

Emergency Hospital Admissions

Introduction

There has been a steady rise in the number of emergency inpatient admissions to hospital over past 30 years, which is a major source of pressure for the NHS

Reasons for this increase are complex and include an ageing population and changing social factors increasing the demand for formal care

A proportion of emergency admissions will always be completely appropriate, but there is a growing evidence that a significant proportion of patients treated in A&E are not there because it is the best place for them to be treated

It is important that we begin to understand what proportion of all emergency admissions could have been treated more appropriately elsewhere, and what that care could look like.

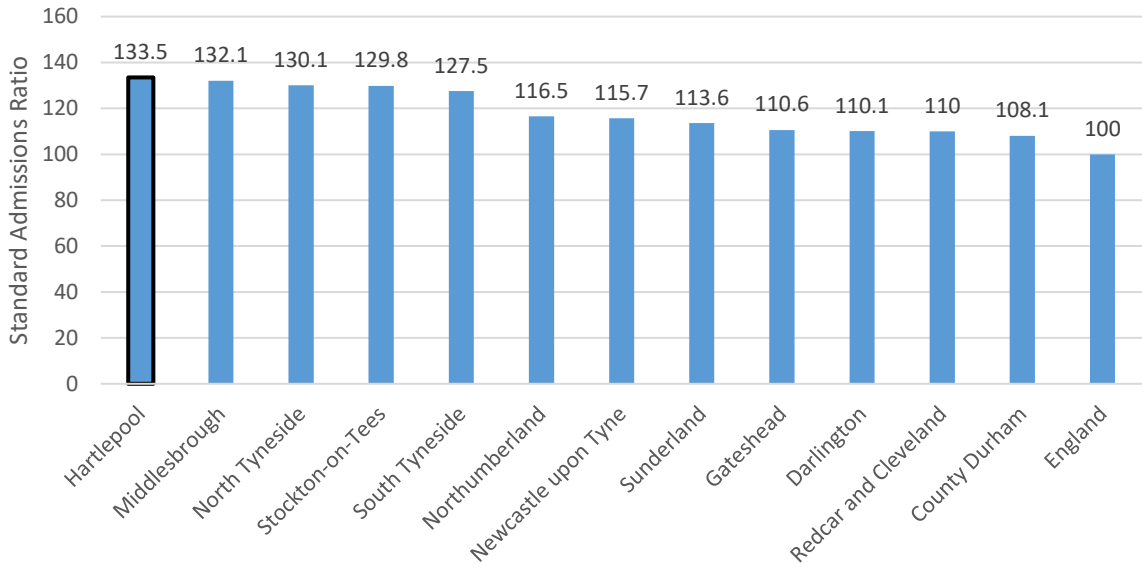
The impact on acute hospitals is being compounded by the increasingly complex needs of patients requiring an admission. In 2015/16, one in three emergency patients admitted for an overnight stay had five or more health conditions, up from one in ten in 2006/07. Emergency admissions have grown particularly rapidly for older patients, increasing by 58.9% since 2006/07 for people aged 85 years or older. These trends are challenging for hospitals to manage, since patients with more conditions spend longer in hospital once admitted.

Main Issues

Emergency hospital admissions have been aggregated over a five year period, and from this a standardised admissions ratio has been calculated, where the England's rate is 100. Therefore any rate above 100 is higher than expected and any rate lower than 100 is lower than expected.

