



North Cumbria
Integrated Care
NHS Foundation Trust

“Do you come here often?”

A costing perspective on A&E Frequent Attenders

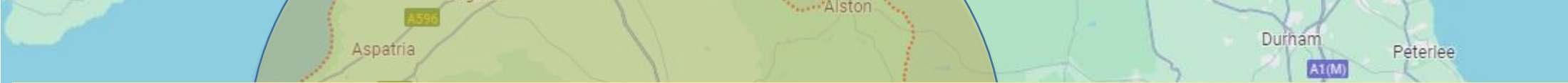
Sarah Cooper Lead Cost Accountant

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Introduction to North Cumbria Integrated Care Foundation Trust - NCIC

- Acute and Community Trust
- Cost base Approx. £500m
- 86 service lines over 9 collaboratives
- The Trust operates at least 70 miles from its NHS neighbours from 15 widely dispersed locations including two acute hospitals, which are 35 miles apart(1hrs drive) on twisting roads.
- North Cumbria has some of the most affluent parts of the UK and some of the most deprived.



NHS crisis

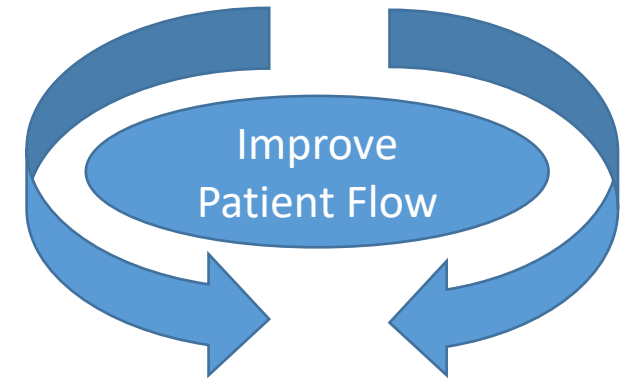
- Tremendous pressure over the last few years
- Longer waiting times for patients
- Recruitment issues
- Low morale and industrial unrest
- Cost pressures
- Trusts continually looking to improve patient flow
- Weekly/daily comms around busy A&E
- Front door is always open!



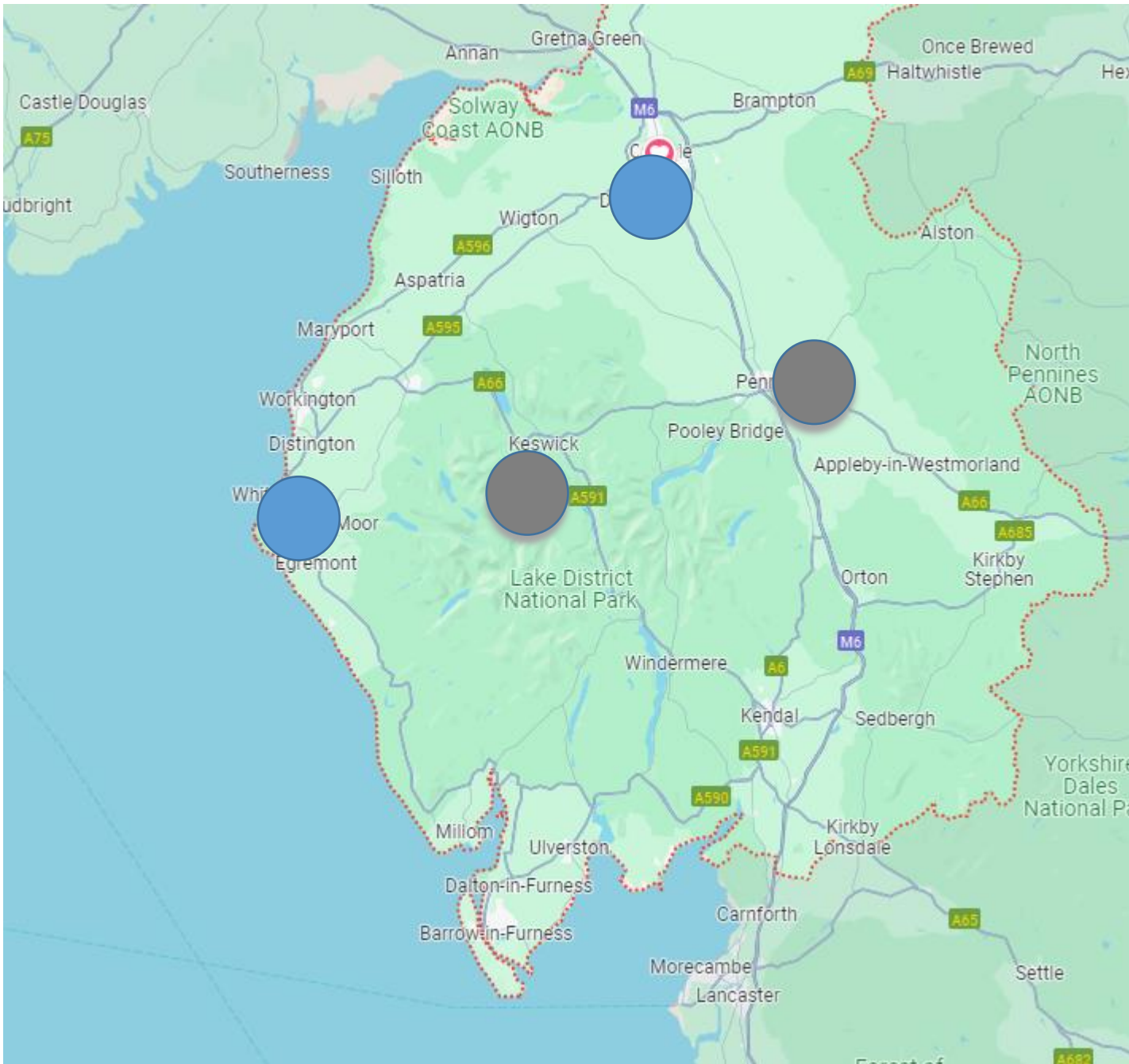
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So why look at Frequent Attenders in A&E?

