

## PLYMOUTH CITY COUNCIL

**Subject:** Urgent Care  
**Committee:** Caring Plymouth  
**Date:** 7 August 2014  
**Cabinet Member:**  
**CMT Member:**  
**Author:** Sharon Matson, Head of Commissioning (Western Locality)  
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email: Sharon.matson@nhs.net  
**Ref:**  
**Key Decision:** No  
**Part:** I

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### **Purpose of the report:**

This report has been produced in order to brief the Panel on the current demands in the urgent care system for the Western Locality of NEW Devon CCG.

It focuses on data up to the end of May 2014 but further analysis is on-going and the position has not changed significantly. A whole system summit is planned for 8 August to discuss the changes that have been experienced by the urgent care system and to generate actions and solutions to ensure sustainability for the future.

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### **The Brilliant Co-operative Council Corporate Plan 2013/14 -2016/17:**

Caring Plymouth

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### **Implications for Medium Term Financial Plan and Resource Implications: Including finance, human, IT and land**

None

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### **Other Implications: e.g. Child Poverty, Community Safety, Health and Safety and Risk Management:**

None

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### **Equality and Diversity**

Has an Equality Impact Assessment been undertaken? No

If an Equality Impact Assessment (EIA) has been undertaken it must be included as a background document. Key findings should be included in the main body of the report.

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**Recommendations and Reasons for recommended action:**

The Panel is asked to note the content of the report

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**Alternative options considered and rejected:**

None

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**Published work / information:**

**Background papers:**

Title	Part I	Part II	Exemption Paragraph Number						
			1	2	3	4	5	6	7

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**Sign off:**

Fin		Leg		Mon Off		HR		Assets		IT		Strat Proc	
Originating SMT Member													
Has the Cabinet Member(s) agreed the contents of the report? No													

Report to Caring Plymouth  
Urgent Care

7 August 2014

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## **1. Introduction**

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- 1.1.1 This report has been produced in order to brief the Panel on the current demands in the urgent care system for the Western Locality of NEW Devon CCG.
- 1.1.2 It focuses on data up to the end of May 2014 but further analysis is on-going and the position has not changed significantly. A whole system summit is planned for 8 August to discuss the changes that have been experienced by the urgent care system and to generate actions and solutions to ensure sustainability for the future.

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## **2. Summary**

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- 2.1 Based upon the analysis contained in this report the following conclusions have been reached:-
- There has been a significant increase in the number of Emergency Department (ED) attendances from January 2014 in PHNT
  - The further increase in ED attendances from April 2014 is significant and represents a 'real' increase in activity that is not explained by seasonal trends
  - The increase in ED attendances from April 2014 is mirrored in other Trusts and is also significant across the whole of NEW Devon CCG.
  - There has been a significant increase in the number of ambulance handovers at PHNT from March 2014 but further work is required to assess any changes in the number of ambulance activations
  - There are early signs that the number of emergency admissions is also increasing in PHNT but further work is required to confirm the size and scale of this potential change

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## **3. Process**

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- 3.1 Data has been triangulated to minimise any data recording errors and to obtain a clearer picture on the potential cause and effects.
- 3.2 The members of the Urgent Care Partnership were approached to provide a view on the potential system changes that have occurred in recent months. This was used to help

understand the changes in the activity data that was being reported both in terms of the size of the change and when the change occurred.

- 3.3 The remainder of the responses that were received were to clarify that there were no significant service changes in those specific service areas.
- 3.4 It is known that ED activity is seasonal and significant care was undertaken to isolate changes that could be attributed to natural seasonal variation from those that are linked to a local cause.
- 3.5 This analysis is primarily focused on the changes seen in ED activity in PHNT but it has also considered changes that are occurring pan Devon as well as nationally. Comparisons between PHNT and the national trends would enable us to isolate those changes that are driven by external factors (ie seasonality). Any residual variation it could be concluded is linked to internal factors (ie changes in local service provision).

