Frequent Emergency Admissions

Introduction

On a population basis, the North West has the highest admission rates in England and in 2010 there were over ¾ million emergency admissions in the North West, with ½ million admitted via A&E (AQuA, 2011).

Map of Medicine

Map of Medicine offers evidence-based patient care journeys, providing clinicians with guidelines, references and clinical information. There are currently over 390 NICE compliant, regularly reviewed national pathways. There are also a number of 'localised' pathways which have been approved for use across the Wirral local health community.

National Policy Guidance

In 2009, NHS Interim Management and Support produced an ***Emergency Services Review: Good Practice in Delivering Emergency Care: A Guide for Local Health Communities*** (July 2009). This outlines various approaches which aim to bring about reductions in emergency admissions, including a more standardised approach to patients with chronic disease, and those at risk of admission/re-admission to hospital and the potential for community services to have a significant impact on the journey of patients with urgent/emergency care needs.
http://www.nhsimas.nhs.uk/fileadmin/Files/IST/ESR_Good_practice_in_delivering_emergency_care_a_guide_for_local_health_communities.pdf

The Emergency Services Review Team have also issued a series of supporting best practice documentation, guides and toolkits to assist primary care in preventing hospital admissions:
http://www.nhsimas.nhs.uk/fileadmin/Files/IST/Introduction_and_User_Guide_Urgent_Care_in_General_Practice_Toolkit.doc
http://www.primarycarefoundation.co.uk/images/PrimaryCareFoundation/Downloading_Reports/Reports_and_Articles/Urgent_Care_Centres/Urgent_Care_May_09.pdf

Trends in Emergency Admissions (July 2010) by the Nuffield Trust, found there were 4.9 million unplanned admissions a year between 2004 and 2009, a rise of 12% since 2004-05, costing the NHS £11bn a year. The report pointed to the ageing population as one reason for this rise as the elderly are more likely to be admitted as an emergency. However, they also argued that many of the admissions could have been avoided with better community services.

The report makes a number of recommendations for reducing costs in the face of the admissions rise. They recommend that one of the key ways to reduce emergency hospital admissions is to work with relevant agencies to improve public health. As the Nuffield Trust report says: *"Admitting a patient to hospital as an emergency case is costly and frequently preventable".* They also advise making improvements by examining NHS Trusts that have been successful in lowering their admissions, and working to spread this knowledge to those areas that have much higher than average admissions.
http://www.nuffieldtrust.org.uk/publications/trends-emergency-admissions-england-2004-2009

Avoiding hospital admissions: Lessons from evidence and experience (October 2010) by Kings Fund summarises presentations made at a seminar held at The King's Fund in April 2010 which brought together case studies from the NHS in England, Kaiser Permanente in California and the independent sector, as well as research evidence, to explore what has been tried and what has worked in avoiding hospital admissions. Some key messages that came out of the seminar were:

- The greatest opportunity to reduce hospital admissions and bed days lies in the proactive management of people with long-term conditions, especially people with multiple conditions.
- Integrated working between health and social care can result in lower than expected emergency admissions and reduced use of beds.
- Multiple co-ordinated strategies, underpinned by an integrated information system, are needed to reduce demand on A&E and enable low-risk patients who attend A&E to be discharged or observed in an assessment unit.
- Preventing re-admission requires active management of transitions, including timely and accurate information, good communication between hospital and primary care physicians, and a single point of co-ordination, as employed by Kaiser Permanente.
- Where practice-based commissioning facilitates closer integration between general practices and other services, it has been shown to contain the growth in A&E attendances and emergency admissions, compared to national trends, as shown by experience in Cumbria.
- A single assessment and co-ordinated care approach for older people identified as being at risk of avoidable hospital admission or admission to residential care has shown a range of positive impacts, including fewer bed days and A&E visits, fewer falls and delayed transfers to nursing care.

http://www.kingsfund.org.uk/current_projects/quality_in_a_cold_climate/avoiding_hospital.html

The later report by The Kings Fund, ***Avoiding hospital admissions: What does the research evidence say*** (December 2010), explains that in order to successfully reduce avoidable emergency admissions, we need to fully understand which interventions are the most effective.

Interventions where effectiveness is questioned include:

- Telemedicine seems to be effective for patients with heart failure, but there is little evidence that it is effective for other conditions.
- Hospital at home produces similar outcomes to inpatient care, at a similar cost.

- Case management in the community and in hospital is not effective in reducing generic admissions. There is limited evidence to suggest that it may be effective for patients with heart failure. Assertive case management is beneficial for patients with mental health problems.
- Acute assessment units may reduce avoidable admissions, but the overall impact on number of admissions should be considered.
- Early review by a senior clinician in the emergency department is effective. GPs working in the emergency department are probably effective in reducing admissions, but may not be cost-effective.

