

## 8.2 Urgent care

### Why is this issue important?

The Department of Health's vision for urgent and emergency care is of universal, continuous access to high quality services. In practice this will mean that whatever our urgent or emergency care need, whatever our location, we get the best care from the best person, in the best place and at the best time.

Emergency admissions cost the health economy £43 million a year, and attendances at Accident and Emergency services are rising slowly.<sup>1</sup>

### Key outcomes

- ***Emergency admissions for acute conditions that should not usually require hospital admission (NHS Outcomes Framework)***
- ***Emergency readmission within 28 days of discharge from hospital (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***

### Key drivers for change

#### Based on national information:

- Urgent care services are currently fragmented and generate confusion amongst patients on how and where to access care.
- There is poor sharing of information as patients move between different providers of care in an emergency.
- There is variable quality of out of hours care, particularly in terms of continuity of care.
- Walk in centres do not appear to have led to shorter waits in general practice or lower admissions rates.
- Mental health problems are strongly associated with acute admissions; self harm is one of the top five reasons for medical admission.

#### Based on local intelligence:

- There are high levels of use of Accident and Emergency (A&E) services by non UK born residents, who may not be aware of the alternatives; recent internal migrants who may not be registered for primary care services; and people living in our most deprived areas.
- People are too likely to be admitted to hospital in last few days of life.
- The role of nursing homes in improving the support offered to people with long-term conditions or at risk of acute harm, and in the acute situation, could be enhanced.
- There are high levels of transport to hospital once ambulances are called.

#### Impact in Brighton & Hove

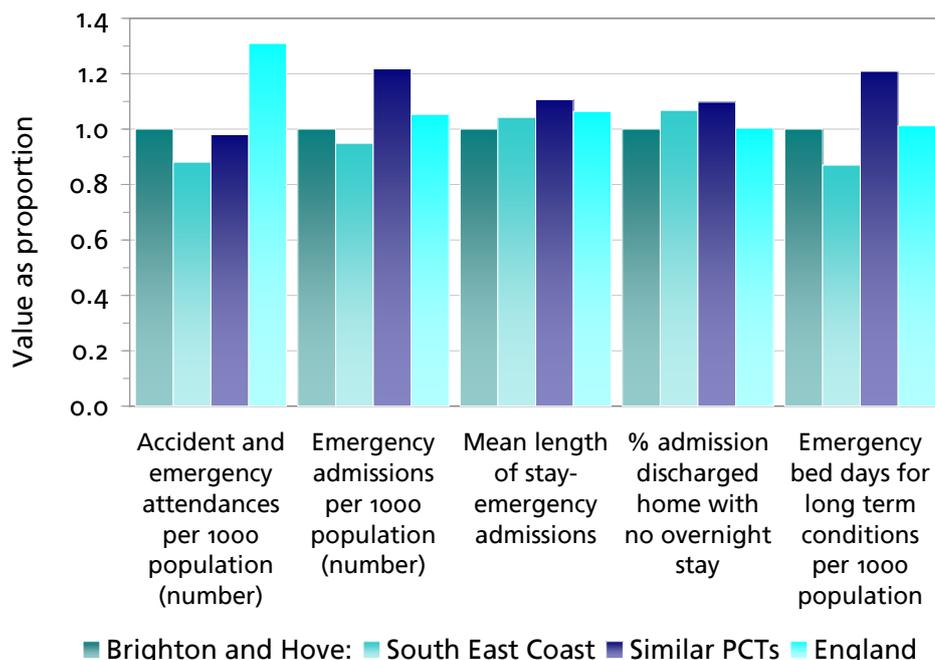
- About 81,000 local people attended A&E Departments in 2012/13. This represents about a overall 40% increase since 2006/7, but is actually a slight reduction of around 4% since 2010/11
- There are around 24,000 emergency admissions each year. This represents a modest decrease of 6% since 2008/9, and is remaining fairly stable.
- The attendance rate at A&E for local residents by age group is reasonably consistent across all age bands, except for high rates in the under 5s and increasing rates in the over 75's, with the highest attendance rate being for the over 85s.
- Appropriate management of emergency admissions contributes substantially to a reduction in deaths and long term disability from heart disease, trauma, and strokes.
- People who attend A&E are much more likely to require subsequent hospital admission the older they are.
- About 34% of emergency admissions are assessed, managed and discharged without the need for an overnight stay. This is an increase on 2010/11, where the comparable figure was 26%. It is unclear whether this represents increased hospital efficiency, or an increase in more minor cases being admitted.

<sup>1</sup> Ham et al 2010

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Figure 1 shows how we compare on these measures both with the South East Coast area, and with other PCTs\* with similar population characteristics. Unfortunately, some of the national systems used to make this data available have not been updated recently, and this data reflects the 2010 calendar year.

**Figure 1: Urgent care - comparison of indicators**



Source: NHS Comparators

Note: Brighton and Hove value = 1. 1.2 = 20% higher than Brighton and Hove, 0.8 = 20% lower than Brighton and Hove.

\*ONS comparators: Bristol, Southampton, Leeds, Plymouth, Sheffield, Portsmouth, Newcastle, Salford and Liverpool.

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.<sup>1</sup>

In 2011/12, Brighton had an admission rate for these conditions very similar to the national average, but higher than other PCTs in the South East.

The highest admission rates for ASCSs (based on 2010 data) are:

- Convulsions and epilepsy

- COPD
- Influenza and pneumonia
- Diabetes complications
- Congestive heart failure
- Asthma

For all of these, bar influenza and pneumonia, Brighton & Hove has higher admissions compared with the national average and the South East Coast area.

### Predicted future need

Although the local population is set to grow by about 5% over the next decade, the growth will be largest in young and middle-aged adults, and the number of older adults is set to fall slightly.

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 a longer time suffering from 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

Areas we do not know are:

- What changes in health care knowledge and technology will have a significant impact.
- How successful our efforts to improve our health (through preventing obesity, improving diet and exercise and stopping smoking) will be.
- How successful our efforts to maximise the role of ambulance staff in ensuring appropriate care for patients seen urgently will be.

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### Key evidence and policy

The Department of Health has issued new quality indicators for Accident and Emergency departments and ambulance services, intended to support local efforts to improve the quality of care.

A Kings Fund report offered the following guidance:

- GPs should play an active role in commissioning primary care out-of-hours services
- Develop a clinical dashboard for GPs
- Establish better and more integrated triage systems
- Provide effective signposting and access to urgent care services for patients
- Build systems to improve co-ordination of care between different providers
- Investigate patient flows to support the development of a local revised 'whole system' model of care

### Recommended future local priorities

1. Continue to improve acute care for people with heart attacks, stroke and trauma, in line with national guidance.
2. Improve support to nursing homes to maximise their ability to manage long-term conditions, acute exacerbations, and end of life care.
3. Improve awareness of routes to urgent care.
4. Ensure high quality community support and routes to access help during exacerbations for people with chronic conditions, especially targeting those long-term conditions where admissions are relatively high - convulsions and epilepsy, COPD, diabetes complications and congestive heart failure.
5. Maximise uptake of flu vaccination in the over 75s.
6. Ensure appropriate management of mental health problems associated with acute admissions.

### 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
- Variation in effective healthcare

### Further information

NHS Comparators: Information Centre for Health and Social Care: [www.ic.nhs.uk/nhscomparators](http://www.ic.nhs.uk/nhscomparators)

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

Guidance for commissioning integrated urgent and emergency care: A 'whole system' approach; Dr Agnelo Fernandes: RCGP Centre for Commissioning; August 2011

### Last updated

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