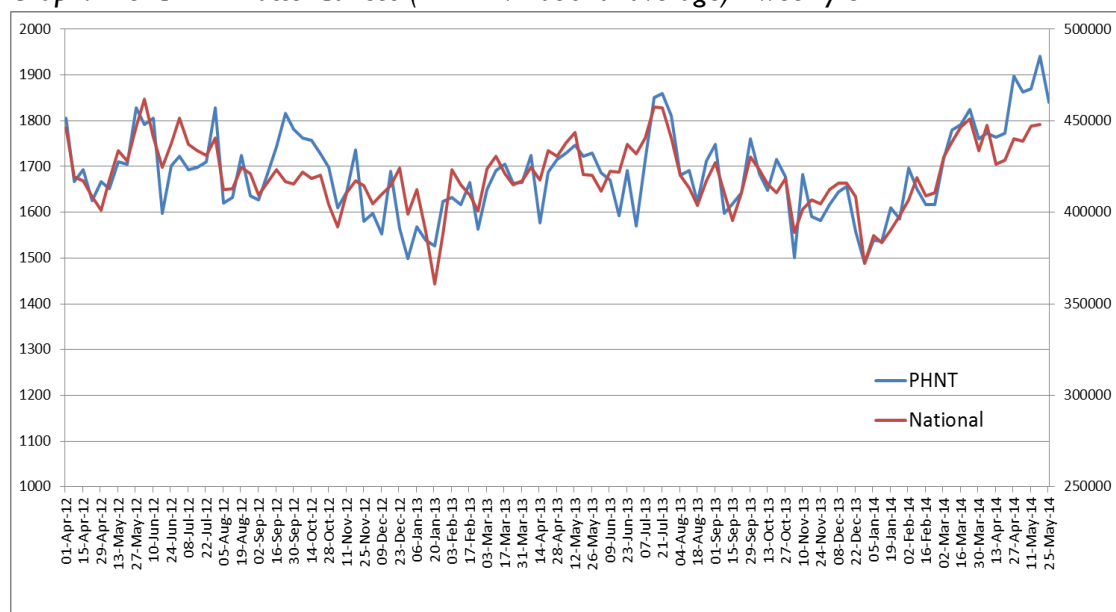
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#### 4. Trends in ED attendances

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- 4.1 There is clear evidence that there has been considerable growth in ED attendances from January 2014 onwards (see graph below). From week ending 12<sup>th</sup> January through to week ending 23<sup>rd</sup> March there was an 18.7% increase in ED attendances in PHNT compared to a 16.0% increase nationally.

*Graph: Trend in ED attendances (PHNT v national average) - weekly SITREP*

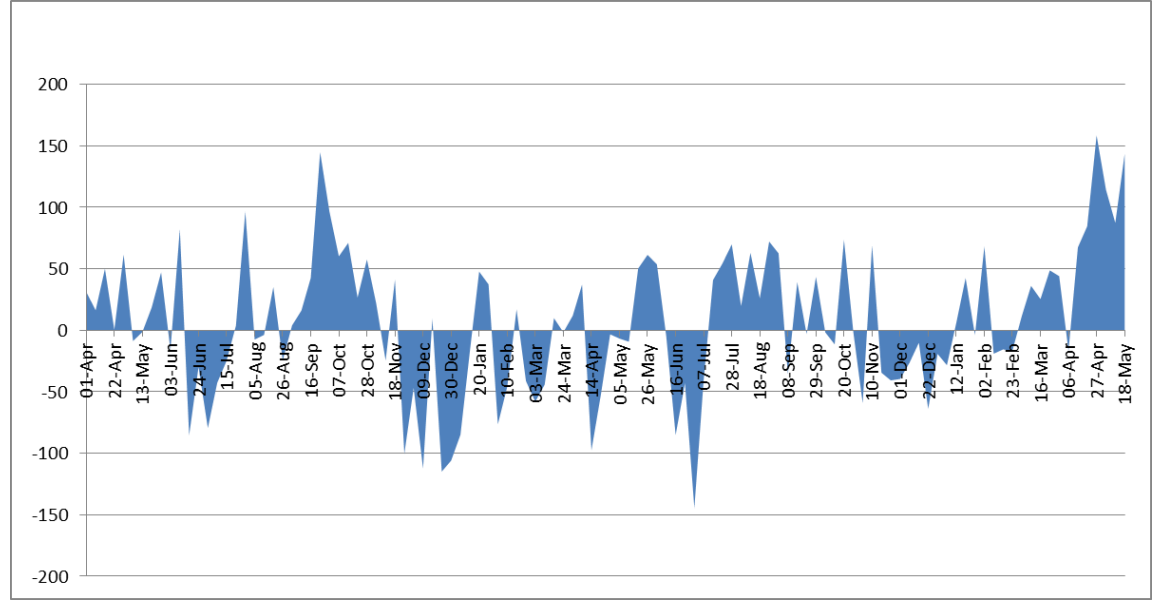


- 2.2 It is also clear from the graph that there is a very high degree of correlation between the profiles for both PHNT and the rest of England. The figures for PHNT are slightly more variable but this is entirely to be expected due to the smaller population numbers involved.
- 2.3 The profiles for PHNT and England show the same peaks in activity in July 2013 and March 2014. It is known that the peak in demand seen in July 2013 coincided with the heat wave that was experienced at that time. The relative size and nature of these peaks in demand are the same that implies that the causes of these increases are also the same. The fact that PHNT shows the same demand trends as seen nationally also minimises the potential of a local issue being behind the change in the period up to the end of March 2014.

