

REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 12 SEPTEMBER 2017

REPORT ON: READMISSIONS TO HOSPITAL

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC27-2017

1.0 PURPOSE OF REPORT

The purpose of this report is to provide an update on progress regarding further analysis of reasons for high hospital readmissions rates in Dundee.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

- 2.1 Notes the content of this report including the update position outlined in section 5 and risk assessment outlined in section 8.
- 2.2 Instructs the Chief Finance Officer to submit a full analysis of reasons for readmission to hospital to the PAC in January 2018 (section 7.1) following completion of this work commissioned by the Unscheduled Care Board.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND INFORMATION

- 4.1 Emergency hospital care, including readmissions to hospital where the patient had previously been discharged within the last 28 days, is one of the biggest demands on the Partnership resources. Many hospital admissions are avoidable and often people either remain in hospital after they are assessed as fit to return home or they are readmitted to hospital shortly after they were discharged. In 2016-17, 26% of Dundee's health and care budget was spent on hospital stays which was the third highest in Scotland. Dundee has the highest rate of readmissions to hospital within 28 days of discharge.
- 4.2 28 days was selected by the Scottish Government within the National Health and Wellbeing indicators as this is the period of time within which people who did not receive adequate support upon discharge from hospital are most likely to be readmitted to hospital. Over 28 days would be more likely to include admissions that are unrelated to the initial admission, whereas a shorter period (e.g. 7 days) is more likely to only pick up immediate issues linked to the original episode of hospital care.
- 4.3 This indicator is based on the national inpatient and day case data set for acute settings (SMR01) and is calculated from the number of readmissions to an acute hospital within 28 days of discharge per 1,000 population. The national data includes all ages (including paediatrics) whereas the emergency admissions and bed days data published nationally is for people aged 18+. National Services Scotland, Information Systems Division (NSS ISD) are currently working to prepare data which excludes people aged under 18 however, the implication of this is that it would make benchmarking more difficult as some Partnerships do wish to include under 18s given that their delegated responsibilities include services to children and young people. Readers should be aware of this discrepancy when interpreting the data.

4.4 This indicator is monitored in the Quarterly Performance Report and was included in the Quarters 3 & 4 report (PAC16-2017) and the Annual Performance Report (DIJB29-2017). Both reports highlighted the particularly high rate of hospital readmissions in Dundee.

4.5 The PAC on 17 March 2017 requested that an in-depth analysis of data relating to hospital readmissions be completed to assist senior managers to fully understand the reasons for readmissions and use the data to inform improvements in services and outcomes for people.

5.0 WHAT THE DATA IS TELLING US

5.1 Dundee had the highest readmission within 28 day rate in Scotland. The most current partnership level benchmarking data is for 2016/17 and this identifies the other NHS Tayside Partnerships, Perth & Kinross and Angus, as also having high rates of readmissions within 28 days. Dundee has had consistently higher readmission rates than Scotland since 2010/11.

5.2 Variations by locality

5.2.1 The rate of readmissions within 28 days increased steadily between 2012/13 and 2016/17 although it decreased slightly in Quarter 1 2017/18. In Quarter 1 2017/18 the highest readmission rate was in Strathmartine (120.7) and the lowest was in The Ferry (97.1%). Over the last quarter the rate decreased slightly from 117 to 113 with rates decreasing in six LCPPs and increasing in two LCPPs (East End and Lochee). Between the baseline year 2015/16 and Quarter 1 2017/18 the rate decreased in four LCPPs (East End, Maryfield, North East and The Ferry) and increased in four LCPPs (Coldside, Lochee, Strathmartine and West End).

5.2.2 There is a correlation between readmission rates and the Scottish Index of Multiple Deprivation (SIMD) quintile in which the person lives, especially in the under 65 age group. 11.7% of people who lived in SIMD 1 (most deprived) areas were readmitted within 28 days compared with 6% of people who live in SIMD 5 areas (least deprived). This variation is even more evident for males as 13.5% of people who lived in SIMD 1 were readmitted within 28 days compared with 5.6% of people who lived in SIMD 5.

5.3 Variations by age

5.3.1 The pattern appears slightly different when analysing readmissions in the older age groups. In addition to high percentages of readmission within 28 days for people living in SIMD 1 areas (most deprived), there were also high percentages of readmissions for people in SIMD 5 areas (least deprived). People living in SIMDs 2-4 have a lower percentage of readmissions than people living in SIMDs 1 and 5. There are a number of hypotheses for this which will be investigated further, for example:

- Care Homes - the readmissions from SIMD 5 may be from the large numbers of care homes located in these areas.
- Health inequalities – people living in the most deprived areas may be being readmitted due to frailty and health conditions associated with deprivation whilst people living in the most affluent areas may be readmitted due to a better understanding of systems and processes for accessing services.

5.4 Variations by long-term conditions

5.4.1 The rate of readmissions to 'respiratory' specialties is particularly high in Dundee. Chronic obstructive pulmonary disease (COPD), pneumonia, pain in throat and chest, unspecified acute lower respiratory infection, flu and acute bronchiolitis are all specialties with high readmission rates in Dundee.

6.0 PROPOSED AREAS OF FURTHER ANALYSIS

6.1 In order to further investigate the reasons for high hospital readmissions rates in Dundee, including those factors identified in section 5 of this report the Unscheduled Care Board have identified areas for further analysis including:

- Adult only data 18+.
- Analysis of where the person lived prior to their readmission (such as care home, mainstream accommodation, supported accommodation) and of the range of services provided.
- An analysis of specialties where people are readmitted to, combined with those admissions which were deemed as potentially preventable and also the length of stay of the readmission.
- A benchmarking study which standardises the number of readmissions within 28 days in Dundee to selected comparators. This will allow the Unscheduled Care Board to develop improvement targets by individual clinical specialties.
- A pathway analysis of people who are readmitted to respiratory related specialties.

7.0 OPERATIONAL PRIORITY AREAS

7.1 The Unscheduled Care Board has committed to identifying an additional resource to lead on the investigation and further analysis of data, service models and pathways in order to assist senior managers to fully understand the reasons behind readmissions in Dundee. A full analysis of reasons for readmission will be available to the PAC by January 2018.

7.2 Senior Managers within the Partnership are involved in a process which will give a better understanding of pathways. This involves a survey which is completed by health and social care professionals to gather information regarding critical processes in a pathway. This will be used to improve outcomes for people and also system efficiencies.

7.3 The Partnership is supporting more people to be assessed at home rather than in hospital by completing and evaluating the 'Moving Assessment into the Community' project for older people and specialist areas.

7.4 Further development of discharge planning arrangements for adults with mental ill-health, physical disability and acquired brain injury is also being progressed.

8.0 RISK ASSESSMENT

Risk 1 Description	The risk of not reducing the rate of readmissions to hospital within 28 days could affect; outcomes for individuals and their carers, spend associated with readmissions and the reputation if the Partnership's performance does not improve.
Risk Category	Financial, Governance, Political
Inherent Risk Level	15 – Extreme Risk
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - An initial analysis of readmissions data and recommendations for further analysis is included in this paper. - A four month dedicated resource is being identified by NHS Tayside who will work with the HSCP Information Team to fully analyse reasons for readmissions. This analysis will be available by January 2018. - Senior Operational Managers will be included and consulted with in order that findings can be used to make improvements.

Residual Risk Level	9 – High Risk
Planned Risk Level	6 – Moderate Risk
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

9.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

10.0 CONSULTATIONS

The Chief Officer, Head of Service - Health and Community Care and the Clerk were consulted in the preparation of this report.

11.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 21 August 2017