

Item 6: Reducing Accident and Emergency Admissions: Preliminary Findings.

By: Peter Sass, Head of Democratic Services

To: Health Overview and Scrutiny Committee, 6 January 2012

Subject: Reducing Accident and Emergency Admissions: Preliminary Findings.

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## 1. Background

- (a) In the first part of 2011, the Health Overview and Scrutiny Committee of Kent County Council held a series of meetings into *NHS Financial Sustainability*. In the resulting report, the Committee undertook to carry out a series of further whole systems reviews focussing on some of the key areas impacting financial sustainability across the Kent health economy.
- (b) On 14 October and 25 November, the HOSC began to carry out the first of these reviews, *Reducing Accident and Emergency Departments*. A third meeting, concentrating on mental health services, will take place early in 2012.
- (c) 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?
- (d) While recognising that the Committee has not completed its review, the appendix to this report sets out a number of draft preliminary findings.

## 2. Recommendation

That the Committee note the report.

## **Appendix**

### **Reducing Accident and Emergency Admissions Review - Preliminary Findings.**

1. All Trusts have acknowledged openly that reducing accident and emergency admissions is a major challenge for the health economy but that all sectors are committed to tackling it together.
2. There is more to how the NHS responds to urgent and emergency health care needs than accident and emergency departments and 999 ambulance calls – although these are, and will remain, very important.
3. However, while a sustainable reduction in the numbers attending accident and emergency departments and being admitted to hospital subsequently will require a range of different services and providers across the whole pathway, there is a need to ensure simplicity of access for patients.
4. The introduction of the non-emergency 111 number could be crucial to the above point and will need to be communicated effectively to the public.
5. A careful distinction needs to be made between systemic factors affecting the whole health economy, such as changes to the tariff, and local factors, such as the closure of services in neighbouring areas, in order to recommend appropriate solutions.
6. There needs to be a common understanding across the health economy over practicalities such as opening times of minor injury units and the services offered.
7. Any patient requiring urgent care shouldn't notice any difference when moving from one organisation to another, such as from a minor injuries unit to an A&E department, and different providers need to share information more efficiently and effectively.
8. The importance of the preventive health agenda and the role of the local authority through public health and the Health and Wellbeing Board cannot be underestimated.
9. The biggest challenge could be changing the culture that the accident and emergency department is the automatic default option for the public to choose.
10. Health commissioners, providers and scrutiny will need to monitor closely the way proposals around trauma networks, non-emergency numbers and so on develop in terms of effectiveness and unintended consequences.