15. Frequent Attenders to Unscheduled Care

The current picture and why does it matter to us?

Increasing pressure has been put on accident & emergency departments (A&E) across the country in recent years with rising numbers of attendances. In 2013 – 2014, 21.7 million attendances were recorded at major A&E departments, single A&E departments, walk-in centres and minor injury units in England, compared to 19.1 million attendances in 2007 – 2008.\(^1\)

Numerous studies have looked at factors associated with A&E usage.\(^2\)\(^-\)\(^4\) Some suggest that factors such as ageing population, access to primary care, health awareness and convenience, have contributed to the rising A&E attendance rate. (\textit{Figure 15.1})

\textbf{Figure 15. 1}

These factors can be categorised into population factors, e.g. demographics, health state and socioeconomic status; and provider factors, e.g. access to primary care and continuity of care.

Evidence has been clear and consistent over the years in terms of population factors. For example, increasing age is found to be associated with increased A&E attendances. The same effect is observed in patients with lower socioeconomic status, social isolation and lack of social support. In addition,
having a chronic disease or co-morbidities, such as cardiovascular disease, respiratory disease and terminal illness, is also linked with A&E attendances.

The evidence for provider factors, however, is less clear and consistent. Some suggest that increased access to primary care in terms of longer opening hours and more appointment slots would reduce A&E attendances. The changes to the delivery of the out-of-hour primary care service in 2004 have also been suggested to have led to an increase in attendances. However, this is contradicted by the fact that most people go to A&E during working hours, meaning some people may choose to go to A&E or walk-in centres in terms of preference or they think they will not be able to get an appointment with their GP.

Proximity to a primary health care practice and continuity of care in terms of seeing the same GP have been suggested to influence A&E attendances. However, fewer clear associations are found for these factors.

A recent King’s Fund report on transforming the health care system highlights some of the current problems that contribute to the burden of emergency care:

- Highly fragmented urgent care services generate confusion among patient about how and where to access care.
- Lack of alternative options have led to admission of patients even when it is not clinically justified.
- Poor sharing of information as patients move between providers causes failures of care.

In Bromley, the major A&E unit is located at the Princess Royal University Hospital, alongside a GP-led Urgent Care Centre (UCC). However, as Bromley is one of the largest boroughs in London, some residents may find A&E departments in neighbouring boroughs more accessible, such as Queen Elizabeth Hospital in Greenwich, University Lewisham Hospital in Lewisham, King’s College Hospital in Lambeth and Croydon University Hospital in Croydon.
Figure 15.2 shows the total number of A&E attendances by Bromley registered patients in recent years. Fluctuations in the number of attendances can be observed throughout. The apparent reduction in A&E attendances can possibly be explained by the opening of UCCs in Bromley, Bexley and Greenwich. In particular for the 0-16 years age group, there has been a change in clinical protocol, where this cohort of patients could be seen directly in the UCC without A&E triage. Nevertheless, the number of A&E attendances remains high and the pressure on resources and staff are still being felt across the emergency care sector.

Recently, an increase in A&E waiting times has been noticed by clinicians and commissioners in Bromley. It is difficult to determine the extent to which this is attributable to the number of attendances. However, this may reflect problems with the flow of patients within the hospital, e.g. admission delay due to bed shortage; investigation delay due to imaging waiting time, specialist review; and discharge delay due to social care and specialist care arrangements. The latter further highlights potential problems with patient flow in the community. For example, delay in community care provision set up, access to primary care, which may potentially lead to the deterioration of clinical symptoms and A&E attendances.
It is important to remember that healthcare resources are limited, and each A&E attendance would carry not just monetary costs. For example:

- Cost of investigations and treatment
- Cost of time of patient/carer, e.g. time off school/work
- Cost and time of transport
- Time of healthcare professionals
- Health implications to other patients due to waiting time

For each attendance, even if the patient does not wait to be seen, some of these costs still apply and a charge is incurred to the commissioners.

