Managing Frequent A&E Attendees in an East London Hospital: Evaluation of a 10 month pilot project

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**Introduction**

Frequent attendees (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 attendees generally represent a vulnerable group, with high levels of alcohol dependence, mental health problems and social need.
- 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 poverty.
- 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 attendees) 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.

**Methods - Activity**

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

**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

**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)  
- £400 = average cost of an inpatient bed per day  

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

**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.

**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**