

7.27 Unplanned hospital care

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Context

Unplanned use of acute care, resulting in emergency inpatient admissions or A&E attendances, is disruptive to elective care provision¹, and may be preventable. Emergency admissions are also relatively costly, with an estimated cost of £12.5bn in 2012-13². In order to target interventions, ambulatory care sensitive (ACS) conditions³ have been defined as chronic conditions for which emergency admission is potentially avoidable.

As to A&E attendances, the Quality Outcomes Framework has stipulated that GP practices review their patients' A&E attendances with regard to appropriate access to clinicians in the practice⁴. A&E departments may be used as the first place to seek healthcare treatment, particularly outside working hours. Just as emergency admissions and attendances show wide variation, so too do planned care referrals, such as day case surgery procedures identified as providing a cost-effective care⁵.

One of the key indicators for Barking and Dagenham from the Better Care Fund (BCF) is also linked to non-elective hospital admissions. It was chosen as an indicator as there has been shown to be a link between non-elective admissions to delayed transfers of care and then to permanent admissions into residential care.⁶

CCG indicators

Clinical Commissioning Group (CCG) indicators of unplanned hospital use are available at the HSCIC Indicator Portal (<https://indicators.ic.nhs.uk/webview/>) and at the Primary Care Web Tool. The Clinical Commissioning Group Outcomes Indicator Set (CCG OIS) at the HSCIC Indicator Portal includes three indicators of unplanned hospital use.

The first is unplanned hospitalisation for chronic ambulatory care sensitive conditions (CCG OIS 2.6). These are chronic conditions for which acute exacerbations and the need for hospital admission can be reduced or avoided through active case management, such as lifestyle interventions and support for self-management. Examples include congestive heart failure, hypertension, asthma, diabetes, angina and epilepsy. Figure 7.27.1 shows contrasts in the unplanned hospitalisation indicator in 2014-15 among London CCGs. Barking and Dagenham CCG has the 3rd highest rate in London (1054 per 100 thousand, or just over one admission per 100 residents in 2014/15), and is ranked 40th among 209 CCGs across England.

¹ Guidance for Commissioning Integrated Urgent and Emergency Care. RCGP Centre for Commissioning.

² National Audit Office. Emergency admissions to hospital: managing the demand <http://www.nao.org.uk/press-releases/emergency-admissions-hospital-managing-demand/>

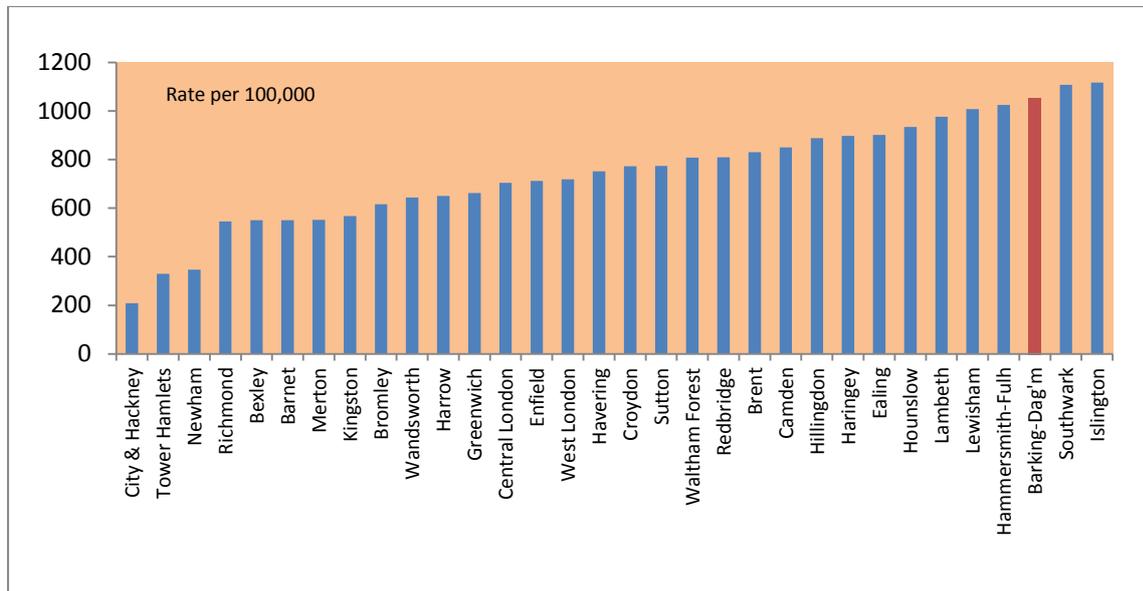
³ <http://www.kingsfund.org.uk/projects/gp-commissioning/ten-priorities-for-commissioners/acs-conditions>