- Regular comms about the pressures
- Occasional mention of Frequent Attenders
- Knowing patients in the area struggling to get appointments
- Knowing family who had visited A&E
- Opportunity in service line rising
- Patient flow increasing problem, starting in A&E
- *Can Costing help with ideas to close the gap?*



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A&E set-up at NCIC

2 Acute A&E departments

- Carlisle & Whitehaven

2 Urgent Treatment centres

- Penrith and Keswick

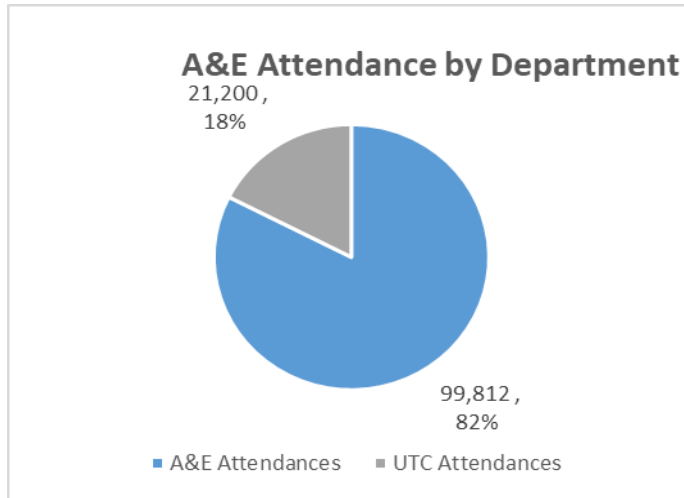


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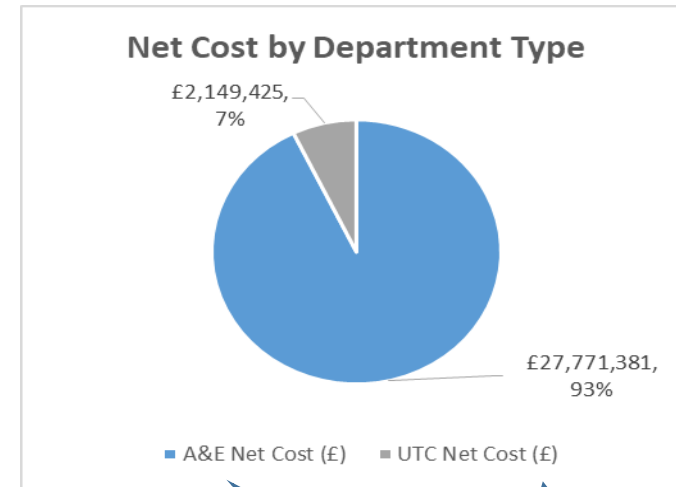
Deep Dive in A&E

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Dec 2022 - A&E Deep dive – key points



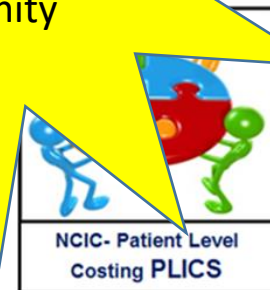
Info- A&E services
 Attendances 121k
 Costs £30m
 UTC 18% attendances but only 7% £2m costs



A&E Attendances 2021/22

HRG Code	HRG Description	A&E Net Cost (£)	A&E Attendances	Net Cost (£)	UTC Attendances	Total Net Cost (£)	Total Attendances
VB01Z	Emergency Medicine, Any Investigation with Category 5 Treatment	£248,497	142	£478	5	£248,975	147
VB02Z	Emergency Medicine, Category 3 Investigation with Category 4 Treatment	£4,250,197	3,463			£4,250,197	3,463
VB03Z	Emergency Medicine, Category 3 Investigation with Category 1-3 Treatment	£2,760,559	6,329	£119	2	£2,760,679	6,331
VB04Z	Emergency Medicine, Category 2 Investigation with Category 4 Treatment	£7,808,244	9,230	£98	1	£7,808,342	9,231
VB05Z	Emergency Medicine, Category 2 Investigation with Category 3 Treatment	£1,570,272	2,334	£24,103	191	£1,594,374	2,525
VB06Z	Emergency Medicine, Category 1 Investigation with Category 3-4 Treatment	£2,004,262	4,709	£583,903	5,783	£2,588,165	10,492
VB07Z	Emergency Medicine, Category 2 Investigation with Category 2 Treatment	£3,603,904	13,763	£5,530	43	£3,609,434	13,806
VB08Z	Emergency Medicine, Category 2 Investigation with Category 1 Treatment	£2,320,829	17,527	£65,233	533	£2,386,062	18,060
VB09Z	Emergency Medicine, Category 1 Investigation with Category 1-2 Treatment	£2,812,788	31,969	£822,638	7,995	£3,635,426	39,964
VB10Z	Emergency Medicine, Dental Care	£240	9			£240	9
VB11Z	Emergency Medicine, No Investigation with No Significant Treatment	£391,361	10,335	£647,325	6,647	£1,038,686	16,982
VB99Z	Emergency Medicine, Patient Dead On Arrival	£228	2			£228	2
Grand Total		£27,771,381	99,812	£2,149,425	21,200	£29,920,806	121,012

**Benchmarking for A&E
 £6.8m opportunity**



What did we review?

- HRG variation between UTC and A&E and NA
- Known warranted variation, focused on unwarranted variation
- Age ranges of Attendances and FA Age ranges
- Sites visits to understand flow in department and spoke to staff
- Data quality of A&E fields

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Warranted Variation

- Attracting clinical staff can be difficult.

Staff shortages mean that some of our services are fragile – often relying on locums and agency workers rather than permanent employees.

