Quantifying opportunities to reduce hospital activity and shift care to the community

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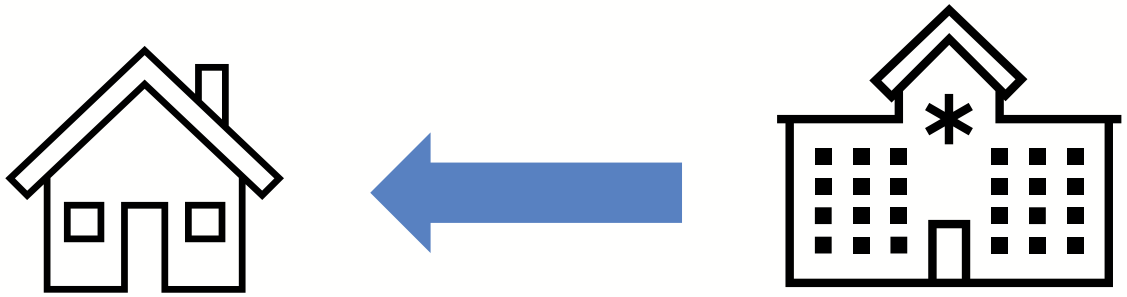
The Strategy Unit

From hospital to community



"Shift the pattern of health spending"

"Local areas build and expand their neighbourhood health services"

Using the concept of ‘potentially mitigable’ activity

Shifting care into the community assumes subsets of hospital activity can be mitigated with new or greater use of existing community services.

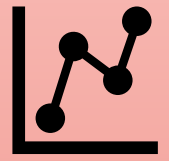
For the New Hospitals Programme Demand and Capacity model, the Strategy Unit developed 92 categories of hospital activity that could be defined as ‘potentially mitigable’.

So, while we can’t directly measure avoided hospital activity we can measuring this potentially mitigable hospital activity.

Not all activity in these categories of potentially mitigable activity can be avoided.
But if hospital activity is being avoided, we should see it within these categories of activity.

Three key aims

Understand the scale of potentially mitigable activity to inform prioritisation

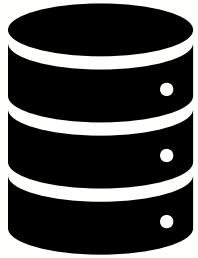


Track trends to indicate any shift away from hospital care

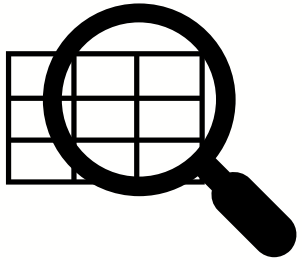
Comparative analysis to identify opportunities for learning where we see differential effects

Methodology

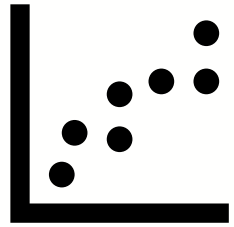
Hospital Episode Statistics data



Focused on 29 categories of potentially mitigable activity related to community care

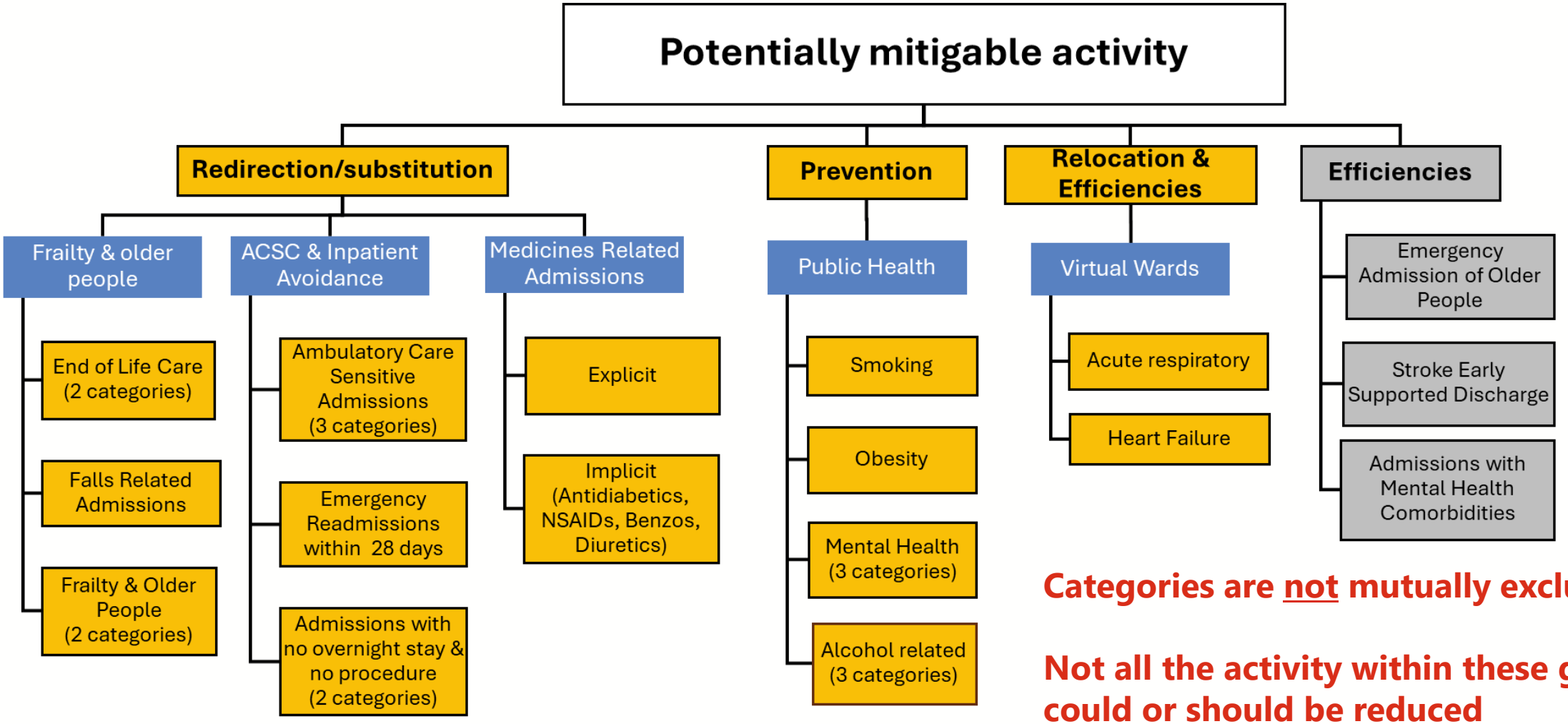


Analysed ALL admissions in England that met the criteria for one or more of the 29 categories



Code for identifying the categories of potentially mitigable activity can be found on GitHub- https://github.com/The-Strategy-Unit/nhp_data/tree/main/src/nhp/data/raw_data/mitigators/ip

29 Categories of potential mitigable activity (community specific)



Categories are <u>not</u> mutually exclusive

Not all the activity within these groups could or should be reduced

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User guide

Report structure

This report allows users to explore potentially mitigable acute activity.

1) The initial chapter gives an overall summary of the total potentially mitigable activity.

2) There are 4 mechanisms through which mitigation can occur and for each of these there is a summary page:

- Efficiencies
- Efficiencies & Relocation
- Prevention
- Redirection/Substitution

3) There are individual pages for each of the 29 categories of potentially mitigable activity, which are divided up by their mechanism groups.

4) There is also a page containing detailed Methodology.

What's included

The pages for potentially mitigable activity follow the same format and contain sections for:

- **Descriptive analysis** - to explore potentially mitigable activity by patient characteristics (age, ethnic category, Index of Multiple Deprivation decile and sex) and admission characteristics (length of stay, specialty and primary diagnosis).
- **Cohort overlap** - to understand where activity falls into more than one type of category of potentially mitigable activity.
- **Comparative analysis** - to explore how rates compare by Integrated Care Board (ICB), Local Authority (LA) and NHS acute provider.
- **Trends** - to explore how the potentially mitigable activity has changed over time in England and also at ICB, LA and NHS acute provider level.

