



PH/15/24

Health and Wellbeing Scrutiny Committee  
14 September 2015

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## Introduction

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The Health and Wellbeing Scrutiny Committee requested some statistical information from NEW Devon CCG in relation to emergency provision of services.

The questions asked are shown below:

1. Please can we see the year on year breakdown of numbers of people, who would be classified as being in a medical emergency, presenting to A&E, out of hours GPs, walk-in centres, GP surgeries, pharmacies etc?
2. Any info on the severity of the presentation?
3. Are people presenting to inappropriate places?
4. What is the measurable impact of this?
5. Has there been an increase in the numbers of people presenting at A&E since the introduction of the 111 service?

The CCG has endeavoured to source this information and the responses to these questions are shown in this document.

All information has been sourced from the information database held by the CCG and relates to all patients registered with a practice belonging to NEW Devon CCG.

Questions:

1. Please can we see the year on year breakdown of numbers of people, who would be classified as being in a medical emergency, presenting to A&E, out of hours GPs, walk-in centres, GP surgeries, pharmacies etc?

The CCG is able to source A&E activity to the main acute providers, walk in centre activity as well as overall out of hour's activity. However numbers of people presenting to GP surgeries or to pharmacies is not a routine data collection and these services are commissioned by NHSE.

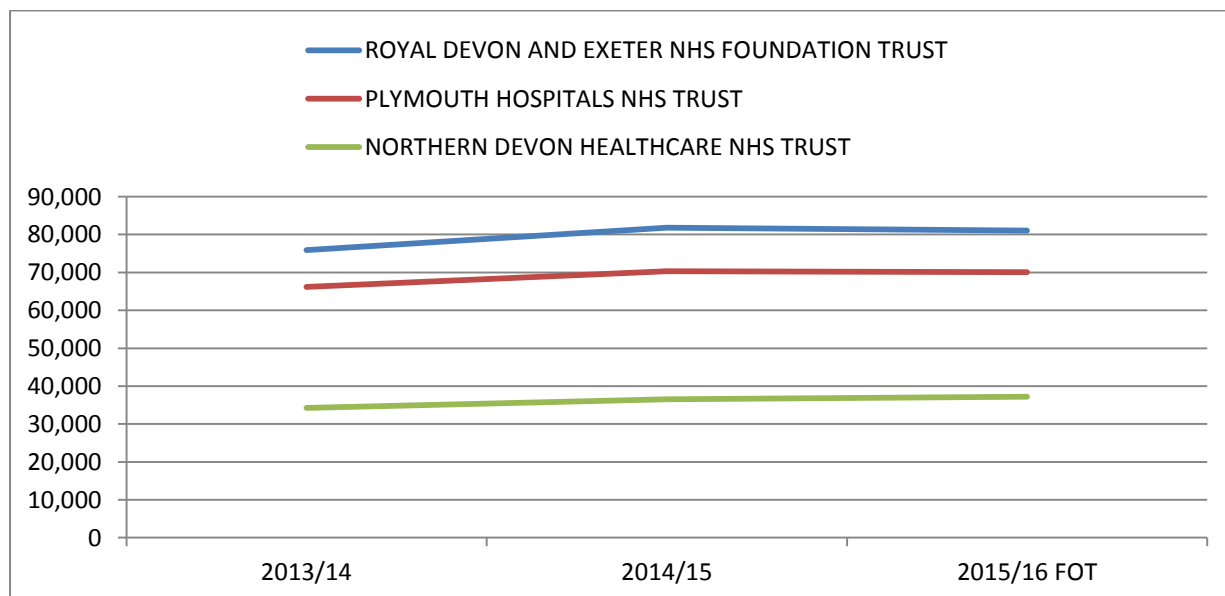
When patients present to A&E they are not classified as medical or surgical emergencies and A&E data is quite often coded through free text. Therefore only total numbers of patients presenting to A&E can be provided.

The following information shows activity followed by financial information for A&E split by provider for the last 3 financial years including a forecast outturn prediction for 2015/16.

Although there has been a slow and steady increase in the numbers below, year on year, the growth does seem to have slowed down. Historically, mention is made of this steady year on year increase in the demand on urgent care facilities, in particular A&E or EDs.