Among all A&E users, some patients are found to be attending A&E frequently, which adds further pressure to the already stretched resources. This group of patients are often referred to as ‘A&E frequent attenders’. Although there is no standard definition for an A&E frequent attender, generally it is considered to be someone who attends A&E three or more times in a year. Some studies have already tried to profile these A&E frequent attenders, looking at their demographics, presenting complaint and outcomes, to better understand this group.6,7

The issue with A&E frequent attenders highlights the question of whether the healthcare needs of these patients are being met by the current service provision, and if these needs should be met by the emergency services or other alternative care pathways. Although these frequent attenders do not represent all the service users, we could see that a significant amount of resource could be saved if the number of frequent attendances could be reduced. By understanding the profile and health seeking behaviour of this particular group of patients, policy makers will be able to tailor their approach towards this group to help relieve the immense pressure on the emergency services.

**Understanding the Bromley picture**

We looked at patients registered with a Bromley GP who attended any A&E department on three or more occasions between April 2012 and March 2013, examining their demographics, presenting complaints and outcomes of their visits.

Between 2012-2013, there was a total of 100,967 A&E attendances recorded for patients registered with Bromley GP practices. Out of these, 22,598 attendances (22.4%) were recorded from 5362 patients who are classified as A&E frequent attenders.

The frequency of attendances ranged from 3 to 135 times, with an average of 4
visits per year. Most of these attendances were visits to A&E at the South London Healthcare Trust (79%) – which includes Princess Royal Hospital and Queen Elizabeth Hospital. This was followed by University Lewisham Hospital (9%), King’s College Hospital (4%) and Croydon University Hospital (3%).

Figure 15.3

Out of 5362 patients, 2834 were female (52.9%) and 2528 were male (47.1%), with a male to female ratio of 1 to 1.12. Figure 15.3 demonstrates the age distribution of the frequent attenders, which shows a particularly high number of frequent attenders under 5 years of age (17.5%), with a significant proportion of these being <1 year of age (41%).

Top 10 Presenting Complaints for A&E Frequent Attenders

Table 15.1 shows the top 10 presenting complaints found among the A&E frequent attenders, which represents 63% of the attendances. Due to limits in data sharing from providers, presenting complaints for patients attending hospitals other than the South London Healthcare Trust were not known, which accounts for 4792 attendances (21.2%) of the total frequent attendances.
Table 15.1 Ten commonest presenting complaints among A&E frequent attenders, Bromley 2012-13

<table>
<thead>
<tr>
<th>Presenting Complaint Category</th>
<th>Frequency</th>
<th>% of total attendances</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Unknown</td>
<td>4792</td>
<td>21.2%</td>
</tr>
<tr>
<td>2. Respiratory illness</td>
<td>2002</td>
<td>8.9%</td>
</tr>
<tr>
<td>3. Unwell</td>
<td>1528</td>
<td>6.8%</td>
</tr>
<tr>
<td>4. Abdominal Pain</td>
<td>1203</td>
<td>5.3%</td>
</tr>
<tr>
<td>5. Injury</td>
<td>966</td>
<td>4.3%</td>
</tr>
<tr>
<td>6. Fall</td>
<td>934</td>
<td>4.1%</td>
</tr>
<tr>
<td>7. Chest Pain</td>
<td>880</td>
<td>3.9%</td>
</tr>
<tr>
<td>8. Gastrointestinal disease</td>
<td>782</td>
<td>3.5%</td>
</tr>
<tr>
<td>9. Musculoskeletal problems</td>
<td>584</td>
<td>2.6%</td>
</tr>
<tr>
<td>10. Febrile illness</td>
<td>547</td>
<td>2.4%</td>
</tr>
</tbody>
</table>

Source: South London Commissioning Support Unit, 2014

Apart from the ‘unknown’ category, respiratory illness was the commonest presenting complaint, which included symptoms such as cough, shortness of breath, chest infection and asthma attack. This was followed by the ‘unwell’ and ‘abdominal pain’ categories.

