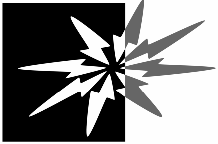

Agenda item:

[No.]

Overview and Scrutiny Committee **On 10 September 2007**

Report Title: **Scrutiny Review on High Intensity Users – Scope and Terms of Reference**
Forward Plan reference number (if applicable): N/A
Report of: Chair of Overview and Scrutiny Committee

Wards(s) affected: **All**	Report for: **N/A**

1. Purpose

1.1 To approve the scope and terms of reference for the review.

2. Introduction by Cabinet Member (if necessary)

2.1 N/A

3. Recommendations

3.1 That the scope and terms of reference for the review, as outlined in the report, be approved.

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4. Local Government (Access to Information) Act 1985

4.1 Background Papers:

Healthcare for London – A Framework for Action; Professor Sir Ara Darzi
Keeping People Out of Hospital – Dr. Foster Intelligence
Supporting People with Long Term Conditions – Department of Health

5. Report

5.1 The suggestion that a scrutiny review be undertaken on "high intensity users" was made by the Haringey Teaching Primary Care Trust (TPCT) earlier in the year. The term is used to describe patients who have several - at least three - emergency hospital admissions in a year. These repeated admissions cost the NHS more then £2 billion per year. The relevant statistics for Haringey are attached as Appendix B. They show that repeat emergency admissions within Haringey for conditions which it is felt are sensitive to primary care interventions cost the TPCT £1,755,130 in 2003/4 and involved 675 patients. Almost half of high intensity users are over 65 and more then half of them are suffering from at least one long term condition. There is also a strong link with social class – they are most likely to be pensioners or from low income families living in public housing in inner city areas.

5.2 The recent Healthcare for London review by Professor Sir Ara Darzi makes a number of recommendations on the management of long term conditions. He comments that "there is clear evidence interventions in the community can reduce emergency admission rates and lengths of stay, leading to improved care for people with long term conditions". He quotes the use of targeted case management in Runcorn reducing admissions by 15% and the average length of stay by 31%.

5.3 Several other reports, such as one by the research company Dr Foster Intelligence entitled "Keeping People Out of Hospital", have also highlighted this fact. In particular, studies in the US on hospital usage have categorised 19 chronic illnesses as "ambulatory care sensitive" (ACS). For these conditions "timely and effective outpatient care can help to reduce the risks of hospitalisation by preventing the onset of an illness or a condition, controlling an acute episodic illness of condition or managing a chronic disease or condition". A list of these conditions is attached. Such an approach can improve the quality of life for patients as well as saving the NHS considerable amounts of money.

5.4 There is already a long term government strategy of improving primary and community based care with hospitals only providing assistance for the acutely ill people, as outlined in "Our Care, Our Health, Our Say" and other policy documents. In addition, the Department of Health published a report in January 2005 entitled "Supporting People with Long Term Conditions" providing a model for how PCTs and partner organisations can deliver improved services by moving away from reactive care based mainly in hospital settings towards a systematic, patient-centred approach. In addition, the government also set a Public Service Agreement (PSA) target to reduce bed days by 5% by 2008.

5.5 There are several ways in which support can and has been improved including:

- Using a case management system, supported by Community Matrons, to identify and support the most vulnerable people

- Disease-specific care management that addresses the specific long term conditions behind the admissions.

- Promoting self management of long term conditions through measures such as the expert patients programme.

5.6 It is proposed that the review focus on:

- How the TPCT identifies those people most at risk from emergency admission.
- What health and social care services are provided for them to reduce the level of risk of emergency admission and promote independence
- How consistent current provision is with best practice and, in particular, the NHS and Social Care Model
- The effectiveness support has been to date, any issues that have arisen and current plans to improve it
- The implications for provision of the Haringey Primary Care Strategy and the proposals within the Darzi report
- How well primary, acute and social care organisations work together
- How support from health and social care services could be improved

5.7 The review will look at both generic initiatives that have been developed, such as the Expert Patient programme and also focus on some examples of initiatives that are specific to particular conditions, such as DESMOND (Diabetes Education and Self Management for Ongoing and Newly Diagnosed).

Overarching Aims/Objectives

- To analyse relevant statistical information on patients presenting at Accident and Emergency and the conditions represented.
- To assess progress in improving the effectiveness of health and social care services in supporting vulnerable patients with long term conditions that make them a high risk for repeat emergency admissions to hospital.
- To consider whether current provision provides value for money.
- To assess the potential benefit of any proposals for future development of services.
- To consider ways in which health and social care services can work better together to help avoid emergency hospital admissions

Terms of Reference:

5.8 It is proposed that the terms of reference be as follows:

"To consider the effectiveness of health and social care services and the voluntary sector in supporting people at particular risk from repeat emergency admission into hospital and, in particular, in preventing avoidable admissions and to make recommendations on how services can be improved to the Council's Cabinet and local NHS services".

Sources of Evidence:

- Research documentation and national guidance and targets

- Comparison with other areas such as neighbouring boroughs

- Interviews with a range of stakeholders including the PCT, local GPs and Social Services.

Key Stakeholders:

Council Services

Mary Henigan – Assistant Director (Adults), Adult, Culture and Community Services
Tom Brown – Service Manager, Older People, Adult, Culture and Community Services

Partners

Gerry Taylor, Acting Director of Strategic Commissioning; James Slater, Director of Performance and Primary Care Development; Dr. Mayur Gor, Chair of Professional Executive Committee - Haringey Teaching Primary Care Trust

The North Middlesex Hospital

The Whittington Hospital

Voluntary Sector

HAVCO
Age Concern
Diabetes UK

User/Carer Groups

Support groups for chronic conditions (e.g. Breathe Easy)
Expert patients

The Cabinet

Cllr Bob Harris - Executive Member for Health and Social Services

Patient and Public Involvement:

5.9 It is proposed that a representative from the PPI Forum for Haringey PCT be sought to assist the Panel in its deliberations and provide a patient perspective. In addition, it is proposed that the Panel obtains qualitative evidence from user/carer groups.