Scale of activity for England in 2023/24

Mechanism	Category of Potentially Mitigable Activity	Admissions	Beddays
Efficiencies	Emergency Admission of Older People	1,738,373	16,722,420
Efficiencies	Admissions with Mental Health Comorbidities	1,568,471	14,044,024
Redirection/Substitution	Emergency Readmissions Within 28 Days	1,549,047	9,815,813
Redirection/Substitution	Admissions of Frail Older People (High Frailty Risk)	731,186	9,192,303
Redirection/Substitution	Admissions of Frail Older People (Intermediate Frailty Risk)	683,670	5,717,645
Redirection/Substitution	Ambulatory Care Sensitive Admissions (Chronic Conditions)	562,217	3,737,708
Redirection/Substitution	Ambulatory Care Sensitive Admissions (Vaccine Preventable)	318,485	3,720,804
Efficiencies & Relocation	Virtual Wards LoS Reduction (Acute Respiratory Infection)	494,234	2,841,378
Redirection/Substitution	Falls Related Admissions	266,327	2,840,816
Prevention	Alcohol Related Admissions (Chronic Conditions - Partially Attributable)	774,917	2,787,795
Prevention	Alcohol Related Admissions (Wholly Attributable)	351,381	2,087,406
Redirection/Substitution	Ambulatory Care Sensitive Admissions (Acute Conditions)	359,755	1,553,804
Prevention	Smoking Related Admissions	478,127	1,518,009
Efficiencies	Stroke Early Supported Discharge	63,381	1,330,530
Redirection/Substitution	Medicines Related Admissions (Explicit)	106,940	977,097
Efficiencies & Relocation	Virtual Wards LoS Reduction (Heart Failure)	87,154	839,120
Prevention	Mental Health Admissions via Emergency Department	77,564	685,806
Redirection/Substitution	Medicines Related Admissions (Implicit - Benzodiazepines)	44,459	491,619
Prevention	Medically Unexplained Symptoms Admissions	311,940	404,231
Prevention	Obesity Related Admissions	122,152	389,810
Redirection/Substitution	End of Life Care Admissions (died within 3-14 days)	43,467	306,846
Redirection/Substitution	Medicines Related Admissions (Implicit - NSAIDs)	31,002	222,090
Prevention	Alcohol Related Admissions (Acute Conditions - Partially Attributable)	37,859	213,115
Prevention	Intentional Self Harm Admissions	52,341	161,497
Redirection/Substitution	Medicines Related Admissions (Implicit - Diuretics)	34,232	111,401
Redirection/Substitution	Medicines Related Admissions (Implicit - Anti-Diabetics)	18,098	85,976
Redirection/Substitution	End of Life Care Admissions (died within 2 days)	21,335	24,237
Redirection/Substitution	Admission With No Overnight Stay and No Procedure (Adults)	1,512,493	-
Redirection/Substitution	Admission With No Overnight Stay and No Procedure (Children)	348,048	-

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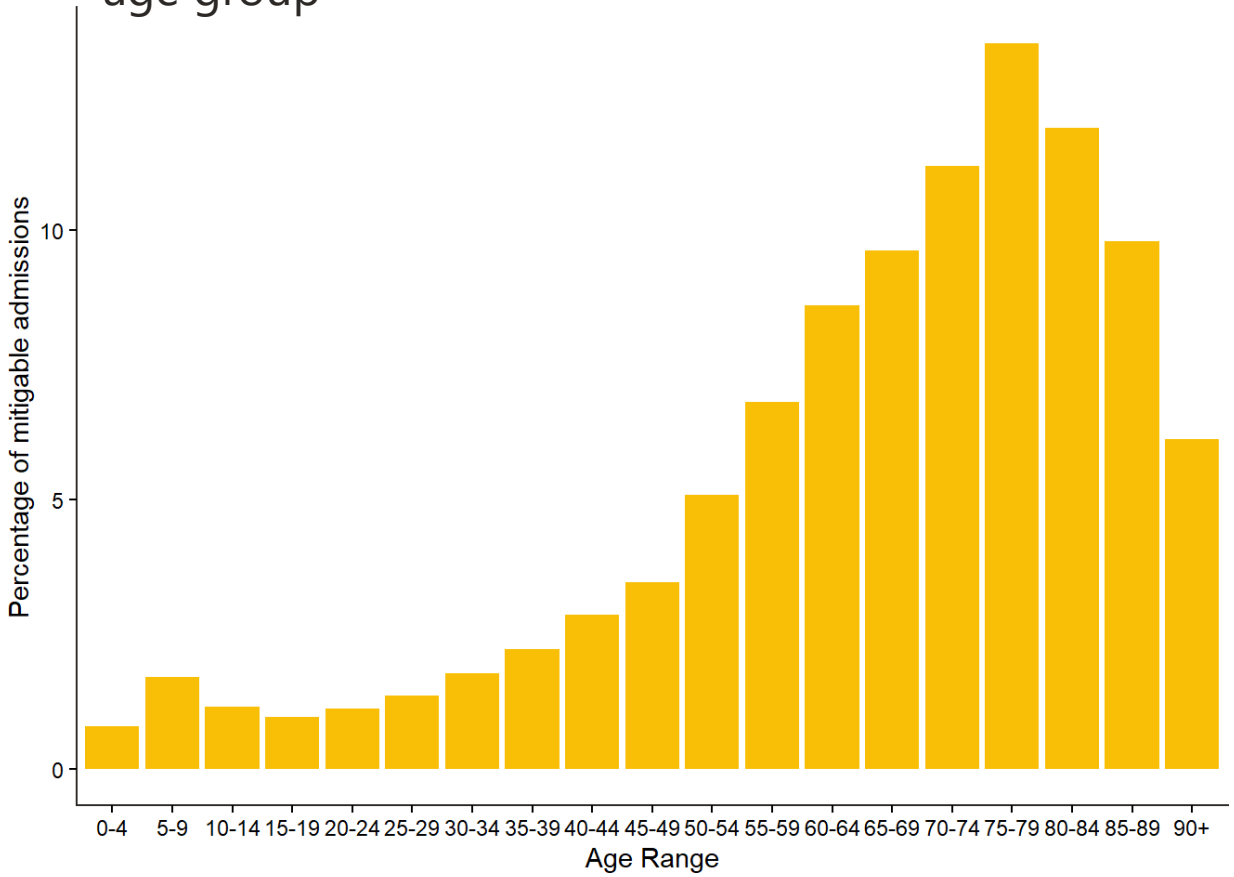
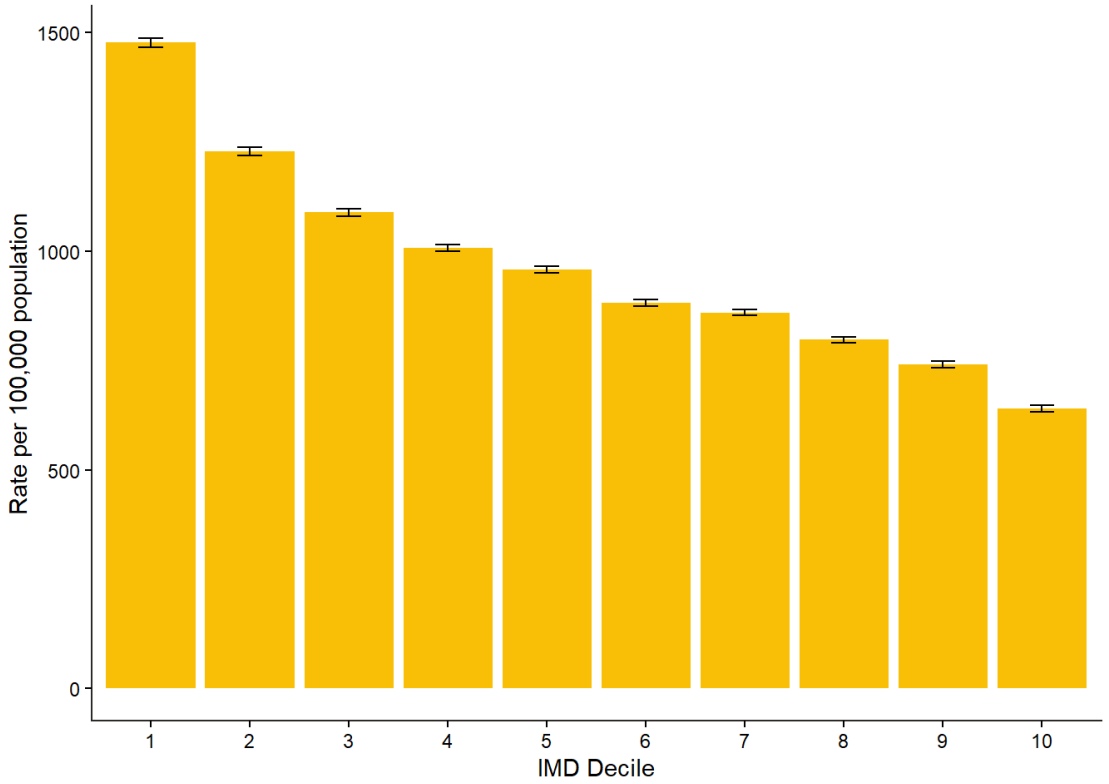
Who is in these cohorts?
What are the admission characteristics?