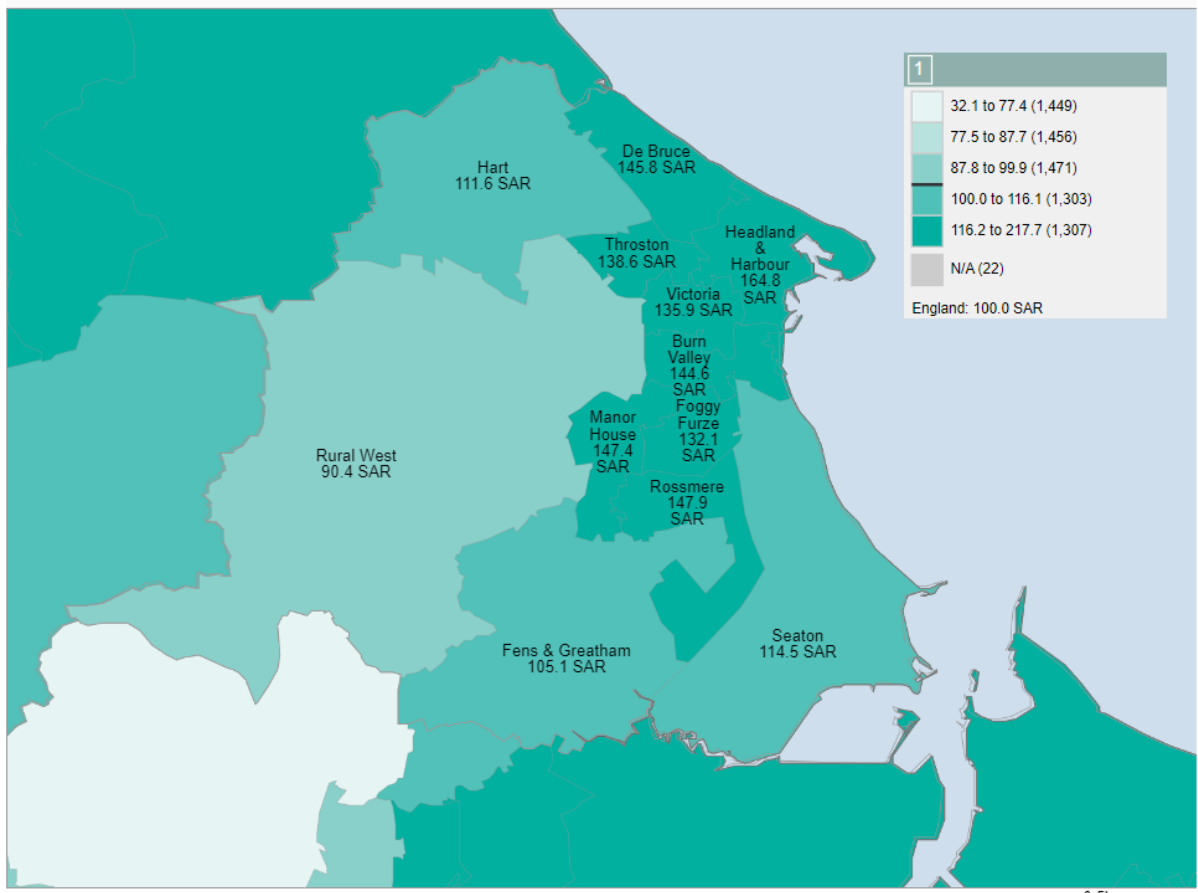
Hartlepool's emergency hospital admissions for all reasons from 2016/17 to 2020/21 is 133.5, which is more than a third higher than the England rate. Hartlepool has the highest rate in the north east and the 9th highest rate in England.

Emergency hospital admissions for all causes 2016/17-2020/21



Source: HES, 2021

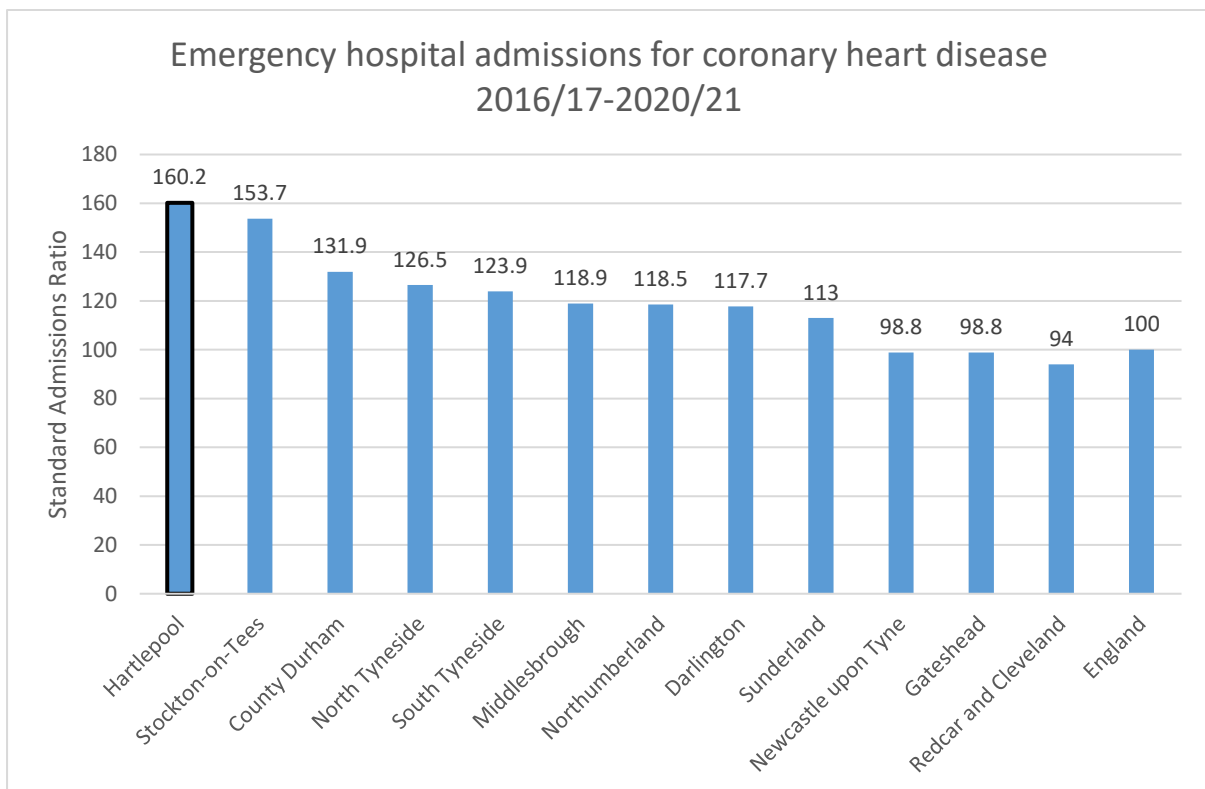
Emergency hospital admissions for all causes, 2016 to 2017, to 2020 to 2021 (SAR) Source: Hospital Episode Statistics (HES) NHS Digital



