SECONDARY CARE

What's the issue?
Secondary care is specialist care typically provided in a hospital setting or following referral from a primary or community health professional.

What's our situation?
The main local provider of NHS acute hospital care in Hull (and East Riding of Yorkshire) is Hull and East Yorkshire Hospitals NHS Trust (HEY), which provides specialist acute surgical, medical and trauma services through the delivery of elective and non-elective care from two main hospital sites: Hull Royal Infirmary and Castle Hill Hospital.

Between 2008/09 and 2010/11 Hull residents had 224,410 hospital stays [97]. The average annual standardised admission rate exceeded 300 per 1,000 residents in four wards, with the highest rate seen in Orchard Park and Greenwood, St Andrew’s, Myton and Marfleet wards which was one-third higher than Avenue ward which had the lowest admission rate. The admission rate was 36% higher among those living in the most deprived fifth of areas of Hull compared to the least deprived fifth (312 versus 229 per 1,000 residents). Annual standardised non-elective admission rates varied from 75 in both Holderness and Bricknell to 148 in St Andrew’s, and the percentage of non-elective admissions out of the total (excluding maternity admissions) ranged from 32% in Holderness to 48% in St Andrew’s. These percentages varied from 28% to 46% across the General Practices (with two practices with special patient characteristics having higher rates at 51% and 70%) [97].

For 2011/12, the indirectly standardised emergency re-admission rate within 30 days of discharge was 12.1% in Hull which was similar to England (11.8%) and other comparator areas [67].

For 2013/14, the directly standardised emergency admissions rate for acute conditions that should not usually require hospital admission for Hull was 1,525 per 100,000 registered population, and this was considerably higher than England (1,181) [78].

The 'friends and family test' measures satisfaction (how likely the person would be to recommend the service), and is collected in a number of NHS care settings [105]. Whilst only 7.2% A&E attenders at HEY were surveyed, 97.6% were extremely likely or likely to recommend the service in February 2017 (which was significantly higher than England where 87.4% recommended the service with 12.7% of attenders surveyed). A significantly higher percentage of service users at HEY were likely to recommend outpatient services compared to England (98.0% versus 93.3%) although the response rate was again very low especially in Hull (4.2% versus 6.4%). One-quarter of inpatients were surveyed for both HEY and across England, and the percentage likely to recommend the service was significantly higher at HEY compared to England (99.5% versus 95.8%).

For more detailed information, see the JSNA Toolkit: Inpatient Admissions report.

What are the strategic needs?
There is a need to work with partners to ensure that there is a shared understanding of people’s needs and that services are integrated, high quality and accessible in ways that offer people appropriate choices such as care organised around care hubs. There is a need to work together to promote self-care, reablement or mutual support in community settings so this is viewed as the norm and reduce reliance on residential or home care. The most vulnerable citizens should be identified so their specific needs are addressed in the way they wish. There is a need to work with individuals and communities to ensure they know where to go for medical help, and are not accessing A&E inappropriately. Tele-medicine and other technology can be used to provide monitoring and access to help and support when required, helping people improve their health and wellbeing.
The local Humber, Coast and Vale “Start Well, Live Well and Age Well” Sustainability and Transformation Plans [3] aims to move towards place-based provision of services which are good quality and safe as well as operationally and financially sustainable. The vision is to support everyone to manage their own care better, reduce dependence on hospitals and use resources more efficiently. The six priorities are to help people stay well, place-based care, creating the best hospital care, supporting people with mental health problems, helping people through cancer and strategic commissioning. To achieve the aims of the STP, it is necessary that communities and public and voluntary sector organisations work together. Processes are being put in place which involve finance, governance, workforce, the local estate, communication and engagement, and technology.

References