- High costs of running services across our geography.

We also face an expensive private finance arrangement for the Cumberland Infirmary

And we have a high wage bill because we employ lots of high cost locum and agency staff to fill workforce gaps and high skill mix

- Patient flow pressures across the whole health and care system in North Cumbria.

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Service Line Opportunities (approx. values)



- UTC richer case mix since merger – increase Income (£0.5m)
- OOA income – richer case mix and data capture issue (£0.5m)
- 11% no significant treatment seemed high (£1m cost base)
- System changes UTCs– data quality
- Use Best Practise Costing Standards at NCIC – costing at treatment and investigation level
- Model Hospital Opportunities
- **Frequent Attenders is it an issue for NCIC? Nationally? Could there be an opportunity?**

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How to identify Frequent Attenders

- Number of times a patient visits an A&E department. 4 or more visits a year is a Frequent Attender
- We will look for any trends in the data that might lead to improving patient pathways and patient flow.
- We can question whether an *earlier intervention* could have prevented so many visits.
- Reviewed all four sites but understand 2 different settings

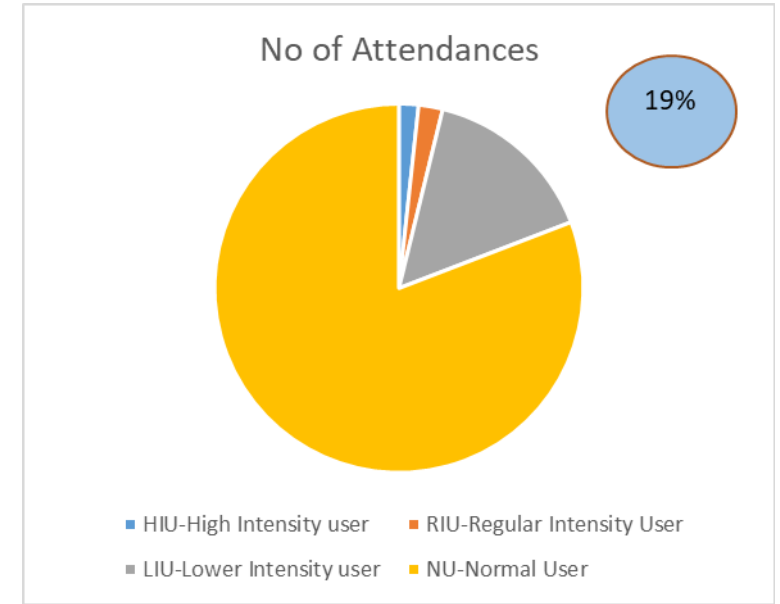
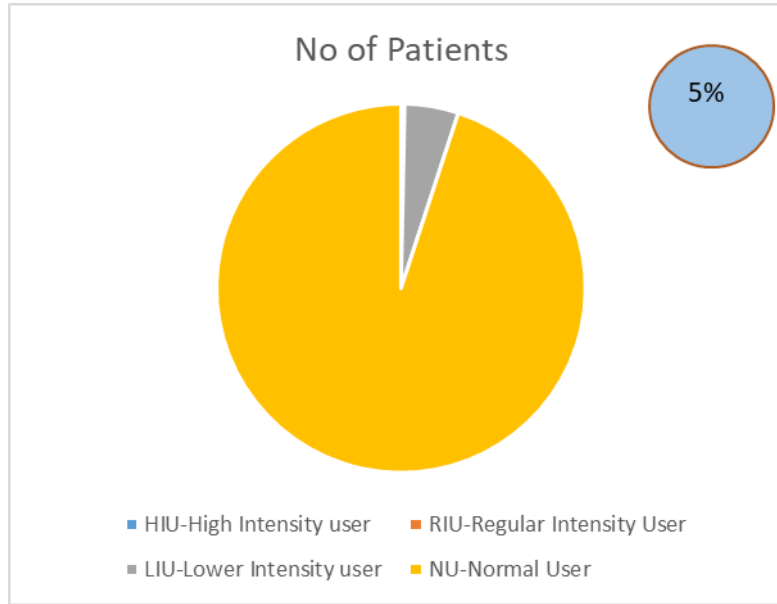
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Types of FA

- 4 types of FA

FA -19% attendances
21% £6.4m cost base



Range	Patient Type	No of Patients	No of Attendances	Costs £	Time
HIU>20+	HIU-High Intensity user	64	2068	432,797	6,674
RIU>11-19	RIU-Regular Intensity User	186	2563	684,821	9,767
LIU> 4-10	LIU-Lower Intensity user	3684	18563	5,304,824	74,068
NU>3 or less	NU-Normal User	74153	97818	23,498,364	329,072
	Total	78087	121012	29,920,806	419,581
	FA % of Total	5%	19%	21%	22%

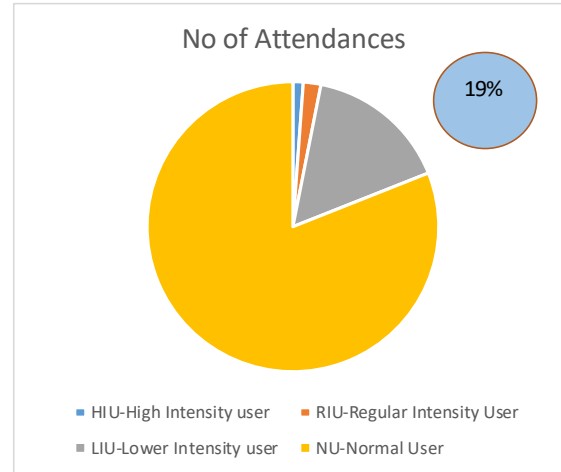
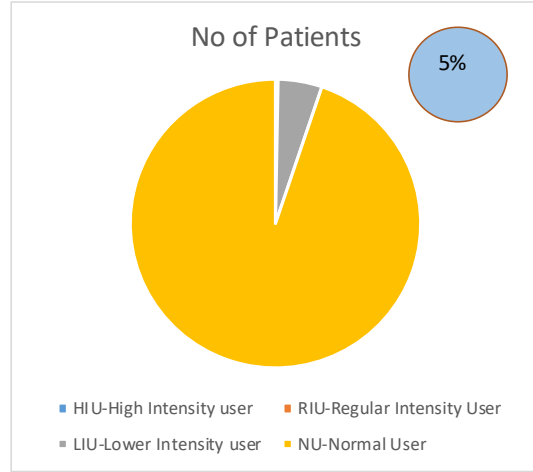