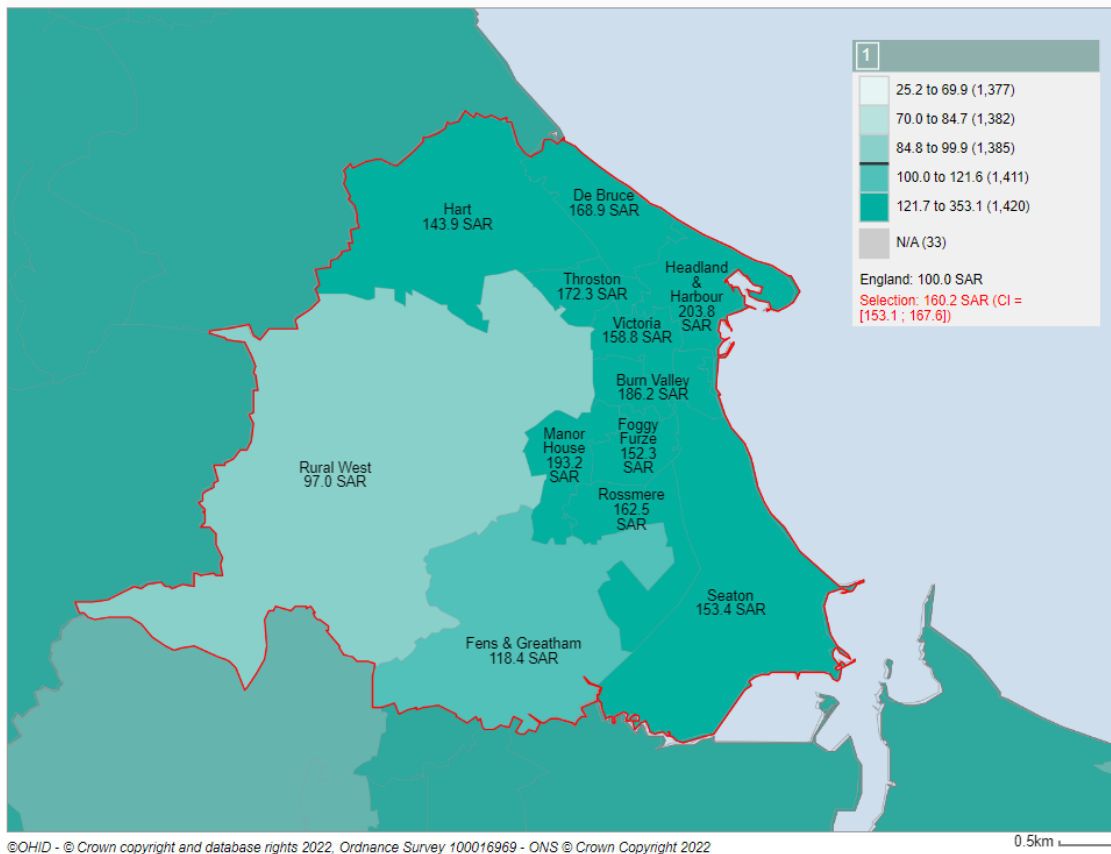
Within Hartlepool there are eight wards with rates within the highest 20% in England for emergency hospital admissions. These eight wards account two thirds of the wards in Hartlepool, a further three wards are in the bottom 40% wards in England, and only one ward is below the England average for emergency hospital admissions. The largest rate is 164.8, which is Headland & Harbour, this is almost two thirds larger than the England rate. The Headland & Harbour rate is 82% larger than the smallest rate, Rural West's 90.4.

