Item 6: Reducing Accident and Emergency Admissions: Mental Health Services Background Note.

By: Tristan Godfrey, Research Officer to the Health Overview and

**Scrutiny Committee** 

To: Health Overview and Scrutiny Committee, 3 February 2012

Subject: Reducing Accident and Emergency Admissions: Mental Health

Services: Background Note

## 1. Accident and Emergency (A&E) Departments

(a) There are three types of A&E department<sup>1</sup>:

Type 1 = A consultant led 24 hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients

Type 2 = A consultant led single specialty accident and emergency service (e.g. dental).

Type 3 = Other type of A&E/minor injury units (MIUs)/Walk-in Centres, primarily designed for the receiving of accident and emergency patients. An appointment based service (for example an outpatient clinic) or one mainly or entirely accessed via telephone or other referral (for example most out of hours services), or a dedicated primary care service (such as GP practice or GP-led health centre) is not a type 3 A&E service even though it may treat a number of patients with minor illness or injury.

- (b) Selected key trends for A&E across England:
  - Attendances at Type 1 A&E departments are the main source of emergency admissions to hospital<sup>2</sup>.
  - Emergency admissions rose by 11.8% equalling 1.35 million additional admissions from 2004/05 to 2008/09<sup>3</sup>.
  - The number of attendances at Type 1 departments grew by 1.2% and the proportion admitted as emergencies grew by 14.3% from 2004/05 to 2008/09<sup>4</sup>.

http://www.dh.gov.uk/prod\_consum\_dh/groups/dh\_digitalassets/@dh/@en/@ps/@sta/@perf/documents/digitalasset/dh 129783.doc

<sup>4</sup> Ibid., p.1.

<sup>&</sup>lt;sup>1</sup> The Department of Health, Quarterly Monitoring of Accident and Emergency (QMAE), Guidances, FAQs and Simple form, p.3,

<sup>&</sup>lt;sup>2</sup> The Nuffield Trust, *Trends in emergency admissions in England 2004-2009: is greater efficiency breeding inefficiency?*, p.1, <a href="http://www.nuffieldtrust.org.uk/publications/trends-emergency-admissions-england-2004-2009">http://www.nuffieldtrust.org.uk/publications/trends-emergency-admissions-england-2004-2009</a>.

<sup>3</sup> Ibid p. 1

<sup>&</sup>lt;sup>3</sup> Ibid., p.1.

- Across all three types of A&E, there was a 10% increase in attendance from 2004/05 to 2008/09 with the majority of the additional attendances being at Types 2 and 3<sup>5</sup>.
- More than 70 per cent of hospital bed days are occupied by emergency admissions<sup>6</sup>.
- The majority of attendances at A&E are self-referrals (65.5% in 2009/10) with referrals from GPs and the emergency services at 6.4% and 9.3% respectively (also for 2009/10). Around 25% arrive by ambulance or helicopter<sup>7</sup>.
- (c) The NHS Operating Framework 2012/13 stated the clinical quality indicators introduced in 2011/12 would remain in place for local use with the operational standard of 95% of patients being seen within 4 hours used to judge performance nationally<sup>8</sup>.
- (d) These clinical quality indicators are:
  - Unplanned re-attendance
  - Left without being seen rate
  - Total time spent in A&E department
  - Time to initial assessment
  - Time to treatment
  - Ambulatory care
  - Service experience
  - Consultant sign-off

## 2. Mental Health Services

- (a) An estimated 5% of those attending A&E have a primary diagnosis of mental ill health. The largest groups within this are substance abuse and deliberate self-harm.
- (b) A further 20-30% of attendees have coexisting physical and psychological problems.

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<sup>&</sup>lt;sup>5</sup> Ibid. pp.6-7.

<sup>&</sup>lt;sup>6</sup> The Kings Fund, *Emergency bed use: what the numbers tell us*, December 2011, p.1, <a href="http://www.kingsfund.org.uk/publications/emergency">http://www.kingsfund.org.uk/publications/emergency</a> bed use.html

<sup>&</sup>lt;sup>7</sup> NHS Information Centre, *Accident and Emergency Attendances in England (Experimental Statistics) 2009-*10, January 2011, p.15,

http://www.ic.nhs.uk/webfiles/publications/004 Hospital Care/HES/aandeattendance0910/AE Attendances in England Experimental statistics 2009-10 v2.pdf

<sup>&</sup>lt;sup>8</sup> Department of Health, *The Operating Framework for the NHS in England 2012/13*, 24 November 2011, p.19.

