

8.2 Urgent care

Why is this issue important?

The NHS responds to more than 100 million urgent calls or visits every year.¹ Demand has been growing significantly for NHS urgent and emergency care services, performance against the national standards has deteriorated and services are at the limit of their capacity.²

There were 9 million emergency 999 calls to Ambulance switchboards in 2014/15, up 6.1% from the previous year.³

In 2013/14 there were 18.5 million Accident & Emergency (A&E) admissions recorded at major A&E departments, single specialty A&E departments, walk-in centres and minor injury units in England; an increase of 1% from 2012/13.⁴

Emergency admissions to hospitals in England have increased year on year, rising by 31% between 2002/03 to 2012/13, and the costs of emergency admissions have been increasing at about £83 million per year since 2004, with the cost to the NHS at £11 billion in 2009.⁵ In April-June 2015, 7.2% of patients (71,382 people) waited for more than four hours to be admitted into hospital from A&E – the highest number during April-June for more than a decade.⁶

The NHS Five Year Forward View reports that urgent and emergency care services will be redesigned to integrate between A&E departments, GP out-of-hours services, urgent care centres, NHS 111 and ambulance services.⁷

¹ NHS (2014) NHS Five Year Forward View

² NHS England (2013) Transforming urgent and emergency care services in England, Urgent and Emergency Care Review, End of Phase 1 Report. <http://www.nhs.uk/nhsengland/keogh-review/documents/uecr.ph1report.fv.pdf>

³ Health & Social Care Information Centre (2015) Ambulance Services, England – 2014-15 <http://www.hscic.gov.uk/article/2021/Website-Search?productid=18127&q=ambulance&sort=Relevance&size=10&page=1&area=both#top>

⁴ Health & Social Care Information Centre (2015) Accident & Emergency Attendances in England – 2013-14 <http://www.hscic.gov.uk/searchcatalogue?productid=17200&q=title%3a%22accident+and+emergency+attendances%22&topics=0%2fHospital+care&sort=Relevance&size=10&page=1#top>

⁵ National Institute for Health & Care Excellence (NICE) (2014) NICE consults on plans to develop new guideline for people in need of emergency care <https://www.nice.org.uk/news/press-and-media/nice-consults-on-plans-to-develop-new-guideline-for-people-in-need-of-emergency-care>; and NHS England (2013) Transforming urgent and emergency care services in England, Urgent and Emergency Care Review, End of Phase 1 Report.

⁶ The King's Fund (2015) How is the NHS performing? QMR 16 July <http://qmr.kingsfund.org.uk/2015/16/?gclid=CPqmpLeQxMcCFUGfGwodfI0GPO>

⁷ NHS (2014) NHS Five Year Forward View

Key outcomes

- **Emergency admissions for acute conditions that should not usually require hospital admission (NHS Outcomes Framework)**
- **Emergency readmission within 30 days of discharge from hospital (Public Health Outcomes Framework/ NHS Outcomes Framework)**
- **Urgent care also impacts on a number of improvement areas in both the NHS and the Public Health Outcomes Framework - deaths from heart disease and respiratory disease, recovery from trauma, stroke and fragility fractures**

Impact in Brighton & Hove

In Brighton & Hove, the total number of A&E attendances was 84,200 in 2014/15. The attendance rate for local people per 1,000 has increased from 278 in 2009/10 to 300 in 2014/15.

There were 22,600 emergency admissions to hospital of Brighton & Hove residents in 2014/15. This represents a continuing decrease, 6% since 2010/11. Around a third (32%) of emergency admissions in 2014/15 were assessed, managed and discharged without the need for an overnight stay. This is a slight decrease on 2012/13 (34%).⁸

Among those patients who were discharged from hospital aged 16 or over in 2011/12, 14.4% were readmitted within 28 days in Brighton & Hove, higher than the England figure of 11.5%.⁹ The city has had a higher figure than England every year since 2005/06 (except for 2009/10).

In 2014, the local City Tracker survey¹⁰ of around 1,000 residents found that:

- 88% were very/fairly satisfied with their local chemist. This increased to 90% when only including service users (a strong figure, but falling from the 2012 and 2013 figures of 95% and 97%).

