

THE ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST

REPORT TO THE HEALTH SCRUTINY PANEL

REPORT OF THE ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST

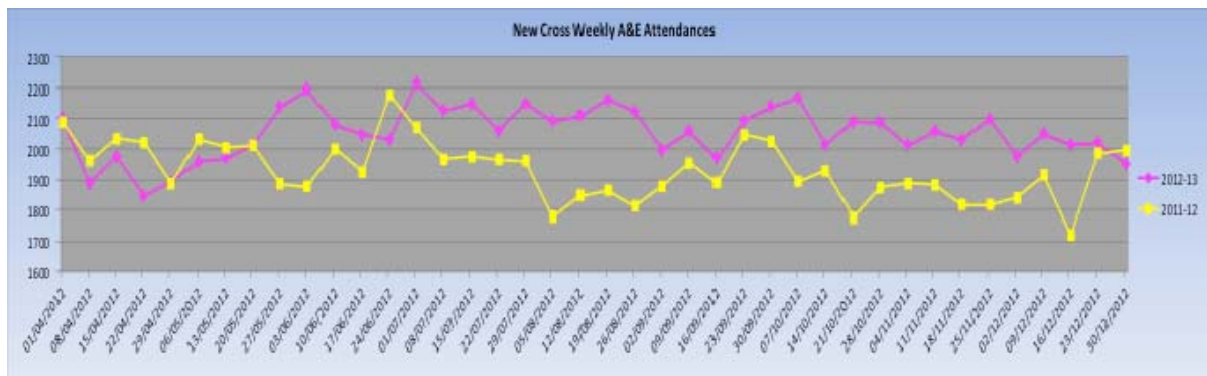
Contact Officer(s)/ **GWEN NUTTALL – CHIEF OPERATING OFFICER**
 Telephone Number(s) **01902 695958**

SUBJECT: **PATIENT MISUSE OF HOSPITAL SERVICES. TO CONSIDER THE WORK UNDERTAKEN TO REDUCE THE NUMBER OF PATIENTS WHO COULD USE ALTERNATIVE FORMS OF TREATMENT**

Introduction

The Royal Wolverhampton NHS Trust provides services to patients, via its Accident and Emergency (A&E) department 24 hrs and 7 days a week. The Hospital assesses, treats, discharges and admits over 100,000 patients per year via its A&E department. There is of course a wide spectrum of adults and children that are seen and the conditions that they present with. The number of patients attending the A&E department increase every year.

Table 1 below, demonstrates an increase in A&E attenders 2011 – 2012.



This highlights an increase of nearly 6,000 patients, the equivalent of an additional 19 days worth of A&E activity.

Statistics on patients who attend the A&E department.

The Trust is obligated to assess every patient that registers at the A&E department. The Trust is also obligated, commissioned to ensure that 95% of patients are assessed, treated, discharged or admitted within 4 hours of arrival. Despite recent pressure on the A&E department, the trust is currently treating over 96% of patients within this time limit. It is clearly for most patients a quick and efficient service, with good outcomes.

Of the patients that attend the department, approximately 19% are admitted and the rest are discharged.

Of the patients discharged, over 60% are discharged following assessment and treatment. This could include referral to other departments, such as the eye hospital, fracture clinic, referral back to their GP for review and assessment or referral to other services such as mental health trust or other community support.

Included in this figure are some patients who do not need to be seen in the A&E department; however they do require some clinical or other agency input. These have not been counted as people who misuse the A&E department. There is the need for improved and increased multi agency work between primary care, ambulance service, local authority, mental health trust, community services, and voluntary sector to ensure that patients can be seen and assessed quickly in an alternative setting, so that the last resort is not a trip to the A&E department.

Having registered in the department 3-4% of patients leave the department without waiting to be seen. This is a waste of some resource, mainly administration but also occupying space in an often busy waiting area.

Approximately 6% of patients are re-attenders. These are patients who return to the department for a review in the see and treatment clinic, patient who do not have a registered GP or some patients who are very well known to the department and regularly return. There are case management reviews of patients who are well known to the department and who have complex health issues, often mental health related illness.

There are approximately 10 % of patients who attend the A&E department who do not need to be seen in that environment at all. These are patients who could attend for example a pharmacy for advice, the dentist or use walk in centre or NHS direct.

What is the Trust doing?

Advice to patients about alternative options for treatment: There are two walk in centres in the City, Showell Park and the Phoenix Centre, GP practice, dentists, and local pharmacies that can and will advise on alternative treatments for patients with colds, coughs, flu like symptoms.

March 2013 will see the introduction of the new national helpline for advice and guidance on health issues, 111. This will be a replacement for NHS direct and there will be a national campaign to ensure that there is appropriate information and signposting to patients, so that they are aware of the existence of this number and what it can be used for.

(Note – the pilots of 111 have not demonstrated a significant reduction in attendances to A&E departments)

Constant media campaigns:- The Trust regularly engages with newspapers, radio stations to advise and remind patients that for minor ailments and conditions there are alternative places for treatment – see above.

GP registrations. All patients are encouraged to register with GP as first point of contact.

GP engagement: - The Trust is working with the Clinical Commissioning Group (CCG) to develop alternative pathways for treatment. Discussions have taken place with the CCG to encourage the provision of rapid assessment slots within GP practices for patients to be seen quickly and effectively.

Mental Health Services and Response: - Close engagement with Mental Health Trust to ensure that patients are seen and assessed quickly in the community, before they reach crisis point and have to attend A&E.

Social Care: - The Trust has good relationship with Wolverhampton Social Care department and there is close liaison and working between teams in the acute trust and across the community. There are regular forum for review and case management of patients that are known to have complex problems.

Conclusion:

The vast majority of people who attend the accident and emergency department are seen and treated appropriately.

However, there are some that use the department, either because they are not aware of alternative options or they choose not to use the alternative option. The Trust advises all such patients of alternative options; however it is not legally able to turn such patients away.

There is a wider health economy need to ensure that pathways for patients, often with complex needs, are well developed and understood by all who work in the health and social care environment. The streamlining of patients pathways and appropriate signposting for patients, carers and health sector workers will ensure that patients receive more timely intervention in the appropriate place.