

1. Purpose of this Paper

This paper considers the research evidence on 'Avoiding Hospital Admissions', to show why it should be a priority for Poole. It highlights key issues for Poole, using data on recent trends, comparisons with national figures, information on at risk groups, and the areas affected. A future edition of this briefing paper will include evidence on long term admissions and delayed discharge.

2. Why avoiding hospital admissions is an important issue for Poole

- Rates of emergency admissions are high and increasing in Poole
Emergency admissions – that is admissions that are not predicted and happen at short notice – represent almost two thirds (65%) of hospital bed days in England¹. The rate of emergency hospital admissions for the NHS Bournemouth & Poole PCT is significantly higher than the national average. This is despite Poole residents having better health overall, than the England average². Poole has experienced an increase in rates of emergency admissions up to 2009/10.
- Poole has high numbers of potentially avoidable admissions
NHS Better Care Better Values identifies 19 Ambulatory Care Sensitive Conditions (ACSCs) as ones where hospital admission may be avoidable had they been managed better in the community. There were 2,487 potentially 'Avoidable' Emergency Admissions for these 19 ACS conditions in 2010/11 in Poole. COPD, Congestive Heart Failure, Angina, Cellulitis, and Influenza and Pneumonia are the most common Admissions for ACSCs, in the population aged 65+.
- Poole has a high and increasing older population at highest risk of emergency admissions
In 2009 20.9% of Poole's population was aged 65 and over. By 2020 almost a quarter of Poole's population will be aged 65 and over. Emergency admission rates increase with age, with older people being at highest risk of emergency admission in Poole. In 2010/11 46% of all emergency admissions for ambulatory care sensitive conditions (ACSC) in Poole were for people aged 65 and over.
- People living in the most deprived areas are at highest risk of avoidable admissions in Poole
Areas in Poole with the highest rates of emergency admissions are also those with the highest level of poverty and health deprivation. Inequalities in health exist within Poole, with life expectancy for men living in the most deprived areas being over 7 years less than in the least deprived areas². One of 'Poole's Big 3' objectives, fundamental to delivering its Sustainable Community Strategy for 2010-2026, is closing this gap on these inequalities.
- Emergency hospital admissions incur high costs and potential savings
The cost of emergency admissions is high and increasing, compared to alternative forms of care in the community, and there is a necessity to constrain spiralling costs within secondary care¹. The Better Care, Better Value Indicators³ estimate that potentially, over 3.5 thousand admissions could be avoided, and over £5 million could be saved per year within the Bournemouth and Poole PCT, if the level of unnecessary emergency admissions⁴ was reduced to that of the higher quartile performing PCTs.
- Levels of day care and home support in the community are falling as budget cuts take effect
Levels of preventive support in the community provided by Poole Adult Social Care, Poole Intermediate Care Service (PICS) and Independent Sector providers are falling as eligibility criteria for adult social care services have been raised.
- Reducing hospital admissions would contribute to better quality of life
Reduced hospital admissions would contribute to better quality of life, because of the risks to health and independence (particularly for older people) associated with hospital care and the environment in which it is provided. Evidence shows interventions that maintain health and promote independence, through the combined contribution of a wide range of community based services and other resources, can significantly improve quality of life.

¹ Purdy S (December 2010) Avoiding hospital admissions: What does the evidence say? *The Kings Fund*

² Department of Health. Poole Health Profile 2010. The Association of Public Health Observatories (APHO)

³ NHS Better Care Better Value <http://www.productivity.nhs.uk>

⁴ Unnecessary Admissions are defined as Ambulatory Care Sensitive Conditions (ACSC) where community care can avoid the need for hospitalisation.

3. The extent and nature of Avoidable Admissions in Poole

- Overall numbers and trends of emergency admissions in Poole**

The rate of emergency hospital admissions for the NHS Bournemouth & Poole PCT is significantly higher than the national and South West SHA average. This is despite Poole residents having better health overall, than the England average⁵. Bournemouth & Poole PCT has experienced an increase in numbers of emergency admissions up to 2009/10 (Table 1).

Rates of emergency admissions for 19 Ambulatory Care Sensitive Conditions (ACSC), which NHS Better Care Better Values³ has identified as admissions that may be avoided had they been managed better in the community, for the Bournemouth & Poole PCT are below the national average, but significantly above levels for the South West SHA.