⁸ Analysis of HES data produced by Public Health Intelligence team, 4/8/2015
⁹ HSCIC. Emergency readmissions to hospital within 28 days of discharge from hospital: adults of ages 16+

¹⁰ Brighton & Hove City Tracker Survey. Annual Results – November 2014 <http://www.bhconnected.org.uk/sites/bhconnected/files/City%20Tracker%20Wave%207%20Results%20November%202014.pdf>

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- 71% were very/fairly satisfied with their local NHS hospital.
- Older service users tend to report higher satisfaction with their chemist and local hospital than younger service users.

In 2013, Healthwatch Brighton & Hove published the results of a survey of urgent care services.¹¹ The survey found that people’s experiences of services varied widely, with the highest levels of satisfaction among pharmacy services and children’s A&E, and the lowest scores for out of hours and 111 services.

The report made recommendations around promoting all of the available urgent care services to the public, raising awareness of what exactly people can expect from each individual service, and keeping service users informed about how long any waiting times are likely to be, as well as why waits are necessary.¹¹

Where we are doing well

Total non-elective spells at Brighton and Sussex University Hospitals Trust fell by 10% since 2011/12 – corresponding with increases in investment in community alternatives.

There has been a 27% reduction in non-elective admissions of less than one day.

Brighton & Hove’s rate of emergency admissions per 100,000 people is more than 10% lower than similar areas.

Ambulatory care sensitive conditions (ACSCs) are conditions for which effective management and treatment should prevent admission to hospital. They can be classified as: chronic conditions, where effective care can prevent flare-ups; acute conditions, where early intervention can prevent more serious progression; and preventable conditions, where immunisation and other interventions can prevent illness.¹² In 2012/13, Brighton & Hove had an admission rate for these conditions of 758 per 100,000

¹¹ Healthwatch Brighton & Hove. Urgent Health Care Services. 2013
¹² The King’s Fund (April 2012) Data Briefing. Emergency hospital admissions for ambulatory care-sensitive conditions: identifying the potential for reductions.
http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/data-briefing-emergency-hospital-admissions-for-ambulatory-care-sensitive-conditions-apr-2012.pdf

population, which is in the lowest 40% of CCGs in England.¹³

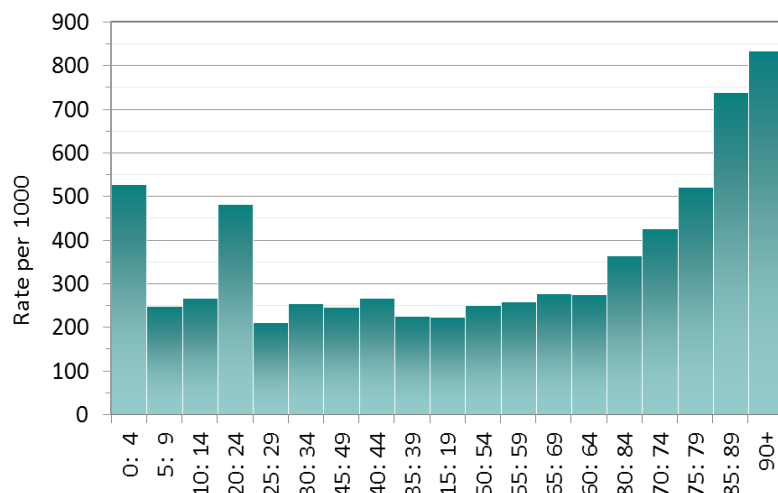
Local NHS services are managing increases in urgent care demand in different ways. For example, 999 calls being managed as hear and treat or see and treat rather than the default position being conveyance to hospital – 15% of 999 activity in Brighton & Hove was managed as hear and treat, 33% as see and treat by use of alternative community pathways. The CCG also has one of the lowest conveyance rates for case managed patients at 24% compared to Sussex rate of 36%.

A recent Ernst and Young review found that services like the Community Rapid Response Service have been effective in controlling acute demand.

Local inequalities

Figure 1 shows that the attendance rate at A&E for local residents by age group is consistent across most age bands, with the exception of higher rates in both the under 5s and 20-24 year olds and increasing rates in those aged 75 or over, and the highest attendance rate being for the 90 or over age group. People who attend A&E are much more likely to require subsequent hospital admission the older they are.