Looking at the specific conditions responsible for these emergency admissions will further develop the understanding of this issue with Hartlepool.

For coronary heart disease Hartlepool is again the highest rate in the north east, and the 2016/17-2020/21 rate of 160.2 is the 4th highest in England. Hartlepool's rate is almost two thirds larger than the England rate.



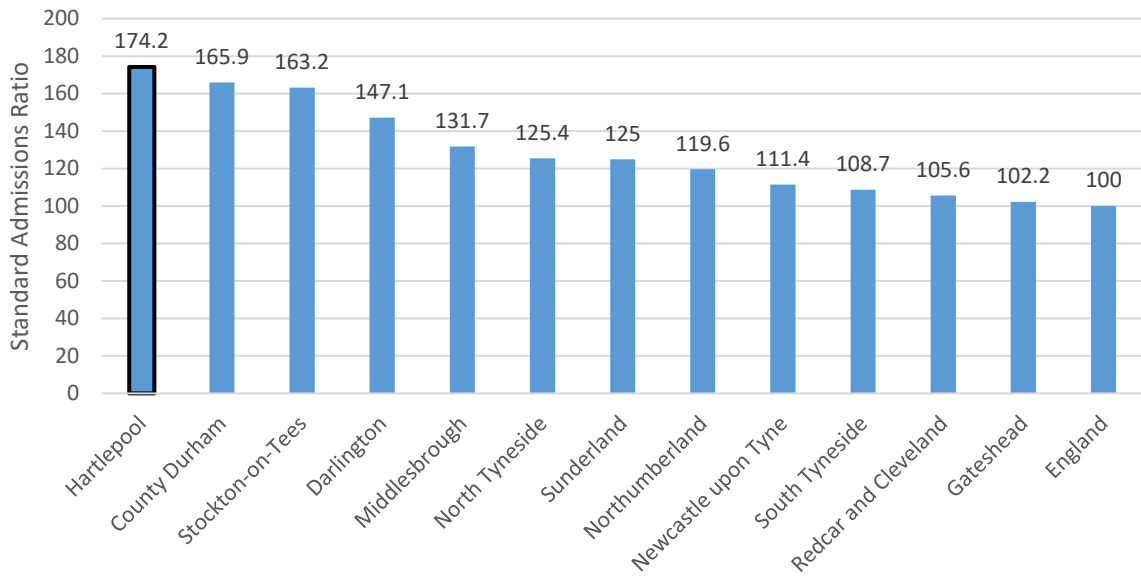
Source: HES, 2021



For coronary heart disease Hartlepool has 10 wards in the bottom performing 20% of wards in England and a further ward in the bottom 40%. The Headland & Harbour ward is again the highest rate, 203.8, more than twice the national average. Rural West is again the best performing ward, and again the only ward below the England rate. The Headland & Harbour rate is more than twice the size of the Rural West rate.

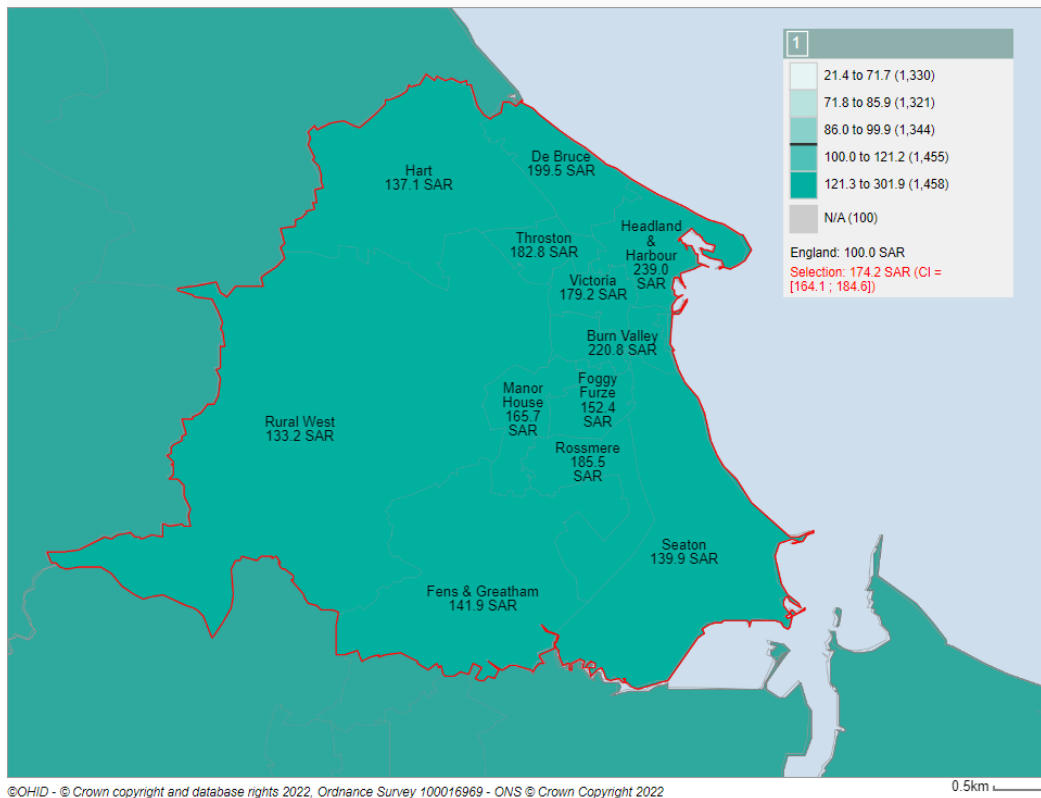
For myocardial infarction, or a heart attack, the Hartlepool's rate is even higher, 174.2, which is not only the highest rate in the north east, but the highest rate of any authority in England. Hartlepool's rate is almost three quarters larger than the England rate.