Among the frequent attenders, 4.9% presented with complaints that were neither accident nor emergency, or could have been easily be dealt with by primary care or other appropriate care pathways. (Table 15.2)

Table 15.2

<table>
<thead>
<tr>
<th>Presenting Complaint Category</th>
<th>Frequency</th>
<th>% of attendances by freq. attenders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intravenous/Intramuscular injection</td>
<td>529</td>
<td>2.3%</td>
</tr>
<tr>
<td>Catheter problem</td>
<td>223</td>
<td>1.0%</td>
</tr>
<tr>
<td>Blood test</td>
<td>112</td>
<td>0.5%</td>
</tr>
<tr>
<td>Asked to return/review</td>
<td>107</td>
<td>0.5%</td>
</tr>
<tr>
<td>Feeding tube problem</td>
<td>47</td>
<td>0.2%</td>
</tr>
<tr>
<td>Dressing change</td>
<td>44</td>
<td>0.2%</td>
</tr>
<tr>
<td>Radiology request</td>
<td>18</td>
<td>0.1%</td>
</tr>
<tr>
<td>Cannula or other access problem</td>
<td>17</td>
<td>0.1%</td>
</tr>
<tr>
<td>Antibiotics</td>
<td>8</td>
<td>0.0%</td>
</tr>
<tr>
<td>Removal of stitches</td>
<td>3</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1108</strong></td>
<td><strong>4.9%</strong></td>
</tr>
</tbody>
</table>

Source: South London Commissioning Support Unit, 2014
**Presenting Complaint by Age & Sex**

We further looked at presenting complaints by age and sex, where variations could be seen between different age groups and sex. This could be due to differences in health seeking behaviour between different sexes and age groups, as well as variations in common illness associated with age and gender.

Excluding the unknown category, respiratory illness was the commonest presenting complaint for both female and male. However, some variations in presenting complaint were observed between male and female. For example, abdominal pain was the third commonest presenting complaint among women, but it was the sixth for men; Chest pain was the fifth commonest presenting complaint among men, but it was the eighth for women. (Figure 15.4)

![Figure 15.4](source: South London Commissioning Support Unit, 2014)

Apart from the ‘unknown’ presenting complaint, variations in presentation complaints were also observed between age groups. (Figure 15.5)

Among the 0 – 18 year age group, common presenting complaints were similar to those seen in primary care for this age group, e.g. ‘respiratory illness’, ‘unwell’, ‘febrile illness’ and ‘injury’ and ‘rash’.

For the 19-64 year age group, the commonest presenting complaint had changed to ‘abdominal pain’, followed by ‘chest pain’. There was also a higher
proportion (2.9%) of patients who presented with mental health issues, which was only a minority for 0-18 years old (0.28%) and 65+ years old groups (0.42%).

In the 65+ year age group, ‘respiratory illness’ was the commonest presenting complaint, followed by ‘fall’, which was almost exclusive to this age group.

Figure 15.5: Common A&E presenting complaints by age groups, Bromley 2012-13

Source: South London Commissioning Support Unit, 2014

Patient Outcomes

We are also interested in what happened to the patients who attended the A&E. (Table 15.3)

We found that the majority of attendances were discharged (49%), with over half of them not requiring any follow up at all and some with follow up by GP. A large proportion of attendances also resulted in admission into hospital, with an admission rate of 34.9%.

It is important to note that just under 1000 attendances had patients leaving the department before being treated, which is almost the same as the number of referrals to out-patient clinic.
### Table 15.3: Outcomes of A&E attendance, Bromley 2012-13