Membership of Panel:

- Councillors David Winskill (Chair), Wayne Hoban, Harry Lister.

Co-opted Members

5.10 The Panel may wish to consider the co-option of an appropriate person to assist in their work. Whilst there are no specific criteria for the appointment of such a person, it is suggested that this be a local person with specific knowledge and/or expertise of the issue in question. In addition, they should be independent of any relevant

partners. The co-option would be on a non voting basis and would require the formal approval of Overview and Scrutiny Committee. It is suggested that the Panel might like to give particular consideration be given to co-opting a representative from the TPCT's PPI Forum provided that formalising their role does not inhibit them their input.

Independent Expert Advice

5.11 In addition, the Panel may wish to consider if their work would be assisted by the provision of some independent expert advice. This could "add value" to the review by:

- Impartially evaluating current practice and providing advice on successful approaches and strategies that are being employed elsewhere

- Suggesting possible lines of inquiry

- Commenting on the final report and, in particular, the feasibility of draft recommendations.

5.12 A small budget is available for such purposes.

Timescale

5.13 It is proposed that the Review Panel aims to finish its work by the end of the Municipal Year.

Provisional Evidence Sessions:

<u>Meeting 1:</u>

Aim: To obtain:

- An overview of strategic issues in addressing the issue of high intensity users i.e. its status as a priority for health and social care services, resource implications, any structural issues.

- An outline of current support arrangements and their effectiveness

- Details of any relevant development plans as well as an assessment of the likely implications of current changes to services, such as the reconfiguration of acute care, the Haringey Primacy Care Strategy and Professor Darzi's "Framework for Action".

Background Information:

- Background information on relevant services and performance statistics

- Haringey Primary Care Strategy

- DoH guidance on providing support for people with long term conditions.

Possible Witnesses:

Gerry Taylor, Acting Director of Strategic Commissioning; Dr. Mayur Gor, Chair of Professional Executive Committee - Haringey Teaching Primary Care Trust;

Meeting 2:

Aims: To obtain feedback from relevant Council services, partners, user groups and representatives on their perception of the effectiveness of current services as well as any suggestions on how services could be improved.

Background Information:

Possible Witnesses: Mary Henigan – Assistant Director (Adults), Adult, Culture and Community Services Tom Brown – Service Manager, Older People, Adult, Culture and Community Services, The North Middlesex Hospital, The Whittington, Haringey PCT PPI Forum, Breathe Easy, Age Concern, Diabetes UK

Meeting 3:

Aim: To look in more detail at some examples of initiatives currently taking place.

Background Information:

Possible witnesses: Community Matrons, Expert patients scheme, DESMOND.

Meeting 4: Conclusions and recommendations

Aim: Sift evidence gathered and make recommendations for improvements.

Background Information: Notes of previous Panel meetings, "Issues" paper outlining key points for consideration.

Implementation of Recommendations

5.14 Recommendations are likely to be addressed to either Haringey PCT or Social Services. It is proposed that Social Services be requested to liaise with the PCT to produce a composite response.

Monitoring of Outcomes:

5.15 This will be undertaken periodically, with the first update due 6 months after the response to the review has been approved by the Executive.

Appendix A

Definitions:

Definition of 'high-impact user'

- Patient who has had at least three emergency admissions within a 12-month period.
- Any high-impact user with at least one of the qualifying admissions being for an Ambulatory Care Sensitive (ACS) condition.

Definition of Ambulatory Care Sensitive (ACS) conditions:

- Influenza and pneumonia
- Other vaccine preventable
- Asthma
- Congestive heart failure
- Diabetes complications
- Chronic obstructive pulmonary disease
- Angina
- Iron deficiency anaemia
- Hypertension
- Nutritional deficiencies
- Dehydration and gastroenteritis
- Pyelonephritis
- Perforated/bleeding ulcer
- Cellutitis
- Pelvic inflammatory disease
- Ear, nose and throat infections
- Dental conditions
- Convulsions and epilepsy
- Gangrene

Appendix B

Haringey Teaching PCT

Primary care sensitive conditions	Total spells	Total Cost	High/Low
Angina (without major procedure)	99	£242,936	high
Asthma	65	£72,943	average
Cellulitis (without major procedure)	25	£74,232	average
Congestive heart failure	94	£337,294	high
Convulsions and epilepsy	86	£161,073	high
Chronic Obstructive Pulmonary Disease	126	£362,998	average
Dehydration and gastroenteritis	53	£147,230	very high
Dental conditions	2	£3,859	average
Diabetes with complications	20	£70,571	average
Ear, nose and throat infections	41	£39,437	high
Flu and pneumonia (>2 months old)	40	£171,506	high
Gangrene	5	£29,316	average
Hypertension	10	£21,517	very high
Iron-deficiency anaemia	1	£1,338	very low
Non-ACS*	3360	£6,483,754	-
Nutritional deficiencies	0	0	-
Pelvic inflammatory disease	2	£2,275	very low
Perforated/bleeding ulcer	1	£8,667	low
Pyelonephritis	1	£0	very low
Vaccine-preventable conditions	4	£7,937	low
All High Impact Users	4035	£8,238,884	high
All ACS*	675	£1,755,130	high

*Ambulatory Care Sensitive—high impact users with primary care sensitive conditions