Maidstone and Tunbridge Wells NHS
NHS Trust

Health Overview and Scrutiny Committee Meeting – 25th November 2011

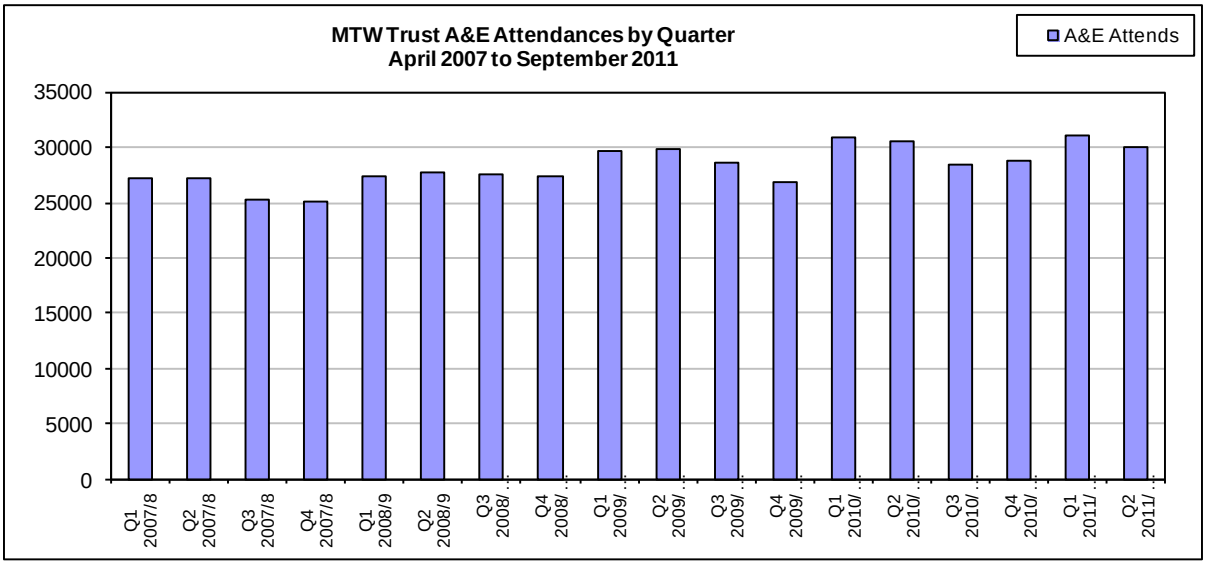
Reducing Accident and Emergency Admissions

The Trust is pleased to be invited to address the Committee on the matter of 'Reducing Accident and Emergency Admissions' and to inform a deeper understanding of this subject. Without doubt, managing the emergency pressures and meeting activity demand is one of the biggest challenges to local health systems across the country in the current economic climate and our part of West Kent is no exception.

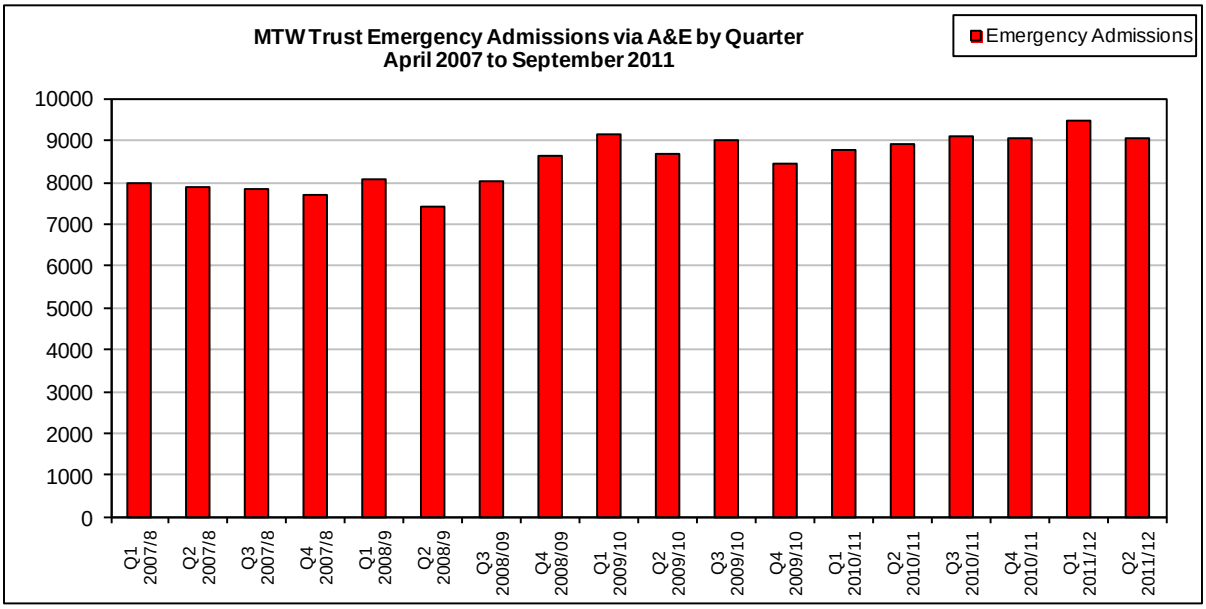
The Committee have requested specific information in advance of the meeting and this is presented below. We welcome the opportunity to expand on the points raised below at the meeting on the 25th November.