<table>
<thead>
<tr>
<th>Patient outcome</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Admitted to a hospital bed</td>
<td>7896</td>
<td>34.9%</td>
</tr>
<tr>
<td>2. Discharged - no follow up</td>
<td>6232</td>
<td>27.6%</td>
</tr>
<tr>
<td>3. Discharged - follow up by GP</td>
<td>4825</td>
<td>21.4%</td>
</tr>
<tr>
<td>4. Referred to other out-patient clinic</td>
<td>986</td>
<td>4.4%</td>
</tr>
<tr>
<td>5. Left department before being treated</td>
<td>985</td>
<td>4.4%</td>
</tr>
<tr>
<td>6. Transferred to other health care provider</td>
<td>828</td>
<td>3.7%</td>
</tr>
<tr>
<td>7. Referred to other health care professional</td>
<td>297</td>
<td>1.3%</td>
</tr>
<tr>
<td>8. Referred to fracture clinic</td>
<td>177</td>
<td>0.8%</td>
</tr>
<tr>
<td>9. Refused treatment</td>
<td>174</td>
<td>0.8%</td>
</tr>
<tr>
<td>10. Referred to A&amp;E clinic</td>
<td>93</td>
<td>0.4%</td>
</tr>
<tr>
<td>11. Other</td>
<td>80</td>
<td>0.4%</td>
</tr>
<tr>
<td>12. Died in department</td>
<td>22</td>
<td>0.1%</td>
</tr>
<tr>
<td>13. Unknown</td>
<td>1</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

**Source:** South London Commissioning Support Unit, 2014

### Presenting Complaint in different frequent attenders

We further classified the patients in three different categories:

- Patients attending A&E 3 – 5 times per year (low frequency attender)
- Patients attending A&E 6 – 14 times per year (medium frequency attender)
- Patients attending A&E 15+ times per year (high frequency attender)

**Figure 15.6** shows the frequency distribution of attenders by number of attendances, with majority of frequent attenders visiting A&E between 3 – 5 times per year (85.9%).
Variations in presenting complaint were also observed between patients in these three categories. *(Table 15.4)*

Excluding the ‘unknown’ category, ‘respiratory illness’, ‘unwell’, and ‘abdominal pain’ were the top three commonest presenting complaints for both low and medium frequency attender groups, which accounted for similar proportions in both groups.

Among the high frequency attender group, ‘Unknown’ presenting complaint was accountable for nearly half of the attendances. However, there were a relatively higher number of attendances related to intravenous/intramuscular injection, as well as alcohol and mental health issues compared to the low and medium frequency attender groups.
Table 15.4: Top 10 A&E presenting complaints by frequency of attendance, Bromley 2012-13

<table>
<thead>
<tr>
<th>Low frequency attender (3-5)</th>
<th>No. of attendances (%)</th>
<th>Medium frequency attender (6-14)</th>
<th>No. of attendances (%)</th>
<th>High frequency attender (15+)</th>
<th>No. of attendances (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Unknown</td>
<td>3185 (19.7%)</td>
<td>1. Unknown</td>
<td>1063 (19.9%)</td>
<td>1. Unknown</td>
<td>541 (49.6%)</td>
</tr>
<tr>
<td>2. Respiratory illness</td>
<td>1521 (9.4%)</td>
<td>2. Respiratory illness</td>
<td>423 (7.8%)</td>
<td>2. IV/IM</td>
<td>62 (5.7%)</td>
</tr>
<tr>
<td>3. Unwell</td>
<td>1100 (6.8%)</td>
<td>3. Unwell</td>
<td>403 (7.5%)</td>
<td>3. Respiratory illness</td>
<td>56 (5.1%)</td>
</tr>
<tr>
<td>4. Abdominal Pain</td>
<td>890 (5.5%)</td>
<td>4. Abdominal Pain</td>
<td>281 (5.3%)</td>
<td>4. Chest Pain</td>
<td>52 (4.8%)</td>
</tr>
<tr>
<td>5. Injury</td>
<td>767 (4.7%)</td>
<td>5. IV/IM</td>
<td>250 (4.7%)</td>
<td>5. Fitting</td>
<td>41 (3.8%)</td>
</tr>
<tr>
<td>6. Fall</td>
<td>708 (4.4%)</td>
<td>6. Fall</td>
<td>213 (4.0%)</td>
<td>6. Alcohol</td>
<td>37 (3.4%)</td>
</tr>
<tr>
<td>7. Chest Pain</td>
<td>623 (3.9%)</td>
<td>7. Chest Pain</td>
<td>205 (3.8%)</td>
<td>7. Mental Health</td>
<td>33 (3.0%)</td>
</tr>
<tr>
<td>8. Gastrointestinal disease</td>
<td>583 (3.6%)</td>
<td>8. Gastrointestinal disease</td>
<td>190 (3.6%)</td>
<td>8. Abdominal Pain</td>
<td>32 (2.9%)</td>
</tr>
<tr>
<td>9. Musculoskeletal</td>
<td>436 (2.7%)</td>
<td>9. Injury</td>
<td>178 (3.3%)</td>
<td>9. Unwell</td>
<td>24 (2.2%)</td>
</tr>
<tr>
<td>10. Febile</td>
<td>433 (2.7%)</td>
<td>10. Musculoskeletal</td>
<td>137 (2.8%)</td>
<td>10. Collapse</td>
<td>22 (2.0%)</td>
</tr>
</tbody>
</table>