Demographic characteristics of the chronic ambulatory care sensitive cohort

Percentage of chronic ACSC admissions within each age group

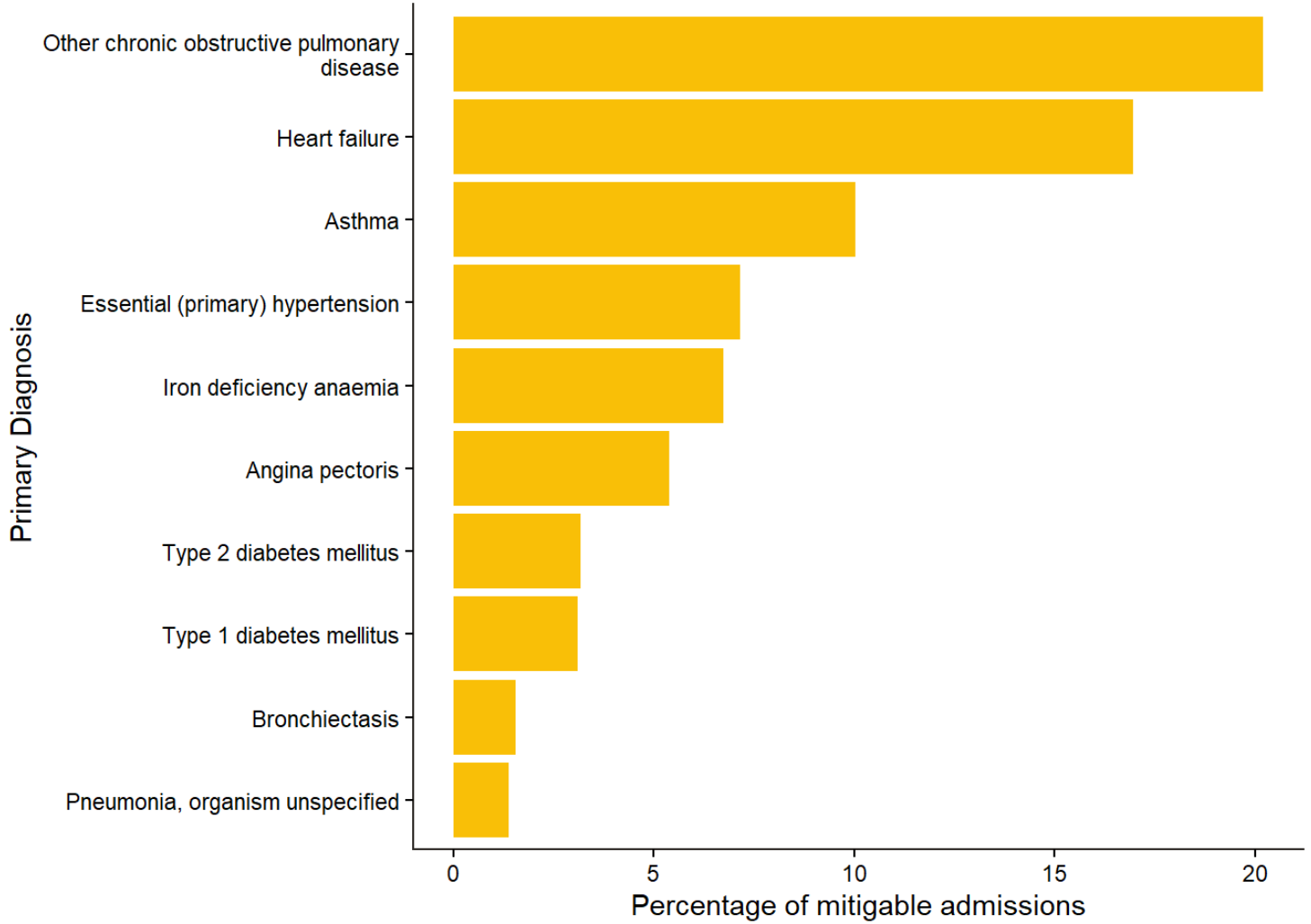


Crude rate of chronic ACSC admissions by IMD decile



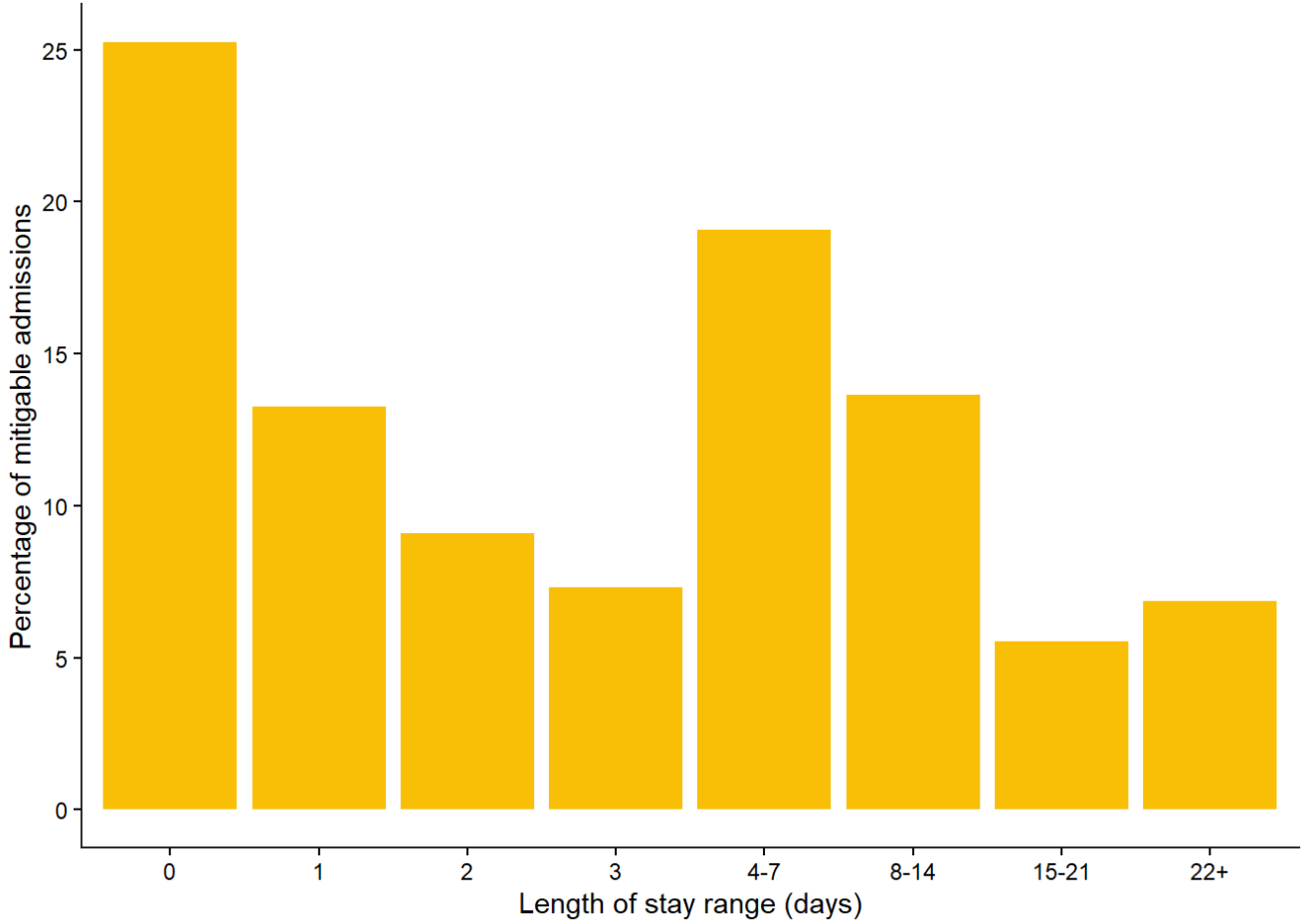
Diagnoses within the chronic ambulatory care sensitive cohort

Top ten primary diagnoses (as % of admissions) within the chronic ambulatory care sensitive cohort