Summary- List of all A&E attendances and Intensity of visits in 2022-23

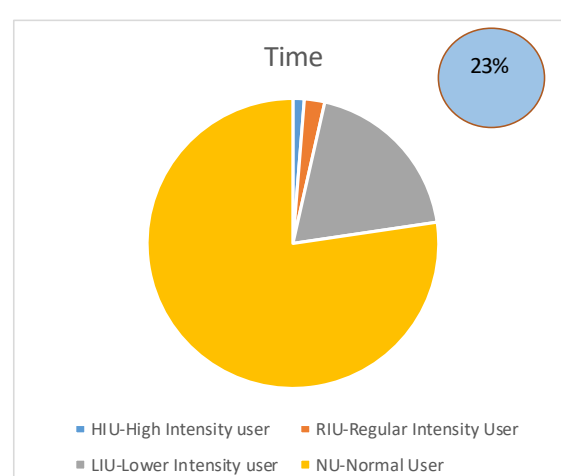
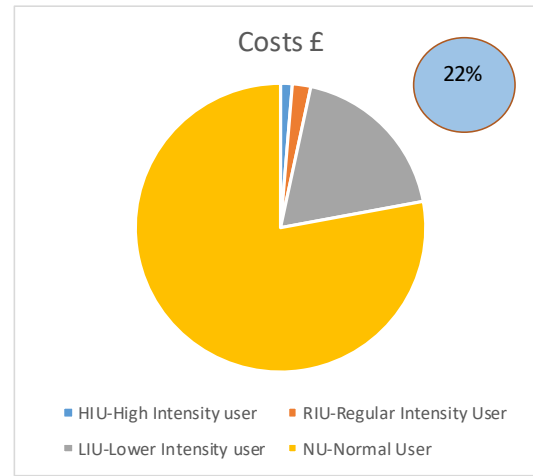
Attendance	Total Net Cost	Duration (H)	Average Net Cost	Average Duration (H)	Patient Type	Total Net Cost
66	51,569	453.2	781.35	6.9	HIU	51,569
60	6,673	116.3	111.21	1.9	HIU	6,673
52	4,368	80.6	83.99	1.5	HIU	4,368
49	64,990	200.7	1,326.32	4.1	HIU	64,990
47	17,104	319.0	363.92	6.8	HIU	17,104
45	12,020	223.8	267.11	5.0	HIU	12,020
44	7,203	122.2	163.71	2.8	HIU	7,203
43	5,708	104.9	132.74	2.4	HIU	5,708
40	4,861	125.5	121.53	3.1	HIU	4,861
34	17,150	363.3	504.42	10.7	HIU	17,150
32	13,613	150.3	425.42	4.7	HIU	13,613
32	6,726	138.0	210.18	4.3	HIU	6,726
32	6,067	149.7	189.59	4.7	HIU	6,067
31	21,240	348.3	685.16	11.2	HIU	21,240
31	2,470	48.9	79.69	1.6	HIU	2,470
30	17,002	172.8	566.74	5.8	HIU	17,002
29	13,228	170.7	456.12	5.9	HIU	13,228
28	38,335	303.7	1,369.12	10.8	HIU	38,335
28	3,116	52.5	111.21	1.9	HIU	3,116
28	7,602	153.6	270.18	5.5	HIU	7,602
27	8,860	228.8	326.18	8.5	HIU	8,860
27	1,886	29.6	68.04	1.1	HIU	1,886
27	3,978	114.4	145.85	2.8	HIU	3,978
27	1,807	18.8	66.93	0.8	HIU	1,807
27	6,272	120.0	231.11	4.4	HIU	6,272
27	1,447	14.0	51.79	0.5	HIU	1,447
27	9,517	181.0	348.99	6.4	HIU	9,517
27	1,934	19.0	70.48	0.7	HIU	1,934
27	11,515	221.0	429.64	7.8	HIU	11,515
27	3,221	32.0	119.41	1.3	HIU	3,221
27	1,211	12.0	44.63	0.5	HIU	1,211
23	11,461	230.0	498.30	6.0	HIU	11,461
23	2,788	23.0	121.22	1.0	HIU	2,788
22	8,506	188.9	450.62	6.2	HIU	8,506
21	9,362	150.3	355.55	6.8	HIU	9,362
22	2,535	39.7	63.24	1.8	HIU	2,535
22	7,780	194.7	398.64	8.9	HIU	7,780
21	4,187	141.2	199.36	6.7	HIU	4,187
21	10,024	148.6	477.33	7.1	HIU	10,024

**FA -19% attendances
22% £8.2m cost base**

Patient Type	No of Patients	No of Attendances	Costs £	Time	% of A&E costs	% of attendances
HIU>20+	51	1476	485,237	7,083	£8.2M	19%
RIU>11-19	189	2521	764,350	12,819	22%	
LIU> 4-10	4082	20513	6,969,855	108,125		
NU>3 or less	79014	104733	29,005,634	437,125		
Total	83336	129243	37,225,076	23%		
	5%	19%	22%			