Emergency hospital admissions for Myocardial Infarction (heart attack) 2016/17-2020/21



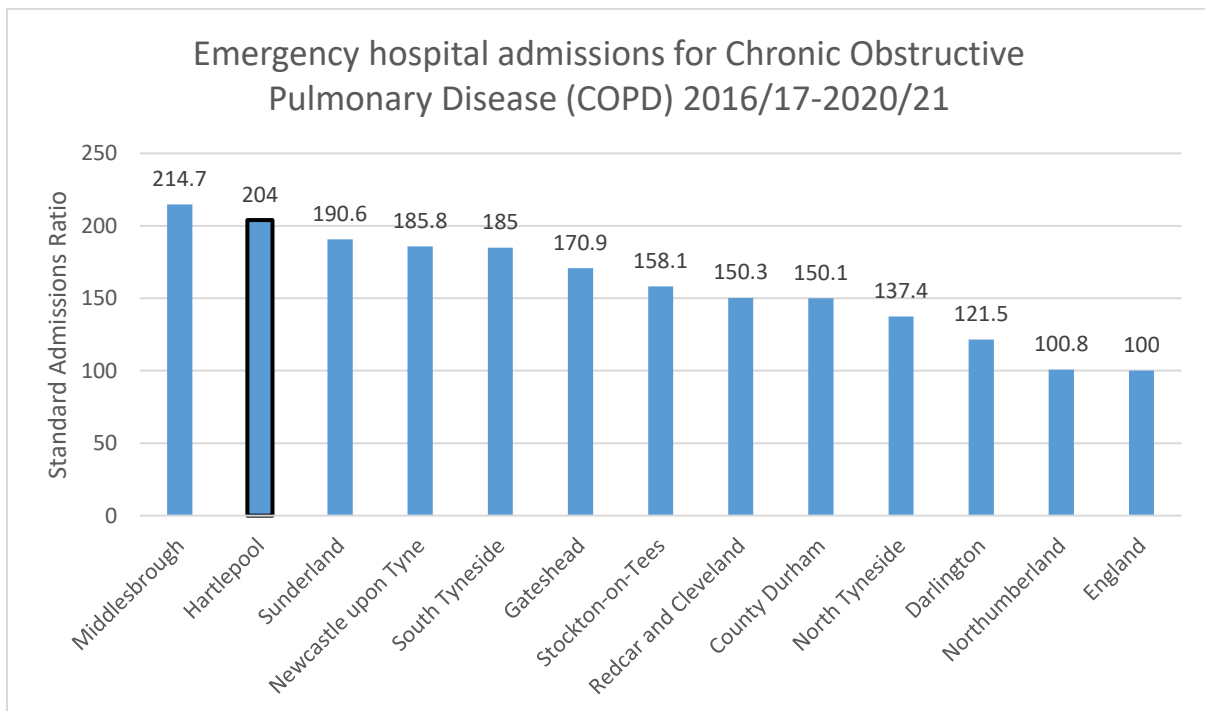
Source: HES, 2021

Emergency hospital admissions for Myocardial Infarction (heart attack), 2016 to 2017, to 2020 to 2021 (SAR) Source: Hospital Episode Statistics (HES) NHS Digital



Within Hartlepool, all 12 of the wards are in the bottom performing 20%. Again the outliers are Headland & Harbour with the highest rate, and Rural West with the lowest rate. Headland & Harbour's rate of 239.0 is 46.3% larger than Rural West's 133.2, though even the best performing ward in Hartlepool is a third larger than the England rate.

