Frequent Attenders – Cardiff & Vale

An Integrated Response to Frequent Users of Public Services

Anna Sussex

Objectives for Today

- Why we set the project up

- How we did it

- What the outcomes have been

- Challenges/successes

- Anecdotal evidence

- New service set up to analyse problem, and create a solution

- 6 month project/secondment

- Evidence of the amount and impact

- RCEM guidelines: 3-12 times per annum – Frequent Attender

  :30 times per annum+ - Very Frequent Attender

- **Business Intelligence Reports**

  - patients attending 3 times per annum and upwards

  - 4 attendances in a rolling 4 weeks

- **Cardiff figures**

  - 8,000 attending 3 times per annum +

  - 470 attending 4 times a month +

- **What was the resource impact of those figures?**

  - Time
  - Finance
  - Demand
  - Constraints
  - Off load delays ⋯→ leading to delays in emergency response to patients in the community

- **Finance**

  - Costed every interaction: pay; equipment; environment; treatments

- 31,999 attendances in total

- 5.9% of our yearly attendances

- Breakdown of cost: £102 per hour

- £3.2 million per annum – basic

- Average length of stay – 8.4 hours

Presenting Complaints - 2015
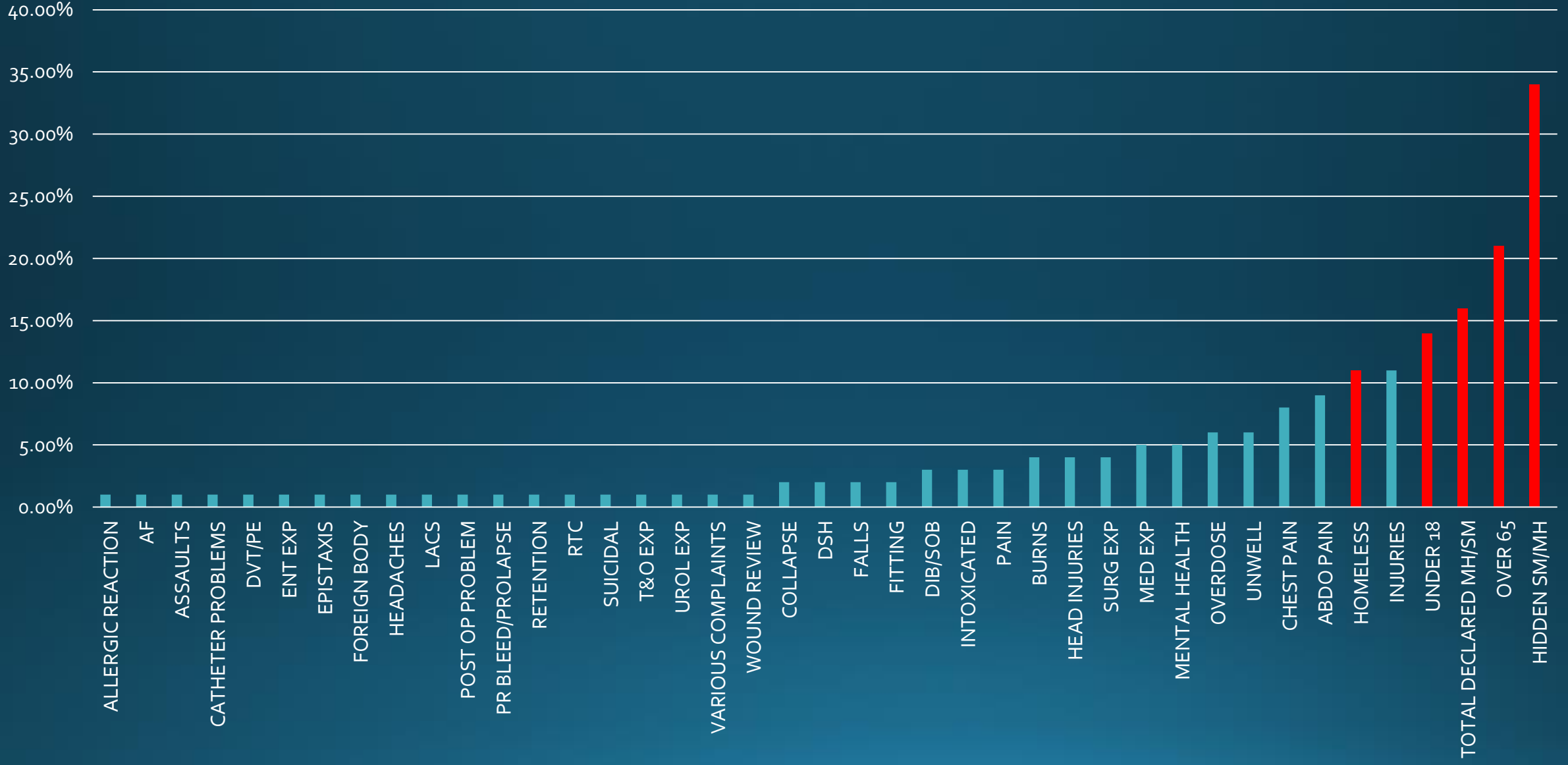
- Interrogation of all attendances