Table 1: Numbers and Rates of Emergency Hospital Admissions - for the NHS Bournemouth & Poole PCT, South West Strategic Health Authority (SHA, and England)- 2008/09 to 2010/11

	Poole & Bournemouth PCT			South West SHA Average 2010/11	England Average 2010/11	Alert
	2008/09	2009/10	2010/11			
Number of emergency hospital admissions	35,429	36,998	36,898			
Rate Emergency hospital admissions per 1,000 *Standardised for age / sex / IMD	91.2	94.3	93.5	79.5	88.2	Rate significantly above SHA and National average
Number of emergency hospital admissions for 19 Ambulatory Care Sensitive Conditions (ACSC)	5,309	5,336	5,319			
Rate Emergency hospital admissions per 1,000 for 19 Ambulatory Care Sensitive Conditions *Standardised for age / sex / IMD	13.6	13.5	13.4	12.2	14.8	Rate significantly above SHA average Rate below National average
Average length of stay of emergency admissions (days)	5.4	5.0	5.0	5.0	5.0	Within range of SHA and National average

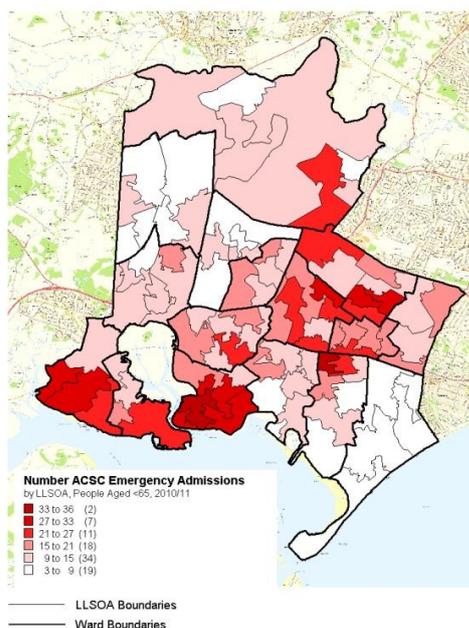
Source: <https://www.nhscomparators.nhs.uk>

*2010/11 is a rolling year from Oct 2009 to Sept 2010 as 2010/11 financial year data is not yet available

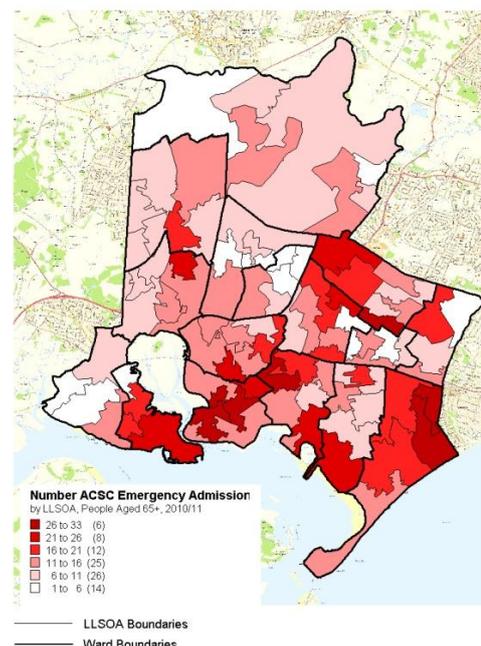
- Areas with high levels of emergency admissions in Poole**

Areas with high numbers of Emergency Admissions for Ambulatory Care Sensitive Conditions vary by age (Figures 2 and 3).

Figure 2 & 3: Emergency Admissions for Ambulatory Care Sensitive Conditions (ACSC), 2010/11 for People Aged **less** than 65 years
People Aged **over** 65 years



Source: SUS data via HPS



Source: SUS data via HPS

⁵ Department of Health. Poole Health Profile 2010. The Association of Public Health Observatories (APHO)

Areas with high numbers of emergency admissions for the under 65 age group include Hamworthy East and West, Poole Town Centre and around Bourne Estate in Alderney. Areas for the over 65 age group include Hamworthy East, Poole Town Centre and Canford Cliffs.

Emergency hospital admissions rates for ACS Conditions are highest in the most deprived areas for both the under and over 65s (Table 4).

