

HEALTH SCRUTINY PANEL – REVIEW OF EMERGENCY ADMISSIONS AT JAMES COOK UNIVERSITY HOSPITAL

SUMMARY

AIM OF THE INVESTIGATION – *Emergency Medicine is one of the most visible and high profile elements of the National Health Service. All available national evidence indicates that Emergency Admissions are rising at quite a pace and local evidence indicates that the rise at James Cook University Hospital is particularly pronounced. This Review was aimed at investigating the reasons for the increase, and whilst not straying into clinical fields in which the Panel is not qualified, investigating any means which could be employed to reduce the rising rate. In addition, to ensure that those accessing Emergency medicine are doing so appropriately and the service is not dealing with those whose needs could be handled perfectly adequately in a non-emergency setting.*

With the above in mind, the Panel agreed on the following as Terms of Reference to govern the Review.

- a) To establish the rate of emergency admissions into James Cook University Hospital and relate to national figures;
- b) To investigate why the numbers of emergency admissions into JCUH are at their current level, with special attention being given to the high incidence of emergency admissions with a psychiatric element to them;
- c) To investigate methods of reducing the amount of ‘unnecessary’ emergency admissions;
- d) 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 at JCUH;
- e) 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;
- f) 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;
- g) To ask whether there are predictable trends in Emergency Admissions and could elective surgery be planned to complement any trend.

Conclusions

- (a) That at present, there is no evidence to suggest that a revolving door exists in relation to some groups of patients between primary and acute care.
- (b) That there is no evidence that Walk in centres and other such developments would impact on the rate of Emergency Admissions at JCUH.
- (c) That the development of community hospital facilities would increase the capacity of the local health economy to deal with the current rate of Emergency Admissions by enhancing throughput at JCUH
- (d) That there have been initial teething problems with the new Out of Hours service arrangements. This in turn may have contributed to increased patient flows to JCUH.

- (e) That it is possible a small number of people are discharged without a proper assessment of their needs and an appropriate care package being put in place for them.
- (f) That the processes around discharge should be kept under constant review to ensure no one is inappropriately discharged.
- (g) That on the basis of evidence received, there could be improvements made to the information provided to patients leaving acute care about what to do should they feel they have not had due attention paid to their condition and possible needs prior to discharge.
- (h) That the Health Scrutiny Panel would like to conduct a review into the provision of the Out of Hours service provision.
- (i) That as the demographics of the area change with more older people and more people surviving certain conditions, Emergency Admissions are likely to remain high.
- (j) That the development of a dedicated unit in relation to the ICP at JCUH would be of great benefit to the local health economy in providing a settled familiar facility for self harmers to be treated by specialist staff, with ready access to acute care.
- (k) During the course of the scrutiny review, concerns were expressed to the Panel regarding complaint procedures of organisations. Essentially, The Panel heard that family members of patients are not permitted to complain on behalf of relatives and the patient affected must make any complaint. The Panel does not feel it is necessary to make a recommendation around this topic. It would, however, urge the local health and social care economy to check it's complaints systems are flexible enough to allow complaints on behalf of patients, thereby allowing the maximum feedback and enabling services to improve where necessary. The Panel would welcome responses from the local health and social care economy confirming this.

Recommendations

- (a) That Middlesbrough PCT, with partners in the local health & social care economy investigates the viability of enhancing community facilities in the town.
- (b) That the processes around discharge are kept under constant review to aim that no one is inappropriately discharged.
- (c) That the information provided to people upon discharge is reviewed to ensure it contains appropriate information regarding the process to follow should they feel they have been inappropriately discharged.
- (d) That a system is prepared to ensure anybody who has been inappropriately discharged, following notification, is subject to a rapid assessment and the appropriate action taken. Further to this, such system should be made public and as transparent as possible.
- (e) That should it become clear that anybody has been inappropriately discharged, an investigation is undertaken to ensure lessons are learnt.
- (f) That Middlesbrough PCT continues to monitor the effectiveness of the Out of Hours services as provided by Primecare.
- (g) That a dedicated unit in relation to the Integrated Care Pathway as outlined in the report is advanced with a view to implementation as soon as possible.