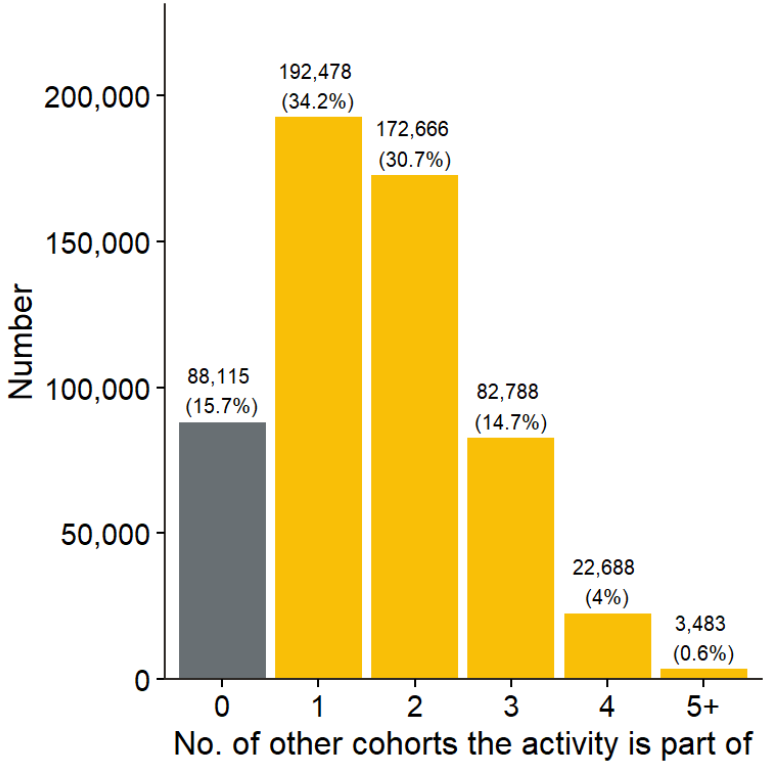
Length of stay breakdown for the chronic ambulatory care sensitive cohort

Percentage of chronic ACSC admissions within each length of stay range

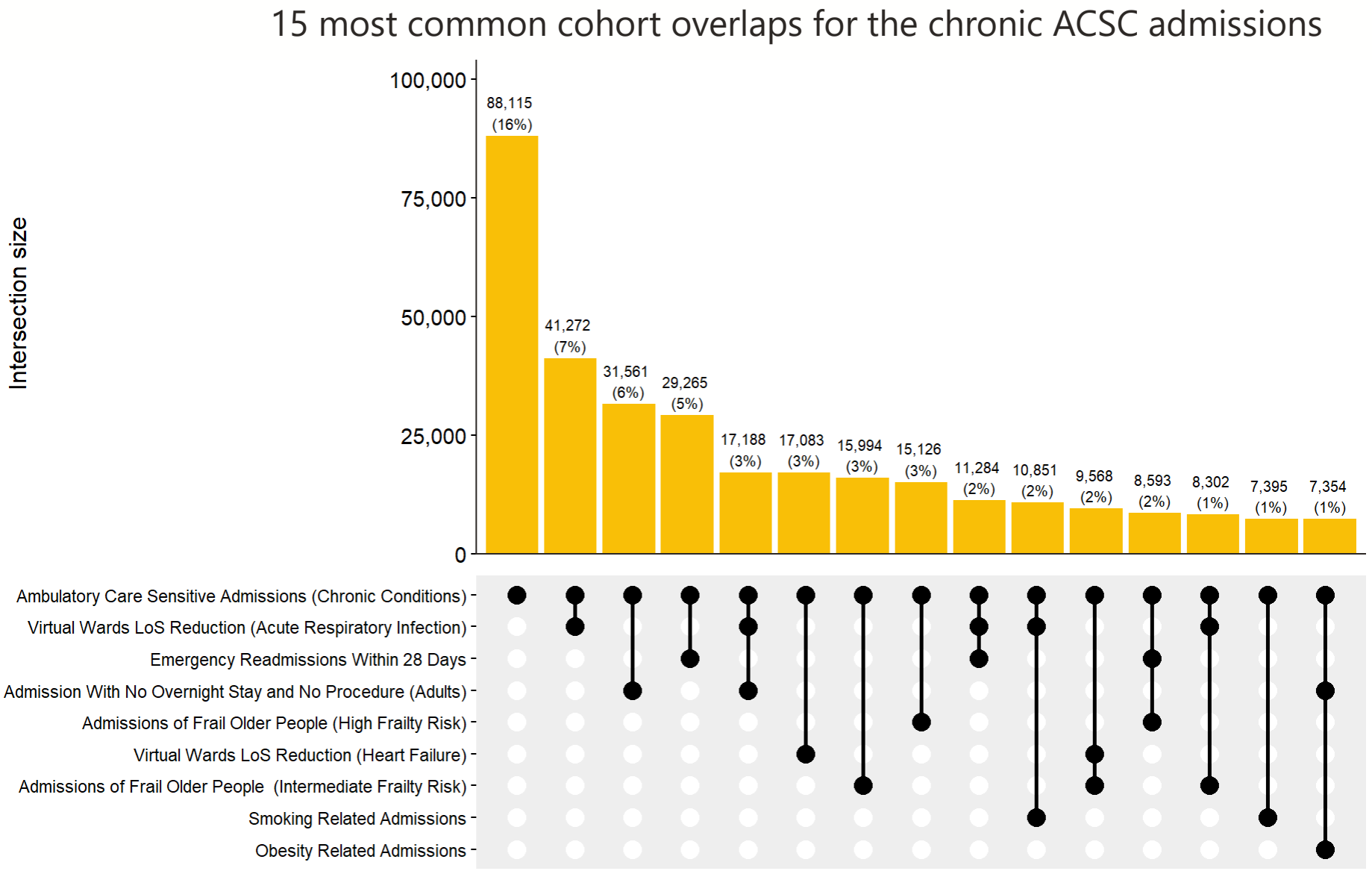


Cohort overlap for the chronic ambulatory care sensitive cohort

Number of categories of potentially mitigable activity the chronic ACSC admissions are part of



Cohort overlap for the chronic ambulatory care sensitive cohort



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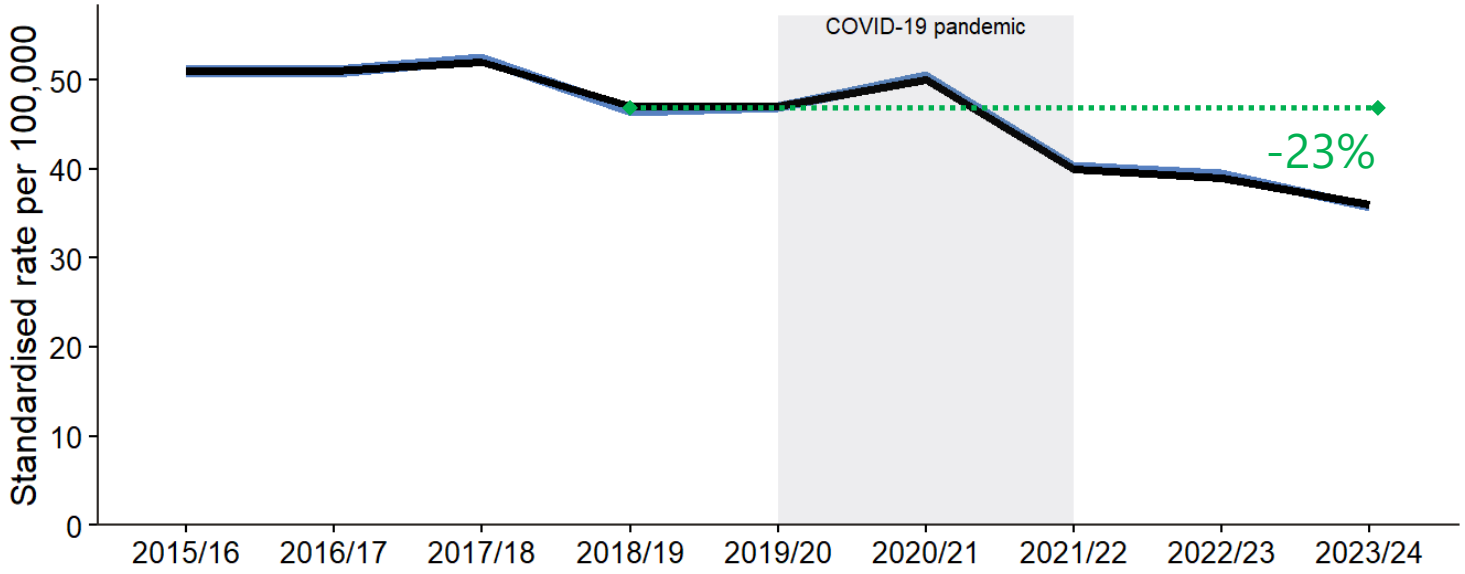
Is potentially mitigable activity reducing?
Are there differences in activity between regions?

