



**HEALTH SCRUTINY PANEL  
25 NOVEMBER 2004**

**HEALTH SCRUTINY REVIEW  
EMERGENCY ADMISSIONS INTO JAMES COOK UNIVERSITY  
HOSPITAL, MIDDLESBROUGH**

**1. PURPOSE OF THE REPORT**

- 1.1 To introduce the next topic in the work programme, which is Emergency Admissions into James Cook University Hospital, Middlesbrough.

**2.0 BACKGROUND & OUTLINE DIRECTION OF REVIEW**

- 2.1 Emergency Care and the way in which Emergency Admissions are handled is a topic that has traditionally attracted significant attention. More recently it has been made a priority by central government with significant targets for improvement being set. It has been the subject of various Department of Health publications including a ten year strategy entitled *Reforming Emergency Care* published in October 2001 and a recent report by Professor Sir George Alberti entitled *Transforming Emergency Care in England*.
- 2.2 The document *Reforming Emergency Care*, which is the basis for changes in the Emergency Care sector, is based on six key principles. These are outlined from 2.3 to 2.7:
- 2.3 Services should be designed from the patient's point of view
- 2.4 Patients should receive a consistent response, wherever, whenever and however they contact the service.
- 2.5 Patients' needs should be met by the professional best able to deliver the service.
- 2.5 Information obtained at each stage of the patients journey should be shared with other professionals who become involved in their care.

- 2.6 Assessment or treatment should not be delayed through the absence of diagnostic or specialist advice; and
- 2.7 Emergency Care should be delivered to clear and measurable standards.
- 2.8 Further to that, the Carson Report in 2001 reviewed Out of Hours services and made recommendations which led to the new Out of Hours services, as part of the new General Practitioners contract.
- 2.9 It has recently being reported by Sir George Alberti in his publication *Transforming Emergency Care in England*, that there has being great strides forward in the handling of Emergency Care. The report states that at the start of 2003, almost a quarter of patients spent more than four hours in Accident & Emergency. The report goes on to say that presently, it is less than one in twenty patients, which has to wait for more than four hours.
- 2.10 It is important to remember however, that whilst such information is helpful in considering the topic, the topic of Emergency Admissions is not solely concerned with how those who attend facilities are treated.
- 2.11 There is significant anecdotal evidence to suggest that the rate of Emergency Admissions nationally is so high as to be a cause for concern. It is, however, the role of the Scrutiny Panel to gather evidence to support or challenge this point. A key part of the Review will be investigating the reasons behind the rate of emergency admissions and whether an emergency admission is always the most appropriate way to deal with a matter, or if an alternative can be suggested.
- 2.12 Consequently, the following is suggested as terms of reference for the Review.

### **3.0 SUGGESTED TERMS OF REFERENCE**

- 3.1 To establish the rate of emergency admissions into James Cook University Hospital, relative to national figures.
- 3.2 To investigate why the numbers of emergency admissions into James Cook are at their current level.
- 3.3 To investigate methods of reducing the amount of 'unnecessary' emergency admissions.
- 3.4 To examine the possibility of the local NHS organising elective surgery in such a way to complement the apparent trends in emergency admissions.
- 3.5 To investigate the impact developments such as Out of Hours, Minor Injury Units, Walk in Centres and Emergency Prevention has or could have on emergency admissions into James Cook.

- 3.6 To investigate to what extent a 'revolving door syndrome' exists, whereby the same people are admitted and discharged from hospital on a regular basis and the costs this incurs.
- 3.7 To examine performance indicator information relative to the interface between the NHS and Social Services in dealing with patients coming out of acute care into primary care.

#### **4.0 POSSIBLE WITNESSES**

##### **4.1 Health Community**

Primary Care Trusts  
South Tees Hospitals NHS Trust  
Ambulance Trust  
Social Services  
Executive Member  
Strategic Health Authority

##### **4.2 Independent**

North East Public Health Observatory  
Patient Forums  
Voluntary Sector  
University academics

- 4.3 The Panel could potentially gather evidence from a significant amount of people, so the Panel is required to consider how it approaches each aspect of the Review in a timely fashion.

#### **5. BACKGROUND PAPERS**

- 5.1 Transforming Emergency Care in England, a Report by Professor Sir George Alberti. Department of Health, October 2001.
- 5.2 Reforming Emergency Care, Department of Health, October 2001.
- 5.3 Carson Report, Department of Health, 2001.

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