Frequent Attender %



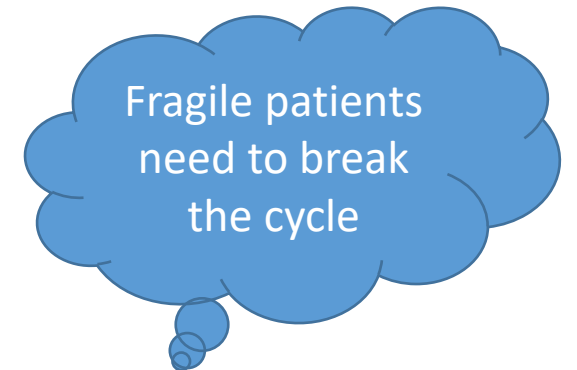
Type of Patients

- Types of known Frequent Attenders in A&E

- Self-harm patients
- Anxiety or social issues
- Alcohol and substance misuse
- People diagnosed with emphysema-type respiratory illnesses
- Anaemia - a condition caused primarily by poor diet



- Many of these emergency admissions could be avoided and people supported to manage their condition outside of hospital through the right combination of health and social care provided at the right time.



- By focusing on these people, there is an opportunity for the NHS to support and **improve their quality of life** and to do so in a way that makes better use of scarce health resources.

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LIA project

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What did we do?

- Created a **6 month LIA project** in 2023
- LIA group to review **Top 30 patients** on a monthly basis
- **Created a standardised report** for Monthly and Quarterly reporting within NCIC. Automation
- To **identify individual care plans** for them to help reduce the number of attendances if A&E was not the right setting for them
- We had a **LIA conversation** with healthcare partners across North Cumbria
 - Connecting teams across the patch both internally and externally
 - Understanding common current problems for organisations
 - Understanding what good could look like by working together

What did we do?

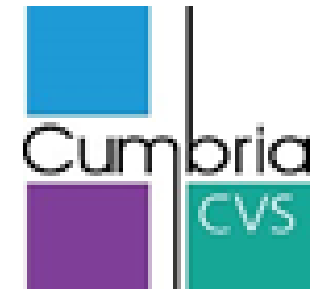
- Set up **Governance** for setting up a wider MDT –SOP, TOR
- **Patient agreement** to be part of the Frequent Attender review process set-up
- NCIC started a CIC **Alcohol team** who would be part of the group and MDT
- Standardised the approach for **regular FA review** and discussion across both A&E sites
- Shared contacts with A&E for **training programme** based on these patients for staff
- Shared all **3rd sector referral** information identified through project with A&E teams
- Connected with an existing Mental Health “Frequent Attender group”
- Connected with Familiar Faces team who were already linked to GPs
- *Embedded FA programme as BAU within Service*

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List of alternative/3rd sector referrals services

- Recovery Steps
- Age UK Carlisle and Eden
- Age UK West Cumbria
- Cumberland Health and Wellbeing Team
- CNTW-Clinical Lead PLT CIC
- CNTW-Clinical Lead PLT WCH
- Peer Supporter- lived experience representation
- MIND The Lighthouse/Mindline/Youinmind
- Community & Access Cumbria CBU
- Cumbria CVS
- Alcohol Team NCIC
- Familiar Faces NCIC



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A&E Frequent Flyers Report



Home

Release Notes

A&E Frequent Fliers

Arrival/Discharge Metrics

Patient Level

Cost Object Level

KINDNESS



RESPECT



AMBITION



COLLABORATION



52,825

A&E Attendances

15,927,942.48

A&E Total Net Cost

301.52

Average Net Cost

4.71

Average Duration (Hrs)

Top 50 AE Frequent Flyers Patients

Patient ID	Attendances	Total Net Cost	Duration (Hrs)	Average Net Cost	Average Duration (Hrs)
W247044	42	6,905.37	116.68	164.41	2.78
0382170	40	35,248.76	272.80	881.22	6.82
0374581	36	3,998.95	113.90	111.08	3.16
W626047	26	4,290.05	67.95	165.00	2.61
0501200	25	31,477.11	96.27	1,259.08	3.85
0506764	25	11,114.66	254.12	444.59	10.16
1010395	25	11,022.34	143.88	440.89	5.76
0427059	23	3,230.10	74.80	140.44	3.25
0705908	23	6,540.77	138.52	284.38	6.02
0635348	22	14,941.27	238.20	679.15	10.83
1043412	22	3,934.63	92.17	178.85	4.19
W063995	18	8,428.43	128.85	468.25	7.16
0389272	17	5,575.65	82.88	327.98	4.88
0902906	16	1,382.48	57.95	86.41	3.62
1072830	16	3,814.18	155.78	238.39	9.74
0267441	15	3,114.30	85.53	207.62	5.70
W044035	15	4,816.55	114.25	321.10	7.62
0161023	14	1,372.12	34.42	98.01	2.46
0663989	14	8,658.04	75.80	618.43	5.41
0699609	14	1,203.78	37.85	85.98	2.70
0989580	14	3,504.34	98.70	250.31	7.05
1018208	14	4,848.63	67.35	346.33	4.81
W272804	14	3,756.25	91.33	268.30	6.52
W225156	13	13,565.27	99.80	1,043.48	7.68
W295129	13	6,834.75	56.32	525.75	4.33
W312421	13	7,174.00	82.13	551.85	6.32
0342859	12	1,518.49	51.97	126.54	4.33
Total	802	298,867.97	4,413.18	372.65	5.50

Tabular

Visual

Attendances by Commissioner

Commissioner Group	Attendances
<input checked="" type="checkbox"/> ALL - All Commissioners	802
01H - NHS Cumbria CCG	779
01K - NHS Lancashire North CCG	12
00L - NHS Northumberland CCG	11
Total	802

Tabular

Visual

Attendances by Activity Site

Activity Site	Attendances
RNLAY - CUMBERLAND INFIRMARY	475
RNLBX - WEST CUMBERLAND HOSPITAL	327
Total	802