Source: South London Commissioning Support Unit, 2014

The majority of low and medium frequency attenders were under the age of 10 (20.8% and 17% respectively). Whereas for the high frequency attenders, the majority were of working age: 40-49 years old (23.3%), 30-35 years old (20.9%), and 50-59 years old – 14%. (Figure 15.7)

The female to male ratio also changes as the frequency of attendance increases, with a shift from more female than male in the low frequency group (53.7% vs 46.3%) to more male than female in the high frequency group (72.1% vs 27.9%). (Figure 15.8)
Figure 15. 7: No. of A&E frequent attenders by frequency of attendance and age, Bromley 2012-13

Source: South London Commissioning Support Unit, 2014

Figure 15. 8: Proportion of male and female by frequency of A&E attendance, Bromley 2012-13

Source: South London Commissioning Support Unit, 2014
High Frequency Attenders (15+ attendances)

A total of 1090 attendances were attributed to 43 patients who had 15 or more visits to the A&E department in 2012 – 2013, with a much higher proportion of male (72%) than female (28%). The average age of this group of patients was 42.5 years old, with the highest number of patients between 40 – 49 years old. *(Figure 15.9)*

**Figure 15.9: No. of high frequency attenders by age, Bromley 2012-13**

![Bar chart showing the number of high frequency attenders by age group, 2012-13.](source)

Looking at these high frequency attenders by locality, a relatively high number of them were resident out of borough and registered with a Bromley practice (n=10, 23%), and of those resident in Bromley, the highest numbers were from Bromley Common & Keston (n=4, 9.3%), Cray Valley East (n=4, 9.3%) and Penge & Cator (n=4, 9.3%). *(Figure 15.10)* Although these numbers are relatively small to detect any obvious trend, it should be noted that Cray Valley East (IMD score=25.10), Penge & Cator (IMD score=25.78) and Crystal Palace (IMD score=33.47) have higher levels of deprivation than the Bromley average (IMD score=14.29), which suggests there is potential association between frequent attenders and deprivation. It is not possible to draw any conclusions about the significance of the high proportion of out of borough residents in this category from the available data.

*Source: South London Commissioning Support Unit, 2014*
As described previously, apart from the ‘unknown’ category, the commonest presenting complaint for this group was ‘intravenous/intramuscular injection’, followed by ‘respiratory illness’ and ‘chest pain’. (Table 15.4)

However, when we looked at the top three presenting complaints of these 43 patients individually, we found that ‘chest pain’ was the commonest presenting complaint for ten patients. This was followed by ‘alcohol-related problem’, ‘mental health issue’, ‘respiratory illness’, and ‘abdominal pain’. (Table 15.5).