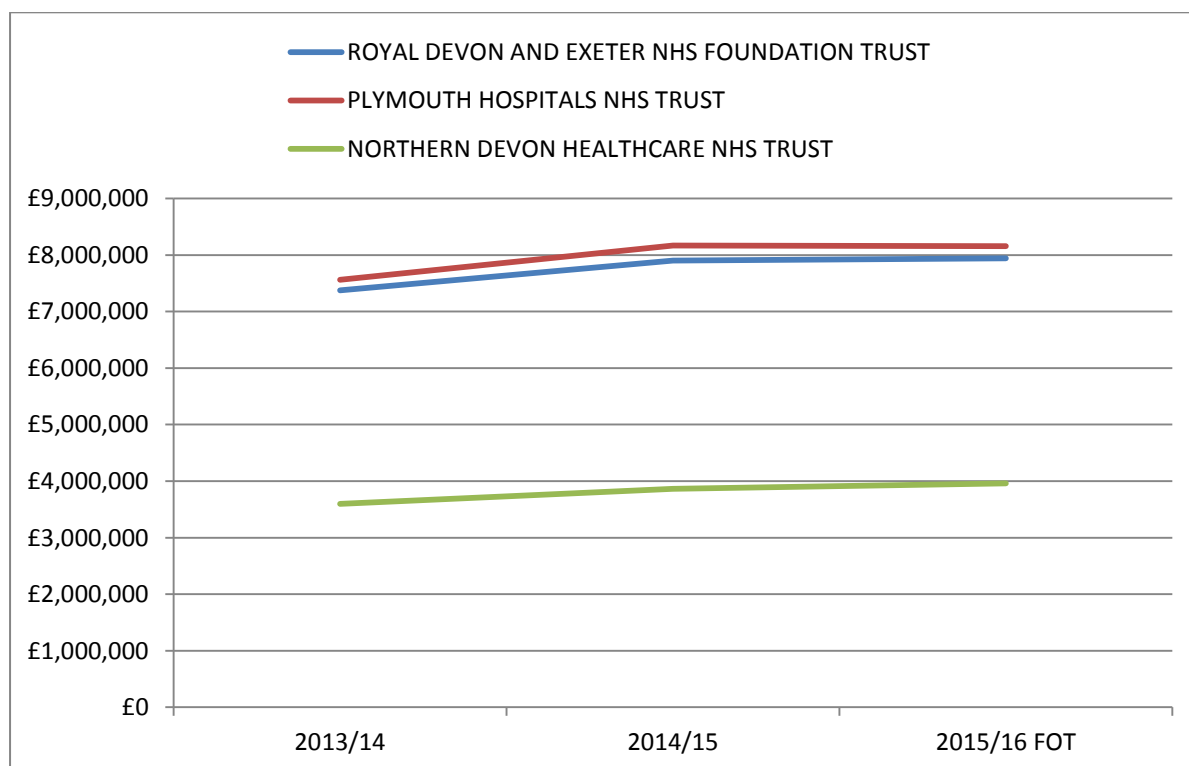
A&E activity information:

Provider	2013/14	2014/15	2015/16 YTD	2015/16 FOT
ROYAL DEVON AND EXETER NHS FOUNDATION TRUST	75,941	81,773	20,261	81,044
PLYMOUTH HOSPITALS NHS TRUST	66187	70338	17528	70112
NORTHERN DEVON HEALTHCARE NHS TRUST	34217	36513	9312	37248
Other Providers	6816	6955	1736	6944
TAUNTON AND SOMERSET NHS FOUNDATION TRUST	1922	2015	546	2184
SOUTH DEVON HEALTHCARE NHS FOUNDATION TRUST	1956	1996	527	2108



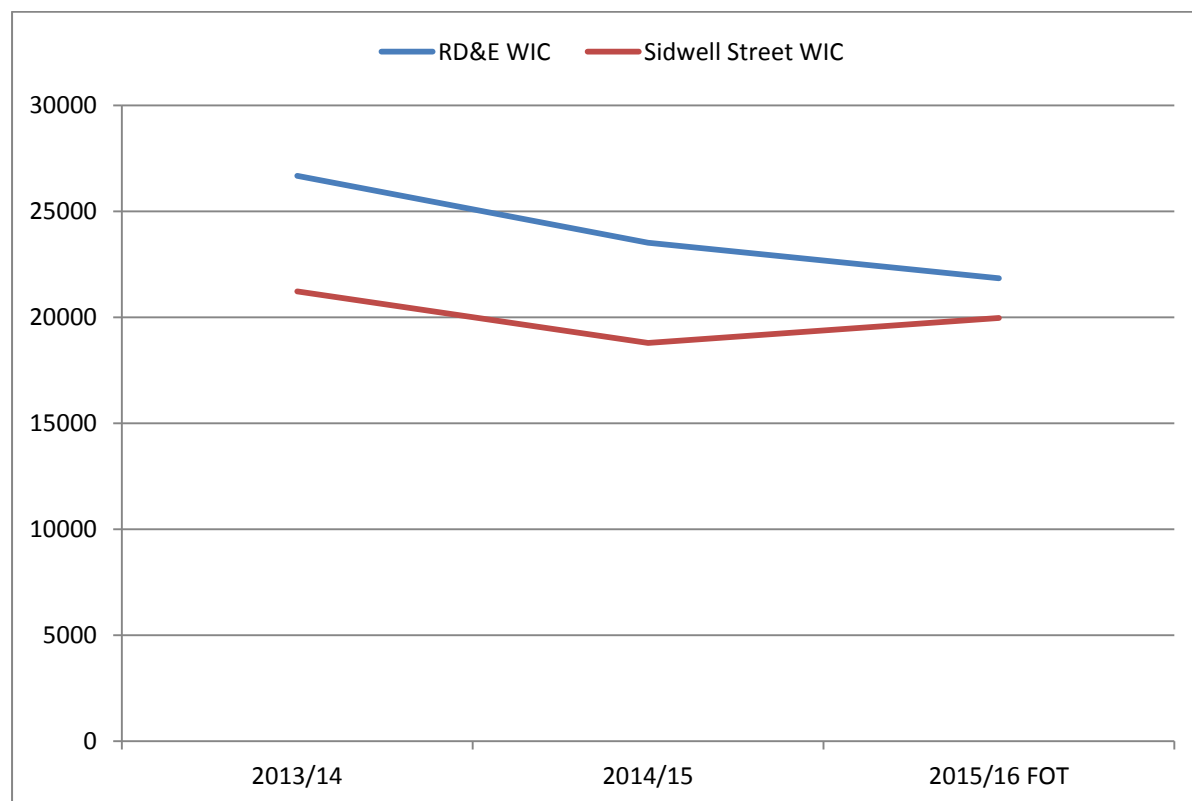
A&E Financial information (national tariff):