2.4 However, the number of ED attendances in PHNT has continued to rise over the 4 weeks since early April 2014. This increase is not fully mirrored by changes nationally which indicates there could be a local cause for this change. The variation from the national average is statistically significant from this period based upon statistical process control rules (ie four consecutive periods with greater than 1 standard deviation above average).

2.5 The relatively high peak in ED activity from early April 2014 is the most significant sustained period of high ED activity that has been seen since April 2012. The graph below shows the level of variance between ED attendances in PHNT and the national average if they are weighted to the same scale. This method will show more clearly whether there are any periods of significant variation between PHNT and the national average (effectively removing seasonal variation). There was a period in September/ October 2012 when there was a smaller but also significant period of high ED activity which coincided with some changes in community services (ICE pilot). However, this change was only a temporary increase in ED activity and the situation returned to normal levels within a few weeks.

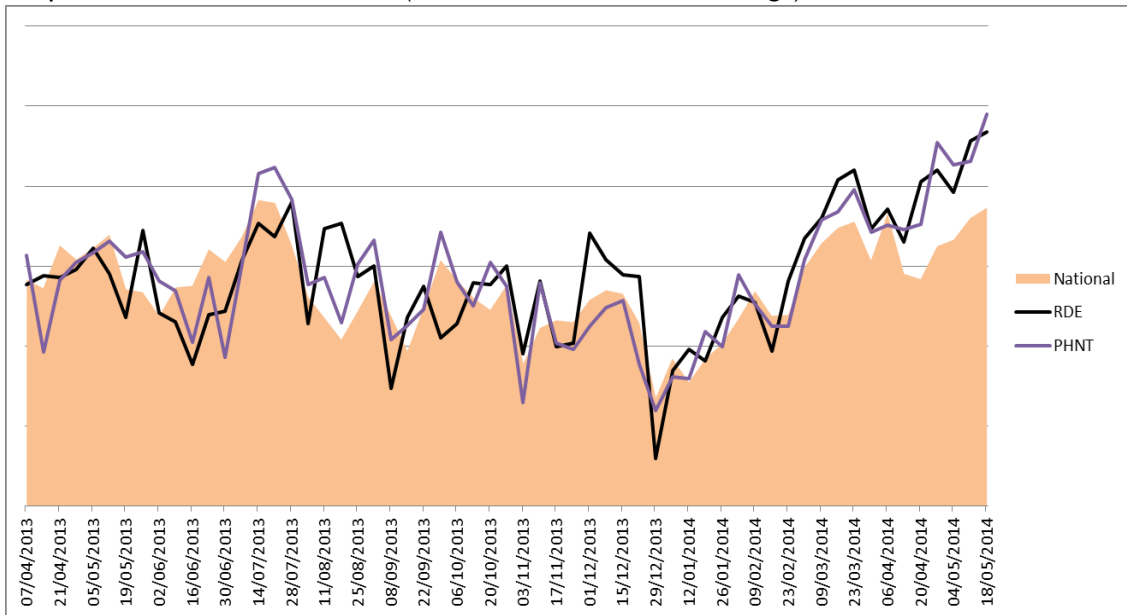
Graph: Variation in ED attendances between PHNT and national average



2.6 There is an early indication that ED attendances started to increase above expected levels from early March 2014. This change became statistically significant from early April 2014 and has remained so ever since. The increase in ED attendances above expected levels is equivalent to 109 attendances per week from week ending 13<sup>th</sup> April 2014