Table 15. 5: Common A&E presenting complaint for high frequency attenders, Bromley 2012-13

<table>
<thead>
<tr>
<th>Presenting complaint</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Unknown</td>
<td>27</td>
</tr>
<tr>
<td>2. Chest Pain</td>
<td>10</td>
</tr>
<tr>
<td>3. Alcohol-related problem</td>
<td>8</td>
</tr>
<tr>
<td>4. Mental health issue</td>
<td>8</td>
</tr>
<tr>
<td>5. Respiratory illness</td>
<td>7</td>
</tr>
<tr>
<td>6. Abdominal pain</td>
<td>5</td>
</tr>
<tr>
<td>7. Seizure</td>
<td>4</td>
</tr>
<tr>
<td>8. IV/IM injection</td>
<td>4</td>
</tr>
<tr>
<td>9. Fall</td>
<td>3</td>
</tr>
<tr>
<td>10. Sickle Cell</td>
<td>3</td>
</tr>
</tbody>
</table>

Similar to the figures for all A&E attenders, the majority of high frequency attenders were discharged (49.7%), some with no follow-up and some with the advice to be followed up by their GP. However, there is a lower admission rate
for this group of patients, with only 21.8% compared to the overall admission rate of 34.9% described previously. There is also a much higher proportion of attendances with patients leaving the department before being treated (17.2%) compared to the overall proportion (4.4%).  (Figure 15.11)

**Figure 15. 11: A&E visit outcomes for high frequency attenders, Bromley 2012-13**

The under 1 year-old group

We could see from previous figures that the under 5 years old group contributed to the highest number of A&E attendances, and among this group the biggest single age group was <1 year old (42%).

A total of 2011 attendances were by patients of under 1 year of age (<1 year group), contributed by 481 patients. There were more male (60%) than female (40%). We further looked at the locality of these frequent attenders and found that approximately 64% of these attenders were from the 10 wards outlined below, where Cray Valley West and Cray Valley East have the highest number of frequent attenders (n=55 and n=50) compared to other wards.  (Figure 15.12) This again, has highlighted the possible association between deprivation and frequent attendances as these two wards have higher levels of deprivation (IMD score= 27.12 and 25.10 respectively) than the Bromley average (IMD score=14.29).
The commonest presenting complaint was ‘respiratory illness’, followed by ‘unwell’. (Figure 15.13) Compared to the overall attendances by patients under 5 years of age, the <1 year group contributed to over half of the attendances with complaints of ‘febrile illness’ and ‘rash’ (51% and 59% respectively).

(Figure 15.14) shows the outcomes of the A&E visits. Compared to other age groups, the <1 year group had a much larger proportion of attendances being discharged, either with no follow-up or with GP follow-up (69% compared to
49% of the overall rate). A much lower admission rate was also noted for the <1 year group (13.7% compared to 34.9% of the overall rate).

**Figure 15.14: A&E visit outcomes for the <1 year group by frequency, Bromley 2012-13**

Source: South London Commissioning Support Unit, 2014

Further analysis was performed to look at the number of days between each visit for the <1 year frequent attenders, which ranged from same day re-attendance to 352 days since the previous visit. A relatively high number of these attendances were 1-2 days after the previous visit (n=260). *(Figure 15.15)*

**Figure 15.15: No. of days between A&E visits for <1 year old, Bromley 2012-13**

Source: South London Commissioning Support Unit, 2014
What does all this data mean?

From the data collected, we know that for every five A&E attendances, one of them was by a user who had attended the A&E three or more times a year, and the majority of these had visited the A&E between 3-5 times per year. A significant proportion of patients were under 5 years of age. This leads us to query the possible causes for this trend:

- Were the visits of a genuine medical nature? (i.e. could have been resolved without recourse to a healthcare professional)
- Was the original medical complaint dealt with fully in the first visit?
- Were there issues with access to primary care services?
- Were there issues with the health seeking behaviour? (i.e. healthcare options other than A&E were not taken into consideration).
- Were there gaps in service provision?

It is difficult from this dataset to judge the extent to which the above reasons contributed to these attendances, especially when a large proportion of presenting complaints was ‘unknown’ due to limitations in data collection.