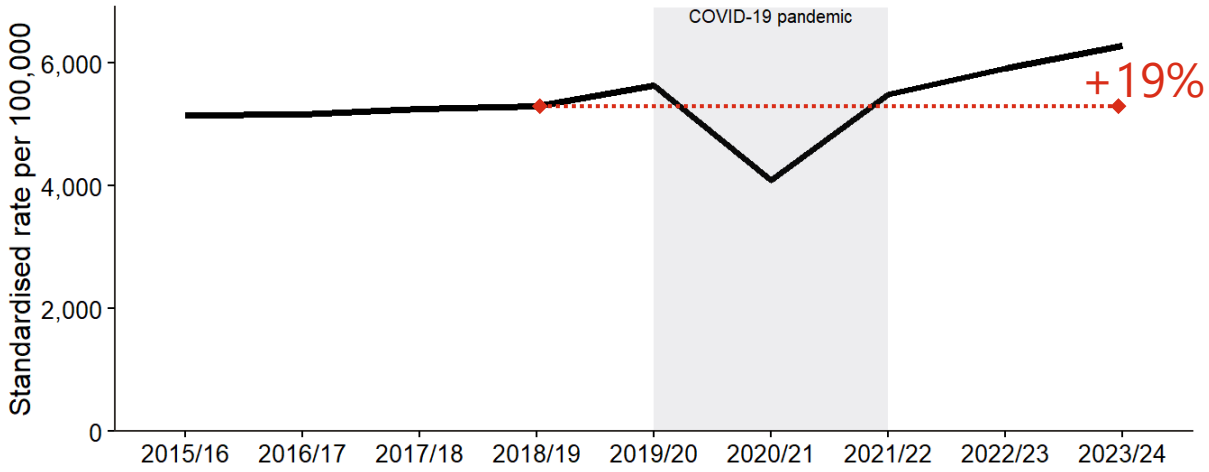
Nationally hospital activity is reducing for End-of-Life Care



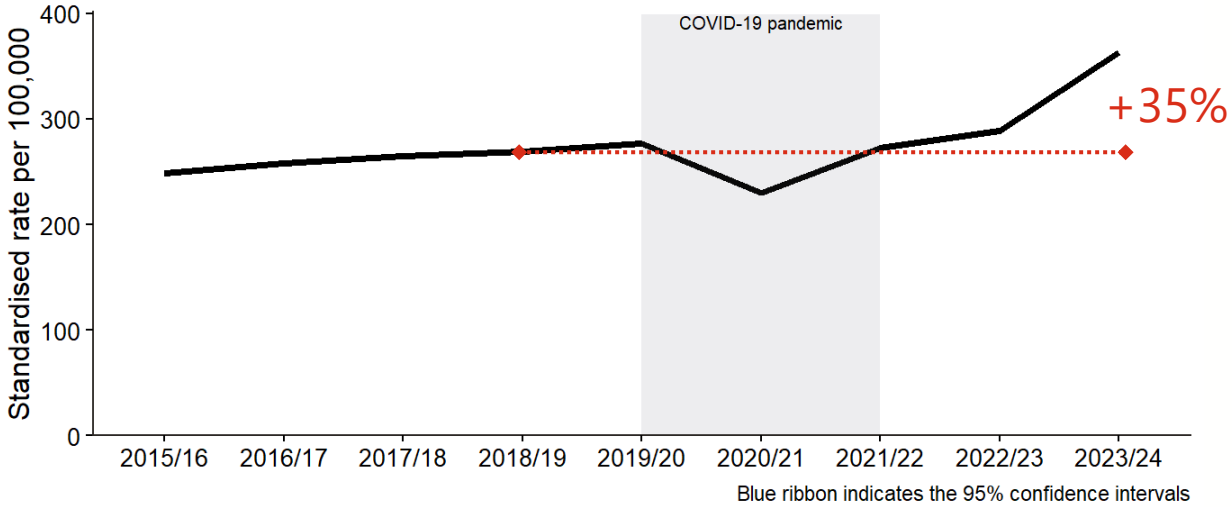
Age and sex standardised rate per 100,000 population of admissions for the End-of-Life Care Admissions (died within 2 days) cohort in England over the last 9 years.

Hospital bed days are increasing for many categories activity

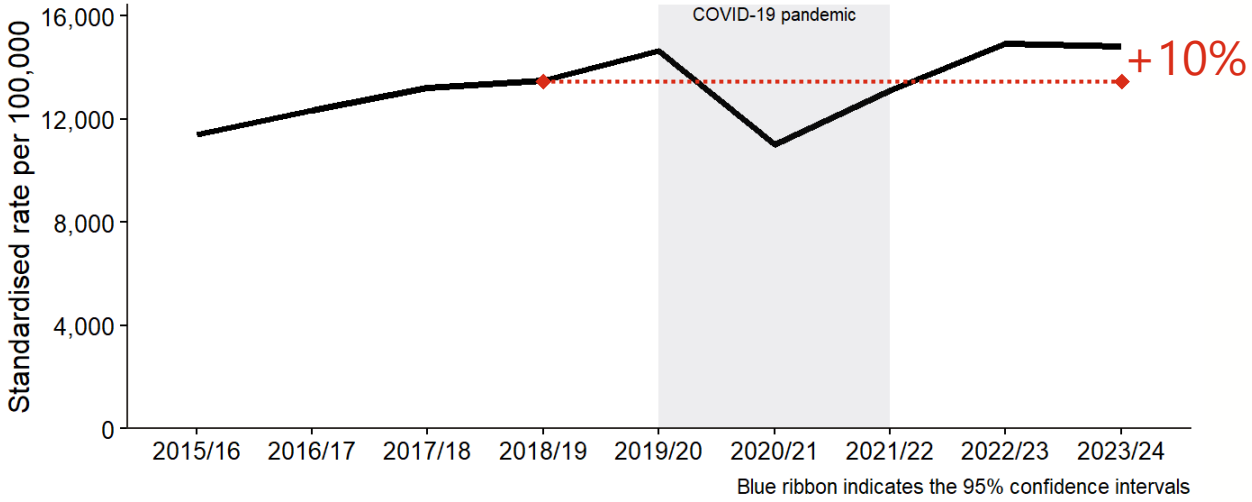
Chronic Ambulatory Care Sensitive Conditions



