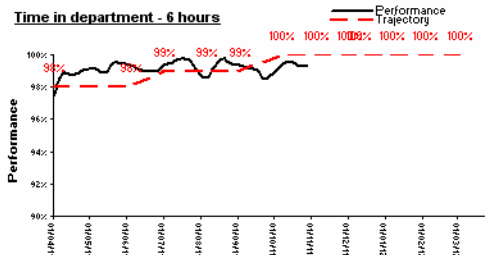
For commentary on indicators please click here

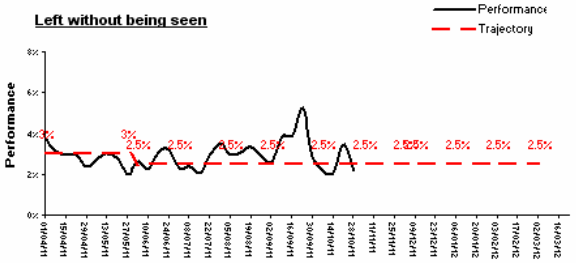
	Last 4 weeks performance (Week ending)					Last 4 months performance					Quarterly Performance		
	16-Oct	23-Oct	30-Oct	06-Nov		Jul-11	Aug-11	Sep-11	Oct-11		Q1	Q2	Q3
Ambulance Patients	1116	1146	1108	1102		4976	5008	4861	5080		14448	14845	
: within 15 minutes	1114	1141	1102	1095		4865	5002	4835	5048		13181	14702	
Performance	99.82%	99.56%	99.46%	99.36%		97.77%	99.88%	99.47%	99.37%		91.23%	99.04%	
95th Percentile (mins)	4	3	4	4		4	4	4	3		45	4	
National Standard	15	15	15	15		15	15	15	15		15	15	
Time to treatment	3857	3661	3671	3658		17048	16579	16419	16964		51175	50046	
: within 60 minutes	2340	2271	1962	2217		10804	10209	9178	9771		26312	30191	
Performance	60.67%	62.03%	53.45%	60.61%		63.37%	61.58%	55.90%	57.60%		51.42%	60.33%	
Median - 51st Percentile (mins	45	44	54	45		39	45	51	49		58	44	
National Standard	60	60	60	60		60	60	60	61		60	60	
Time in department	3874	3658	3636	3696		17326	16777	16430	16978		51207	50533	
: within 4 hours	3775	3571	3514	3563		16921	16142	15703	16386		48770	48766	
Performance	97.44%	97.62%	96.64%	96.40%		97.66%	96.22%	95.58%	96.51%		95.24%	96.50%	
95th Percentile (mins)	238	239	239	239		237	239	240	239		240	239	
National Standard	240	240	240	240		240	240	240	241		240	240	
Time in department	3874	3658	3636	3696		17326	16777	16430	16978		51207	50533	
: within 6 hours	25	16	25	25		17256	16640	16287	16833		50647	50183	
Performance	0.65%	0.44%	0.69%	0.68%		99.60%	99.18%	99.13%	99.15%		98.91%	99.31%	
National Standard	100.00%	100.00%	100.00%	100.00%		100.00%	100.00%	100.00%	100.00%		100.00%	100.00%	
Left without being seen	2.15%	2.05%	3.49%	2.19%		2.53%	2.60%	3.18%	3.56%		2.78%	3.11%	
National Standard	5.00%	5.00%	5.00%	5.00%		5.00%	5.00%	5.00%	5.00%		5.00%	5.00%	
Unplanned Reattedances	7.78%	7.05%	8.06%	7.55%		8.53%	6.37%	7.09%	7.13%		8.51%	6.86%	
National Standard	5.00%	5.00%	5.00%	5.00%		5.00%	5.00%	5.00%	5.00%		5.00%	5.00%	

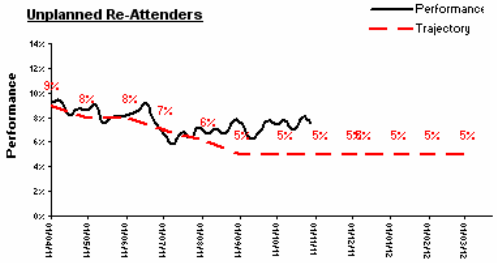












Appendix 4 Attendances from Maidstone area.

Appendix 4 shows the increase in attendances from the Maidstone area that may possibly have attended the Maidstone Hospital.

Information relating to the GP Practices which are the closest to EKHUFT has been looked at in terms of number of emergency admissions. Through the analysis work we calculated the number of Emergency Department attendances that would be generated on a daily basis.