Tabular

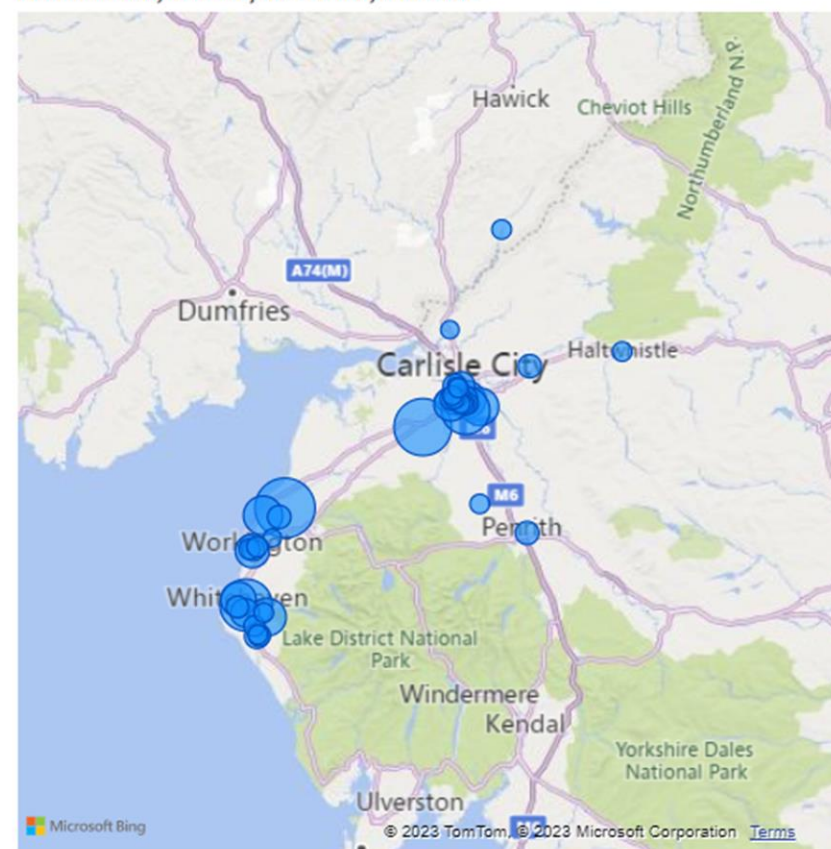
Visual

Month Number	Month Name	Attendances
1	April	131
2	May	145
3	June	179
4	July	117
5	August	123
6	September	107
1		802

Commissioner, Activity Site & Month Metrics

GP Practice, GP Practice Postcode & Age Range Metrics

Patient Activity Cost Object Count by Postcode





52,825
A&E Attendances

15,927,942.48
A&E Total Net Cost

301.52
Average Net Cost

4.71
Average Duration (Hrs)

Top 50 AE Frequent Flyers Patients

Patient ID	Attendances	Total Net Cost	Duration (Hrs)	Average Net Cost	Average Duration (Hrs)
W247044	42	6,905.37	116.68	164.41	2.78
0362170	40	35,248.76	272.80	881.22	6.82
0374581	36	3,998.95	113.90	111.08	3.16
W626047	26	4,290.05	67.95	165.00	2.61
0501200	25	31,477.11	96.27	1,259.08	3.85
0508764	25	11,114.66	254.12	444.59	10.16
1010395	25	11,022.34	143.88	440.89	5.76
0427059	23	3,230.10	74.80	140.44	3.25
0705908	23	6,540.77	138.52	284.38	6.02
0635340	22	14,941.27	238.20	679.15	10.83
1043412	22	3,934.63	92.17	178.85	4.19
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W044035	15	4,816.55	114.25	321.10	7.62
0161023	14	1,372.12	34.42	98.01	2.46
0663969	14	8,658.04	75.80	618.43	5.41
0699609	14	1,203.78	37.85	85.98	2.70
0969560	14	3,504.34	98.70	250.31	7.05
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0342850	12	1,518.49	51.97	126.54	4.33
Total	802	298,867.97	4,413.18	372.65	5.50

Activity Site Description	Attendances
CUMBERLAND INFIRMARY	475
WEST CUMBERLAND HOSPITAL	327
Total	802

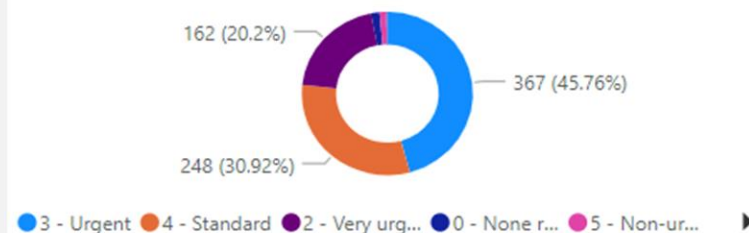
Arrival Mode	Attendances
2 - Other	597
1 - Brought in by Emergency Ambulance (incl helicopter)	205
Total	802

Patient Group	Attendances
80 - Other than above	630
30 - Deliberate self-harm	114
60 - Other accident	56
10 - Road traffic accident	1
20 - Assault	1
Total	802

Arrival Metrics

Discharge Metrics

Attendances by Assessment Category

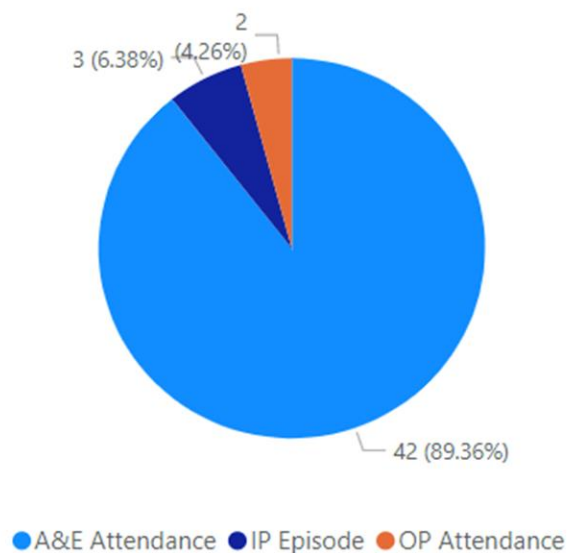


AE Referral Source	Attendances
03 - Emergency services	444
01 - Self Referral	273
00 - General Medical Practitioner	28
06 - Police	22
07 - Health Care Provider: same or other	17
08 - Other	15
Total	802

