



## MAN Huddle questions/comments follow up

### Identifying opportunities to reduce hospital activity & shift care with Dr. Sarah Lucas – 22/1/26

#### Summary of the Huddle

In this Huddle, I'll be joined by Dr. Sarah Lucas, Healthcare Analyst at the Strategy Unit, explored new work on potentially mitigable hospital activity (PTMA).

A key focus in current healthcare planning is on shifting care delivery from acute hospitals to community settings. This approach assumes that certain subsets of hospital activity can be mitigated with greater use of new or existing community services. In this session Sarah shared our work on the scale, trends and regional variations in potentially mitigable hospital activity, which is designed to help Integrated Care Boards (ICBs), and others, understand where there may be opportunities to reduce inpatient activity and inform decision making around shifting of care.

The session introduced you to our publicly available report and will include, some key findings, what information is available within the report and how it can be used by analysts, leaders and decision makers.

#### Q&A

Below are the question and comments raised in Slido or in the chat and Sarah has kindly provided us with some answers/responses.

Does this work (especially the category of frail older people) relate to the Assisted Dying Bill currently going through government?

No, this is not related to the Assisted Dying Bill, the focus of our report is very much around understanding the types and volumes of hospital inpatient activity to inform decisions around the provision of community care.

To what extent were the categories and calculations clinically validated for the mitigable activity?

The categories used are those that have been agreed upon for the New Hospital Programme Demand and Capacity model. The following link gives references/rationale for the categories used-

[https://connect.strategyunitwm.nhs.uk/nhp/project\\_information/modelling\\_methodology/activity\\_mitigators/inpatient\\_activity\\_mitigators.html](https://connect.strategyunitwm.nhs.uk/nhp/project_information/modelling_methodology/activity_mitigators/inpatient_activity_mitigators.html) The clinical validation of the categories of

mitigable activity varies, some categories use standard widely used definitions, other categories perhaps less so. There is likely further work to do in the future to review and potentially refine these categories. We also flag this very issue in the preface to our report.

Does the report include any analysis of possibilities to shift acute outpatient services into community venues such as leisure centres / libraries etc

We haven't covered outpatient services in this report, purely because we already had such a large volume of inpatient data to manage within the report. We have discussed the possibility of a future report, similar to this one, for outpatient activity.

Linked to the financial/resources question, are there any plans to compare the cost of each activity to one another. E.g. is it "better" to reduce an episode of a frailty admission or an EoL admission from a resource perspective.

I think that's an interesting point, we currently don't have specific plans to compare the cost of one activity to another, but I think that it would be a really useful next step to help with prioritisation.

Aside from the numbers, are there financial and other resource implications? Is it really cheaper to move this activity out of hospital?

We've not considered the financial and resources implications. I think for some activity such as end-of-life care there is already evidence that it is cheaper out of hospital, but I think for other categories there is more work to understand whether community care is indeed going to be a cheaper/less resource intensive alternative. However, a separate piece of work we've done does specifically examine what shifting hospital care into the community could mean for finances and resources <https://www.strategyunitwm.nhs.uk/publications/missing-element-shifting-care>

Does the report have a action plan or are you leaving to ICB to decide actions?

No, there isn't an action plan, we feel it is for ICB to decide their priorities/actions. Some ICBs will have different needs/priorities to others and there isn't necessarily a one-size-fits-all solution. The report is very much the first step in the process, and there is further work to be done in terms of understanding what types of community services are needed to achieve this shift.

? Add Markov study to compare other indicators

Yes, I think that's an interesting idea for future work.