	Emergency Admissions - April 2011
ST LUKES MEDICAL CENTRE	38
DR SINHA GC	11
BEARSTED	81
MOTE	79
BREWER STREET	62
LENHAM	20
THE COLLEGE PRACTICE	105
NORTHUMBERLAND	46
WALLIS AVENUE	36
LANGLEY	19

Average Emergency Admissions April 2011	17
Additional admissions from above (15% expected) to EKHUFT	2.6
Additional ED Attends	9

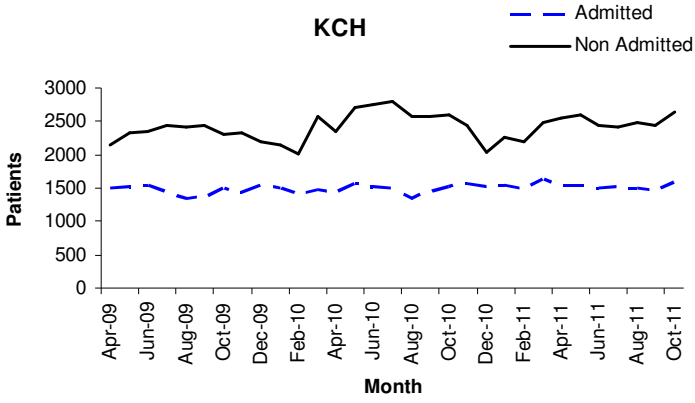
We would expect to see, on average, an additional 9 patients a day. This would predominantly occur at The William Harvey Hospital, although a minority may go to Kent & Canterbury Hospital.

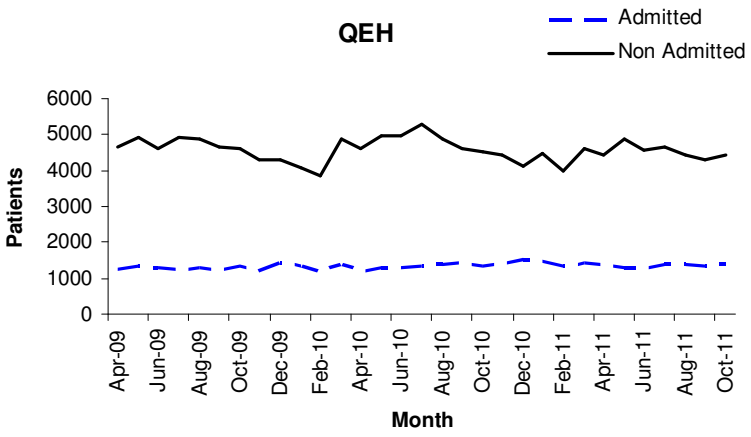
Appendix 5 - A breakdown of the flow of patients once they have been seen by Accident and Emergency staff

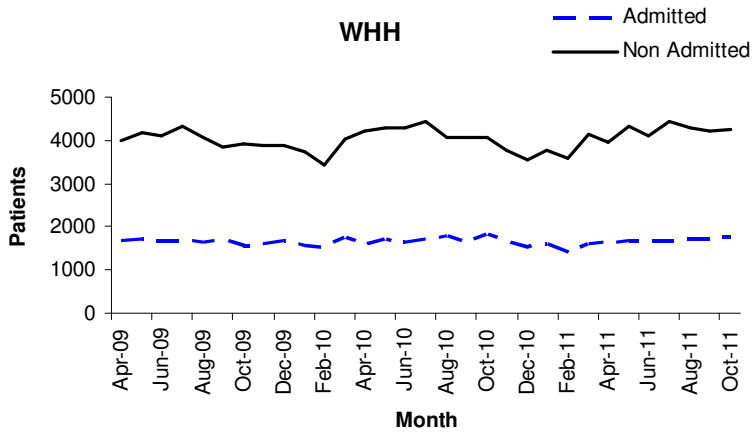
It can be seen from the graph set out below that since 2008 there has been little variation in the flow of patients, being those who go on to be admitted or discharged home. However, there is seasonal variation in this due to the increase in population during the summer months. This can most notably be seen at the Kent & Canterbury site.

If the graphs below are plotted on a daily basis, the seasonal variation is more pronounced.

Graphs - Top line – non admitted Bottom line - admitted







	KCH		QEH		WHH	
	Admitted	Non Admitted	Admitted	Non Admitted	Admitted	Non Admitted
Q1 0910	4563	6829	3905	14220	5074	12272
Q2 0910	4141	7288	3770	14450	5038	12201
Q3 0910	4470	6824	3959	13174	4846	11664
Q4 0910	4376	6733	3927	12828	4862	11199
Q1 1011	4513	7819	3858	14574	4970	12812
Q2 1011	4320	7929	4130	14801	5156	12581
Q3 1011	4611	7091	4280	13046	5040	11392
Q4 1011	4647	6931	4284	13082	4616	11467
Q1 1112	4592	7589	3998	13872	5000	12402
Q2 1112	4474	7357	4084	13409	5085	12958