Provider	2013/14	2014/15	2015/16 YTD	2015/16 FOT
ROYAL DEVON AND EXETER NHS FOUNDATION TRUST	£7,376,063	£7,903,049	£1,985,445	£7,941,778
PLYMOUTH HOSPITALS NHS TRUST	£7,561,830	£8,168,985	£2,039,148	£8,156,592
NORTHERN DEVON HEALTHCARE NHS TRUST	£3,599,952	£3,866,350	£989,392	£3,957,568
Other Providers	£762,185	£775,093	£198,236	£792,945
TAUNTON AND SOMERSET NHS FOUNDATION TRUST	£218,305	£234,486	£63,099	£252,395
SOUTH DEVON HEALTHCARE NHS FOUNDATION TRUST	£215,836	£227,506	£60,362	£241,448



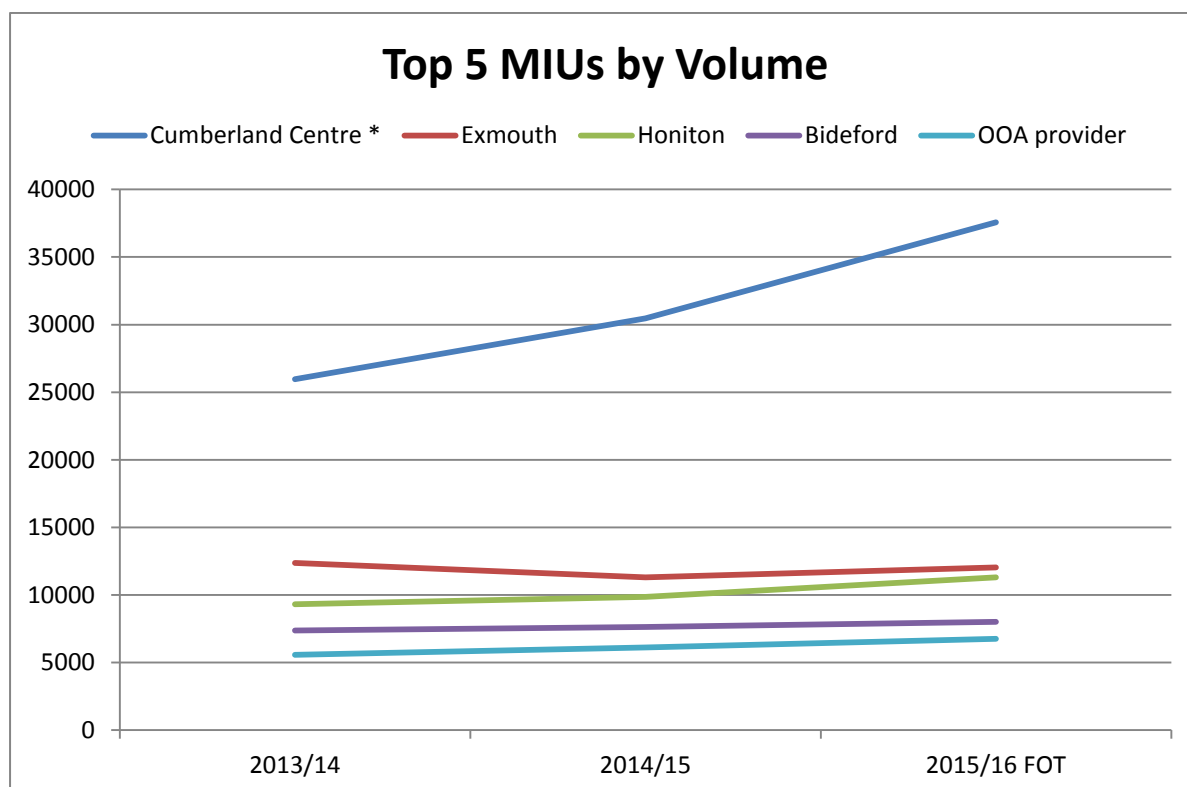
Walk in centre activity is shown below:

Provider	2013/14	2014/15	2015/16 YTD	2015/16 FOT
RD&E WIC	26675	23518	3640	21840
Sidwell Street WIC	21219	18798	3329	19974