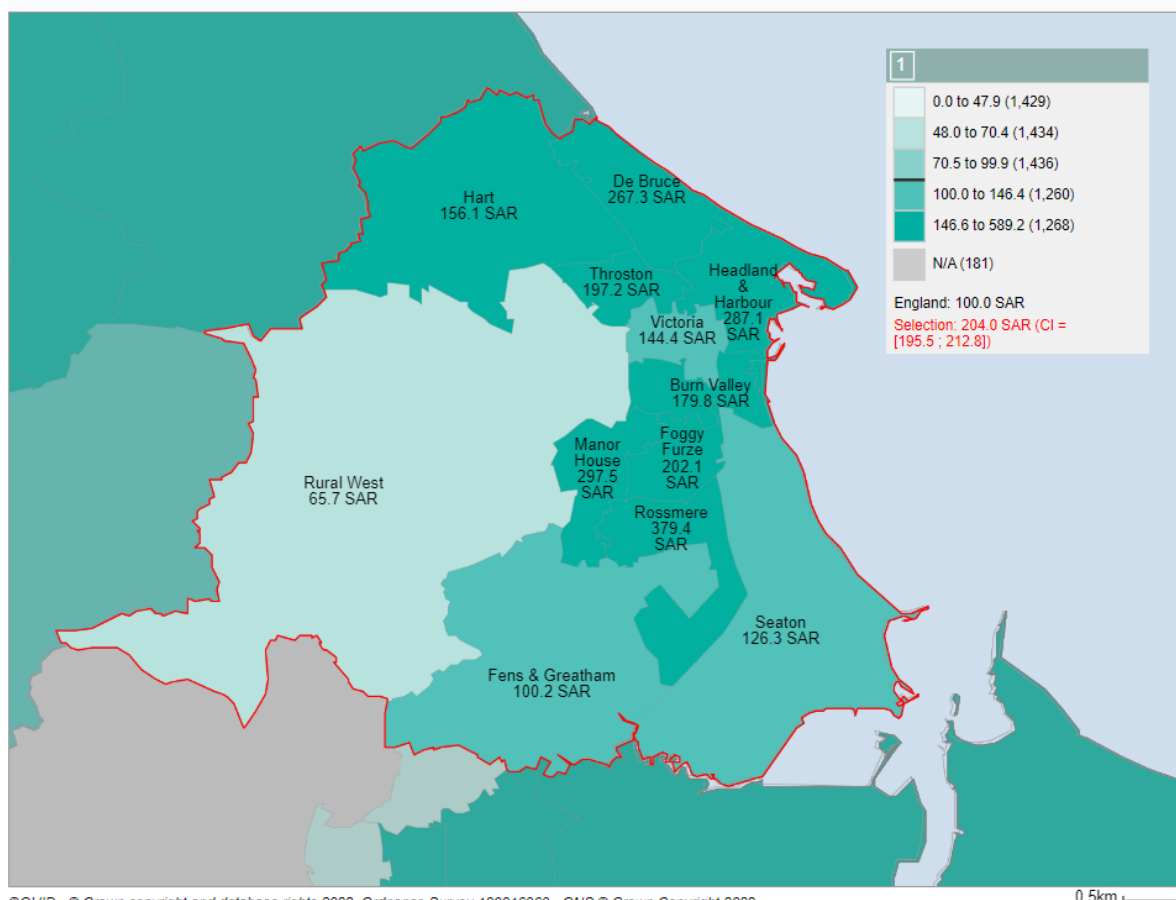
For chronic obstructive pulmonary disease (COPD) Hartlepool's overall rate is more than twice the England average, 204.0, but is only the 2nd highest in the north east. Hartlepool's rate is the 4th highest in England.