  - Investigations
  - Results
  - Diagnosis
  - Referrals
  - Demographics (age, sex, accommodation status)

- What did it tell us about the quality of care/rightness of care the patients were receiving?

- Patients were being blamed for making wrong decisions, attending the wrong place, calling the wrong people

- If the presenting complaints were the real reasons for attending – then surely we would have solved the problem????

Findings

- Realising that there are very few health needs
- Even fewer emergency health needs
- "Mental Health" rarely mental health
- Common problems of social isolation, poor coping skills, lack of self resilience, low or no educational/employment attainment
- Two fold approach needed – case management to reduce attendances, and an integrated multi agency approach to deal with the root of the problem

LIGHTBULB MOMENT 💡💡💡

- **Patient A** – attending with overdoses and suicidal intent on a daily basis – no mental health

- **Patient B** – homeless alcoholic for 16 years

- **Patient C & D** – elderly couple attending with generalised unwellness

- **Patient E** – in and out of ED with seizures, 20 years out of 23 in prison

You cannot fix an alcoholic if you haven't fixed why they are drinking

What Did We Do?

- Used the operational boundaries of the Cardiff South East & Cardiff South West Neighbourhood Partnerships

- Key community organisations were brought together to work with statutory services to undertake a pilot

- Wrote ISP for project enabling us to share information

- Worked with the most complex patients to deal with root cause

- Collate data each month from Unscheduled Services – share 45% all patients
- Database filled in – information shared with health
- Psychosocial assessment completed with patient
- Consent from patient to share externally – never been denied
- Met regularly – key workers assigned
- Create Management Plans for ED/WAST/OOHs/Police and other agencies – consistent approach for the patient

Multi Agency Panel

HEALTH

Emergency Unit

Welsh Ambulance Service

GP Out of Hours/GP Surgeries

Mental Health – Liaison Psychiatry, Community Mental Health Teams

Substance Misuse – Liaison, Addictions Unit, Poisons Unit

Medical Admissions Unit

Chronic Pain Team

Homeless Service Nurses

Locality Nurses

Safeguarding

School Nurses

Prison Nurses

OTHER STATUTORY SERVICES/SOCIAL CARE

Police – Neighbourhood policing teams, Anti Social Behaviour Teams, Community Partnership

Prison

Housing/Homeless Services

Probation Service – NPS/CRC

Cardiff Council/Vale Council

Young Peoples Services

Social Services

3RD SECTOR/VOLUNTARY

Age Connect

Communities First

Cardiff and Vale Action on Mental Health

Independent Living Services

Taith

Housing Associations

Hostels & Supported Accommodation

Re-engagement Agencies

Pilot Results

- 87% DECREASE IN VISITS

- 95% DECREASE IN COSTS

- 96% DECREASE IN HOURS SPENT IN DEPARTMENT

Why Does It Work?

- Integration/co-production/communication – agencies and patients

- Dealing with root cause

- Able to respond quicker, so problems not so entrenched

- Embedding long term solutions – generational gain

- Vision and Validation

Steps needed for Success

- ISP – with consent, overridden for criminal action

- Common expectations – staff, patients

- Integration across the whole spectrum – the answer lies within your community

- Vision and validation