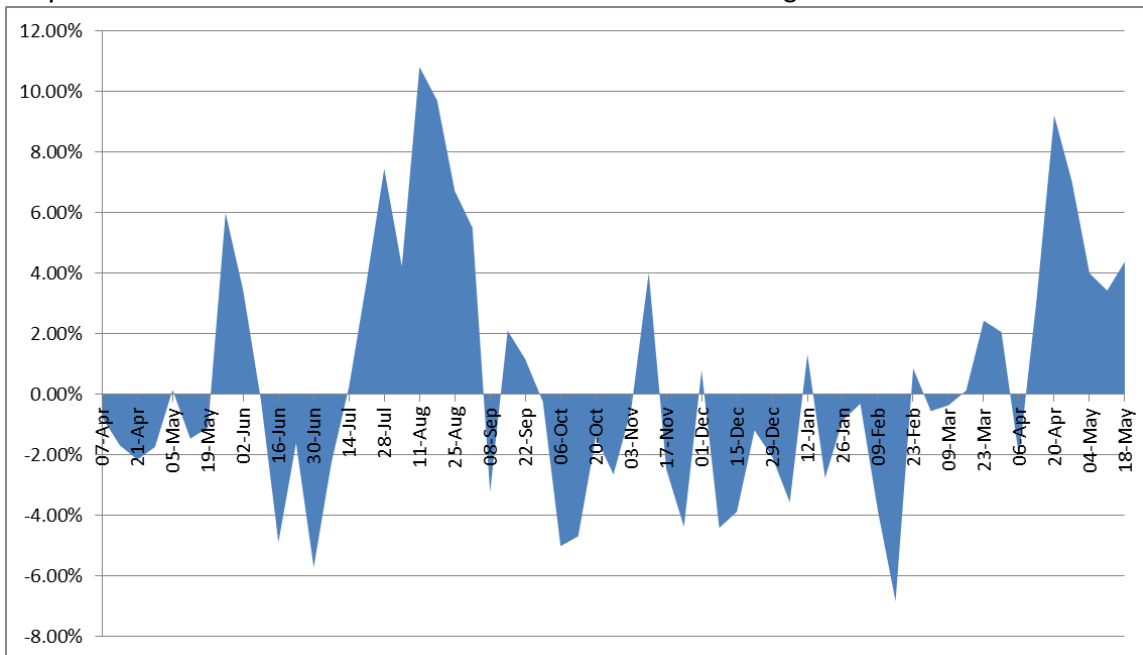
2.7 A similar analysis for RDE shows that is has also experienced a similar increase in ED activity from January 2014 with a gap opening between RDE and the national average from March 2014 onwards. This would indicate that what is driving the increase in ED activity in PHNT is also having a similar effect on RDE. The results for NDHT are less conclusive in relation to this trend. However, this could be linked to the much smaller size of the ED department in NDHT (and the associated wider confidence levels) and the greater seasonal variation.

Graph: Trend in ED attendances (PHNT, RDE & national average)



2.8 The same result also holds true for the total ED activity across NEW Devon CCG as shown in the graph below. The CCG total activity shows unexpected variance from early April 2014 but also a period in July / August 2013. The peak in demand in July/ August is probably linked to the high number of holiday makers that also coincided with the heat-wave that occurred at the start of this period. The summer peak in demand was most noticeable in NDHT and was also significant in Torbay. There is no indication that the recent peak in ED activity in April 2014 is linked to high numbers of tourists as data from PHNT shows that it is linked to patients resident in the CCG area and it is too early in the summer period.

Graph: Variation in ED attendances between CCG national average



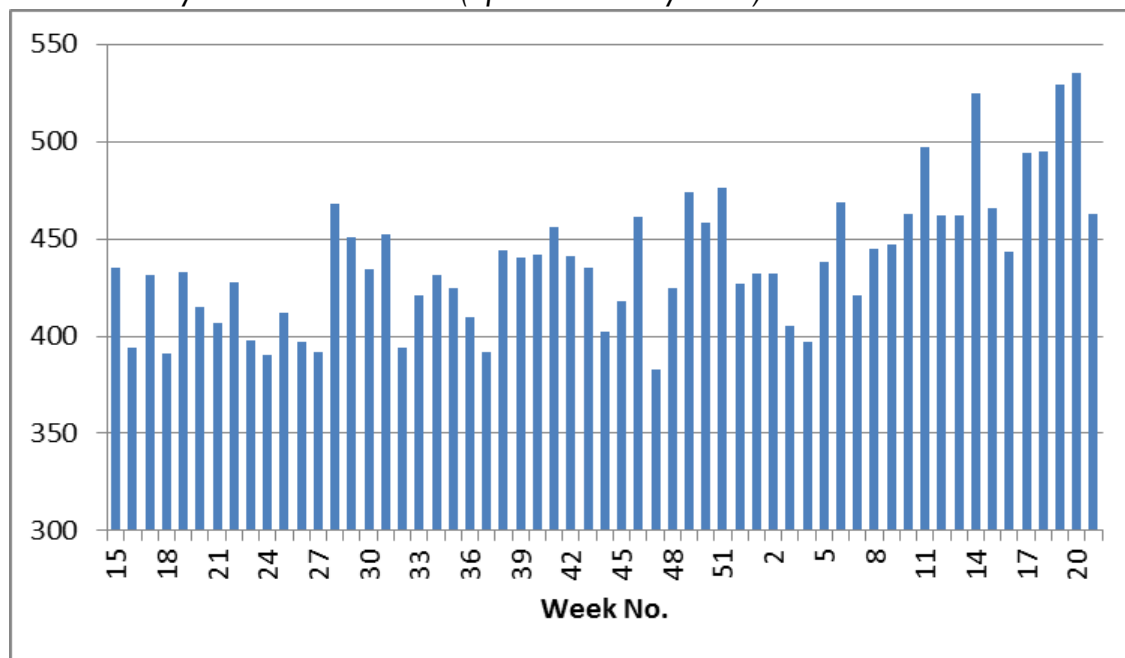
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## 5. What is changing