Interventions that were advocated include:

- It is important to be clear which admissions are potentially avoidable and there are several tools available to help identify people at high risk of future emergency admission.
- In primary care, higher continuity of care with a GP is associated with lower risk of admission.
- Integrating health and social care may be effective in reducing admissions.
- Integrating primary and secondary care can be effective in reducing admissions.
- Patient self-management seems to be beneficial.
- Developing a personalised health care programme for people seen in medical outpatients and frequently admitted can reduce re-admissions.

http://www.kingsfund.org.uk/publications/avoiding_hospital.html

The ***Reducing Emergency Admissions*** (2011) report by Advancing Quality Alliance (AQuA) maintains that emergency admissions can be reduced by:

- Public health - 'Preventing people from becoming ill'
- Public education – 'Clarifying the right choice of access point"
- Primary care - Respond quickly, treat locally'
- Intermediate care - 'Proactive care at, or close to home'
- Secondary care - Treat expediently without admission where possible'

The report gives regional and national examples of different interventions designed to offer patients an alternative to attending A&E departments and clinicians a safe and effective treatment plan for patients which avoids, if at all possible, an admission to hospitals. As well as describing interventions which could have a high impact, the report provides interesting case studies of areas that have adopted an intervention and their experiences.
https://www.aquanw.nhs.uk/system/uploaded_images/157/original/A4%20AQuA%20reducing%20emergency%20admissions.pdf?1319203605
http://www.advancingqualityalliance.nhs.uk/document_uploads/AQUA%20News/AQuA%20News%20OCTOBER%202011_25369.pdf

Recent report, ***Emergency admissions to hospital: managing the demand*** by the National Audit Office (October 2013), claims that many emergency admissions to hospital are avoidable and many patients stay in hospital longer than is necessary. It was maintained that increases in emergency admissions are linked to lack of effective alternatives to admission to hospital and hospital stays are related to the four-hour waiting standard for A&E departments which has reduced their ability to keep a patient in A&E for monitoring and observation. The report purports that a lack of alignment between hospitals and community and local services compromises efforts to avoid out-of- hours hospital admissions and prolongs the length of stay of inpatients and also recommendations the need for both short-and long-term strategies to address staffing shortages in A&E.
http://www.nao.org.uk/report/emergency-admissions-hospitals-managing-demand/

Relevant articles/other evidence

DH guidance, **8 tips for quick wins: Improving responses for older people** (2005) includes actions that will improve quality of care in the community and so reduce the likelihood of a sudden emergency requiring acute hospital care and actions that will improve the care patients get when they do need emergency hospital care.
http://webarchive.nationalarchives.gov.uk/20080205132101/http://dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_4112223

In Chapter 11 of the North West Public Health Observatory report ***Where Wealth means Health: Illustrating inequality in the North West*** (January 2006), describes 'frequent fliers' are defined as individuals who have required four or more emergency admissions in a year and common reasons for emergency admissions.
http://www.nwpho.org.uk/inequalities/
http://www.nwph.net/nwpho/inequalities/health_wealth_ch11_(2).pdf

The Liverpool Public Health Observatory review ***Reducing Emergency Admissions to Hospital-Redesign of services*** (August 2009) examines the available research evidence into interventions in primary care to reduce emergency hospital admissions and reduce pressure on A&E. The report includes examples of good practice schemes and interventions and recommendations from published evidence.
http://www.liv.ac.uk/PublicHealth/obs/publications/report/82_Redesign_of_services.pdf

Measuring and preventing potentially avoidable hospital readmissions: a review of the literature by Ms CHK Yam et al. (Hong Kong Med J Vol 16 No 5 October 2010) provides a summary of the literature on avoidable readmissions, with a view to assisting in the identification of possible intervention strategies to reduce potentially avoidable readmissions. The identification of risk factors related to readmissions provides a useful basis for designing and implementing intervention.
http://www.hkmj.org/article_pdfs/hkm1010p383.pdf

Pulse article ***Avoiding emergency admissions*** (July 2011) by Martyn Diaper, offers some tips for general practitioners (GPs) on how to avoid unnecessary hospital admissions. The article maintains that emergency admissions account for 65% of hospital bed days in England and avoiding emergency admissions is likely to be a critical factor in the success of GP-led commissioning. It suggests engaging individuals in self-management programmes to prevent re-admission and advocates the integration of health and social care. (Pulse, 06 July 2011, vol./is. 71/24(29-29), 00486000)
http://www.pulsetoday.co.uk/main-content/-/article_display_list/13466532/keeping-people-out-of-hospital-avoiding-emergency-admissions-1-cpd-hour?_article_display_list_groupId=4585159

Chapter 2 of the Northamptonshire JSNA 2011 provides an overview of hospital activity and demand management in Northamptonshire.

The report refers to ambulatory care sensitive conditions (ACSCs) as conditions in which improved preventative healthcare or improved long term condition management results in a decreased risk of an acute event occurring.

It emphasizes that in order to successfully reduce avoidable emergency admissions, it is necessary to fully understand the demographics of those being admitted to hospital and that by identifying and working with those who are at most risk of emergency admissions, there is scope to deliver better quality care for individuals as well as improve cost control.
http://www.northamptonshireobservatory.org.uk/projects/projectdetail.asp?projectid=147
http://www.northamptonshireobservatory.org.uk/docs/doc2011%20JSNA%202.4%20Ambulatory%20Care%20Sensitive%20Conditions110901132747.pdf

Further advice

For further information about evidence based methods, evaluation and research, please visit the Wirral Council Performance & Intelligence team evidence fact sheets on the JSNA website: http://info.wirral.nhs.uk/intelligencehub/howtofact-sheetsonevidence&research.html.

These fact sheets will be particularly useful if you are considering carrying out an evaluation of your current practice.

For more information on Wirral JSNA please contact John Highton at johnhighton@wirral.gov.uk or 0151 666 5151.