

THE SUM OF THE PARTS - INNOVATION & INTEGRATION

Sister Anna Sussex, Emergency Department, Cardiff and Vale UHB



Welsh Emergency Department Frequent Attenders Network

THE PROBLEM

- Large numbers of “Frequent Attenders” attending Emergency Department in Cardiff
- Significant resource demand
- Demand not correlated to emergency medicine need
- Never ending cycle of attendances/investigations
- Frustrations on both sides – staff and patients



DATA

- 8,000 FAs (3 times per annum and upwards) in 2016
- 31,999 attendances in total
- 5.9% of our yearly attendances
- The Frequent Attender Service looks after the 2.6% of our yearly attendances who attend 4 times a month or more

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THE COST

- 31,999 attendances
- Basic hour in ED costs: £102
- On the premise each visit only lasted one hour, and we did nothing for them.....
- Cost: **£3.2 million for a 1 hour visit**
- **Estimated average length of stay – 8.4hrs**



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3 TYPES OF FREQUENT ATTENDERS

- **Acute Crisis** – one off event that is short lived and not repeated
- **Entrenched Cyclical Behaviour** – multiple presentations, over a period of months, different presenting complaints, spikes of crisis and disengagement
- **Mischievous** – despite all support, refuse to engage, and continue to misuse services

FINDINGS

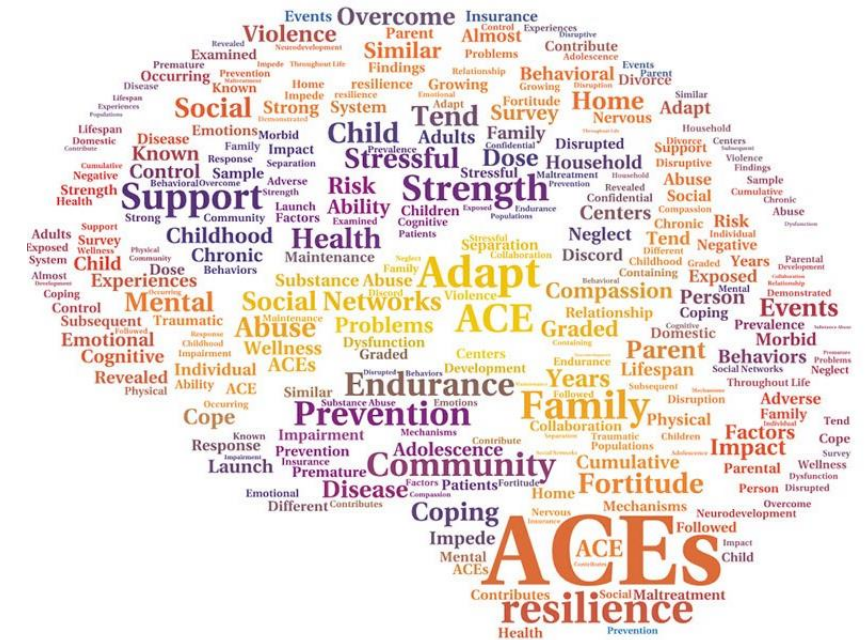
- Very few health needs - even fewer “emergency” health needs
- “Mental Health” rarely mental health
- Common problems of

- I. Social isolation
- II. Homelessness or insecure accommodation status
- III. Adverse childhood experiences
- IV. Poverty/food poverty/economic vulnerability
- V. ↓ Self resilience
- VI. 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



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CASE STUDY

- **55** year old female
- Never previously known to services
- Overdoses/suicidal
- NO Serious Mental Illness – long inpatient stay, CMHT support
- Closed to services
- Police action – partner agencies



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“REAL” REASONS FOR ATTENDANCES

- Raped at age of **15** by a family friend
- Recently discovered ex husband is a sex offender
- Fire bombed/spray painted house
- Loss of community/friends/support network
- Children removed from her
- Nothing to live for
- In rent arrears as unable to cope with day to day life



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WHAT WE DID

- 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 **6** month pilot
- Worked with the most complex patients to deal with root cause

HEALTH AGENCIES

- 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



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LOCAL AUTHORITY/STATUTORY AGENCIES

- Police – Neighbourhood policing teams, Anti Social Behaviour Teams, Community Partnership, Public Protection Teams
- Prison Nursing Service
- Housing/Homeless Services
- Probation Service – NPS/CRC
- Cardiff Council/Vale of Glamorgan Council
- Young Peoples Services
- Social Services

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THIRD SECTOR/VOLUNTARY AGENCIES/OTHER

- Age Connect
- Communities First
- Cardiff and Vale Action on Mental Health
- Independent Living Services
- Taith
- Housing Associations
- Hostels & Supported Accommodation

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PROCESS

- Meet monthly to discuss the patients
- Discuss trigger points and background
- Patient engaged with and allocated a key worker
- Regular reviews
- Specific multi agency meetings for entrenched patients
- Multi agency management plans drawn up – held by all agencies



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PILOT RESULTS

- **87% DECREASE IN VISITS**
- **95% DECREASE IN COSTS**
- **96% DECREASE IN HOURS SPENT IN DEPARTMENT**



WHY DOES THIS APPROACH WORK?

- THE SUM OF THE PARTS - Integration & co-production – agencies and patients
- Dealing with root cause
- Able to respond quicker, so problems not so entrenched
- Embedding long term solutions – generational gain

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CHALLENGES & SOLUTIONS



- **Communication** – multiple agencies, multiple IT systems
 - Awarded funding by Welsh Government via the Efficiency Through Technology Fund to commence a rapid cycle evaluation project, working in conjunction with **Locality Solutions Cluster Case Management**, to create a secure case management portal to enable communication and task management across agencies
- **Information Sharing** – need to share sensitive data in order to elicit correct response to patients needs
 - WASPI – drew up ISP, work with explicit consent – overridden for Crime and Disorder aspect
- **Managing expectations** – staff and patients. Patients fear the removal of the comfort blanket of the **999** system, staff expect miracles immediately!
 - Clear direction communicated to patient at the beginning of the journey – objectives and goals created in collaboration
 - Education and training for staff – explanation of traumas faced by patients, slow journey to recovery

CASE STUDY - THE RIGHT RESPONSE

- Housing – option to be rehoused out of area
- Counselling – support to deal with traumatic stress
- Befrienders – new circle of support
- Debt agency – help support with financial stressors
- Police – support to report historical offences

- No medical input needed – but able to support agencies who were concerned about her behaviour



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ANY QUESTIONS?

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