

Stephen Watkins, NHS Benchmarking

Emergency Care
Benchmarking
Ambulatory Emergency
Care Benchmarking
Findings 2018



NHS Benchmarking Network Emergency Care Benchmarking Ambulatory Emergency Care Benchmarking Findings 2018 31st October 2018



Emergency Care Benchmarking

- Project initiated in 2012 as an area of interest by members
- Project content updated annually with members and RCEM involvement
- Seventh cycle this year
- 2017/18 is 2nd year of collaborating with the NHS Getting It Right First Time Team
- 142 participating Trusts/UHBs
 - □ 255 ED submissions
- Colour code
 - Yellow UHB
 - Green Teaching
 - □ Purple Large (£450m+)
 - Blue Medium (£200m £450m)
 - □ Orange Small (<£200m)
 - □ Red Community

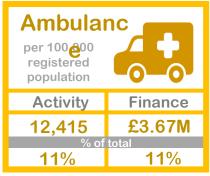


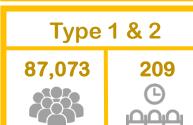
Urgent & Emergency Care System



Activity	Finance			
21,183	£276k			
% of total				
19 %	1%			

Primary Care per 100,000 registered population Activity Finance 18,831 £1.16M % of total 17% 3%

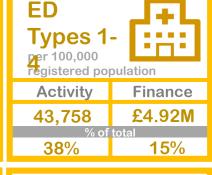




Number of ED

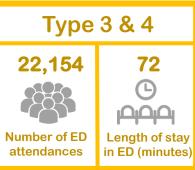
attendances

9%



Mental

Health



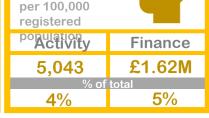


% of total

Length of stay

in ED (minutes)

63%



Community Services per 100,000 registered				
population Activity	Finance			
2,623	£636k			
% of 2 %	2%			

Urgent & Emergency Care System

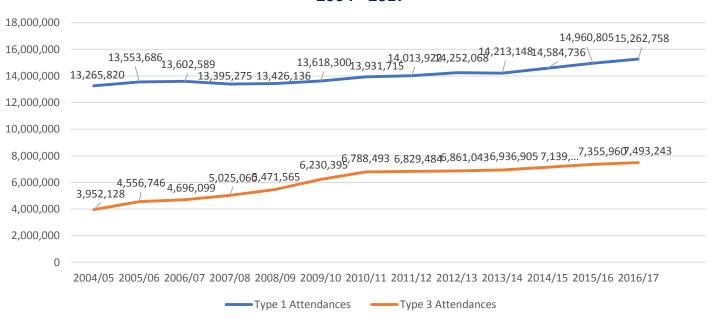
Summary of Activity & Finance

Pathway	Activity	Finance	Activity	Finance
	per 100,000 population		% of total	
NHS 111	21,183	£276,455	19%	1%
Primary Care	18,831	£1,161,233	17%	3%
Community Services	2,623	£635,992	2%	2%
Mental Health	5,043	£1,619,875	4%	5%
Ambulances	12,414	£3,665,701	11%	11%
ED types 1-4	43,758	£4,917,042	38%	15%
Emergency admissions	9,827	£21,341,635	9%	63%
TOTAL	113,679	£33,617,933		



The chart below shows the yearly total ED attendances (type 1 and 3) from April 2004. The chart shows that the greatest growth in activity is in type 3 ED attendances.

ED attendances Type 1 and Type 3 2004 - 2017





• In the same time period 2004 to 2018, emergency admissions have almost doubled. The growth in emergency admissions is in type 1 ED attendances converting to admissions.

Total Emergency Admissions via A&E





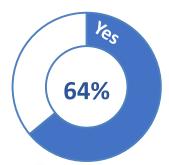
Is there a single unit dedicated to the delivery of AEC?



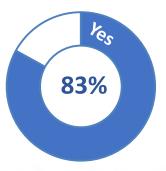
Is the unit used as escalation capacity for ED?



Is there priority access to diagnostics?

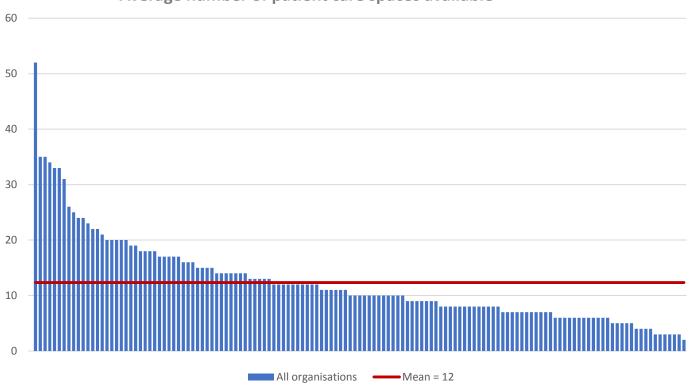


Do you have a separate location code for the AEC unit?