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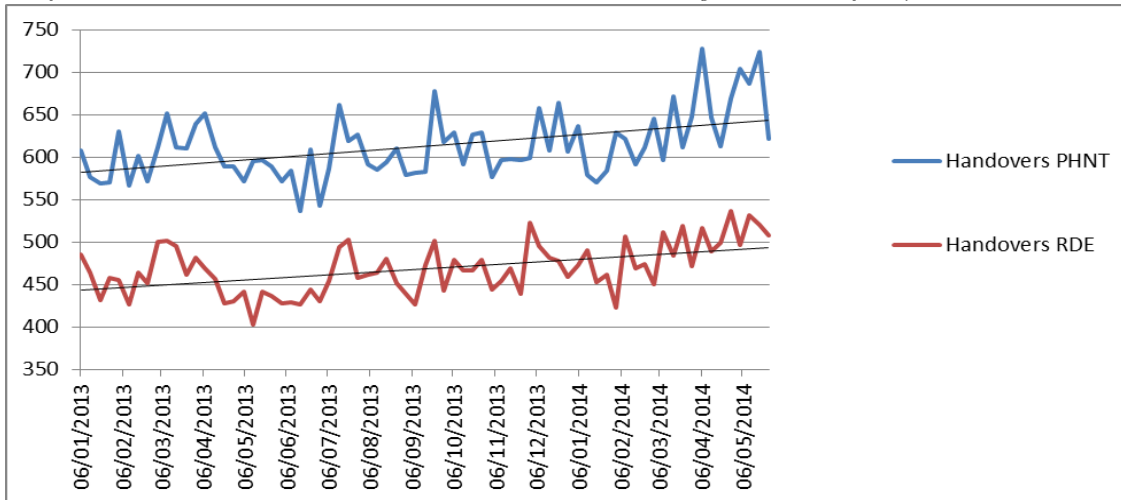
- 5.1 We have established that there has been a statistically significant increase in ED activity that can be demonstrated to have occurred by early April 2014 across PHNT/ RDE and the total for NEW Devon CCG. This section will further pinpoint the nature of this change.
- 5.2 This section will focus on the changing profile in ED attendances that have occurred in PHNT over recent months, these include:-
- Resident CCG
  - Arrival method
  - Triage category
  - Day of week
  - Time of day
  - Patient age band
- 5.3 The Southwest is a tourist area so it is important to understand whether the increase in ED attendances is coming from the resident population or not. The data from PHNT is clear that the increase in ED attendances seen in the last few months is from within the NEW Devon catchment area. There has been no increase in attendances from Cornwall or patients from outside these areas.
- 5.4 There has been a 17.1% increase in the number of patients that are arriving at ED via ambulance in April/ May 2014 compared to the same period in the previous year (see graph below). This change is statistically significant and is equivalent to an extra 71 ambulance arrivals per week. The number of people turning up at ED via their own method of transport has also increased over the same period (+5.3% or 51 extra attendances per week).

*Graph: Arrival at ED by ambulance at PHNT (April 2013 - May 2014)*



- 5.5 The trend in increasing ambulance handovers is also reported via the ambulance trust. This indicates that both PHNT and RDE have seen a similar increase in ambulance handovers and it appears that this increase started around the middle of March 2014 for both trusts. This increase is also statistically significant for the whole of NEW Devon CCG.

Graph: Ambulance handovers at PHNT & RDE - SWAST (Jan 13 - May 14)



5.6 The triage category enables us to view the severity of need of the patients that are arriving at ED. Whilst there have been increases in the number of patients in all triage categories the largest increase is for patients in triage category 3 (+19.1% or 77 extra patients per week). Patients in category 3 account for more than half the total increase seen in ED attendances.