Table 4: Emergency ACSC Admissions for 2010/11 by Age and Indices of Multiple Deprivation 2010 Quartile

IMD / IDAOPI 2010 Quartile (1= Most deprived)	Total ACS Admissions for people aged <65	Total ACS Admissions for people aged 65+	% people aged <65 with ACS Admissions	% people aged 65+ with ACS Admissions
1	178	172	1.7	5.8
2	552	332	1.4	5.0
3	368	295	1.0	3.5
4	241	349	0.7	2.7

Source: SUS data via HPS

*Note some people may have multiple admissions so the % rates are only indicative

• **Groups at greatest risk of emergency admissions in Poole**

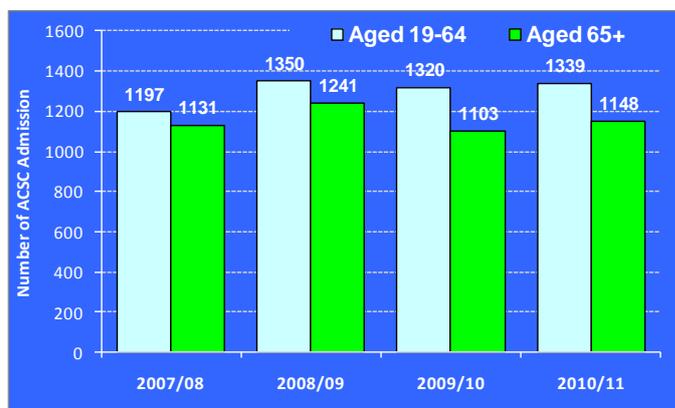
Older People

Emergency admission rates increase with age, with older people being at highest risk of emergency admission⁶.

In Poole, almost half (46%) of Emergency Admissions for Ambulatory Care Sensitive Conditions (ACSC) in 2010/11 were for older people aged 65+, despite this age group accounting for only one fifth of the population (Figure 5).

The rate of Emergency Admissions for Ambulatory Care Sensitive Conditions for Poole in 2010/11, was 3.7% for people aged 65+, compared to 1.1% for people aged <65.

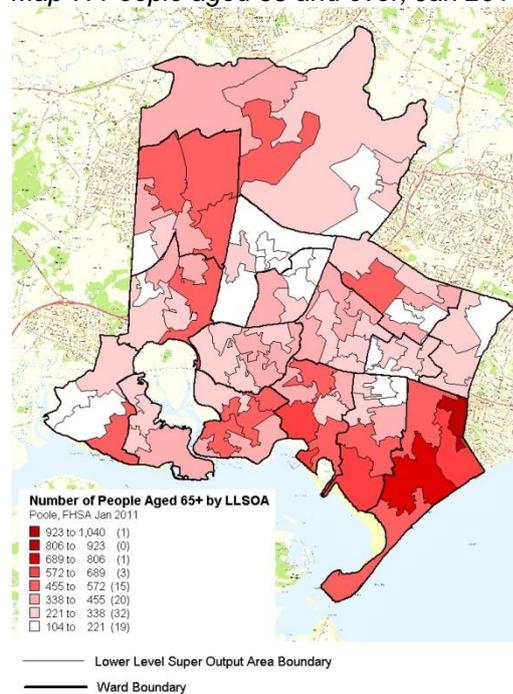
Figure 5: Emergency ACSC Admissions by Age, Poole 2007/08 to 2010/11



Source: SUS data via HPS

This is significant for Poole since it has high numbers and proportions of older people, higher than the national average (Table 6). Also the population of older people in Poole is predicted to experience significant growth. By 2020 almost a quarter of Poole's population will be aged 65 and over (Table 6). Currently older people in Poole are concentrated along the coastal belt of Canford Cliffs, Parkstone and Pennhill, in Poole Town Centre and Broadstone (Map 7).