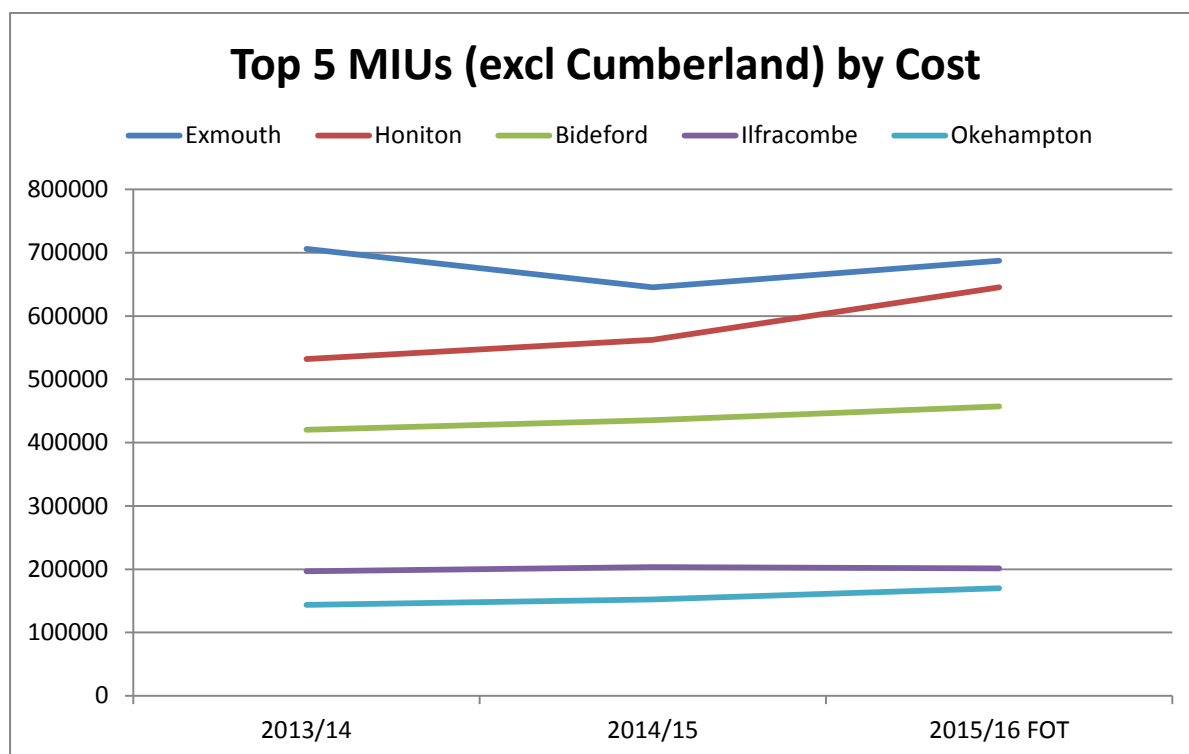
MIU activity is shown below:

MIU	2013/14	2014/15	2015/16 YTD	2015/16 FOT
Ashburton	33	13	0	0
Bideford	7364	7628	2003	8012
Brixham	21	26	11	44
Cumberland Centre *	25968	30466	9392	37568
Dartmouth	56	77	9	36
Dawlish	310	320	86	344
Exmouth	12372	11306	3011	12044
Honiton	9317	9852	2827	11308
Ilfracombe	3443	3563	881	3524
Lynton	228	241	74	296
Newton Abbot	559	567	151	604
Okehampton	2520	2666	745	2980
OOA provider	5567	6127	1690	6760
Ottery	168	674	1	4
Paignton	45	42	12	48
Sidmouth	1006	2443	570	2280
Teignmouth	63	88	8	32
Tiverton	13723	3563	0	0
Totnes	745	732	217	868



MIU financial information:

MIU	2013/14	2014/15	2015/16 YTD	2015/16 FOT
Ashburton	£1,869	£736	£0	£0
Bideford	£420,383	£435,454	£114,344	£457,375
Brixham	£1,189	£1,473	£623	£2,492
Cumberland Centre *				
Dartmouth	£3,172	£4,361	£510	£2,039
Dawlish	£17,558	£18,124	£4,871	£19,483
Exmouth	£706,272	£645,418	£171,887	£687,547
Honiton	£531,873	£562,414	£161,383	£645,532
Ilfracombe	£196,548	£203,398	£50,293	£201,172
Lynton	£13,016	£13,758	£4,224	£16,898
Newton Abbot	£31,660	£32,114	£8,552	£34,209
Okehampton	£143,857	£152,192	£42,529	£170,117
OOA provider	£131,326	£155,370	£36,040	£144,161
Ottery	£9,590	£38,476	£57	£228
Paignton	£2,549	£2,379	£680	£2,719
Sidmouth	£57,429	£139,462	£32,539	£130,157
Teignmouth	£3,568	£4,984	£453	£1,812
Tiverton	£783,395	£203,398	£0	£0
Totnes	£42,195	£41,459	£12,290	£49,161



## 2. Any information on the severity of presentation?

Due to the way information is coded through A&E, unless a clinical audit is performed on a number of cases it is difficult to clinically define severity. However, a judgement can be made using the tariff information on whether a presentation required less treatment than others. A cheaper tariff would indicate less treatment and therefore less severity on presentation. We have assumed for this purpose that minor activity includes guidance/advice only written or verbal. We have also assumed that activity presenting to WIC or MIU would be less severe. This may not be the case as will depend on the type of facility and skill mix of staff. The WIC and MIU activity information is shown within the response to question 1.

