

Emergency Admissions Supporting Information

Many patients present at A&E with problems which may have been avoidable if they had been managed better in the community. This is distressing for patients, but also wastes valuable A&E time and NHS money. Nineteen conditions have been identified where this is particularly likely.

Nineteen such Ambulatory Care Sensitive conditions have been identified and a directly standardised rate for each of these conditions is calculated for each CCG based on the age, sex and social deprivation of the population. These conditions have been identified as ones where community care can avoid the need for hospitalisation.

Ambulatory care sensitive conditions

COPD, angina (without major procedure), ENT infections, convulsions and epilepsy, congestive heart failure, asthma, flu and pneumonia (>2 months old), dehydration and gastroenteritis, cellulitis (without major procedure), diabetes with complications, pyelonephritis, iron-deficiency anaemia, perforated/bleeding ulcer, dental conditions, hypertension, gangrene, pelvic inflammatory disease, vaccine-preventable conditions, nutritional deficiencies.

Key steps to :

- Inform practices if their patients are presenting at A&E frequently. Systems should be put in place at CCG level to feed back to GPs which of their patients are presenting at A&E as a result of one of these 19 conditions, so that their care can be reviewed and improved. There are computer-based tools that enable such patients to be easily identified.
- Identify which conditions are leading to emergency admissions. CCGs should identify which conditions account for a disproportionate level of hospital admissions and thus use of resources in their area.
- Encourage practices to review the care of these patients. Practice-based commissioning can be used to incentivise practices to improve their management of potential high-intensity users in order to reduce strain on A&E.
- Support practices in the management of these patients. Other services, such as rapid access clinics, in-reach and out-reach teams, intermediate care and other community services, should be aligned to support GP practices management of these patients in order to avoid excessive emergency admissions.
- Work with local trusts to improve A&E assessment procedures. Hospital admission should only be necessary for A&E patients where there are clinical reasons for assessments or treatments taking longer than four hours.

Further Information

For detail about the standardisation methods used please visit <http://www.nhselect.nhs.uk/Service-Transformation/Better-Care-Better-Value-Indicators>

Information Shown

This indicator shows the directly standardised rate of admission for each condition per 100,000 population. These conditions have been identified as ones where community care can avoid the need for hospitalisation. In general, the lower the rate of emergency admissions for these conditions the better - both for patients and the NHS.

Rank	Information Shown	Productivity	Opportunity
1	Nhs england south (south central)	388.72	13,884,998.56
2	Nhs england south (south east)	394.41	18,158,521.50
3	Wessex Area Team	398.24	11,493,996.99
3	Nhs england south (wessex)	398.24	11,493,996.99
4	Nhs england south (south west)	401.22	10,906,032.34
5	Nhs england midlands and east (east)	412.16	16,435,022.39
6	Nhs england london	430.15	34,130,748.43
6	London Area Team	430.15	34,130,748.43
7	Nhs england midlands and east (central midlands)	458.47	20,001,733.52
8	Nhs england midlands and east (north midlands)	470.97	19,676,712.92
9	Nhs england midlands and east (west midlands)	478.45	24,583,361.99
10	Nhs england north (yorkshire and humber)	497.87	35,687,436.38
11	Nhs england north (greater manchester)	505.99	17,283,336.10
12	Nhs england north (cumbria and north east)	532.91	21,701,576.02
13	Nhs england north (lancashire)	552.44	9,717,917.82
14	Nhs england north (cheshire and merseyside)	561.35	19,114,451.93