

NHS Trust in London

The audits has provided the CCG with the evidence to re-negotiate the F2FU ratios and avoidable readmissions rate and negotiate reduced payments for those specialities with high Follow-ups and emergency re-admissions.

- **Emergency Readmissions**
 - Across the whole trust the total readmission rate was found to be 11.2% that is similar to the National and London area trusts averages.
 - The highest readmission numbers were seen in General medicine, General surgery, T and O, A and E and Gastroenterology
 - The possible **avoidable readmissions rate was 29.6%** across all the five specialties put together
 - Notable medical conditions/presentations with a high likelihood of readmission include Abdominal Pain, Community acquired pneumonia, DVT/PE and patients with multiple co-morbidities. Together the above **3 conditions accounted for nearly 50% of readmissions**
 - Over 75% of the readmitted patients got readmitted even before their planned follow up in acute/ primary or community took place.
 - About a quarter of the patients with NEL readmissions in this review had more than three readmissions in 6 months

- **First to Follow up ratios**
 - We established baselines which were much lower than those in the current contract. Identified and validated the exclusion criteria
 - Showed **specialties could have used alternate modes of follow up in at least a proportion of the patients (13% to 60%)**
 - Established the case to improve the efficacy of the first consultation by use of pre-consultation diagnostics and consultant vetting of referral letters

NHS trust which recently merged two hospitals and their A and E

The audits have provided the CCG with the evidence to re-negotiate by identifying an opportunity worth £40000 in avoidable 0-1 Hr NEL admissions. It also identified the key reasons for the blockages in patient flow in A and E. The audit also helped establish baseline metrics for Ambulatory care unit for the first time and provide basis for revision of the local tariff

- **0-1 Hr very short stay NEL admissions audit**
 - The overall 4-hour breach rate in 2014-15 was around 22%, which was very high compared to national averages and similar trusts.
 - Delayed assessments in both A and E and by specialists accounted for more than 30% of breaches.
 - Delayed assessment in ED or delayed decision making in ED led to about 20% of all breaches making this the most important avoidable reason
 - Nearly 40% of all NEL admissions were made in the last 30 minutes before the 4 hour breach target (20% in the last 10 minutes) indicating a high pressure on the system to admit patients for the purpose of breach avoidance.
 - The tariff costs of the patents in the study group ranged from £405 to £3390 with average cost per admission being around £900 which is much higher than an average A and E attendance. The cost to CCGs for these admissions could be nearly £1.8 million for 2015-16.

- **Ambulatory emergency care unit audit**
 - About 30% of acute take now managed through AEC unit. Only 15% of patients from AEC unit get admitted to In-patient ward
 - ACP referrals and assessments led to change from original referral diagnosis in about 6-8% of attendances
 - A large number of patients don't need a follow up appointment and another large proportion don't need an MDT service

Audit of Emergency Care Pathways

The audits have provided the CCG with evidence to negotiate non payment for 35% of the very Short stay admissions as they were provide to be for avoidance of A and E 4 hr target.

Overall the audit showed that around 18% of the paediatric NEL admissions could have also been avoided. The audit provided the evidence and basis for set up of a paediatric SSAU

- **Short Stay NEL admissions –Paediatric**
 - In 10 patients (20% of all admissions) the patient was admitted purely for a short term observation which often did not last more than 4-6 hrs
 - A majority of the NEL admissions were for Conditions particularly suitable for management in an SSPAU
 - Diagnostics delay particular USG out of hours and radiology tests were another common cause for delay in discharging the patient from A and E
 - Overall the audit showed that around 18% of the NEL admissions could have been avoided

- **0-1 Hr NEL admissions- Adult**
 - Nearly 12%% of A and E attendances in the study group with 0-1 hr NEL admissions were direct referrals to specialties and were using A and E as a transit clogging up the system
 - 34% of all NEL admissions were made in the last 30 minutes before the 4 hour breach target indicating a high pressure on the system to admit patients for the purpose of breach avoidance
 - While there was some clinical rationale for most admissions, nearly 37% of them were possible to avoid by having faster assessments in A and E, getting specialist opinion earlier and having faster turnaround for diagnostics.