### A&E Attendances by Financial Period - Volume

Provider	Minor* A&E Activity				Non-Minor A&E Activity			
	2013/14	2014/15	2015/16 YTD	2015/16 FOT	2013/14	2014/15	2015/16 YTD	2015/16 FOT
ROYAL DEVON AND EXETER NHS FOUNDATION TRUST	43,743	48,389	12,011	48,044	32,198	33,384	8,250	33,000
PLYMOUTH HOSPITALS NHS TRUST	30,382	25,389	6,354	25,416	35,805	44,949	11,174	44,696
NORTHERN DEVON HEALTHCARE NHS TRUST	22,742	24,255	6,261	25,044	11,475	12,258	3,051	12,204
TAUNTON AND SOMERSET NHS FOUNDATION TRUST	726	625	172	688	1,196	1,390	374	1,496
SOUTH DEVON HEALTHCARE NHS FOUNDATION TRUST	489	401	105	420	1,467	1,595	422	1,688
Other Providers	3,131	3,339	849	3,396	3,685	3,616	887	3,548

### A&E Attendances by Financial Period - Cost

Provider	Minor* A&E Activity				Non-Minor A&E Activity			
	2013/14	2014/15	2015/16 YTD	2015/16 FOT	2013/14	2014/15	2015/16 YTD	2015/16 FOT
PLYMOUTH HOSPITALS NHS TRUST	£2,991,393	£2,424,308	£606,923	£2,427,692	£4,570,437	£5,744,676	£1,432,225	£5,728,900
ROYAL DEVON AND EXETER NHS FOUNDATION TRUST	£4,068,844	£4,521,677	£1,143,155	£4,572,619	£3,307,220	£3,381,372	£842,290	£3,369,159
NORTHERN DEVON HEALTHCARE NHS TRUST	£2,114,328	£2,271,410	£589,866	£2,359,466	£1,485,624	£1,594,940	£399,526	£1,598,102
TAUNTON AND SOMERSET NHS FOUNDATION TRUST	£73,232	£62,629	£17,515	£70,059	£145,072	£171,857	£45,584	£182,336
SOUTH DEVON HEALTHCARE NHS FOUNDATION TRUST	£39,976	£32,740	£8,176	£32,706	£175,860	£194,766	£52,186	£208,742
Other Providers	£304,831	£324,873	£86,034	£344,135	£457,355	£450,220	£112,202	£448,810

### 3. Are people presenting to inappropriate places?

It is hard to know if people are presenting to inappropriate places. We would not know if a patient has presented inappropriately unless a clinical review was conducted and even then it can be hard to understand the social circumstances which may have persuaded a person to attend a healthcare facility. Again we can make an assumption that those patients leaving A&E with no treatment as shown in question 2 or those patients who are admitted but have a 0 or 1 day length of stay may not have required a hospital admission. The activity and financial information in the main is increasing year on year in relation to 0-1 day length of stay. This may be due to the four hour A&E target which can drive perverse behaviour but is also a reflection on the current urgent care system. In order for facilities to comply with the four hour target, many attendances become admissions, with the greatest number in the minutes before four hours is reached.

Information on 0 and 1 day length of stay is shown below:

#### EM Admissions by Financial Period - Volume

Provider	0-1 Day LOS				2+ Day LOS			
	2013/14	2014/15	2015/16 YTD	2015/16 FOT	2013/14	2014/15	2015/16 YTD	2015/16 FOT
ROYAL DEVON AND EXETER NHS FOUNDATION TRUST	14289	16111	3808	15232	16627	17231	4197	16788
PLYMOUTH HOSPITALS NHS TRUST	15603	15380	3991	15964	15479	17468	4314	17256
NORTHERN DEVON HEALTHCARE NHS TRUST	5935	5936	1425	5700	7011	7385	1727	6908
Other Providers	1159	1140	277	1108	1008	1029	264	1056
TAUNTON AND SOMERSET NHS FOUNDATION TRUST	440	439	133	532	421	408	90	360
SOUTH DEVON HEALTHCARE NHS FOUNDATION TRUST	288	294	118	472	364	362	98	392

### 4. What is the measurable impact of this?

Financial information in relation to 0-1 day length of stay is shown below:

#### EM Admissions by Financial Period - Cost

Provider	0-1 Day LOS				2+ Day LOS			
	2013/14	2014/15	2015/16 YTD	2015/16 FOT	2013/14	2014/15	2015/16 YTD	2015/16 FOT
PLYMOUTH HOSPITALS NHS TRUST	£11,340,151	£11,056,618	£2,936,653	£11,746,613	£47,169,694	£51,684,989	£12,640,869	£50,563,477
ROYAL DEVON AND EXETER NHS FOUNDATION TRUST	£10,584,612	£12,177,589	£2,953,688	£11,814,752	£46,650,705	£49,082,286	£11,400,783	£45,603,130
NORTHERN DEVON HEALTHCARE NHS TRUST	£4,231,177	£4,252,038	£1,085,408	£4,341,632	£18,366,643	£19,542,660	£4,817,025	£19,268,098
Other Providers	£928,451	£892,976	£229,790	£919,159	£3,333,313	£3,836,738	£959,282	£3,837,127
TAUNTON AND SOMERSET NHS FOUNDATION TRUST	£338,224	£340,441	£108,140	£432,560	£1,218,592	£1,252,341	£260,669	£1,042,675
SOUTH DEVON HEALTHCARE NHS FOUNDATION TRUST	£209,610	£218,343	£85,490	£341,960	£1,004,213	£1,020,608	£266,457	£1,065,828