⁴ NHS England 2014. Enhanced service specification. Avoiding unplanned admissions: proactive case finding and patient review for vulnerable people. <http://www.england.nhs.uk/wp-content/uploads/2014/08/avoid-unplanned-admissions.pdf>

⁵ Audit Commission (2001) Day Surgery.

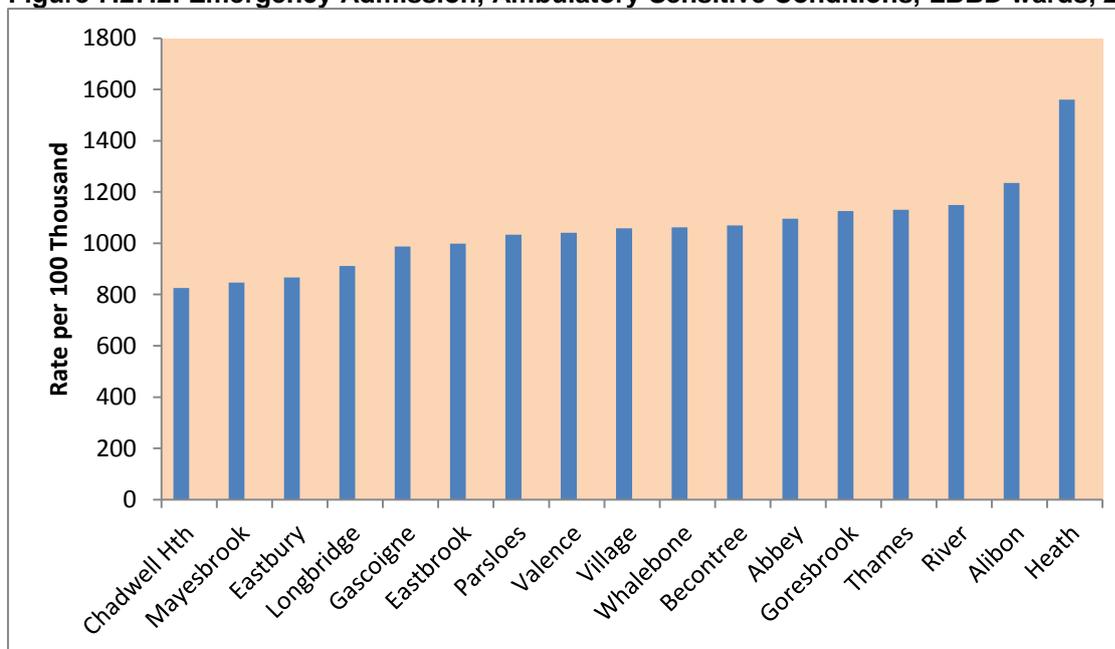
⁶ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/381848/BCF.pdf

Figure 7.27.1: Emergency Admission, Ambulatory Sensitive Conditions, London CCGs, 2014/15



