

DEMAND MANAGEMENT

Rise in admissions will be 'un'

EXCLUSIVE Acute 'overperformance' seen as a threat to financial stability for the whole NHS

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Just 10 per cent of primary care trusts have successfully reduced emergency admissions to their local acute trusts.

Only 15 PCTs cut emergency admissions between 2007-08 and 2008-09, according to analysis of hospital episode statistics data by independent health intelligence provider CHKS, shared exclusively with *HSJ*.

The rest of PCTs recorded an average increase in emergency admissions of 5 per cent.

The analysis has prompted warnings that an increase in admissions at this rate is financially unsustainable for the health service as a whole.

It is made worse by the fact that CHKS also found that elective admission rates rose by an average of around 6 per cent during the same period. Just nine PCTs reduced their rate.

CHKS head of market intelligence Paul Robinson said: "The continuing rise in emergencies – especially as the winter peak figures are not yet in – shows little evidence of change to me and reinforces my concern that the growth is unsustainable financially."

"The NHS will go bankrupt, even without the [wider] financial problem, if it's not taken seriously."

Mr Robinson says preliminary data for this year suggests another overall rise in emergency admissions of 5-5.5 per cent and a rise in electives of 3-4 per cent.

This is despite coding changes and drives to meet waiting time targets explaining some of the

2007-08 to 2008-09 elective increases.

He suggested that now most acute trusts were meeting the 18 week waiting target there should be a "flattening off" of elective admissions – though this trend was yet to fully materialise.

Demand management was the "obvious issue" in controlling admissions, he added.

In a bid to control demand management, the NHS operating framework for 2010 says any emergency activity above 2008-09 activity levels will only be paid for at a rate of 30 per cent of the relevant tariff.

But PCT Network director David Stout, who agreed "we can't continue to see that level of increase", said the change to the tariff was unlikely to eradicate rising emergency admissions.

"It will have an effect but will not be the answer," he said.

PCTs were likely to reduce

elective admissions once they had got rid of any backlog in meeting the 18 weeks target, he said, but overall he said they would need to take out capacity to reduce admissions.

"It doesn't mean demand management schemes haven't worked. If you leave capacity available it will fill."

NHS Confederation policy director Nigel Edwards said the trend of increasing emergency admissions was down to a "complex dynamic in supply and demand factors".

He highlighted increased caution among GPs, especially when it came to residential home patients, as one factor likely to have driven up referrals. The growth in long term conditions was another.

But he said: "The reasons are not fully understood. It is unlikely we can design a national solution."

Responsibility for demand management should not rest solely with PCTs, as trusts made the final decision to accept referrals and patients were increasingly having the power to refer themselves. "The idea that PCTs [as only part of the system] can solve the problem is extraordinary," he said.

Mr Robinson said PCTs should learn from examples of best practice.

He noted NHS Kingston's use of a GP at the front of accident and emergency, and NHS Cornwall and Isles of Scilly's focus on community services for patients with long term conditions (see box).

NHS Sefton also appeared to have significantly cut its emergency admissions. But a temporary spike in emergency admissions in 2006-07 is likely to have skewed the next year's rate.

Latest board reports from November show the PCT is experiencing "overperformance" in secondary care, which is threatening its ability to break even in April.

NHS Sefton chief executive Leigh Griffin told *HSJ*: "We have got a challenging year ahead which requires robust action."

NHS Mid Essex had the largest increase – 27.3 per cent – in emergency admissions, while Coventry Teaching PCT had the largest increase in electives, at 34.7 per cent. Both PCTs recorded large increases for both forms of admission but said coding changes affected their figures.

Coventry Teaching PCT director of planning and performance Alison Walshe said the rise in emergency admissions was

'The NHS will go bankrupt if this problem is not taken seriously'

SUCCESS STORIES

NHS Cornwall and Isles of Scilly

Director of service improvement and professional practice Carol Williams said the PCT had introduced a range of initiatives targeted at long term conditions, focusing particularly on self care. These include case management of "frequent flyers" by community matrons and exercise programmes for patients with chronic obstructive pulmonary disease.

As a result the PCT saved £1.7m in 2008-09 by reducing emergency admissions in 15 conditions – the majority for heart failure, hypertension and COPD.

The PCT won the 2007 *HSJ* Award for chronic disease management.

NHS Kingston

NHS Kingston has introduced a "GP in A&E" model to assess patients for suitability for admission to hospital or diversion to other services.

Director of performance Penny Taylor said: "We've commissioned a GP service within the A&E department of Kingston Hospital which runs from 10am to 10pm and sees an average of 30 people per week who would ordinarily end up as emergency admissions.

"We are also working with our primary care partners and community based services to care for patients with long term conditions in their own home to prevent them from needing an admission to A&E."

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'sustainable' for PCTs

largely the result of a service redesign to hit the four hour A&E target, while the apparent rise in electives was down to "outpatient plus" procedures being reclassified as day cases.

NHS Mid Essex director of commissioning and redesign Sallie Mills Lewis said a change in how treatments were recorded mainly accounted for its increase.

NHS Brighton and Hove said it undertook an in-depth analysis of its increase in emergency admissions in 2008-09.

Deputy chief executive Amanda Fadero said: "The number of emergency admissions has plateaued since the introduction of a number of initiatives, including an urgent care centre and the provision of additional community beds."

NHS Milton Keynes deputy director of contracts Claire Weston said its elective increase showed better access to services.