Table: Change in triage category (PHNT)

Triage category	Average attendances		% Change	change
	Apr-May 13	Apr-May 14		
1	40.6	51.3	26.3%	10.7
2	309.4	335.4	8.4%	25.9
3	402.9	479.9	19.1%	77.0
4	601.4	605.3	0.6%	3.8

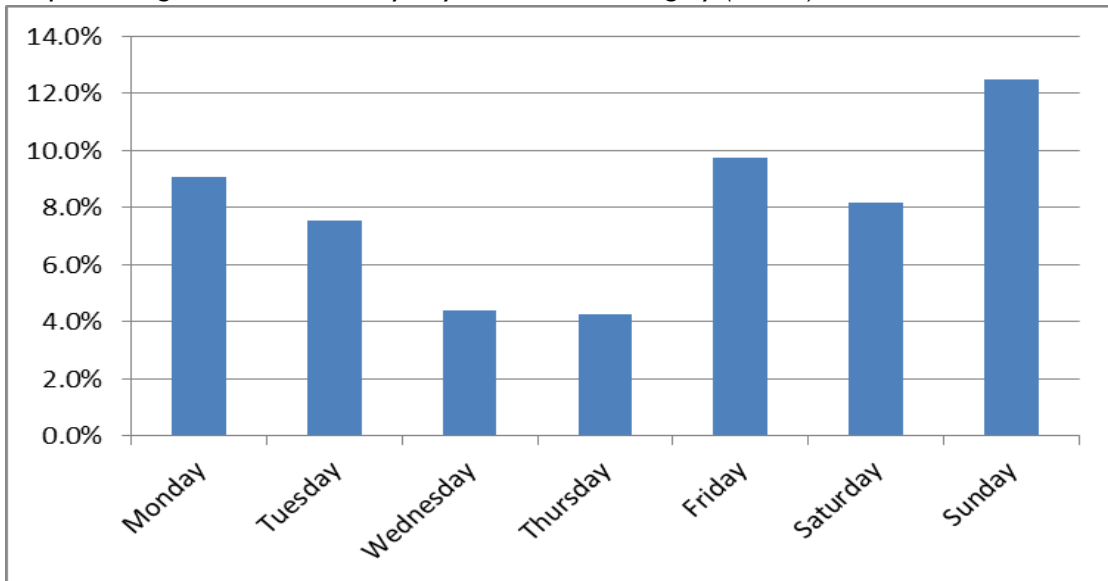
5.7 The increase in ED attendances is occurring on all days of the week. However, the increase is most significant on a Sunday with the overall increase centred around the weekend (ie also high on Friday through to Monday). The percentage increase on Wednesday/ Thursday is lowest and is not statistically significant.

Table: Change in attendances by day of the week category (PHNT)

Triage category	Average attendances		% Change	change
	Apr-May 13	Apr-May 14		
Monday	231.1	252.1	9.1%	21.0
Tuesday	215.7	232.0	7.5%	16.3
Wednesday	208.0	217.1	4.4%	9.1
Thursday	212.4	221.5	4.3%	9.1
Friday	209.0	229.4	9.7%	20.4
Saturday	214.7	232.3	8.2%	17.5
Sunday	217.6	244.8	12.5%	27.2
Total	1508.6	1629.1	8.0%	120.6

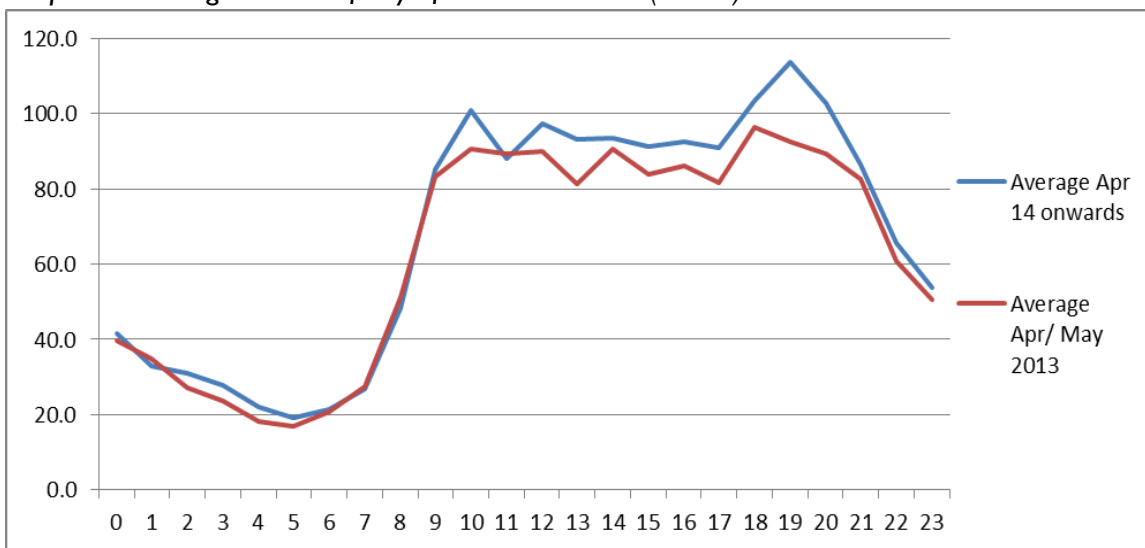


Graph: Change in attendances by day of the week category (PHNT)