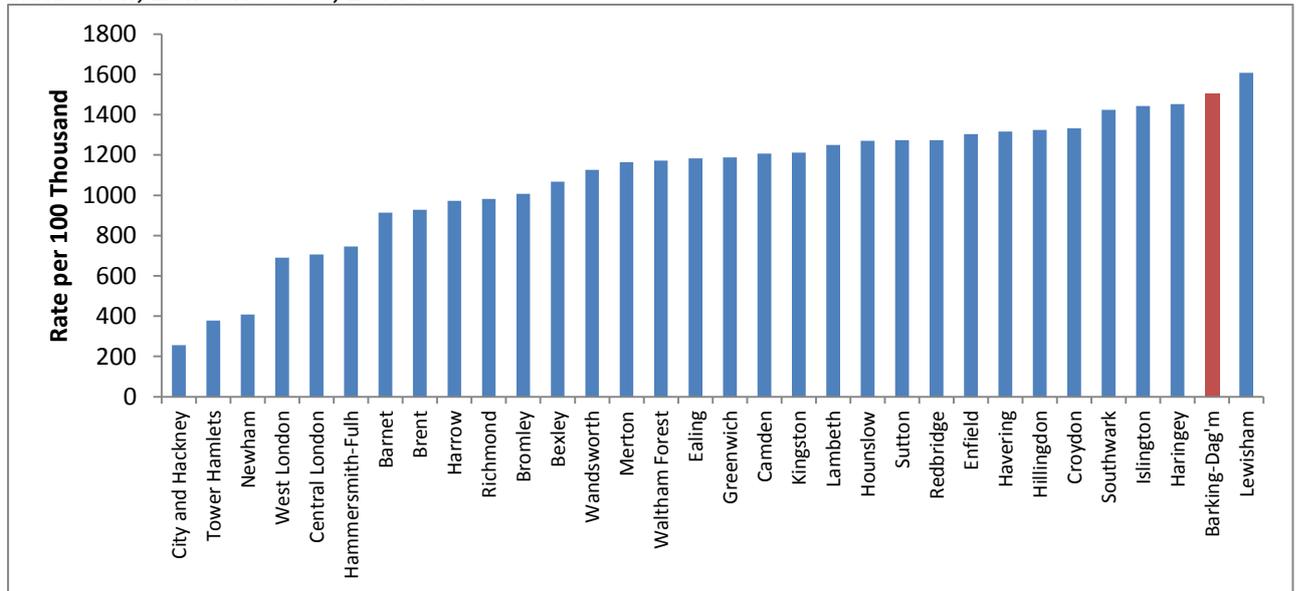
There are large differences between the wards in Barking and Dagenham when looking at the rate of emergency admissions for ambulatory care sensitive conditions (those that should not ordinarily require emergency care). Heath (1560) had the highest rate per 100 thousand population in 2014/15, while Chadwell Heath (826) and Mayesbrook (846) had the lowest.

Figure 7.27.2: Emergency Admission, Ambulatory Sensitive Conditions, LBBB wards, 2014/15