Map 7: People aged 65 and over, Jan 2011



Source: FHSA GP Registration data

Table 6: Numbers and Proportions of Older People Aged 65+

		2009	2015	2020
Poole	Age 65+	29,500	33,700	36,300
	% 65+	20.9	23.2	24.3
England & Wales	% 65+	16.6	18.4	19.2

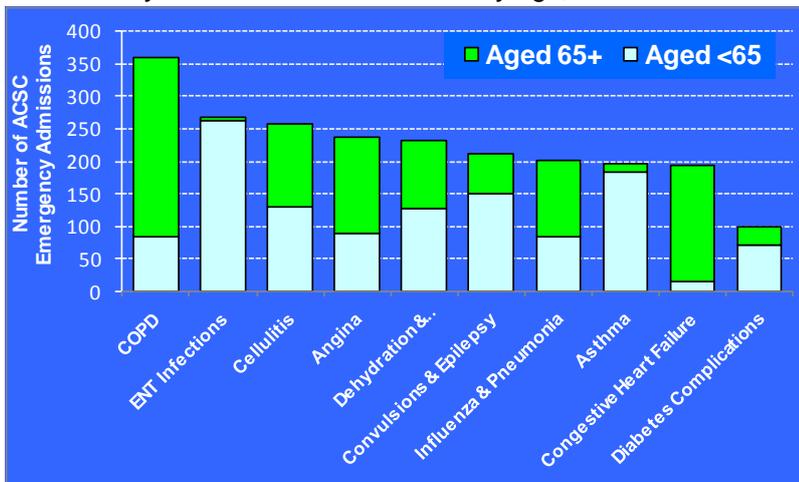
Source: ONS Mid Year Estimates 2009, and ONS 2008 sub-national population projections

⁶ Purdy S (December 2010) Avoiding hospital admissions: What does the evidence say? *The Kings Fund*

• **Conditions resulting in potentially avoidable hospital admissions**

NHS Better Care Better Values identifies 19 Ambulatory Care Sensitive Conditions (ACSCs) as ones where hospital admission may be avoidable had they been managed better in the community.

Figure 8: Ten most prevalent Emergency Admissions for Ambulatory Care Sensitive Conditions by age, Poole 2010/11



There were 2,487 potentially 'Avoidable' Emergency Admissions for these 19 ACS conditions in 2010/11 in Poole.

The top 10 are shown in Figure 8. COPD, Congestive Heart Failure, Angina, Cellulitis, and Influenza and Pneumonia are most common in the population aged 65+. Ear, nose and Throat Infections, Asthma, Convulsions and Cellulitis are most common in the population aged under 65 years.

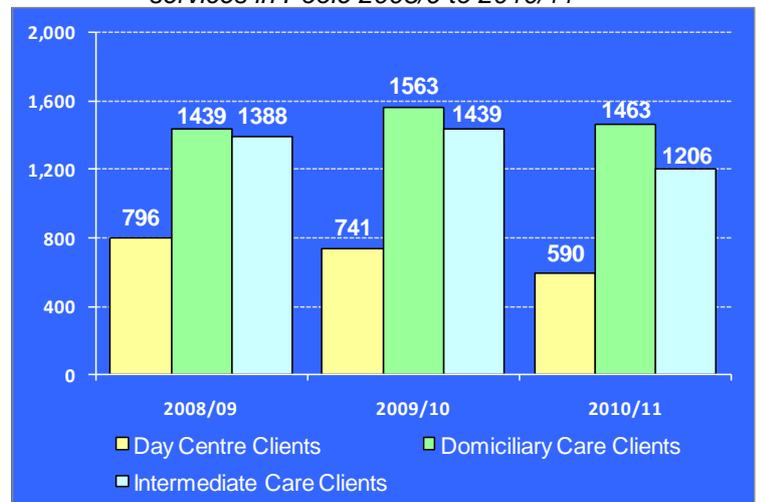
Source: NHS Better Care Better Value <http://www.productivity.nhs.uk> and SUS data via HPS

Other admissions may not be perceived to be avoidable, as the disease course is not significantly modifiable. However, the availability of more suitable alternatives to acute hospital admissions – respite care or home care – can result in admission avoidance, for example for dementia and end of life care.

• **Community based services in Poole**

Levels of care in the community in Poole - day centre care, domiciliary care and intermediate care, provided by Poole Adult Social Care, Poole Intermediate Care Service (PICS) and Independent Sector providers are falling, despite the increase in numbers of older people, as eligibility criteria for adult social care services have been raised. (Figure 9).

