

Emergency admissions for chronic ambulatory conditions

Chronic ambulatory conditions or ambulatory care sensitive (ACS) conditions are chronic conditions that include congestive heart failure, diabetes, asthma, angina, epilepsy and hypertension (Kings Fund, 2011).

They are also felt to be conditions for which hospitalisation is considered potentially avoidable through preventive care (Liverpool Public Health Observatory, 2009). Actively managing patients with ACS conditions – through vaccination; better self-management, disease-management or case-management; or lifestyle interventions – prevents acute exacerbations and reduces the need for emergency hospital admission (Kings Fund, 2011).

Ambulatory care-sensitive conditions account for one in every six emergency hospital admissions in England (Kings Fund, April 2012).

Local evidence

Wirral Council has information within the JSNA about long term conditions and prevalence in this area:

<http://info.wirral.nhs.uk/ourjsna/wirral2009-10/peoplewithalongtermcondition/>

The Liverpool Public Health Observatory review, ***Reducing Emergency Admissions to Hospital-Redesign of services*** (August 2009), examines the available research evidence into interventions in primary care to reduce emergency hospital admissions and reduce pressure on A&E. It reviews Ambulatory Care Sensitive (ACS) conditions, which are those for which hospitalisation is considered potentially avoidable through preventive care, including vaccination and early disease management. In the NHS nineteen conditions have been identified where community care can avoid the need for hospitalisation.

These are: *COPD, angina (without major procedure), ENT infections, convulsions and epilepsy, congestive heart failure, asthma, flu and pneumonia (>2 months old), dehydration and gastroenteritis, cellulitis (without major procedure), diabetes with complications, pyelonephritis, iron deficiency anaemia, perforated/bleeding ulcer, dental conditions, hypertension, gangrene, pelvic inflammatory disease, vaccine-preventable conditions, nutritional deficiencies.*

The report urges health trusts to identify which conditions account for a disproportionate level of hospital admissions and inform practices if any of their patients (in particular those included in the nineteen conditions) are presenting at A&E frequently so their care can be reviewed and improved.

The computer-based tools PARR and HUM allow such high presenting patients to be traced. If the trusts in the highest quartile (for hospital admissions for these conditions) reduced hospital admissions by 25% the NHS would save at least £94 million. The report provides data which demonstrates the potential savings, within the Cheshire and Merseyside, on emergency admissions, if these conditions were handled more appropriately within the community.

http://www.liv.ac.uk/PublicHealth/obs/publications/report/82_Redesign_of_services.pdf

Map of Medicine

[Map of Medicine](#) offers evidence-based patient care journeys, providing clinicians with guidelines, references and clinical information. There are currently over 390 NICE compliant, regularly reviewed national pathways. There are also a number of 'localised' pathways which have been approved for use across the Wirral local health community.

National Evidence & Policy Guidance

Supporting people with long term conditions: commissioning personalised care planning - a guide for commissioners (DH 2009). The aim is to ensure that people with long term conditions receive more individualised care and services to help them manage their conditions better and achieve the outcomes they want for themselves. Personalised care planning should result in more individualised services; more focus on prevention of disease and complications; greater choice – including supporting people to make healthier and more informed choices; reducing health inequalities; and providing care closer to home. It is maintained that these aspects will have a positive effect on crisis episodes and unnecessary admission to hospital, unnecessary outpatient visits, unnecessary GP visits, admissions to residential and nursing homes and better patient outcomes.

www.cmtppt.nhs.uk/Commissioning_Guide_LTC.pdf

The Department of Health on going ***Long Term conditions Project*** (DH 2011) is also seeking to improve clinical outcomes and experience for patients with long term conditions by focusing on improving the quality and productivity of services for these patients and their carers so they can access higher quality, local, comprehensive community and primary care. The work stream is delivering a national support and improvement programme that involves a reference panel agreed model of care for LTCs based on risk profiling, neighbourhood care teams and increased self management.

Risk profiling will ensure that commissioners understand the needs of their population and manage those at risk and will assist in preventing disease progression and will allow for interventions to be targeted and prioritised. The creation of integrated health and social care neighbourhood teams based around a locality (or neighbourhood) will provide joined up and personalised services. Maximising self-management and choice will enable the empowerment of patients.

<https://www.gov.uk/government/publications/quality-standards-for-supporting-people-with-long-term-conditions>

More recently, in their policy document, ***Improving quality of life for people with long term conditions*** (DH 2013), the Department of Health detail NHS England's responsibility for coming up with plans to help make life better for people with long term conditions by:

- helping them to get the skills to manage their own health
- agreeing with them a care plan that is based on their personal needs
- making sure their care is better coordinated

<https://www.gov.uk/government/policies/improving-quality-of-life-for-people-with-long-term-conditions>

Transforming our health care system: Ten priorities for commissioners (The King's Fund) (2011), maintains that the ageing population and increased prevalence of chronic diseases require a move towards prevention, self-care, more consistent standards of primary care and well co-ordinated and integrated care.