Source: HES, 2021

Emergency hospital admissions for Chronic Obstructive Pulmonary Disease, (COPD) 2016 to 2017, to 2020 to 2021 (SAR)

Source: Hospital Episode Statistics (HES) NHS Digital

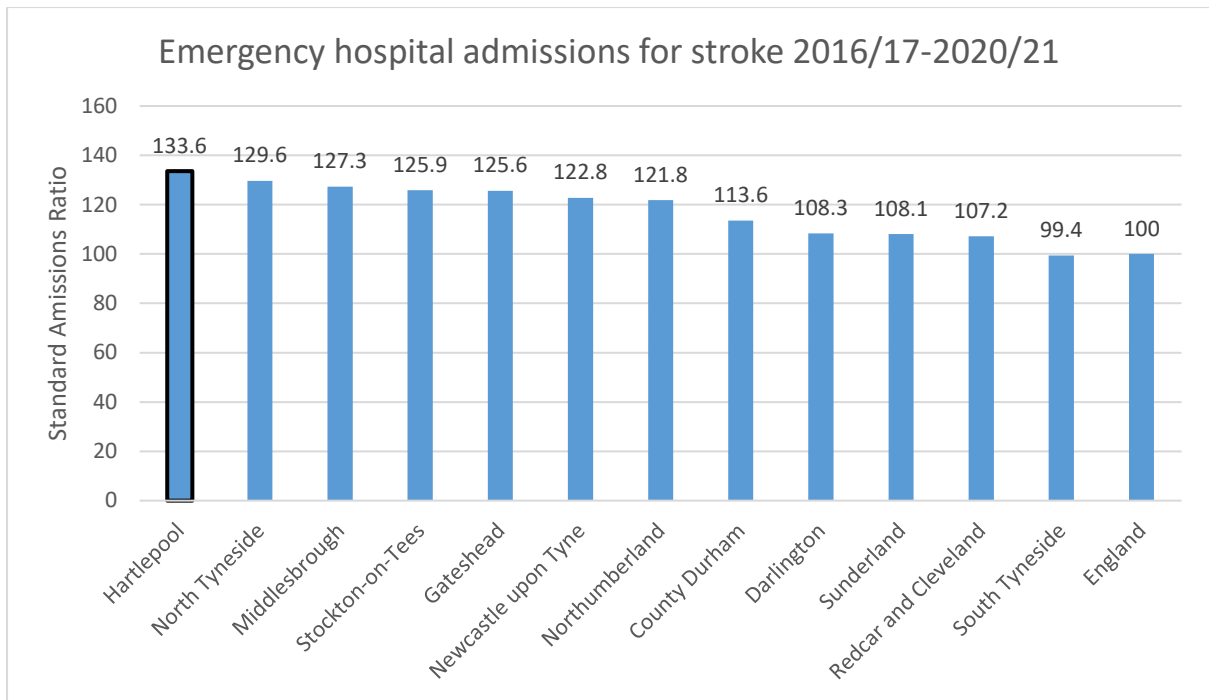


©OHID - © Crown copyright and database rights 2022, Ordnance Survey 100016969 - ONS © Crown Copyright 2022

0.5km

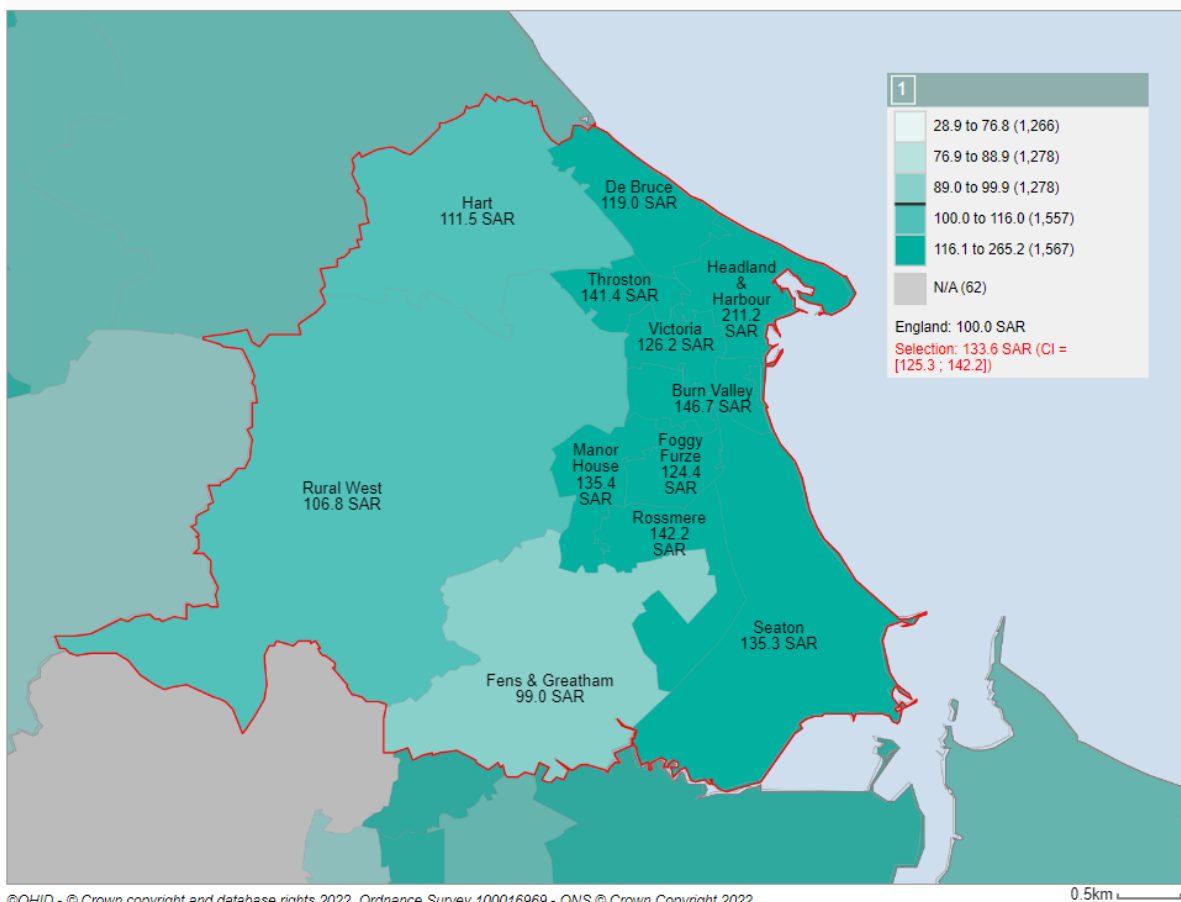
Within Hartlepool, eight of the 12 wards are in the bottom performing 20% in England for emergency hospital admissions for COPD. A further three wards are in the bottom performing 40% of wards. Only Rural West is not in the bottom performing 40% of wards, and is in the top performing 40% of wards in England. Rural West’s rate, 65.7, is more than a third below the England rate. Hartlepool has four wards whose rates are twice the size of the England rate, but the highest rate in Hartlepool is more than three times the England rate, Rossmere’s 379.4. the Rossmere rate is more than five times the Rural West rate.

