

**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

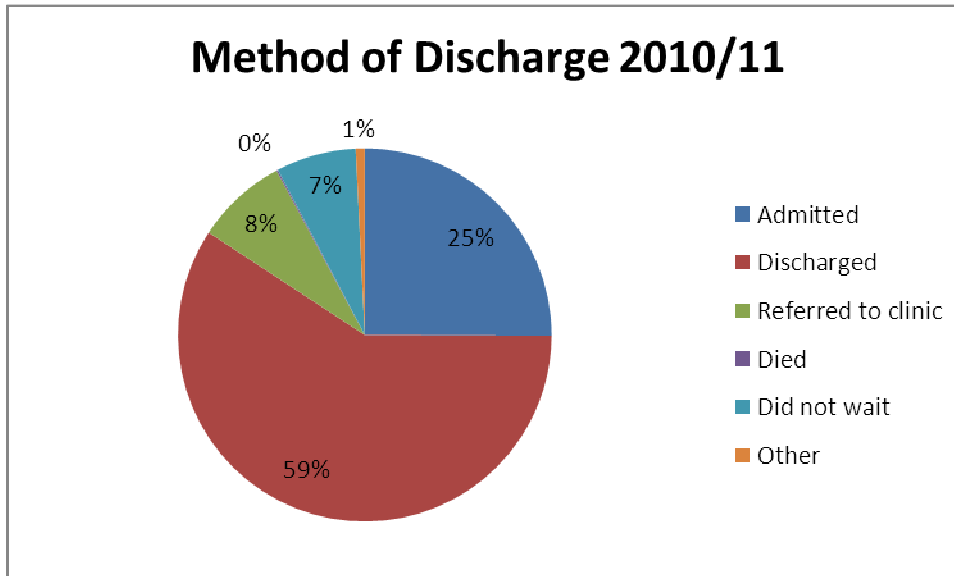


Chart 1

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.

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