Figure 1: A&E attendance rates by age band, 2014/15, Brighton & Hove residents



Source: Analysis of HES data by Public Health Intelligence team, Brighton & Hove City Council August 2015

¹³ Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS outcomes framework 2.3.i)

There are higher levels of use of A&E services by non-UK born residents, who may not be aware of the alternatives, or might be concerned over the National Health Service (Charges to Overseas Visitors) Regulations introduced in 2015. See the Vulnerable Migrants section for further discussion on factors which might affect their uptake of healthcare services.

However, there was little difference in A&E attendance for BME groups (17.7%) compared to the general BME population recorded by the 2011 census (19.5%) in 2014/15.

2013 data suggests that people living in the most deprived areas of Brighton & Hove have higher levels of use of A&E.

Healthwatch found that staff sensitivity to different groups could provide barriers to people accessing appropriate services in Brighton & Hove. Gypsies and Travellers reported feeling stigmatised and embarrassed in some GP services, and NHS services were reported to occasionally presume gender identity or family make-up which can discourage attendance in the LGBT community.¹¹

Feedback from people with learning disabilities on urgent care services conducted by Speak Out in 2013 identified the following needs of people with learning disabilities in using urgent care services

- Clarity and Accessibility of information
- Clarity of communication
- Familiarity with service and staff
- Waiting can be particularly difficult
- Waiting when you are in pain especially difficult
- Being friendly, patient, welcoming and being given time is important to people with learning disabilities in any service
- Face to face is easier for people
- Having same doctor
- Being able to choose female doctor
- People with mild learning disabilities with anxiety issues need to choose the service where they feel most listened too.¹⁴

Predicted future need

The local population is set to grow by about 7% over the next decade, and the growth will be largest in the over 55s, particularly 55 to 65 year olds. Whilst this might have some impact on the case mix, the pressure on A&E and acute admissions is likely to rise in parallel with population growth.

Increased life expectancy may mean that people live longer with long-term conditions. In addition, there is likely to be an increase in people suffering from long-term illnesses, particularly those associated with obesity, such as diabetes.

What we don't know

We do not have data by protected characteristics other than age, gender and ethnicity.

Key evidence and policy

In response to the challenges facing urgent and emergency care, Professor Sir Bruce Keogh chaired a comprehensive review of the NHS urgent and emergency care system in England. The first report highlighted the case for change and the opportunities for making services more responsive, more efficient and clinically more effective, and proposed significant changes to the emergency care system, in summary:

- Supporting self-care
- Helping people with urgent care needs to get the right advice or treatment in the right place, first time
- Providing a highly responsive urgent care service outside of hospital so people no longer choose to queue in A&E
- Ensuring that people with more serious or life threatening emergency needs receive treatment in centres with the right facilities and expertise, 24/7, to maximise chances of survival and a good recovery
- Connecting the whole urgent and emergency care system together through networks

¹⁴ Speak Out. Recommendations and Feedback from People with Learning Disabilities on Urgent Care Services. 2013. Submitted as part of the Call for evidence for the JSNA 2015

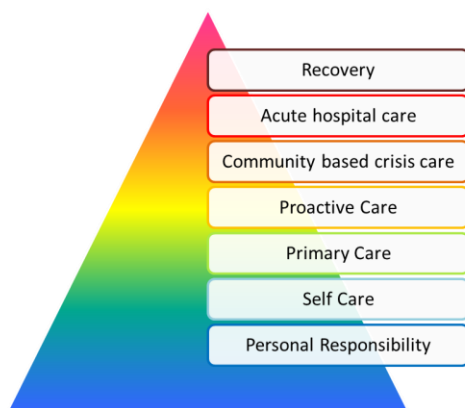
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The NHS Five Year Forward View¹⁵ reports that urgent and emergency care services will be organised and simplified. This will mean:

- Helping patients get the right care, at the right time, in the right place.
- Developing networks of linked hospitals that ensure patients with the most serious needs get to specialist emergency centres.
- Ensuring that hospital patients have access to seven day services where this makes a clinical difference to outcomes.
- Proper funding and integration of mental health crisis services.
- A strengthened clinical triage and advice service.
- New ways of measuring service quality, new funding arrangements and new responses to workforce requirements that will make these networks possible.

