



Health Scrutiny Panel

7 November 2013

Report Title	Patient Misuse of Hospital Services	
Classification	Public	
Cabinet Member with Lead Responsibility	Councillor Sandra Samuels Health and Well Being	
Wards Affected	All	
Accountable Strategic Director	Sarah Norman, Community	
Originating service	Royal Wolverhampton NHS Trust	
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Recommendation for action:

The Panel to comment on the progress made in managing the demand on hospital services by encouraging people to use the most appropriate place to receive treatment and care.

1. Introduction

The Royal Wolverhampton NHS Trust (Trust) report to the committee last year stated that the hospital had seen an increase in attenders to the Emergency Department (ED) in 2011 to 2012. This pattern has continued into 2013. The increase in 2013 is approximately 4% and this is the equivalent of an additional 15 days' worth of ED activity.

2. Background.

The Trust is obligated to assess every patient that registers at the ED department and is commissioned to ensure that 95% of patients are assessed, treated, discharged or admitted within 4 hours of arrival. With the pressures experienced over the winter and spring months there was deterioration in the number of patients the Trust treated in 4 hours.

The Trust performance against the 95 per cent standard has improved since June 13. Although in July the Trust experienced the highest ever number of attendees (381 patients) in the ED department in 24 hours. The Trust is currently achieving the expected standard of 95 per cent

The rolling 12 month average is that approximately 18 per cent of the patients that attend the ED department are admitted and the rest are discharged.

Of the patients discharged, over 60 per cent 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, other community support or other hospital services.

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 ED department.

Having registered in the department three – four per cent 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 six per cent 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 per cent of patients who attend the ED 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 the 111 service.

Given that the numbers of patients attending the ED department are increasing overall, it can be deduced that proportionately the numbers of patients who could be treated in another location are also increasing. However, the challenges the Trust faces is not especially in relation to these patients, it is more about the complexity and increasing co-morbidity of the other patients who require acute care.

3. The Royal Wolverhampton NHS Trust Action.

Last year the Trust stated that a series of actions were being implemented. These were:-

- 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 saw the introduction of the new national helpline for advice and guidance on health issues, 111. This was a replacement for NHS direct and there was 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.
- 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.
- GP registrations. All patients are encouraged to register with GP as first point of contact.
- GP engagement: - The Trust continues to work 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.
- In addition, the Trust is in discussion with the CCG about the development of a Primary Care presence in the existing ED department. This development is currently part of the new model of care for the proposed new Emergency Portal. The final business model is still under discussion.
- 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 ED.
- 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.

4. Impact of the Schemes

Given that the numbers of people who attend ED continues to increase it could be viewed that the above schemes have had little impact and therefore the numbers of patients who could be perceived to be misusing the ED is also increasing.

It is interesting to note that numbers of patients attending the Phoenix Walk in Centre has decreased. There has been no change to opening times.

There has been much media coverage of the 111 non- emergency system (The NHS 111 service is for situations where someone urgently need medical help or advice but it's not a life-threatening situation). However, there is little evidence that the introduction of 111 has led to increased ambulance conveyances to the Trust.

GPs across the city are seeing more patients in their surgeries than before.

5. Risks

Apart from the failure to achieve national standards with regard to seeing and treating patients within 4 hours, there are other elements for the Health Scrutiny panel to be aware of of:-.

- The ED department at the New Cross site is too small for the numbers of patients it currently sees. As modern medicine develops it is likely that we will all live longer, with increased co-morbidities. It is likely that more people will attend hospitals, even with alternative options and admission avoidance schemes established. The panel is aware of the Trust plan for a new Emergency Portal and a future committee will discuss the business case.
- Social Care reductions or cuts may also mean that the Health Service is required to act as a safety net for some patients.

6. Conclusion:

The vast majority of people who attend ED are seen and treated appropriately.

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.

However, there are some patients that use the ED 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.

It is essential that all health and social care partners continue to work together with all the respective challenges that we face in order to ensure that patients are aware of the most appropriate place to receive treatment and care.

7. Background

Health Scrutiny Panel – Patient misuse of hospital services. To consider the work undertaken to reduce the number of patients who could use alternative forms of treatment. 7.2.13