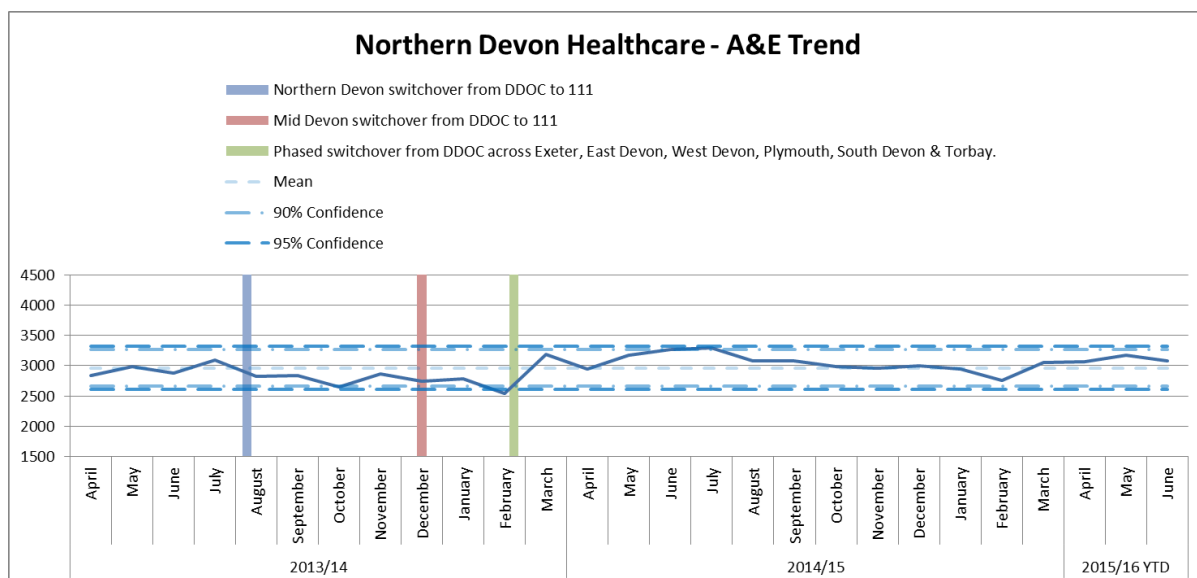


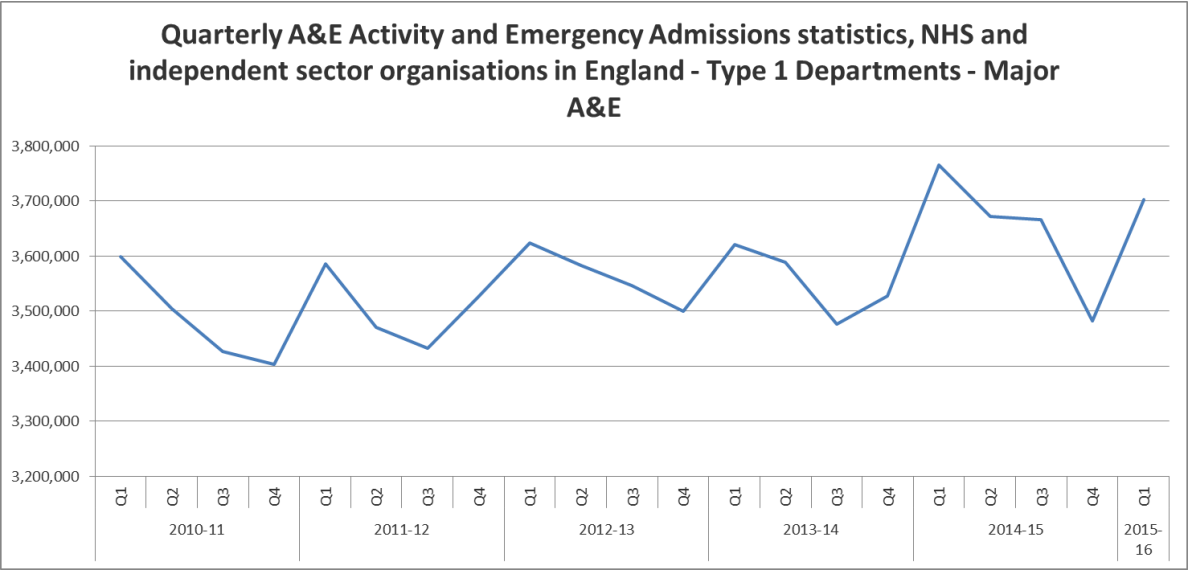
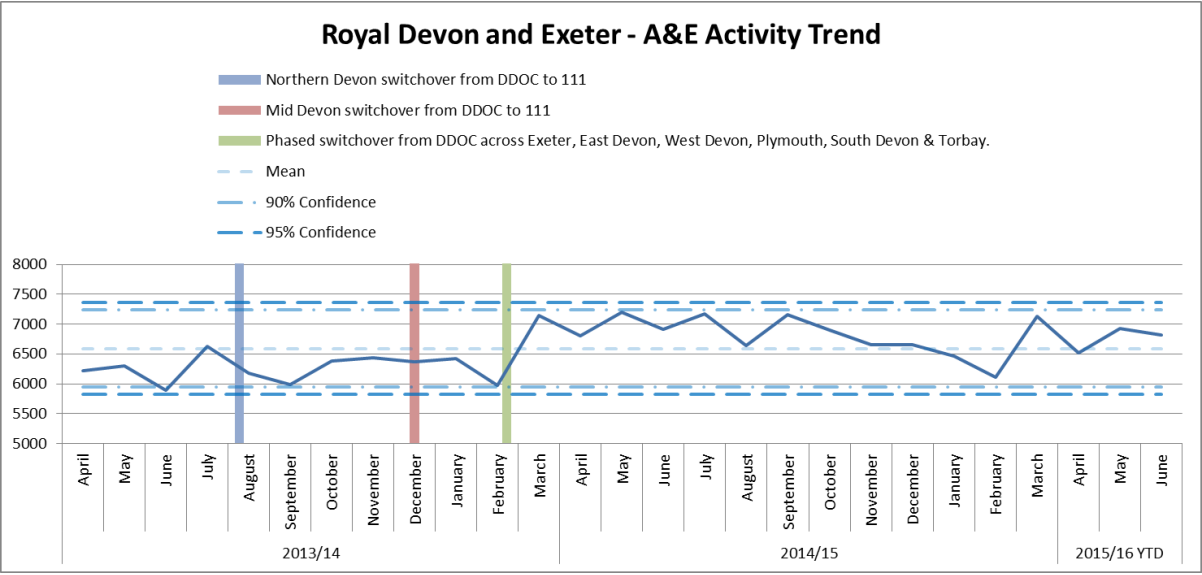
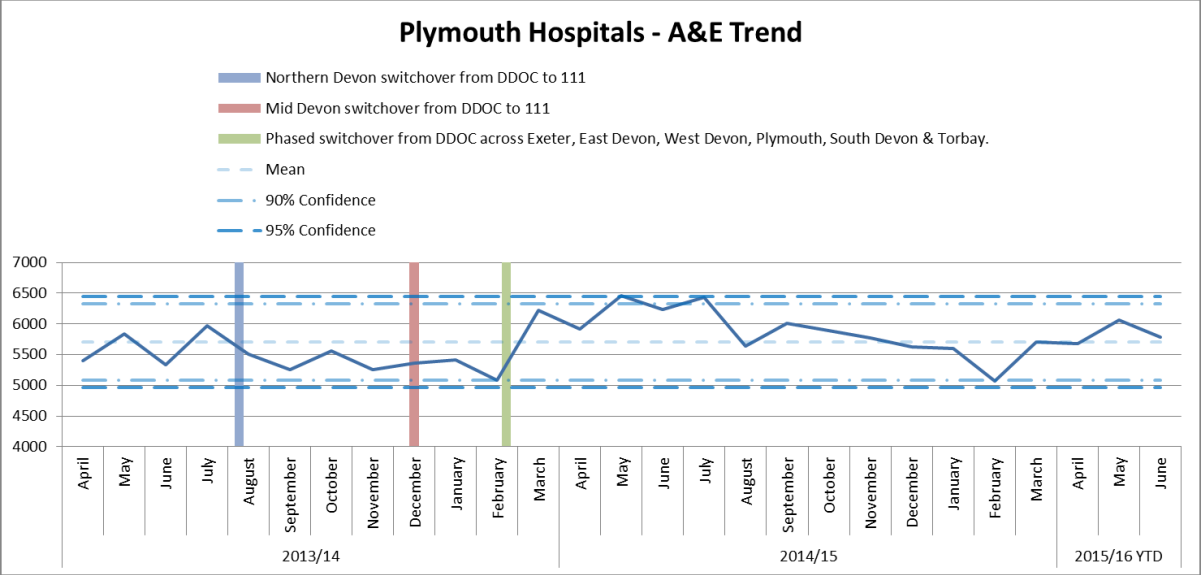
5. Has there been an increase in the numbers of people presenting at A&E since the introduction of the 111 service?