Recommended future local priorities

Figure 2: System Resilience Group (SRG)¹⁶ Vision for Urgent Care - informed by Safer, Faster, Better



The local health system will promote **personal responsibility and self-care** by:

- providing readily accessible and reliable advice to help people make informed choices and access self-treatment options e.g. promoting the role of community pharmacy
- commissioning a different NHS 111 service that integrate out of hours, 999 and the local urgent care system e.g. using cloud based technology that routes people with known or complex

needs to the local hubs which will coordinate care

It will increase access to **routine primary care in and out of hours** by:

- Building on the learning from the EPIC Project (Prime Ministers Challenge Fund) in Brighton & Hove developing clusters of practices with extended hours for vulnerable patients, greater use of technology and diversity of workforce.
- The 5 Communities Plan in the north of the system which aims to deliver localised care based on community hubs
- Delivering a primary care led Urgent Care Centre which integrates walk-in centre, minor illness and minor injury and out-of-hours GP services and acts as the entry point to ED and urgent care

It will provide more **proactive care** through:

- integrated models of care for patients with long term conditions and chronic illnesses including risk stratification, care planning and multi-disciplinary team working including community nurses hospital specialists, mental health workers and social care grouped around clusters of GP practices

It will ensure **responsive crisis services**, including those for mental health services, that enable people to return to where they are best suited to be as quickly as possible seven days a week by:

- developing the role of 999 ambulances as mobile urgent treatment services and avoiding unnecessary journeys to hospital, e.g. using Community Paramedics aligned to clusters of GP practices working flexibly to undertake urgent home visits and respond to Red 1 and 2 calls
- further enhancing community based crisis services such as the CRRS in Brighton that provide rapid support and intervention to avoid admission to hospital
- developing the Mental Health Rapid Response Service in Brighton to provide greater coverage and better links with Sussex Police and primary care.

¹⁵ NHS (2014) NHS Five Year Forward View

¹⁶ The System Resilience Group is a Chief Officers group with a responsibility for demand and capacity planning across the local health economy

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It will ensure prompt access for **patients with more serious or life threatening emergency care needs** by:

- ensuring our local acute trust has the very best expertise, processes and facilities in order to maximise the chances of survival and a good recovery
- commissioning comprehensive rapid acute assessment or AEC services which are considered first line management for patients if clinically appropriate, provide rapid assessment and treatment, operate seven days a week and accept GP direct referrals.

We will ensure appropriate and timely **recovery** services seven days a week by:

- developing new approaches to therapy provision that in reach to hospital to minimise dependency and length of stay
- Full implementation of Discharge to Assess and Hospital at Home models to ensure people are discharged home and assessed in the right environment to determine their needs
- Commissioning the right size and range of community capacity, including the independent sector to support timely onward care following an episode of acute care.

Key links to other sections

Because urgent care covers a wide range of needs for different conditions, many other sections in this JSNA relate to the need for urgent care:

- Diabetes
- Coronary heart disease
- Stroke
- Respiratory disease
- Cancer
- Mental health
- Dual diagnosis
- Dementia
- Musculoskeletal conditions
- Primary care services

Further information

NHS Comparators: Information Centre for Health and Social Care: www.ic.nhs.uk/nhscomparators

Transforming urgent and emergency care services in England. Urgent and Emergency Care Review. End of Phase 1 Report. High quality care for all, now and for future generations; NHS England; November 2013

<http://www.nhs.uk/NHSEngland/keogh-review/Documents/UECR.Ph1Report.Appendix%201.EvBase.FV.pdf>

Emergency Hospital Admissions for ambulatory care-sensitive conditions; identifying the potential for reductions: Kings Fund; April 2012

http://www.kingsfund.org.uk/sites/files/kf/field/file/publication_file/data-briefing-emergency-hospital-admissions-for-ambulatory-care-sensitive-conditions-apr-2012.pdf

Guidance for commissioning integrated urgent and emergency care: A 'whole system' approach; Dr Agnelo Fernandes: RCGP (Royal College of General Practitioners) Centre for Commissioning; August 2011 http://www.rcgp.org.uk/revalidation-and-cpd/centre-for-commissioning/~/_media/Files/CfC/CfC-Urgent-Emergency-Care.ashx

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