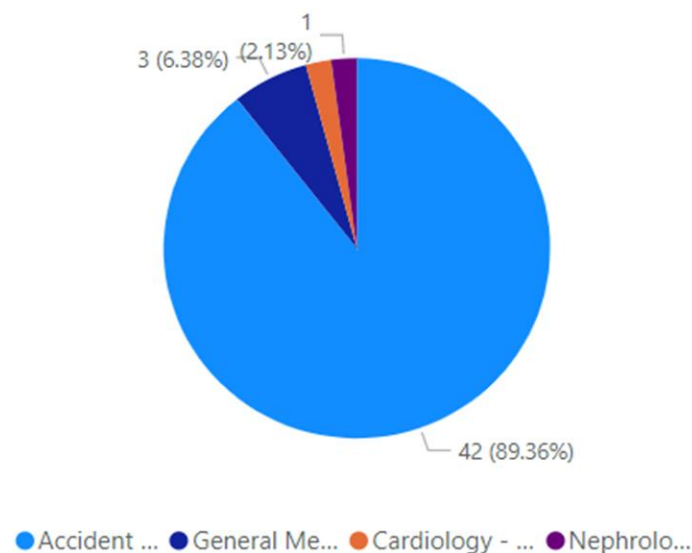


Start Date	Start Time	End Date	End Time	Cost Object Type	Treatment Function Group Description	Cost Object ID	HRG Code	Activity Net Cost	Location
01/04/2022	02:54:00	01/04/2022	04:39:00	A&E Attendance	Accident & Emergency		VB09Z	51.66	WCH_A&E - West Cumberland Hospital
04/04/2022	01:47:00	04/04/2022	08:35:00	A&E Attendance	Accident & Emergency		VB04Z	524.46	WCH_A&E - West Cumberland Hospital
06/04/2022	14:59:00	06/04/2022	17:57:00	A&E Attendance	Accident & Emergency		VB09Z	181.69	WCH_A&E - West Cumberland Hospital
10/04/2022	00:27:00	10/04/2022	08:22:00	A&E Attendance	Accident & Emergency		VB04Z	668.88	WCH_A&E - West Cumberland Hospital
11/04/2022	19:42:00	12/04/2022	01:37:00	A&E Attendance	Accident & Emergency		VB04Z	705.38	WCH_A&E - West Cumberland Hospital
12/04/2022	02:00:00	12/04/2022	04:21:00	IP Episode	General Medicine		EB12B	148.69	WCH_APC - West Cumberland Hospital
13/04/2022	22:52:00	14/04/2022	05:13:00	A&E Attendance	Accident & Emergency		VB04Z	610.67	WCH_A&E - West Cumberland Hospital
16/04/2022	18:14:00	16/04/2022	21:42:00	A&E Attendance	Accident & Emergency		VB07Z	232.84	WCH_A&E - West Cumberland Hospital
18/04/2022	18:48:00	18/04/2022	22:16:00	A&E Attendance	Accident & Emergency		VB07Z	206.51	WCH_A&E - West Cumberland Hospital
19/04/2022	17:31:00	19/04/2022	20:44:00	A&E Attendance	Accident & Emergency		VB07Z	166.00	WCH_A&E - West Cumberland Hospital
Total								12,291.69	

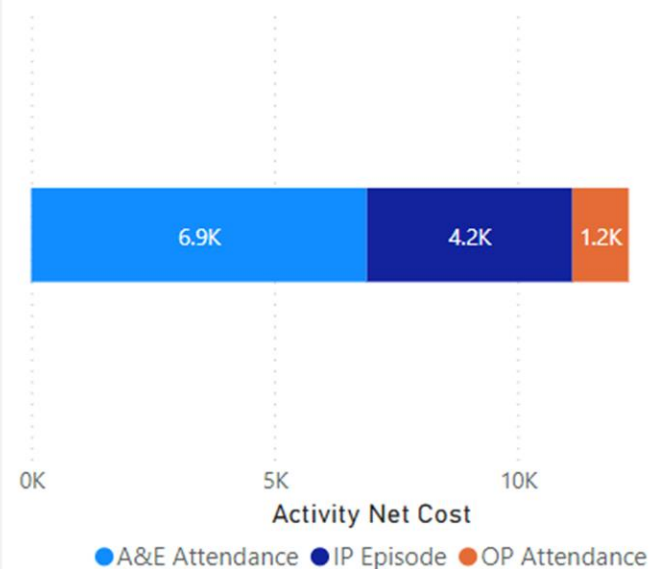
Activity Cost Object Count by Cost Object Type