Figure 9: Number of clients accessing Community based services in Poole 2008/9 to 2010/11



Source: Poole Adult Social Care Database

Figure 10: Vicious Circle of Care

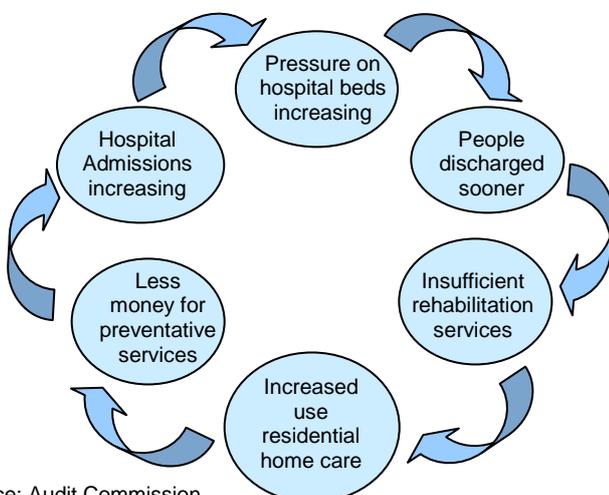


Figure 10 illustrates the 'Vicious Circle' of care⁷ where failure to invest in preventative and intermediate care drives pressure on hospital care and long-term bed based social care.

Source: Audit Commission

⁷ Audit Commission

However, these community services are more focused in areas of greatest need. Table 11 shows proportions of older people receiving services is highest for those living in the most deprived quartile of areas as measured by the IDAOP1⁸.

Maps 12 and 13 show Domiciliary and Intermediate Care Clients are concentrated in Poole Town Centre, East Hamworthy, Newtown North and SE Alderney for 2010/11. High numbers of Intermediate Care Clients are also found in Canford Cliffs.

Map 12: Domiciliary Care Clients Aged 65+

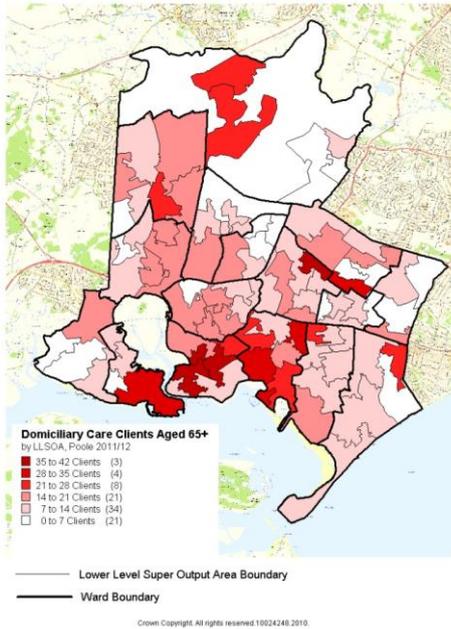
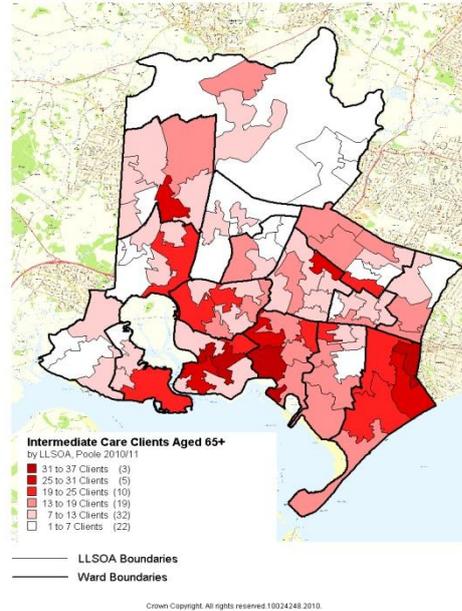


Table 11: Proportions of older people aged 65+ receiving community services by IDAOP1⁹ quartile

IDAOP1 2010 Quartile (1= Most deprived)	Total Number of people aged 65+	% Population aged 65+		
		Day Care Clients	Domiciliary Care Clients	Intermediate Care Clients
1	2970	1.8	6.7	5.6
2	6684	1.9	5.4	4.2
3	8399	1.4	3.6	3.4
4	12741	0.8	2.7	2.8

Source: FHSA GP Registration data Jan 2011, Poole Adult Social Care data 2010/11

Map 13: Intermediate Care Clients Aged 65+



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⁸ Income Deprivation Affecting Older People Index (IDAOP1) is one of the income domains of the Indices of Multiple Deprivation 2010. The index represents income deprivation affecting older people, expressed as the proportion of people in each LLSOA who are living in Income Support or income-based Jobseeker's Allowance or Pension Credit households.