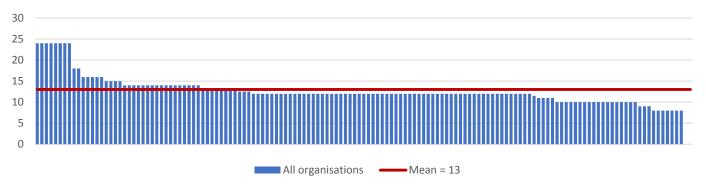




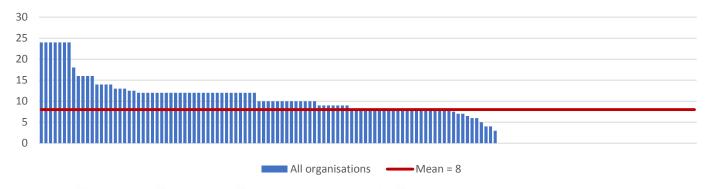


Hours Service Available

During the Week: Hours per day AEC stream is open



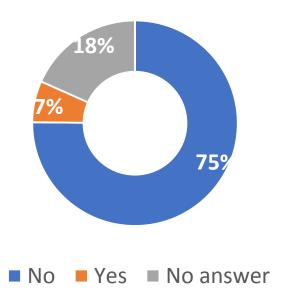
At the Weekend: Hours per day AEC stream is open





Ambulatory Emergency Care

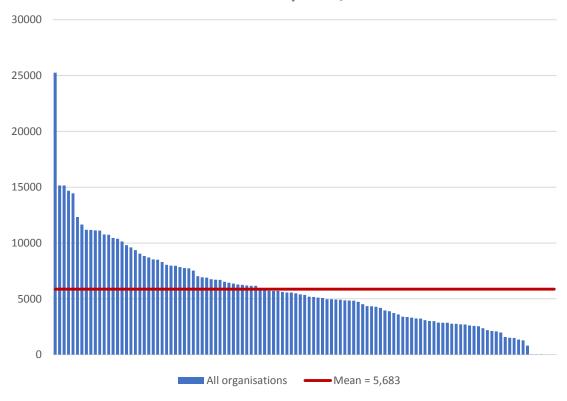
Are patients in the AEC stream viewed as being on the A&E 4 hour clock?





AEC Activity 2017/18

AEC activity 2017/18

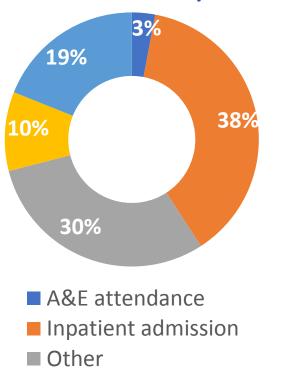


- The mean number of ambulatory emergency care patient care episodes was 5,683 in 2017/18
- The mean number of attendances per Type 1 department in 2017/18 was 87,073.



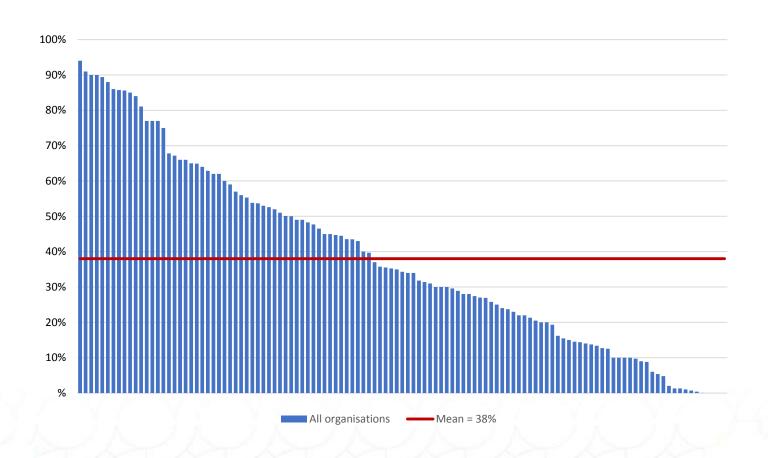
Classification of AEC Unit activity (2017/18)

How is AEC activity recorded?



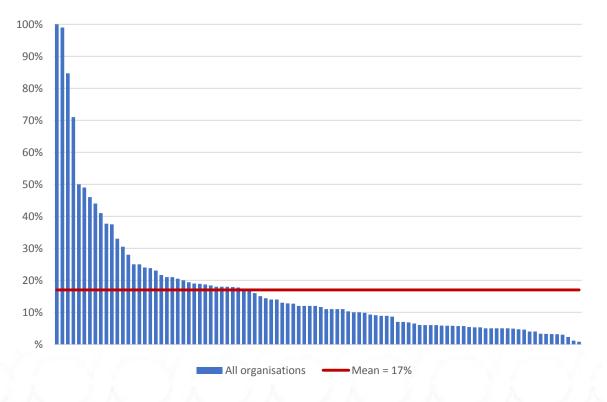


Percentage of AEC attendances that came from GP Referrals (2017/18)