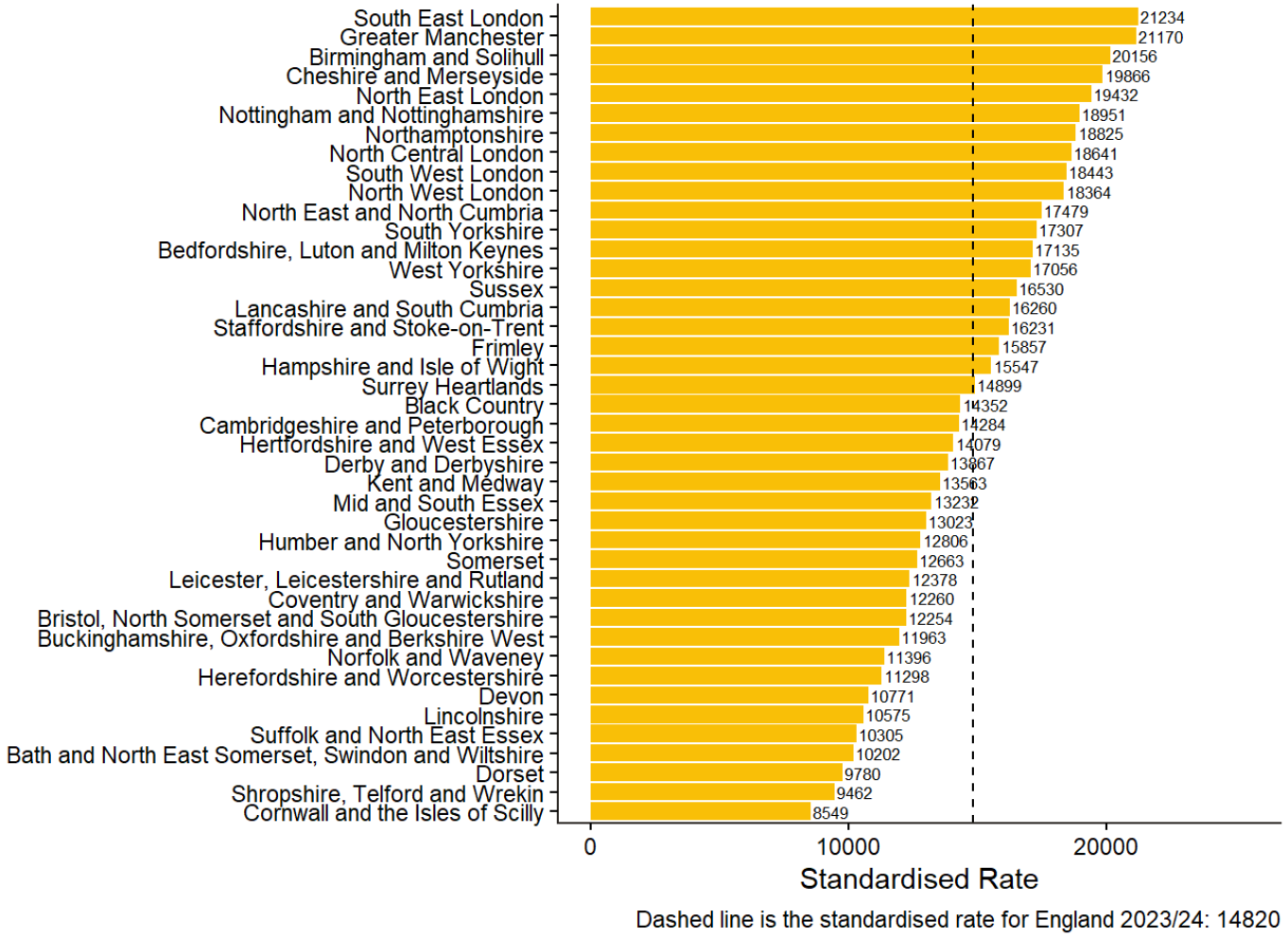
Acute Alcohol Related (partially attributable)

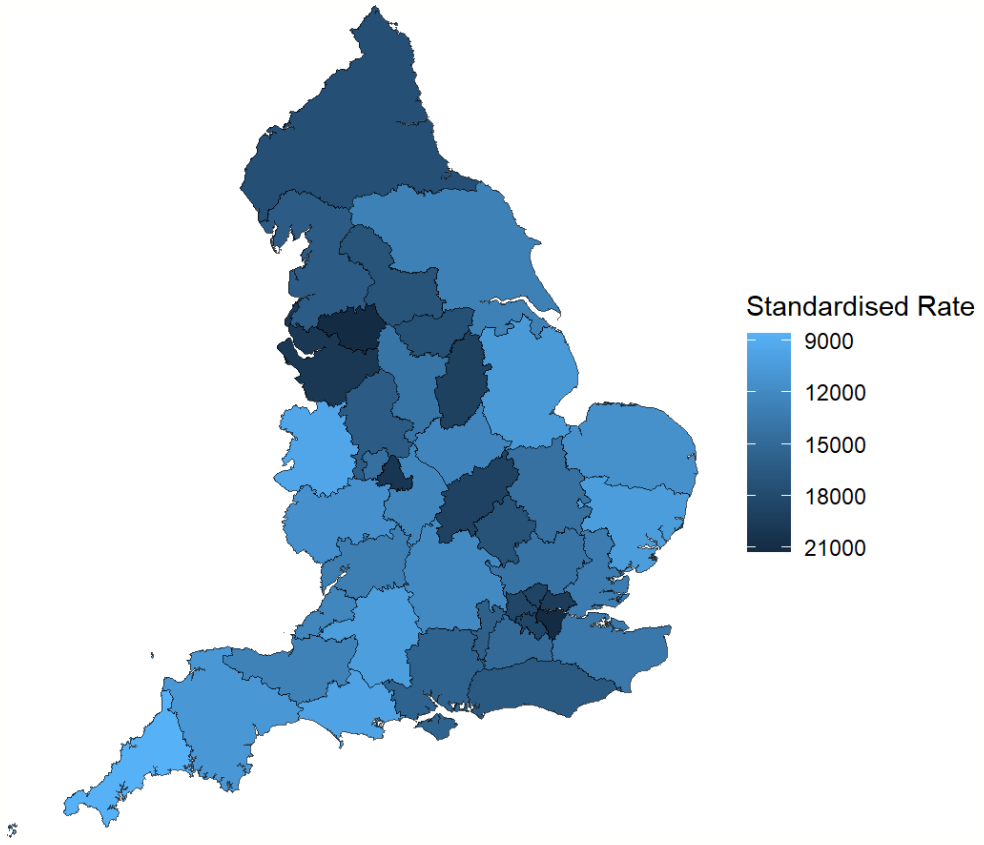


Frail Older People (High Frailty Risk)



Variation in bed days for Frail Older People (High Frailty risk) by ICB





Age and sex standardised rates per 100,000 population of potentially mitigable bed days for Frail Older People in 2023/24.

Local authority level data: bed days for Frail Older People (High Frailty risk)

CSV Show 10 entries Search:

Local Authority	Mitigable Beddays	Total Emergency Beddays	Percentage	Total Population	Standardised Rate
South Hams	10,515	55,197	19.05	90,842	7,273
Isles of Scilly	332	1,798	18.46	2,229	7,422
Bournemouth, Christchurch and Poole	49,277	188,606	26.13	450,442	8,291
Derbyshire Dales	9,920	47,613	20.83	71,530	8,324
West Devon	8,197	40,346	20.32	58,754	8,416
Cornwall	69,151	396,418	17.44	578,324	8,524
North Kesteven	14,143	66,851	21.16	121,203	8,612
South Norfolk	18,217	76,093	23.94	146,655	8,641
North Norfolk	18,186	73,696	24.68	103,228	8,748
Vale of White Horse	15,087	67,231	22.44	145,970	8,766

Provider data: bed days for Frail Older People (High Frailty risk)