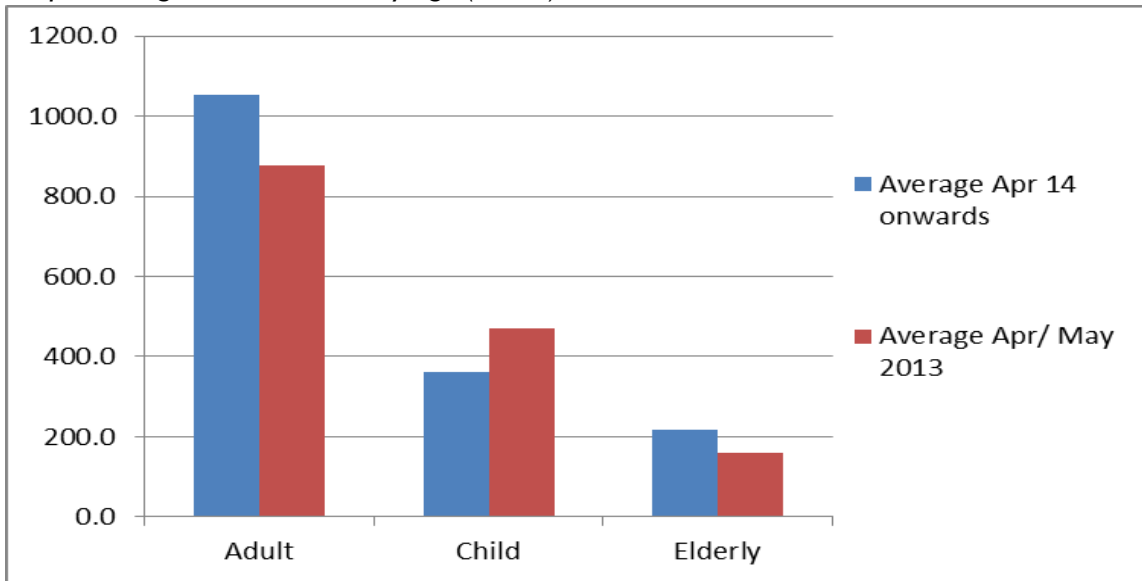
5.8 The increase in ED attendances is occurring most between the hours of 10am and 9pm. The increase is most significant in the early evening (between 5pm and 9pm). This increase in the early evening is equivalent to 50.9 extra attendances per week. The graph below illustrates the change in the profile of the ED attendances in PHNT.

Graph: The change in time of day of ED attendances (PHNT)



5.9 The increase in ED attendances is occurring for both adults and older people. There has been a reduction in attendances for children. Whilst the overall increase is greatest for adults aged 18-74 (+174.2 or +19.8%) the percentage increase is higher for older people age 75+ (+57.7 or +36.2%). If this increase in ED attendances for older people converts to an increase in admissions then this could cause a significant bed pressure.

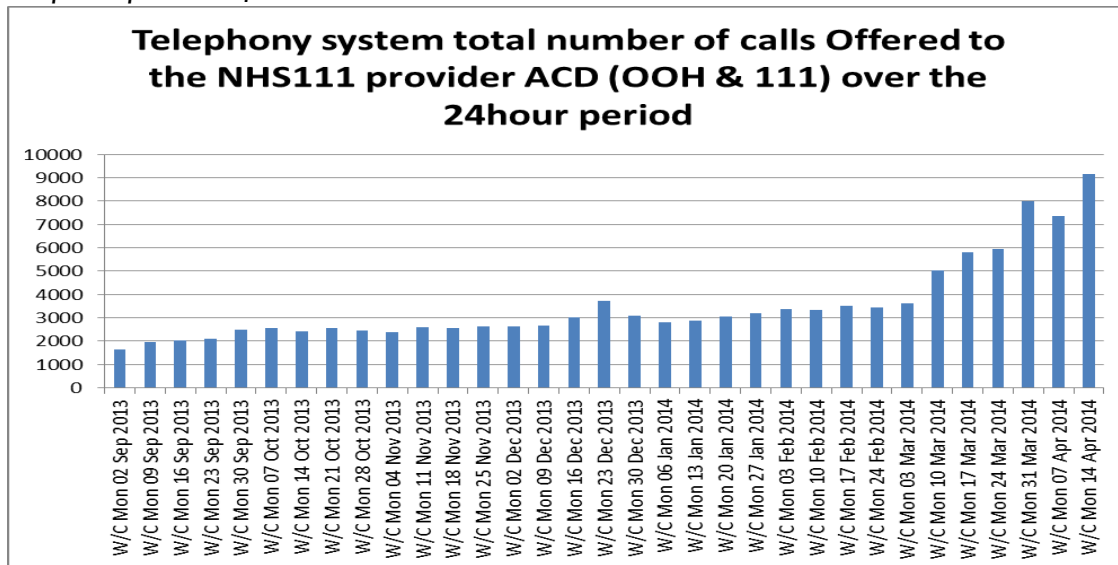
Graph: Change in attendances by age (PHNT)