Nonetheless, from the data of high frequency attenders, we see that some of them presented to A&E with complaints that could possibly be prevented or dealt with in the community or other health services or pathways, e.g. alcohol related issues, mental health, IV/IM injection. It is also worth noting that there was much a higher proportion of male than female among this group of attenders. The majority of patients were of working age.

Furthermore, we can see that a large number of high frequency attenders were discharged, as well as a relatively high percentage of patients leaving the department without being seen. This brings out the question of whether there are other possible pathways that can meet the health needs of this group of patients, and if methods with the aim to change their health seeking behaviour may alter their attendance pattern.

The question of unmet health needs is supported by a recent survey carried out by the College of Emergency Medicine which found that only 15% of the patients attending A&E surveyed could have been treated in the community. This means that although some of these patients do not require hospital admission or follow up, they do require medical attention. However, whether these unmet health needs should be catered for by A&E is questionable.

In addition, it raises the question of whether these frequent attenders could have been identified at an earlier stage, especially when some of them are attending A&E repeatedly with the same presenting complaint. Potentially, if these frequent attenders are identified early and their health problems are either dealt with or referred to other possible care pathways, it may reduce the number of
A&E attendances. For example, management of alcohol-related problem, recurrent falls, mental health issues, and intravenous/intramuscular injection.

We know that in Bromley, there have been several contractual changes in recent years to help relieve the pressure on emergency services, for example:

- Incentives for GP to look for frequent attenders, patients at risk of falls or recurrent falls, and carers who are struggling to cope
- Increase end of life care capacity
- Introduction of community matron for proactive care
- Quality/Productivity review of GP
- IV pathway for cellulitis treatment
- Medical response team (step-up)
- Rehabilitation in home/intermediate care (step-down)

Work is currently underway with integrated teams (primary, community and social care) in Bromley, and this may have an impact on A&E attendance rates as a wide range of services are provided close to patients home.

For the very young attenders (<1 year of age), they presented to A&E with illnesses that were often managed by primary care services as well, which means many of these attendances could have been managed in the primary care sector. This is further supported by the fact that a large proportion of patients from these visits were discharged with no further follow up required, implying that these attendances were not of significant illnesses.

However, it is important to note that for Princess Royal Hospital, children under 1 year of age are seen directly by the paediatric team instead of the A&E team, which may potentially explain some of the differences seen in the outcomes of the visit. It is because the paediatric team may have more confidence in diagnosis and management of the very young, and therefore, be able to either monitor or treat the children in the community instead of admitting them.

Furthermore, a relatively high number of these attendances took place between 1-2 days since the previous visits, which highlighted the question of whether these visits were due to the nature of disease in the very young children and required repeat assessment, or due to clinical needs not satisfied in the previous visit.

To target this group of young attenders, we would need to look at how parents interact with health services, and the reasons for them bringing their children to A&E departments. There may also be a role for health visitors to influence their behaviour as well.

However, the data analysed in this report does not provide a comprehensive picture of the overall situation with frequent attenders. In order to better
understand the situation, we would also need to look at the attendance pattern of the urgent care centre, utilisation of Emdoc (GP out-of-hour service) as well as background data for frequent attenders of primary care services. These data, however, are not included in this report.

Nevertheless, this report has presented a snapshot view of some of the issues with A&E frequent attenders and highlighted further questions that need to be addressed in the current set up of the emergency services.

What does this mean for Bromley residents and for children in Bromley

Rising A&E attendance is influenced by multiple factors, such as ageing population, burden from chronic diseases and socio-economic issues.

1 in 5 A&E attendances are by frequent attenders.

A significant proportion of frequent attenders are under the age of 5 years, in particular the under 1 year age group.

Only a third of the visits by frequent attenders resulted in hospital admissions.

There are indications that improving/developing primary and community care services could reduce the number of frequent attenders.

There is scope for further work to assess the needs of A&E frequent attenders.

For Further information please contact Agnes.Marossy@Bromley.gov.uk
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