For stroke, Hartlepool is again the highest rate in the north east and the 5th highest rate in England. Hartlepool’s rate of 133.6 is a third higher than the England rate.



Source: HES, 2021

Emergency hospital admissions for stroke, 2016 to 2017, to 2020 to 2021 (SAR) Source: Hospital Episode Statistics (HES) NHS Digital



Within Hartlepool there are nine wards in the bottom performing 20% in England, and a further 2 in the bottom performing 40%. Only Fens & Greatham is outside the bottom performing 20% of wards in England, and at 99.0 is below, though comparable, to the England rate. Headland & Harbour has the largest rate of the wards in Hartlepool, 211.2, and is more than twice the England, and the Fens & Greatham, rate.

Current Services

The delivery of integrated urgent care services ensures that the service user is treated in the right place at the right time by the most appropriate health professional. The service is:

- One integrated urgent care service (IUCS) model delivered across two agreed urgent care locations which includes University Hospital Hartlepool.
- GP led urgent care service provision 24 hours a day, 7 days a week, 365 days a year that incorporates services traditionally referred to as:
 - GP Out of Hours (OOH) services to include clinical assessment, face to face consultation, home visiting and prison visiting services
 - Appropriate primary care urgent walk-in provision
 - Appropriate Minor Injury provision
- Assessment and referral to appropriate mental health services
- Diagnostic provision and referral if appropriate

Future Intentions

The Long Term Plan has a focus on the pressures upon emergency hospital based services, identifying a need to focus on areas including pre-hospital urgent care and reforms to enable same day emergency care. The plan outlines a number of key milestones for urgent and emergency care:-

- In 2019 England will be covered by a 24/7 Integrated Urgent Care Service, accessible via NHS 111 or online (*available across NHS Hartlepool and Stockton-on-Tees CCG*)
- All hospitals with a major A&E department will:-
 - Provide Same Day Emergency Care (SDEC) at least 12 hours a day, 7 days a week by the end of 19/20
 - Provide an acute frailty service for at least 70 hours a week. They will work toward achieving clinical frailty assessment within 30 minutes of arrival
 - Aim to record 100% of patient activity in A&E, UTC, SDEC via Emergency Care Dataset by March 2020
 - Test and begin implementing the new emergency and urgent care standards arising from the clinical Standards Review, by October 2019
 - Further reduction in delayed transfers of care, in partnership with local authorities

Under this Long Term Plan, every acute hospital with a type 1 A&E department will move to a comprehensive model of Same Day Emergency Care. This will increase the proportion of acute admissions discharged on the day of attendance from a fifth to a third.