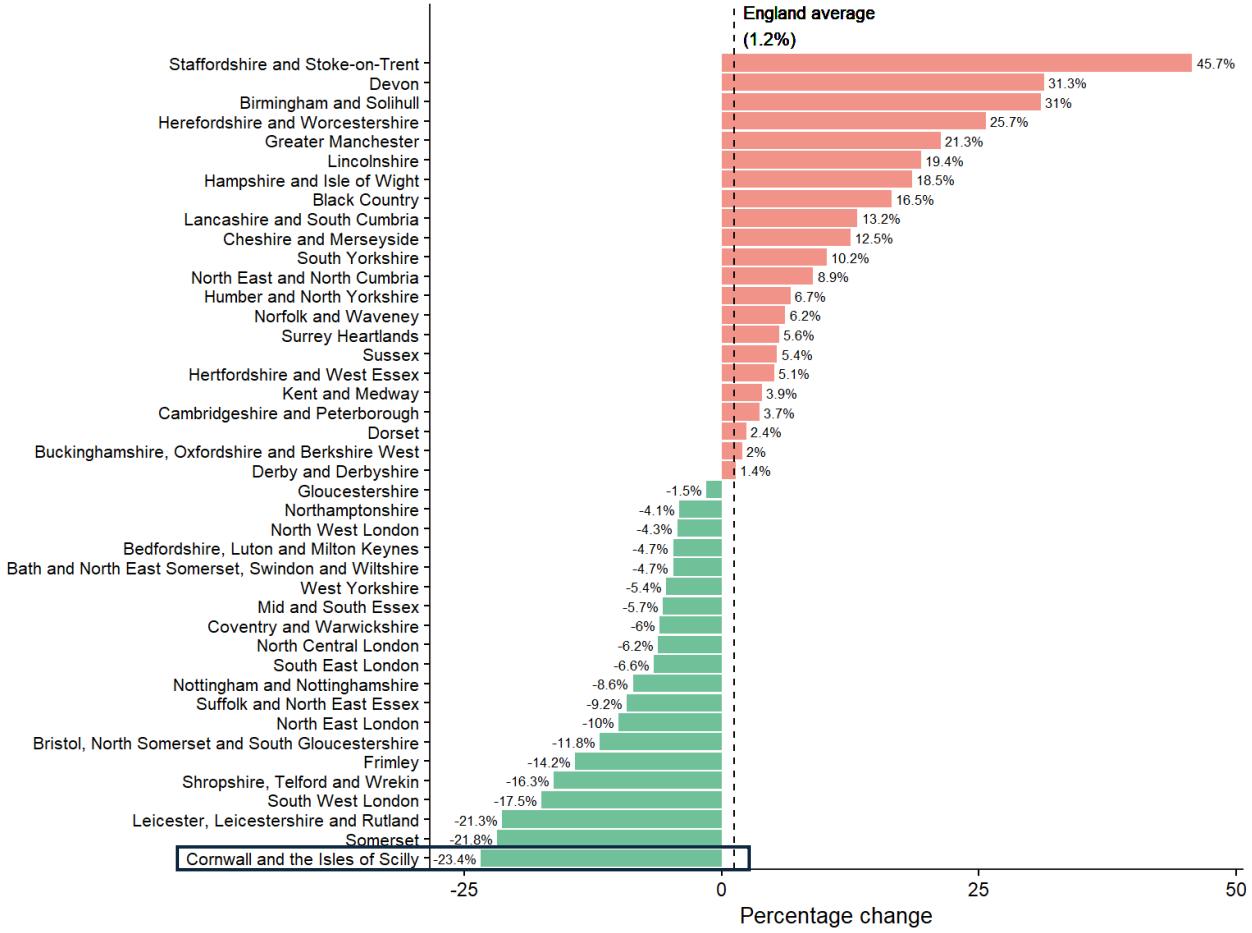
CSV Show 10 entries Search: dorset

Provider	ICB (System)	Mitigable Beddays	Total Emergency Beddays	Percentage	Total Population	Standardised Rate
Dorset County Hospital NHS FT	Dorset	38388	115,852	33.14	241,872	8924
University Hospitals Dorset NHS FT	Dorset	68850	226,562	30.39	471,609	8906

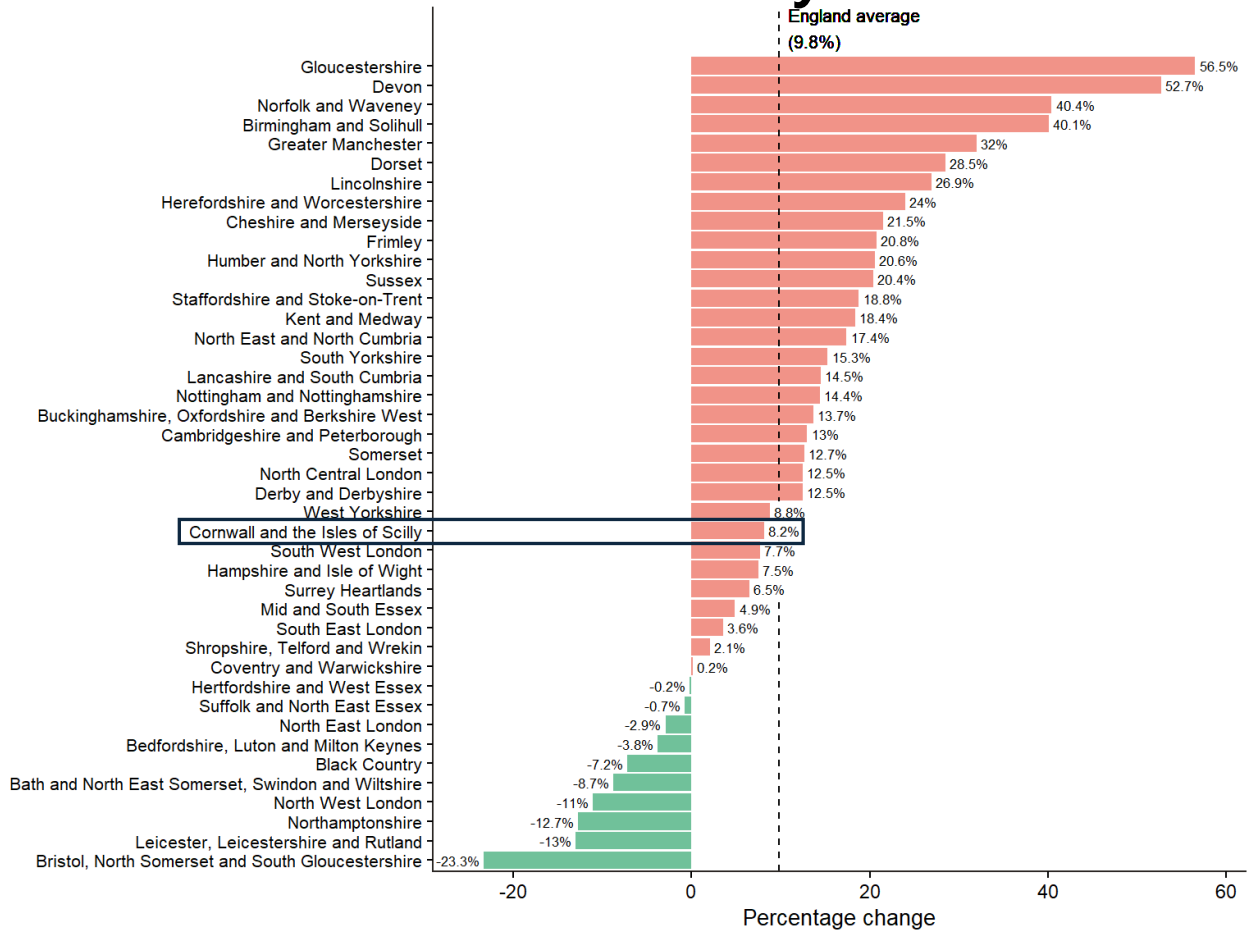
Showing 1 to 2 of 2 entries (filtered from 134 total entries) Previous 1 Next