Percentage of AEC attendances who were admitted to inpatient care (2017/18)

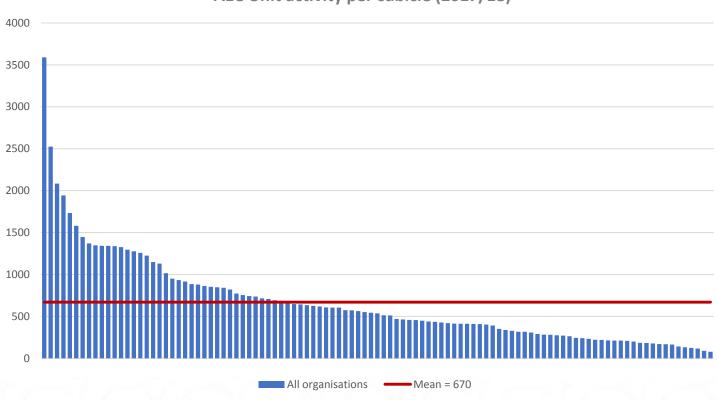


On average 314
 patients per year
 (17%) are
 classed as
 admitted to
 inpatient care
 from AEC Units.



Infrastructure

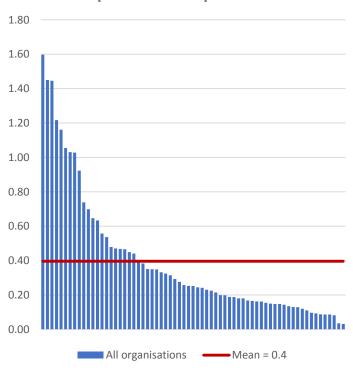
AEC Unit activity per cubicle (2017/18)



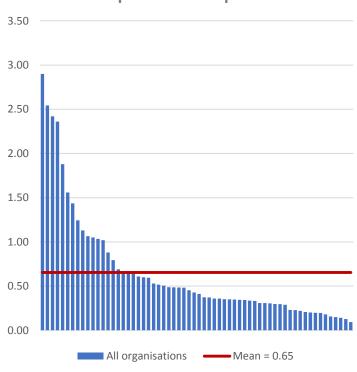


Workforce (2017/18)

WTE Consultants per 1,000 AEC patient care episodes



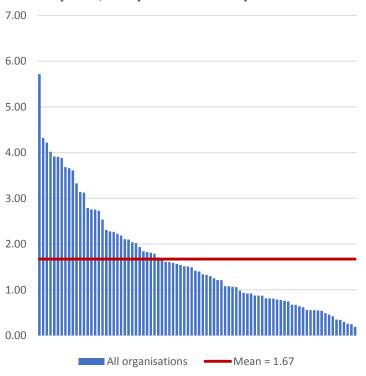
WTE other medical staff per 1,000 AEC patient care episodes



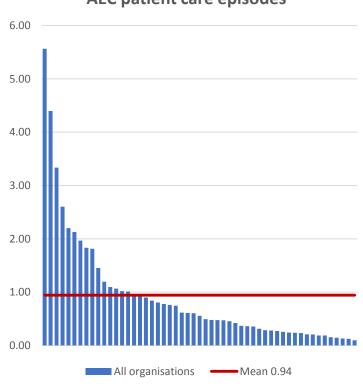


Workforce (2017/18)

WTE nursing staff employed in AEC per 1,000 patient care episode



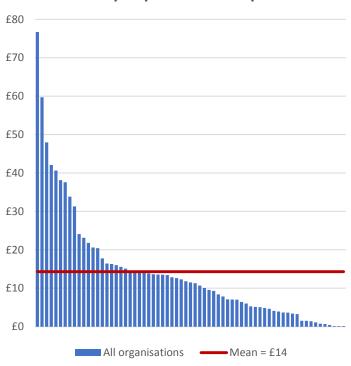
Other Clinical Staff WTE per 1,000 AEC patient care episodes



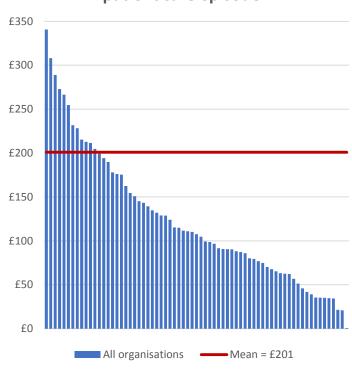


Finance (2017/18)

Total non-pay direct costs for AEC stream per patient care episode



Total pay costs for AEC stream per patient care episode





Conclusions

- ED benchmarking;
 - Trusts continue to deliver excellent performance in difficult circumstances
 - Demand growth continues
- AEC Benchmarking
 - Variety of approaches are evident
 - Making a positive contribution to patient streaming
 - Lower conversion rate than Type 1 activity
 - Model still evolving

Next steps

- Data finalisation and sharing information with Getting It Right First Time Team
- Organisations bespoke report and web tools available in November
- National Report December
- 2019 benchmarking

Thank you to all contributors!