## 6. NHS 111

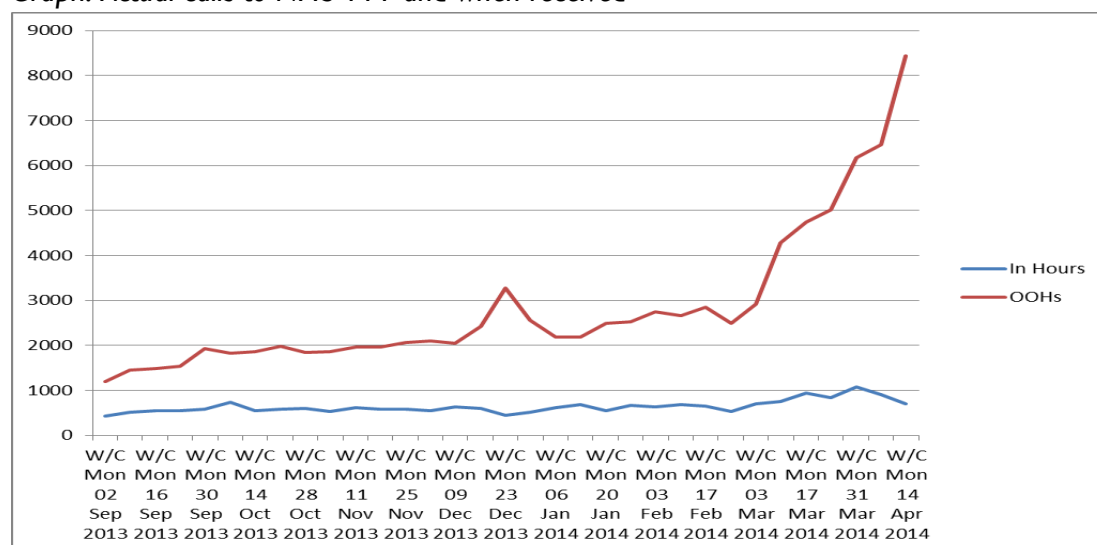
- 6.1 The NHS 111 service expanded significantly from week commencing 10<sup>th</sup> March following the full rollout across Devon. The number of calls to NHS 111 has increased progressively following this date. The expansion of the service to cover both the PHNT and RDE footprints occurred at this time.

Graph: Expansion of the NHS 111 service



- 6.2 The expansion of the NHS 111 service from early March 2014 has occurred mainly around the out of hours service illustrated by the graph below.

Graph: Actual calls to NHS 111 and when received



## 7. Potential impact

- 7.1 It is clear that there has been a growth in the number of ED attendances with an estimated increase of around 109 per week. There has also been an increase in the number of ambulance handovers at PHNT of around 77 per week. Further work is underway to see if there has been a similar rise in the number of ambulance activations.
- 7.2 There are early signs that the number of emergency admissions may have been impacted by the change in the number of ED attendances but further work is required to assess the size and impact of this change.

## 8. Conclusion

- 8.1 Based upon the above analysis the following conclusions have been reached:-
- There has been a significant increase in the number of ED attendances from January 2014 in PHNT
  - The further increase in ED attendances from April 2014 is significant and represents a 'real' increase that is not explained by seasonality
  - The increase in ED attendances from April 2014 is mirrored in RDE and is also significant across the whole of NEW Devon CCG.
  - There has been a significant increase in the number of ambulance handovers at PHNT from March 2014 but further work is required to assess any changes in the number of ambulance activations
  - There are early signs that the number of emergency admissions is also increasing in PHNT but further work is required to confirm the size and scale of this potential change