Change in hospital activity for Frail Older People in last 5 yrs

Admissions

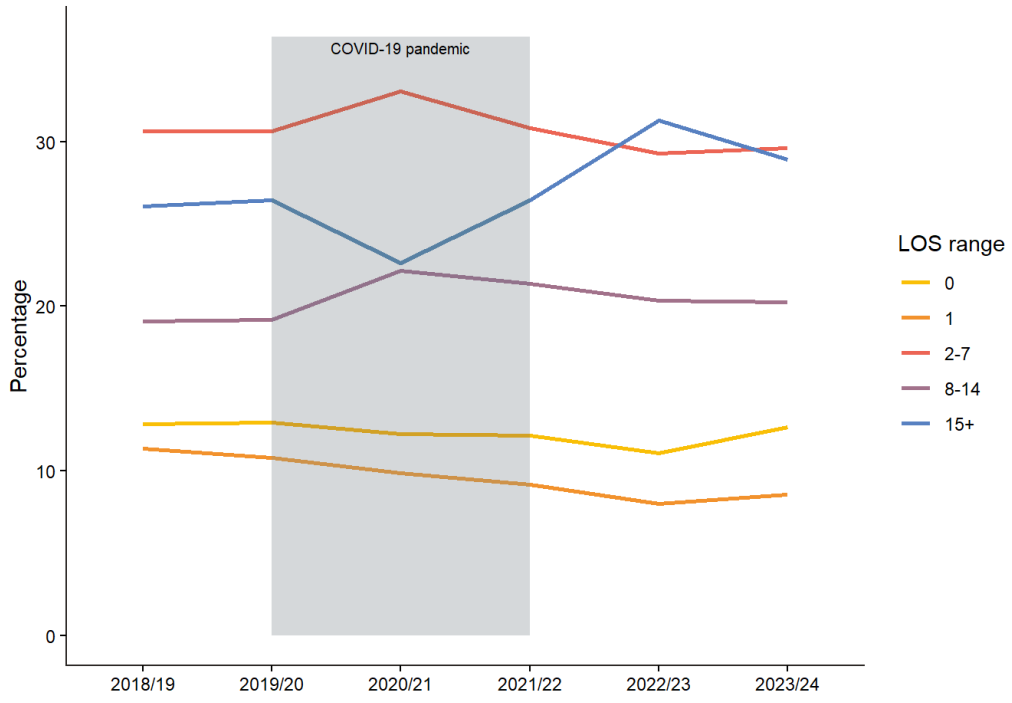


Bed days

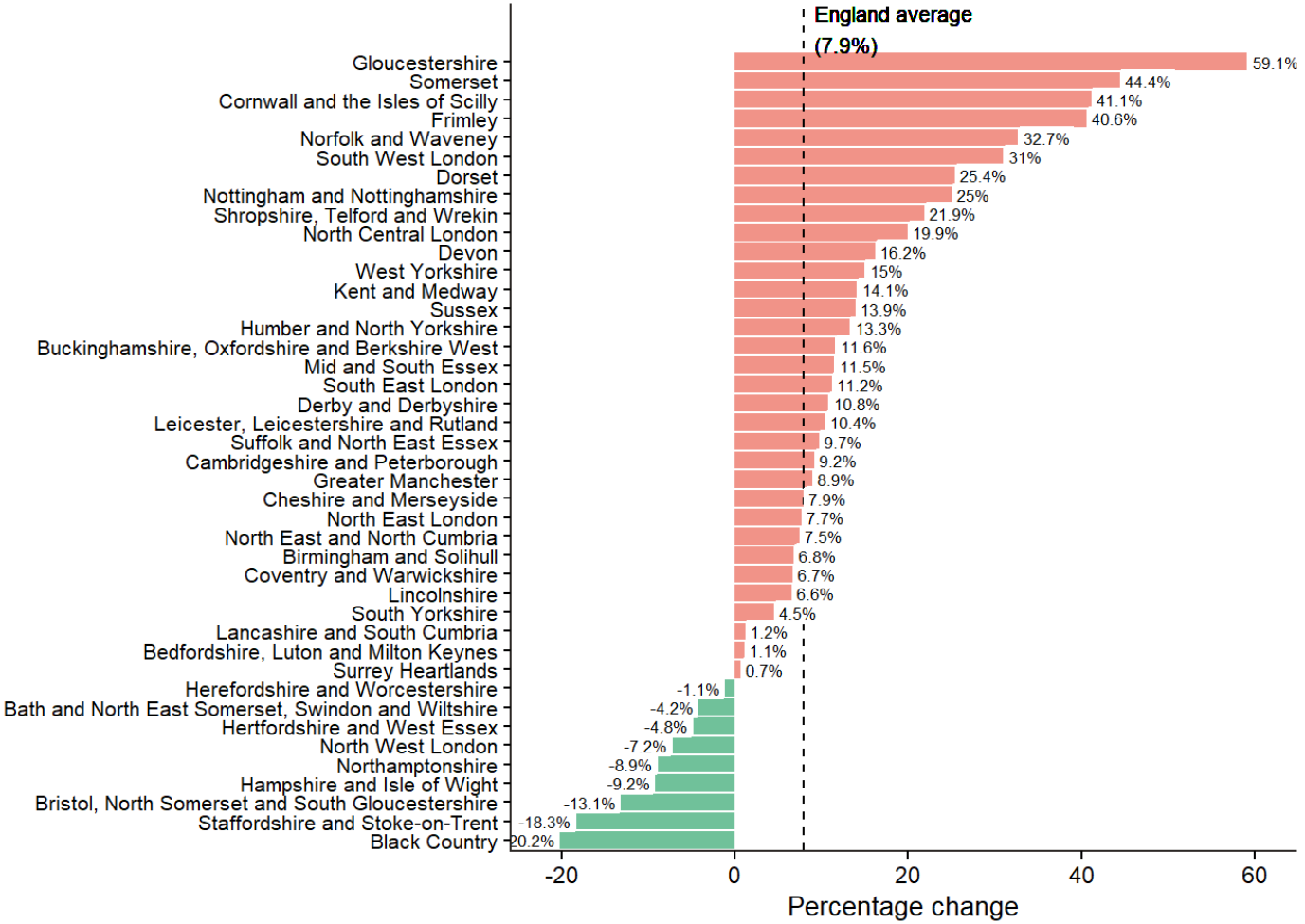


Percentage change in the age and sex standardised rates per 100,000 the Frail Older People cohort by ICB between 2018/19 and 2023/24.

Increasing length of stays for Frail Older People admissions

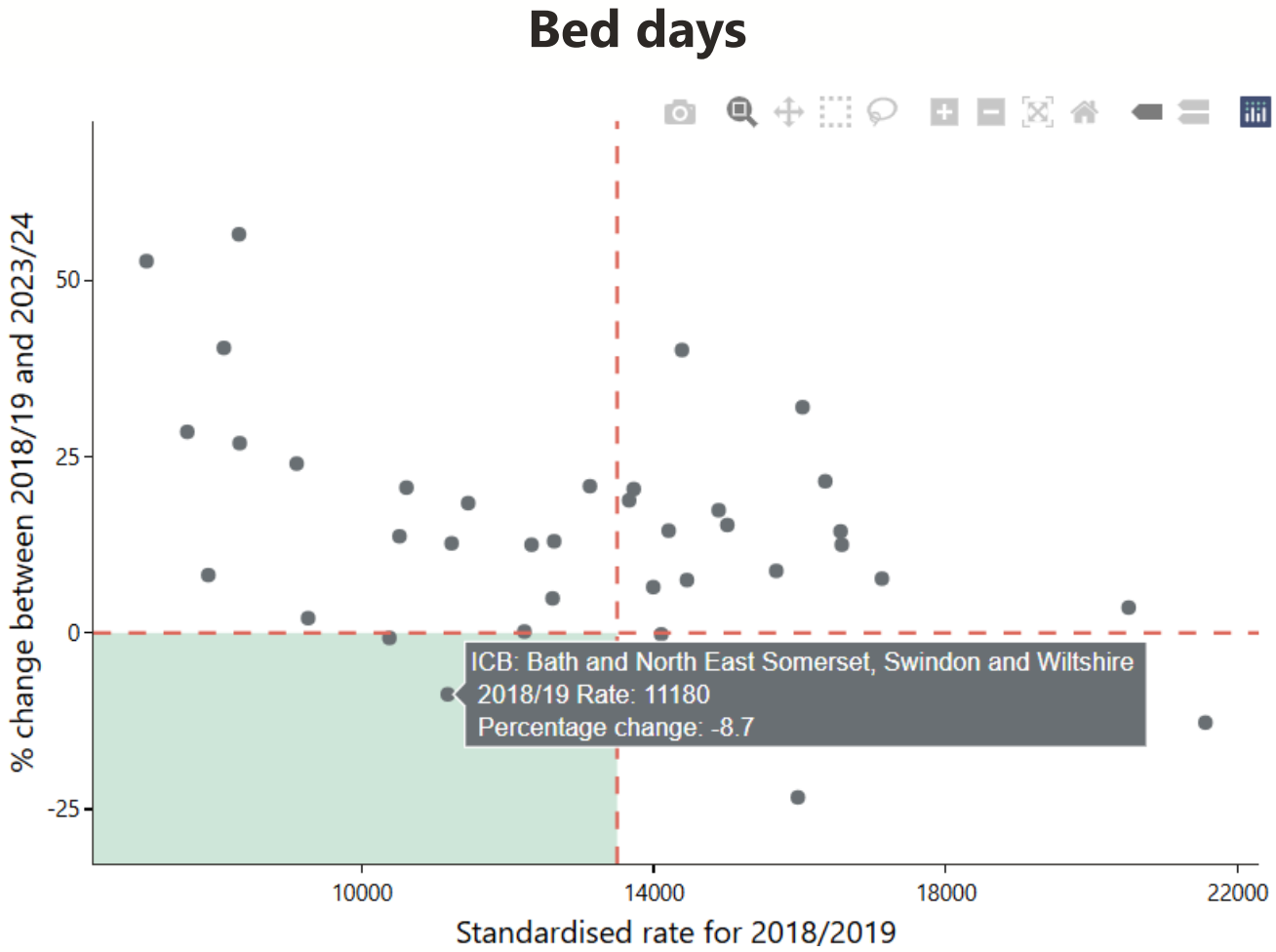


Percentage of emergency admissions of Frail Older People by Length of Stay (LOS) range in **England** over time.



The percentage change in the average length of stay of Frail Older People admissions by ICB between 2018/19 and 2023/24.

Change in rate of bed days relative to starting rate



Standardised rate for the Frail Older People cohort (in 2018/19) versus the percentage change between 2018/19 and 2023/24 for ICBs.

Key findings

Shifts away from hospital care are seen for some categories of potentially mitigable activity e.g. End-of-Life care.

For many categories of potentially mitigable activity hospital care is increasing, particularly high frailty, chronic ambulatory sensitive conditions and acute alcohol related admissions.

Considerable variability between areas in the rate of activity and changes over time.

For some activity there are trends towards increasing lengths of stay, so balance is required between reducing admissions and reducing length of stay.

- → Help ICBs and providers to understand where and scale of opportunities to reduce inpatient activity
- → Indicate systems that are performing well where we could learn from them
- → Inform decisions about shifting funding from acute services into primary and community care, and types of community services that are needed

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https://connect.strategyunitwm.nhs.uk/nhp/CPMA_community/
https://github.com/The-Strategy-Unit/nhp_CPMA_community