One key priority is the management of ambulatory care sensitive conditions, which, despite being largely preventable, account for a significant proportion of all acute hospital admissions and these admissions are costly. The report reiterates that maintaining wellness and independence in the community prevents deterioration in conditions and therefore results in better health outcomes, fewer emergency admissions to hospital which are distressing as well as cost savings.

It emphasises that early identification of ACS patients is crucial if their management is to be successful and GPs are well placed to do this through the use of risk stratification tools and clinical decision support software, expanding vaccination and encouraging active disease management.

http://www.kingsfund.org.uk/current_projects/gp_commissioning/ten_priorities_for_commissioners/acs_conditions.html

http://www.primis.nhs.uk/attachments/article/643/Ten_priorities_for_commissioners.pdf

Furthermore, a more recent data briefing by the Kings Fund, ***Emergency hospital admissions for ambulatory care - sensitive conditions Identifying the potential for reductions*** (April 2012), considers patterns of emergency admissions for ambulatory care-sensitive conditions (ACSCs) and assesses the potential for reducing such admissions, highlighting the disease areas and patient groups where the greatest reduction can be achieved.

The briefing asserts that high levels of admissions for ACSCs often indicate poor co-ordination between the different elements of the health care system, in particular between primary and secondary care. The briefing also highlights the opportunities for commissioners to improve the quality of care and make savings associated with reducing emergency hospital admissions for ACSCs, by making changes in the management and prevention of these conditions.

http://www.kingsfund.org.uk/publications/data_briefing.html

The Nuffield Trust (2012) also believe that it is possible to avoid unnecessary hospital admissions for patients with ambulatory care-sensitive conditions by giving them good quality preventative and primary care. Their research aims to identify patients with ambulatory care-sensitive conditions and track admissions for these conditions over time and find out the main national policies affecting the NHS that could have an effect on admission rates for ambulatory care-sensitive conditions, and the timing and location of where such policies were implemented.

<http://www.nuffieldtrust.org.uk/our-work/projects/analyses-ambulatory-care-sensitive-conditions>

The NHS Institute for Innovation and Improvement has developed the **Directory of Ambulatory Emergency Care for Adults**, which identifies the opportunity of managing a significant proportion of emergency admissions as day cases

http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/demand_and_capacity_-_demand_management.html

http://www.institute.nhs.uk/option.com_joomcart/Itemid,26/main_page,document_product_info/products_id,181.htm

Relevant articles/ other evidence

Chapter 2 of the **Northamptonshire JSNA 2011** provides an overview of hospital activity and demand management in Northamptonshire.

The report refers to ambulatory care sensitive conditions (ACSCs) as conditions in which improved preventative healthcare or improved long term condition management results in a decreased risk of an acute event occurring.

It emphasises that in order to successfully reduce avoidable emergency admissions, it is necessary to fully understand the demographics of those being admitted to hospital and that by identifying and working with those who are at most risk of emergency admissions, there is scope to deliver better quality care for individuals as well as improve cost control.

<http://www.northamptonshireobservatory.org.uk/projects/projectdetail.asp?projectid=147>

<http://www.northamptonshireobservatory.org.uk/docs/doc2011%20JSNA%202.4%20Ambulatory%20Care%20Sensitive%20Conditions110901132747.pdf>

NHS Doncaster's Long Term Conditions Strategy: April 2010 – March 2013 (2010) details their plan for improving the care and management of people with long term conditions and so reducing unnecessary hospital admissions.

They are focusing on:

- Prevention - ensuring members of the public are aware of what action they can take to prevent the development of a long term condition.
- Self management – ensuring patients have the correct information to support them to self manage their condition.
- Assisted Management – giving people with long term conditions access to coaching to assist them with the management of their condition.
- Supported Management – ensuring that people with long term conditions with the greatest need are identified and case managed.

http://www.doncaster.nhs.uk/upload_files/LTC%20Strategy%202010%20FINAL.pdf

Further advice

For further information about evidence based methods, evaluation and research, please visit the Wirral Council Performance & Intelligence team evidence fact sheets on the JSNA website:

<http://info.wirral.nhs.uk/intelligencehub/howtofact-sheetsonevidence&research.html>.

These fact sheets will be particularly useful if you are considering carrying out an evaluation of your current practice.

For more information on Wirral JSNA please contact John Highton at johnhighton@wirral.gov.uk or 0151 666 5151.