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- (c) Overall, it has been estimated that around 35% of A&E attendances are alcohol related (including violent assaults, road traffic accidents, mental health emergencies and deliberate self-harm)<sup>9</sup>.
- (d) There is a range of health services involved in urgent and emergency care for people with mental health problems including crisis resolution home treatment teams (CRHT) and liaison psychiatry services.
- (e) CRHT provide treatment at home for those who are acutely unwell but do not require A&E admission<sup>10</sup>.
- (f) Liaison psychiatry provides psychiatric treatment to patients attending general hospitals, whether they attend out-patient clinics, accident & emergency departments or are admitted to in-patient wards<sup>11</sup>.

## 3. QIPP

- (a) The QIPP (Quality, Innovation, Productivity and Prevention) is a series of 12 workstreams aimed at making efficiency savings to be reinvested in services. Across the NHS in England as a whole, the QIPP target is to find £20 billion in efficiency saving by the end of 2014/15<sup>12</sup>.
- (b) The QIPP workstream on urgent care:
  - i. "aims to maximise the number of instances when the right care is given by the right person at the right place and right time for patients. The workstream starts from a perspective that rather than 'educating' patients about where it is appropriate for them to go, we should focus on designing a simple system that guides them to where they should go:" and
  - ii. "aims to achieve a 10 percent reduction in the number of patients attending Accident and Emergency with associated reductions in ambulance journeys and admissions." 13
- (c) The Department of Health broadly defines urgent and emergency care as "the range of healthcare services available to people who need

http://www.dh.gov.uk/prod\_consum\_dh/groups/dh\_digitalassets/@dh/@en/documents/digitalasset/dh\_4089197.pdf

<sup>12</sup> The Department of Health, *Quality Innovation, Productivity and Prevention*, http://www.dh.gov.uk/en/Healthcare/Qualityandproductivity/QIPP/index.htm

<sup>3</sup> The Department of Health, *Urgent care,* 

http://www.dh.gov.uk/en/Healthcare/Qualityandproductivity/QIPPworkstreams/DH\_115468

<sup>&</sup>lt;sup>9</sup> Department of Health, *Checklist Improving the management of patients with mental ill health in emergency care* settings, September 2004, p.3

sset/dh 4089197.pdf

To Royal College of Psychiatrists, *Acute mental health care: briefing note*, November 2009, p.5.

http://www.rcpsych.ac.uk/Docs/Acute%20mental%20health%20care%20briefing%20final%2097-03%20version.doc

<sup>11</sup> Royal College of Psychiatrists, *Faculty of Liaison Psychiatry*, http://www.rcpsych.ac.uk/specialties/faculties/liaison.aspx

- medical diagnosis and/or treatment quickly advice, and unexpectedly."14
- (d) In relation to QIPP and mental health, the following indicators are monitored nationally:
  - the number of new cases of psychosis served by early intervention teams:
  - the percentage of inpatient admissions that have been gatekept by Crisis Resolution/Home Treatment Teams: and
  - the proportion of people under adult mental illness specialties on the Care Programme Approach (CPA) who were followed up within seven days of discharge from psychiatric inpatient care<sup>15</sup>.
- The RAID (Rapid Assessment Interface and Discharge) 24/7 (e) psychiatric liaison service in Birmingham has been listed in The NHS Operating Framework as an example of QIPP good practice<sup>16</sup>.

## **Appendix: 111 Update**

(a) The procurement for a 111 service across Kent, Medway, Brighton and Hove, East Sussex, West Sussex and Surrey was launched on 30 November 2011 by South East Coast Strategic Health Authority<sup>17</sup>. The contract award will take place in June and NHS 111 operating across these 6 local authority areas by 1 April 2013 at the latest.

http://www.dh.gov.uk/prod consum dh/groups/dh digitalassets/documents/digitalasset/dh 1 31428.pdf. See also: The NHS Confederation, With money in mind. The benefits of liaison psychiatry, November 2011, http://www.nhsconfed.org/Publications/briefings/Pages/Withmoney-in-mind.aspx

http://www.supply2health.nhs.uk/Q37/Lists/Advertisements/DispForm.aspx?ID=43

<sup>&</sup>lt;sup>14</sup> The Department of Health, *Urgent and emergency care*, http://www.dh.gov.uk/en/Healthcare/Urgentandemergencycare/index.htm

Department of Health, The Operating Framework for the NHS in England 2012/13, 24 November 2011, p.17,

http://www.dh.gov.uk/prod consum dh/groups/dh digitalassets/documents/digitalasset/dh 1 31428.pdf 16 lbid., p.22,

NHS Supply2Health, Procurement of NHS 111 Service in NHS Kent & Medway, NHS Surrey and NHS Sussex.