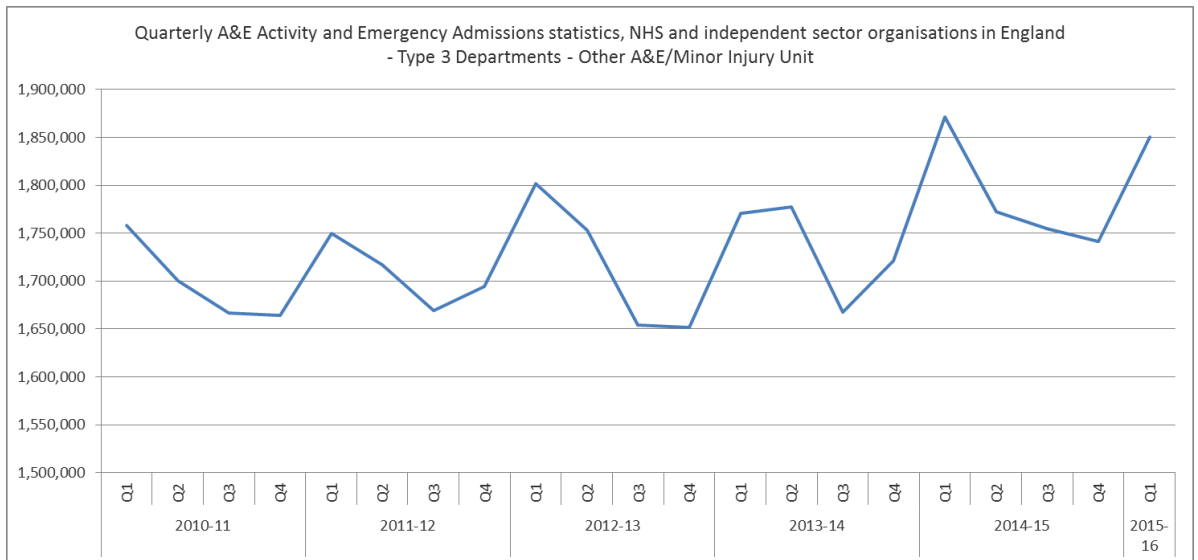
Since the introduction of 111 into the Devon healthcare system there has been a mixed response from providers on the impact to the overall urgent care system. 111 was gradually introduced using a phased approach by geographical area from October 2013. It would appear that for the full implementation of 111 there was an increase in A&E attendances, however, graphs which show the national position across the country also demonstrate an increase in April 14. 111 has been introduced at different times across the county and therefore it is not possible to conclude that 111 was the sole reason for any increase in A&E activity. The CCG working with providers in the urgent care system undertook a series of events in the summer of 2014 which included a review of all information including ambulance information, out of hour's activity, A&E attendances.

It is also worth noting that SWASFT, the provider for our 111 service continually demonstrate that between 4% and 5% of triaged calls are advised by call handlers to present to ED. This compares with 12% of calls being directed to ED by NHS Direct and compares very favourably against other 111 providers around the country. Anecdotally, patients inform the department on arrival that 111 have told them to attend and be seen within a time frame. The outcome figures we receive from 111 do not reflect this.

The following graphs depict the timings of the 111 introduction and the impact on A&E attendances, however, by only demonstrating two variables it is not necessarily a fair representation of the totality of the urgent care system.








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## Conclusion

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There has been historical growth in emergency presentations. These appear to have slowed down or reached a plateau across Devon, they continue to provide a steady line, particularly in North Devon.

There is a less obvious conclusion to be drawn out of the information regarding the severity of the presentations to any of emergency settings. The cost for minor conditions and non-minor reflect the flat growth and slight fall in numbers seen in the attendance graphs in the answer for Question 1. There isn't enough evidence here to be able to say there has been an increase or decrease in the severity of conditions that patients attend our emergency care settings.

There does seem to be an increase in the number of 0 and 1 day Length of Stay patients, being the only over view to be able to gauge an increase in inappropriate admissions (not necessarily attendances). If our acute units are out under pressure, by patients self-referring to ED departments then this will likely increase the 0 and 1 day LOS admissions. The Acute's working to meet the 4 hour target are likely to admit these patients rather than record breaches. We know that patients will select to attend the service most likely to be open, available and provide them with the range of tests that they themselves believe to be necessary, despite advice given to the contrary by other areas of our health care system. Yes, there are patients presenting to inappropriate places.

There has been an increase in the cost of these 0 and 1 day LOS admissions to all of the Devon Acute hospitals.

There has been a slight increase in patients attending ED and A&E since the introduction of 111. There is however no evidence that supports claims that this increase is entirely due to the implementation of 111. Outcome data from 111 from all of their calls demonstrate that 4-6% of their callers are advised to attend EDs. This is a clear reduction from 10-12% produced by NHS direct and is extremely favourable when compared against other providers around the country. There is also no correlation between the timelines of the introduction of the 111 service and change and increase in the attendances in ED departments. Different services became busier at different times and not necessarily at service launch. Patients anecdotally present to ED departments, stating that 111 told them to attend and be seen within a given timeframe. This is certainly not the outcome of the call to 111 and where possible the CCG has asked that providers collect the individual cases where they believe that 111 have referred patients to them inappropriately.