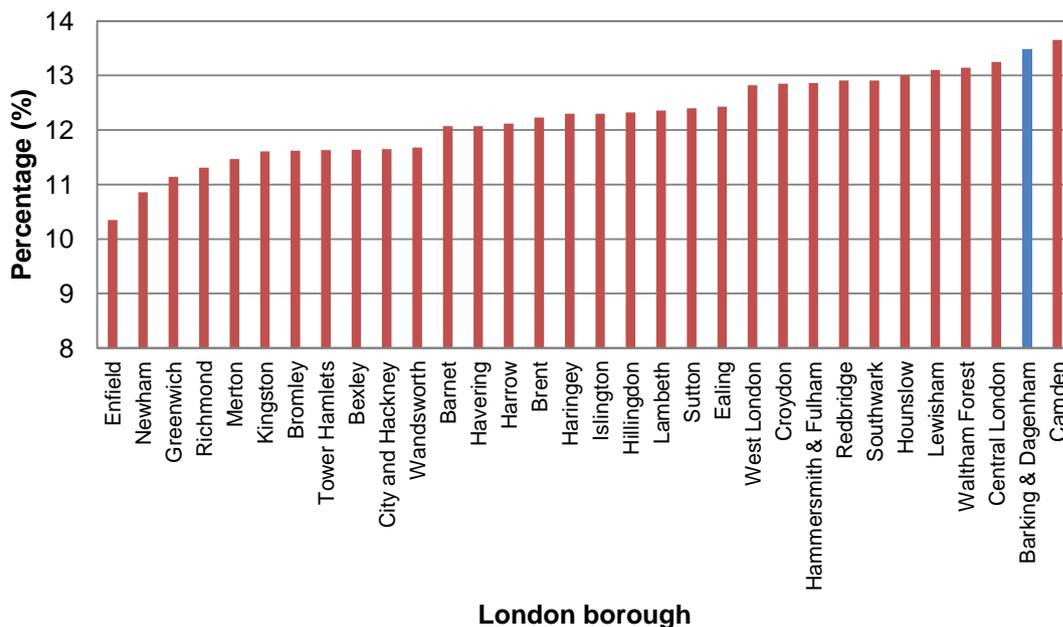
The second CCG-OIS indicator (indicator 3.1) is emergency admissions for acute conditions that should not usually require hospital admission. This indicator includes conditions that should usually be managed without the patient having to be admitted to hospital such as ear, nose and throat infections, and kidney and urinary tract infections. Figure 7.27.3 shows that Barking and Dagenham has the second highest rate for this indicator among London CCGs in 2014/15.

Figure 7.27.3 Emergency admissions, acute conditions not usually requiring hospital admission, London CCGs, 2014/15



The third indicator is emergency readmissions within 30 days of discharge from hospital. Figure 7.27.4 shows that Barking and Dagenham has the second highest rate for this indicator among London CCGs in 2011/12.

Figure 7.27.4 Emergency readmissions within 30 days of discharge from hospital, London CCGs, 2011/12 (Latest available data as of June 2016)



The Primary Care Web Tool includes two more indicators relevant to unplanned hospital use: (a) emergency LTC rates, namely the rate of emergency hospital admission for people with selected long term conditions usually managed by GPs, and (b) attendance rates at Accident and Emergency (A&E) units.

On the former, the latest data show Barking and Dagenham CCG with a lower annualized rate than across England, 58 per 1000 compared to 82 per 1000 (data for Quarter 2, 2015). However, regarding A&E attendance rates, an annualized rate of 415 per 1000 (for Q2 2015) is a third higher than the England rate of 318.

Differences between GP practices

Reducing differences in unplanned hospital use between GP practices is important in CCG strategies to improve their overall ranking on relevant indicators. Considering data for the four quarters up to Q2 2015, there are ten practices (out of 40 in the CCG) with annualized emergency LTC rates over 70 per 1000 as compared to the CCG average of 58 per 1000. Similarly there are four practices with annualized A&E attendance rates over 500 per 1000, as compared to the CCG wide average of 415.

Implications for managing services

Local trends in unplanned use of acute care, resulting in emergency inpatient admissions or A&E attendances are important as indicators of the quality of primary care management of chronic long term conditions, and of access to GP services. NHS England analysis⁷ finds that access to GP services, as measured by the GP Patient Survey, has an impact on the indicators discussed above, such as the rate of ambulatory sensitive emergency admissions.

Recommendations for Commissioners

Rates for unplanned hospital use are high in Barking and Dagenham, as compared to other London CCGs. Initiatives should be taken, following central NHS advice, to improve access to primary care and management of long term conditions, especially for high risk patients with multiple long term conditions. NHS advice for commissioners on reducing emergency admissions is developed under the House of Care model⁸.

⁷ NHS England. What actions could be taken to reduce emergency admissions? <http://www.england.nhs.uk/wp-content/uploads/2014/03/red-acsc-em-admissions.pdf>

⁸ <http://www.england.nhs.uk/resources/resources-for-ccgs/out-frwrk/dom-2/house-of-care>