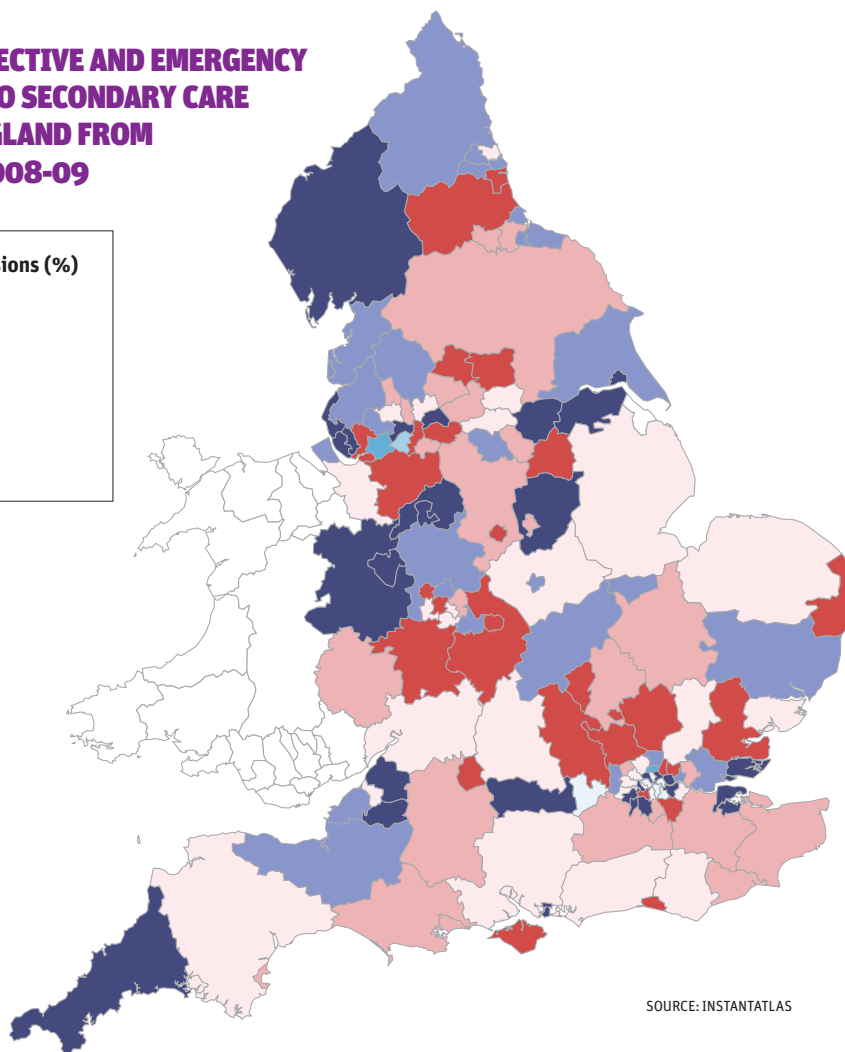
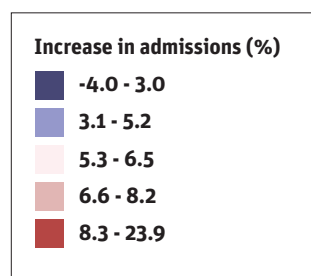
She said: "It should also be remembered Milton Keynes has a very fast growing population."

Isle of Wight PCT associate director for elective and surgical services Liz Warner told *HSJ* the reclassification of endoscopy from outpatients to day cases was a major factor in its apparent rise in electives, combined with a significant increase in the number of people with age-related macular degeneration being treated in ophthalmology.

See leader, page 3; news, page 11

For more responses from PCTs about their admission rates, go to hsj.co.uk

GROWTH IN ELECTIVE AND EMERGENCY ADMISSIONS TO SECONDARY CARE BY PCTs IN ENGLAND FROM 2007-08 TO 2008-09



SOURCE: INSTANTATLAS

CHANGE BY PCT

Emergency admissions

Top 10

Sefton	-12.7%
Greenwich Teaching	-11.3%
Kingston	-5.5%
Knowsley	-5.5%
Liverpool	-5.3%
Cornwall and Isles Of Scilly	-3.5%
Hammersmith and Fulham	-3.4%
Salford Teaching	-2.0%
Walsall Teaching	-1.9%
North Lincolnshire	-1.2%

Bottom 10

Calderdale	10.0%
Croydon	10.1%
Coventry Teaching	10.7%
Bradford and Airedale Teaching	11.0%
Brighton and Hove City Teaching	11.2%
East and North Hertfordshire	11.7%
Ealing	12.0%
Barnet	12.7%
Derby City	23.5%
Mid Essex	27.3%

Elective admissions

Top 10

Tower Hamlets	-4.9%
Cornwall and Isles Of Scilly	-4.3%
Wandsworth	-4.1%
South East Essex	-4.0%
North Lincolnshire	-3.8%
City and Hackney Teaching	-0.7%
Sutton and Merton	-0.6%
Kingston	-0.6%
Peterborough	-0.1%
Bath and North East Somerset	0.2%

Bottom 10

Tameside and Glossop	15.2%
East and North Hertfordshire	15.4%
Central and Eastern Cheshire	15.5%
Buckinghamshire	15.6%
Mid Essex	17.0%
Wolverhampton City	22.0%
Isle of Wight Healthcare	23.6%
Swindon	24.5%
Milton Keynes	32.2%
Coventry Teaching	34.7%