

Introduction

Frequent attenders (FA) to the Emergency Department (ED) are a small population of patients who utilise a disproportionate number of healthcare resources.

Why is this a priority?

- Frequent A&E attendance can represent a 'red flag' for vulnerability and unmet need
- Frequent attendance may serve as a proxy for 'inappropriate' (non-emergency) attendances. This contributes to ED overcrowding, which indirectly affects patient care and safety

Background & Local Context

- Research suggests that frequent attenders generally represent a vulnerable group, with high levels of alcohol dependence, mental health problems and social need¹.
- The Royal London Hospital is situated in Tower Hamlets in East London, a diverse borough in which the majority of residents belong to ethnic minorities. The area has disproportionately high levels of socioeconomic deprivation, with 40% of all households in a status of income poverty².
- In the period between January 2016-2017, 313 people attended our ED ten times or more, with 27 of these (8.6% of all frequent attenders) attending 30 times or more. In total, frequent attenders had 4,967 combined attendances to the ED whilst very frequent attenders (those with 30 or more presentations) accounted for 23% of these.
- Approximately 20% of frequent attenders to RLH were homeless and approximately 14% had primary mental health presentations. Our preliminary research also suggested a high prevalence of personality disorder and alcohol dependence. Medically unexplained symptoms and co-morbid long-term health conditions (e.g. COPD, Diabetes, Sickle Cell Disease) were also common.

Project Aims

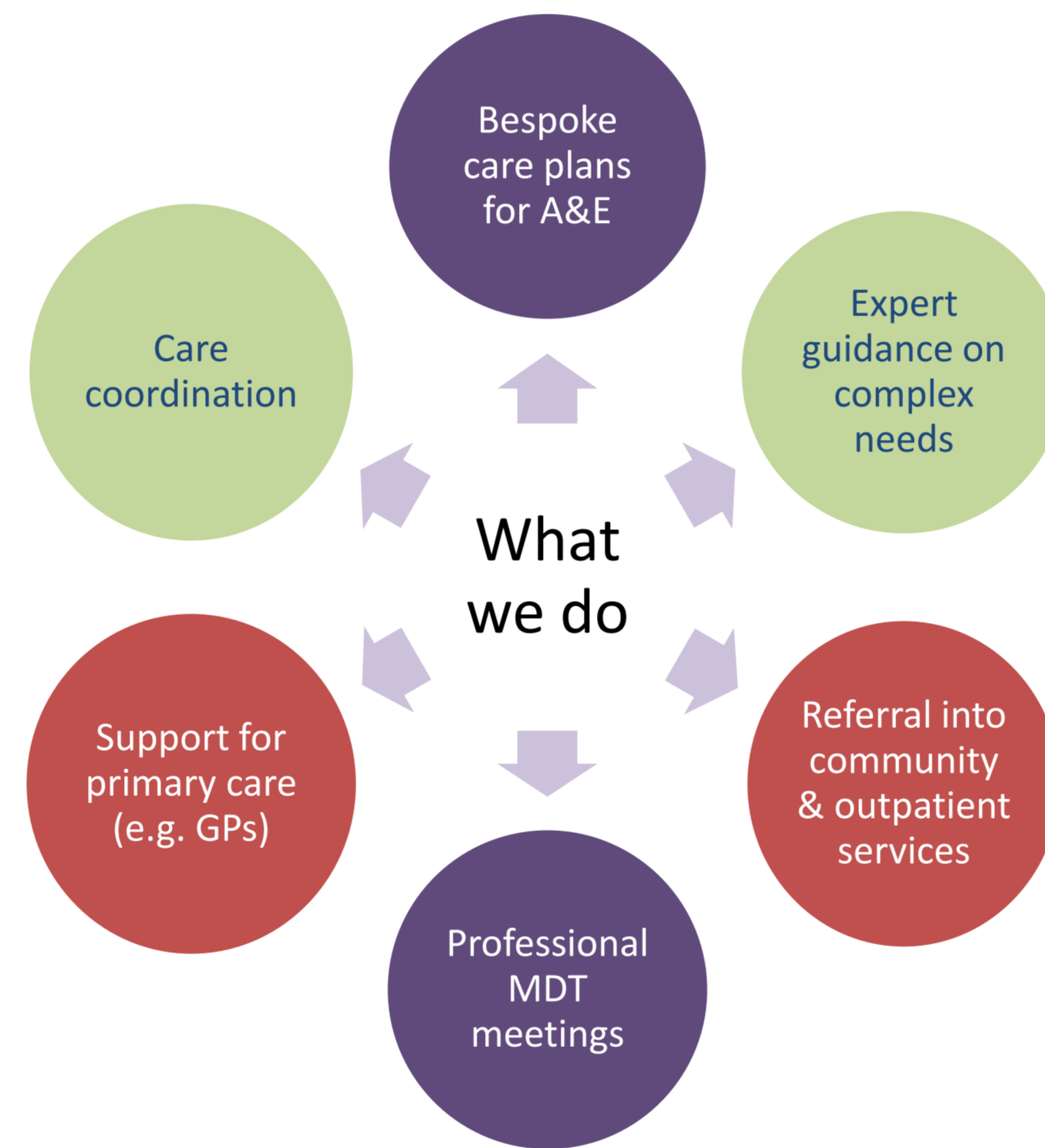
The project aims were as follows:

1. To liaise across disciplines and agencies to better address the unmet psychosocial needs of vulnerable individuals who were frequently attending the ED, with very frequent attenders prioritised
2. To reduce unnecessary attendances as part of an effort to reduce strain on ED, thereby improving patient care and safety

Methods- Activity

The FA project follows best practice guidance on an inter-agency, multi-disciplinary model of integrated care³.

- Fortnightly MDT meetings
- Bespoke care plans for A&E staff with expert guidance
- Support for primary care and third-sector organisations
- Rapid Access Psychology Clinic – direct referral route
- Referral into community and outpatient services



Methods- Evaluation

- A&E Attendances pre- and post- engagement with our project were recorded, with the discharge date set as the mid-point.
- Inpatient admissions and bed days per admission (pre- and post- engagement) were also recorded

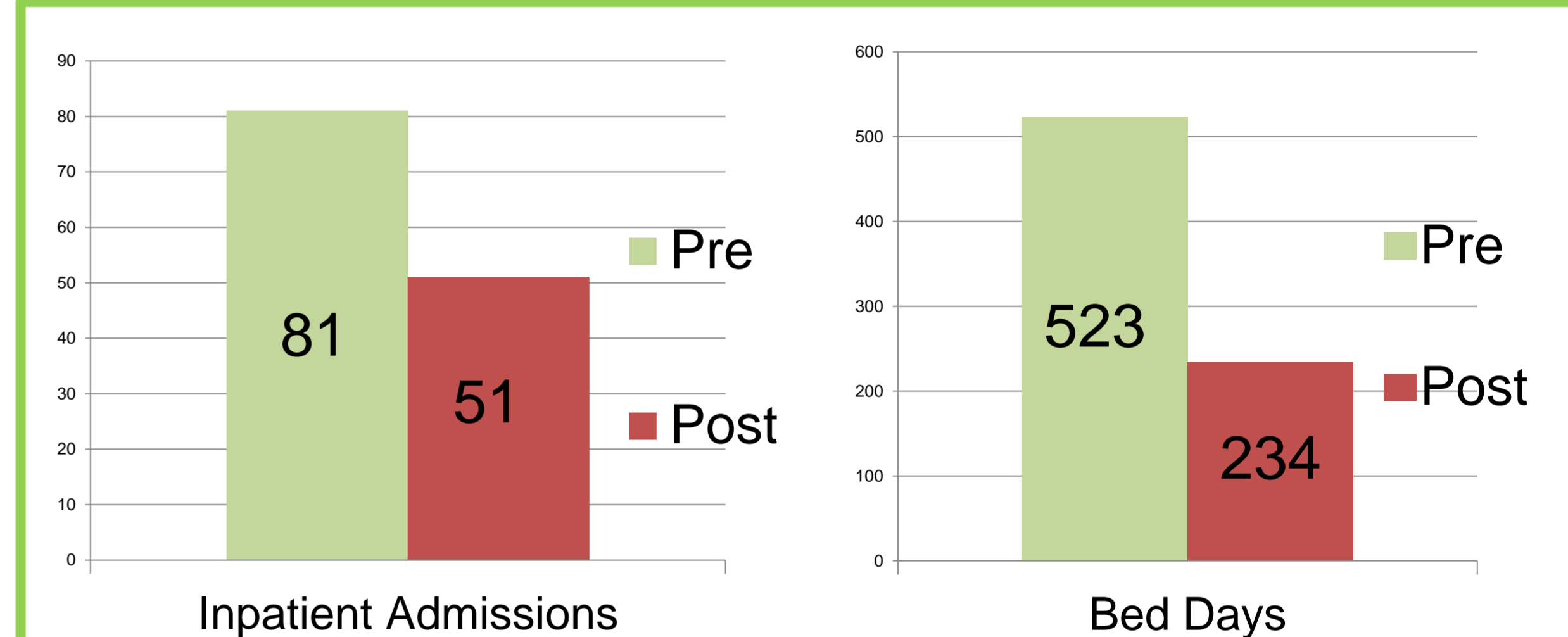
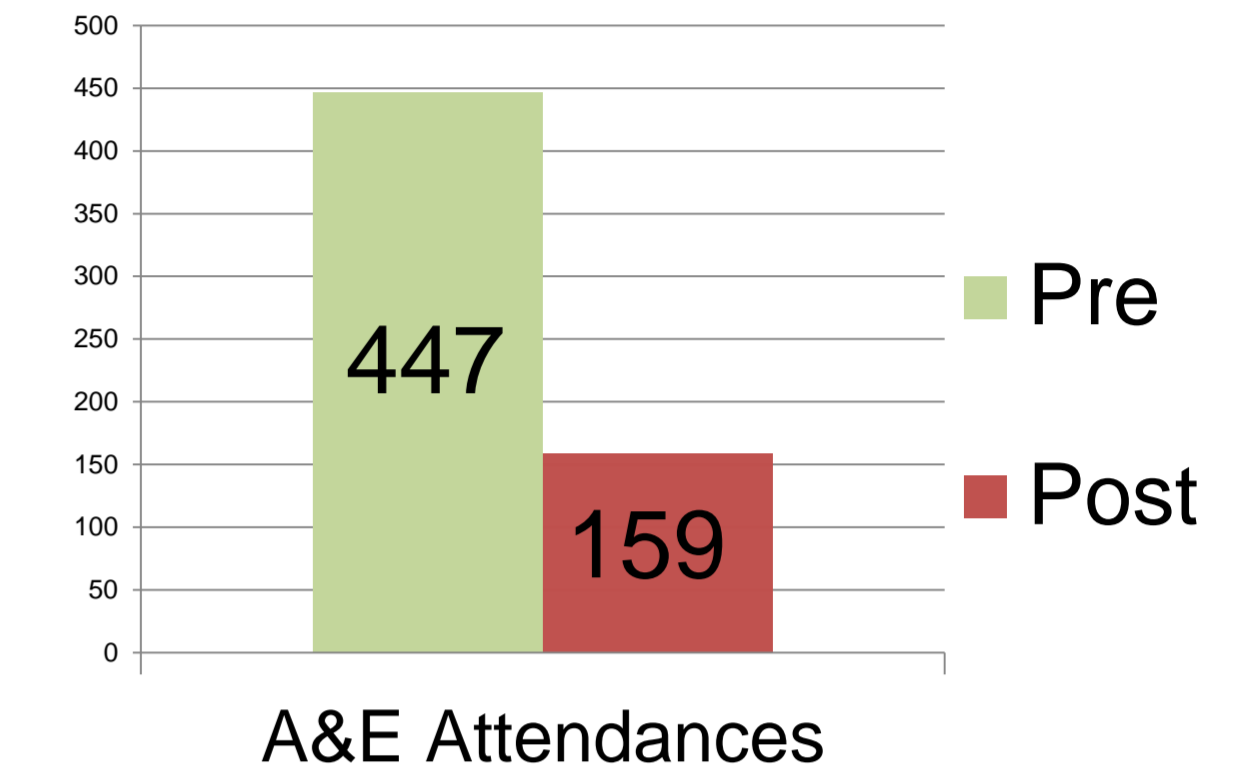
Cost savings were estimated using NHS reference costs:

- £138 = average cost of A&E attendance (2015-2016)⁴
- £400 = average cost of an inpatient bed per day⁵

'Hidden savings' (not yet calculated): Reducing investigations in A&E? Reducing time in the department? Increasing staff confidence in ability to manage frequent attenders?

Results – reductions in A&E attendances, inpatient admissions, and bed days (per admission) post- engagement

- In total, 64 people had a full MDT intervention
- Overall, attendances reduced by approximately 64%
- There was a significant reduction in A&E attendances and bed days. Number of admissions did not increase as A&E attendances reduced



Estimated Cost Savings – 10 Months

Estimated Gross Savings	~£115,600
Total Costs	£19,408
Estimated Net Savings	~£135,936

Future Directions

The project has secured funding until March 2018 (unclear how this will fit with NHS CQUIN) Phase II aims include: 1) targeting FA on a cohort level and 2) recording additional outcomes

References

1. Hunt, K. A., Weber, E. J., Showstack, J. A., Colby, D. C., & Callahan, M. L. (2006). Characteristics of frequent users of emergency departments. *Annals of emergency medicine*, 48(1), 1-8.
2. Tower Hamlets Council (2013-2017). *Homelessness Statement 2013-2017*.
3. Royal College of Emergency Medicine (2014). *Best Practice Guideline: Frequent Attenders in the Emergency Department*.
4. Department of Health (2015). *NHS Reference Costs, 2015-2016*.
5. Data.gov.uk (2015). *NHS Hospital Stay*. Retrieved from: <https://data.gov.uk/data-request/nhs-hospital-stay>.