

Changes to NHS policy unlikely to reduce emergency hospital admissions

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Emergency Ambulance. Credit: Lydia

Recent changes to UK healthcare policy intended to reduce the number of emergency hospital admissions are unlikely to be effective, according to a study published in the *British Medical Journal*.

Alternative approaches are therefore needed to tackle the continuing rise of costly [emergency admissions](#), conclude researchers from the Health Research Board Centre for Primary Care Research at the Royal College

of Surgeons in Ireland (RCSI) in collaboration with the University of Cambridge.

Recently introduced changes to GPs' pay mean that they are now incentivised to identify people in their practice thought to be at high-risk of future emergency admission and offer extra support in the form of 'case-management', including personalised care plans. However, the researchers show that emergency admission is a difficult outcome to predict reliably. Electronic tools have been developed to identify people at high-risk but these tools will, at best, only identify a minority of people who will actually be admitted to hospital. In addition, the researchers found that there is currently little evidence that implementing case management for people identified as high-risk actually reduces the risk of future emergency admission.

The authors suggest alternative options that may have more impact on the use of hospital beds for patients following an emergency admission, based on the research evidence in this area.

One recommendation is to focus on reducing the length of time that patients are in hospital – though this depends on resources being available in the community to support patients when they are discharged. Second, a significant proportion of all emergency admissions are re-admissions to hospital following discharge and research evidence supports interventions to reduce some of these admissions, especially when several members of the healthcare team (e.g. doctor, nurse, social worker, case manager) are involved in helping patients manage the transition from hospital to home.

A third option is to focus on certain medical conditions, such as pneumonia, known to cause avoidable emergency admissions and more likely to respond to interventions in [primary care](#). Finally, the authors suggest that policy efforts should be concentrated in more deprived areas

where people are more likely to suffer with multiple chronic medical conditions and are more likely to be admitted to hospital.

Lead author and Health Research Board Research Fellow Dr Emma Wallace from the RCSI said: "Reducing emergency admissions is a popular target when trying to curtail spiralling healthcare costs. However, only a proportion of all emergency admissions are actually avoidable and it's important that policy efforts to reduce emergency admissions are directed where they are most likely to succeed.

"Our analysis indicates that current UK healthcare policy targeting people identified as high risk in primary care for case management is unlikely to be effective and alternative options need to be considered."

Professor Martin Roland, senior author and Professor of Health Services Research at the University of Cambridge, added: "Too often government policy is based on wishful thinking rather than on hard evidence on what is actually likely to work, and new interventions often aren't given enough time to bed in to know whether they're really working.

"Reducing the number of people who are readmitted to hospital, and reducing the length of time that people stay in hospital are both likely to have a bigger effect on [hospital](#) bed use than trying to predict admission in the population. Both of these need close working between primary and secondary care and between health and social care."

More information: Emma Wallace et al. Reducing emergency admissions through community based interventions, *BMJ* (2016). [DOI: 10.1136/bmj.h6817](https://doi.org/10.1136/bmj.h6817)

Provided by University of Cambridge

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