1. A&E attendances for the Trust since 2008 broken down by quarter

The two tables below illustrate (i) the A&E attendances and (ii) emergency admissions by quarter.



This table (i) shows a rise in attendances across a 4½ year period of some 5,000 a quarter which represents around 20%. The most recent quarter shown is too early to reflect the relatively small reduction in attendances arising from changes to the Trust's emergency trauma and surgery services that took effect from the 22nd September 2011.



This table (ii) shows a rise in emergency admissions across the same 4½ year period of some 1,000 a quarter which represents around 13%.

2. What factors explain this change?

There are many and varied reasons behind increasing numbers of attendances at A&E departments. Underlying the increase are changing population numbers and an aging demographic together with some evidence of lifestyle changes affecting activity. Other factors include changes made to GP out of hours services which together with A&E being a 24/7 service with waits now within 4 hours, makes A&E a very accessible choice for patients who might have or could have been seen elsewhere.

3. What has been the impact of the new A&E provisional quality indicators?

The new indicators have required the development and implementation of new recording systems and associated data validation. The Trust is still working to Strategic Health Authority (SHA) guidelines on reporting A&E performance which focuses on the existing indicators. The new indicators are being monitored to Board level and are being used as a tool to help target action for improvements.

4. Has there been any impact due to the closure of A&E departments in neighbouring areas?

The only change to A&E departments in neighbouring areas to the Trust was Queen Mary's Hospital, Sidcup. This was expected to have some notional impact but in actual fact the effect has bene negligible.

Changes to the Trust's emergency trauma and surgical services made in September this year have changed patient flows between our two hospitals at Maidstone and Tunbridge Wells for those specialties. Whilst it is still early days, the impact is largely as planned in terms of numbers of patients, including patients going to neighbouring Trusts such as Medway where that may have become the nearest appropriate A&E for certain patients. For the remainder, and the vast majority of patients attending Maidstone A&E or Tunbridge Wells A&E there is no impact and both A&Es remain fully open and busy departments.

5. Why it is important to reduce attendance at A&E departments.

It is important to reduce attendances at A&E departments to ensure patients are being treated most appropriately, at the right place and at the right time. Every patient that attends A&E will be given the best care possible, however an A&E department is focussed on caring for those people who are acutely unwell or who require emergency treatment. In some instances patients attending A&E do not fall into either of these categories which mean (a) they may get more appropriate care elsewhere and/or (b) they are cared for by the A&E clinical team who also have to care for the very unwell patients at the same time.

There is also an economic imperative under the current NHS national operating framework which limits the money acute Trusts receive for treating emergency patients. This provides a financial incentive to acute Trusts to work with commissioners to reduce A&E attendances.

6. Work being undertaken currently, and planned for the future, aimed at reducing A&E attendance.

There are many streams of work underway within the Trust and working jointly with partner NHS organisations in the south of West Kent. Much of this is reviewed and managed through a local 'Urgent Care Board' the members of which are the Trust, the PCT, GPs, the Ambulance Service, community and social services. Specific examples of initiatives include:

- Appointment of additional consultant grade acute physicians to work in our Medical Assessment Units. This is to increase consultant cover ensuring senior clinical decision makers are on hand to manage patients in the best way possible.
- Introduction of 'Meet & Greet' nurses in A&E who help to sign post those patients who may not require A&E services to alternative options. For example alternatives might be dentists or local pharmacies; they can also access out of hours GP services on the patients behalf to help them get seen and treated more appropriately by primary care.

7. Main challenges to reducing attendance at A&E departments.

The main challenges are raising awareness among the public about the availability and appropriateness of alternatives to A&E. There is also a challenge in managing public expectations that A&E is a rapid access panacea for all ills.

8. How many people arrive by ambulance/helicopter compared to other methods?

Patients self presenting to A&E make up the majority of arrivals as these typically include minor injuries and some patients referred in by their GPs. In 2010 the Trust arrivals by Ambulance were 25.5%, Non Ambulance arrivals were 74.5%. Helicopter arrivals are relatively very low and fluctuate significantly. Yearly helicopter arrivals range between 35-85 in total, less than 0.1% of all arrivals.

9. Methods of discharge from A&E

The year April 2010 – March 2011 saw the following proportions of discharges from A&E by different methods:

- Admitted to MTW or Transferred to another Trust for admission : 23.5%
- Discharged without further involvement : 56.2%
- Discharged with a referral to MTW outpatient clinics for treatment or to another health care provider : 15.1%
- Chose to leave the department before treatment or refused treatment : 5.1%
- Died : 0.1%

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

Managing urgent and emergency care is a top priority for the Trust. Emergency care pathways impact directly or indirectly on almost all aspects of our hospitals and utilise very significant levels of healthcare capacity and resource. Improving emergency and urgent pathways can improve patient outcomes and patient experience and can also save money which can be reinvested into healthcare to improve access and outcomes for other patients. This approach is embodied in the local Urgent Care Board.