Activity Cost Object Count by Treatment Function Group

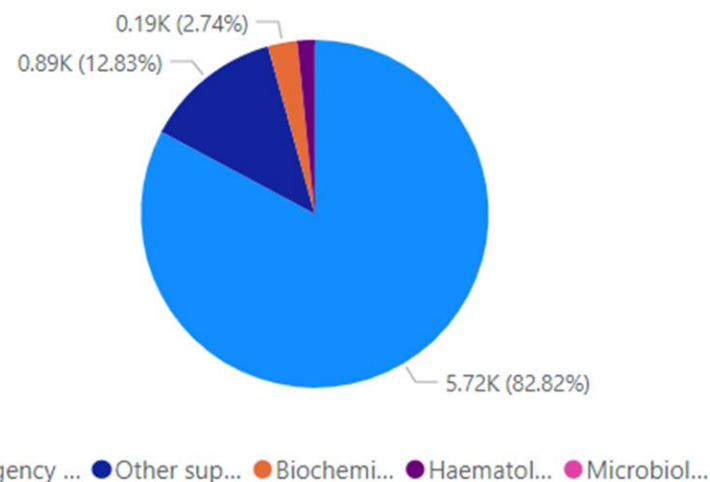


Activity Net Cost by Cost Object Type



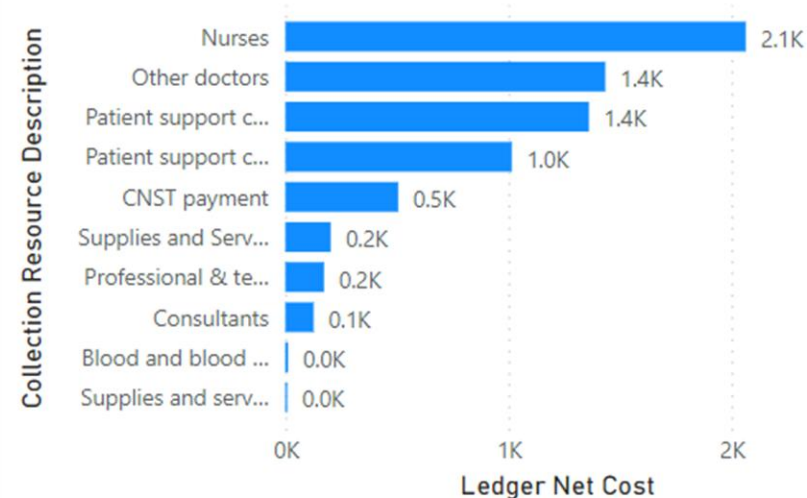
Cost Object Type	Biochemistry	Emergency care	Haematology	Microbiology	Other support services	Total
A&E Attendance	189.18	5,719.05	110.61	0.52	886.00	6,905.37
[]		45.24			6.42	51.66
[] 01/04/2022		45.24			6.42	51.66
A&E - department care		44.33				44.33
A&E - department care Contacts		0.91				0.91
Clinical coding (A+E number of treatments)					2.76	2.76
CNST					3.66	3.66
[]	5.35	476.26	4.34		38.52	524.46
[] 04/04/2022	5.35	476.26	4.34		38.52	524.46
A&E - department care		470.80				470.80
A&E - department care Contacts		5.47				5.47
Biochemistry testing	5.35					5.35
Clinical coding (A+E number of treatments)					16.55	16.55
CNST					21.05	21.05
Total	189.18	5,719.05	110.61	0.52	886.00	6,905.37

Ledger Net Cost by Collection Activity Description



Cost Object Type	Blood and blood products	CNST payment	Consultants	Drugs	Imaging	Nurses	Other doctors	Patient support costs (Non Pay)	Patient support costs (Pay)	Pharmacy
A&E Attendance	12.10	505.72	126.64	0.45	0.71	2,064.04	1,434.35	1,014.97	1,360.74	3.90
[]		3.66	0.08	0.00	0.01	18.96	9.11	8.66	10.10	0.00
[]	0.47	21.98	1.40	0.02	0.05	177.22	106.25	88.89	103.73	0.20
[]	10.98	0.33	0.01	0.02	0.02	64.03	38.60	29.55	33.70	0.00
[]	0.47	25.64	1.98	0.02	0.07	229.80	144.26	111.59	122.23	0.20
[]	0.47	51.25	3.02	0.04	0.07	210.74	138.67	106.00	136.06	0.50
[]	0.47	25.64	1.61	0.02	0.06	202.09	132.24	101.28	120.08	0.20
[]	0.47	29.30	1.30	0.03	0.03	60.99	36.20	30.68	49.65	0.20
[]	29.27	0.30	0.03	0.02	0.02	60.85	36.11	28.29	47.36	0.00
[]	10.98	0.31	0.01	0.02	0.02	56.35	35.21	26.60	32.77	0.00
[]	0.47	21.98	1.06	0.02	0.03	89.45	55.43	43.08	56.70	0.10
Total	12.10	505.72	126.64	0.45	0.71	2,064.04	1,434.35	1,014.97	1,360.74	3.90

Ledger Net Cost by Collection Resource Description



Key areas to review at MDT

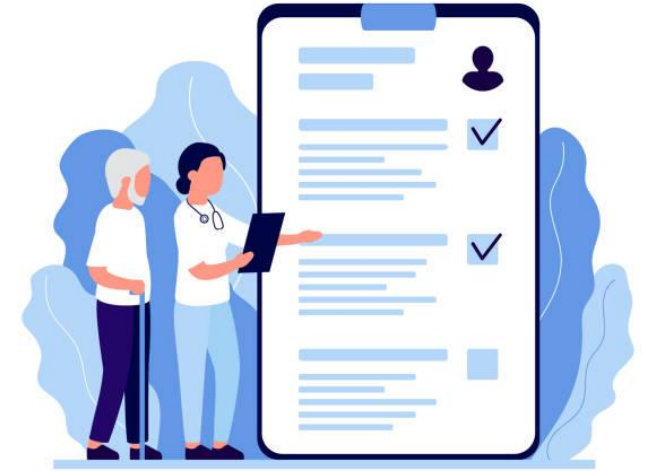
- How many visits across sites over 3 years and by month
- Most common complaint but also list of all complaints logged in attendances
- Identified flags -self-harm, FA, Alcohol/substances abuse, Mental health service accessed
- Arrival mode
- Attendance reason, medical and other most common
- Diagnosis
- Condition
- Discharge destination

safe, high quality care every time .



NCIC FA types – Specific care plans

- Endometriosis (pain service)
- Medical reasons – waiting list patients, gallstones
- Gynaecology out of hours care plan
- Chest pain (anxiety)
- Alcohol Care Plan
- Substance Abuse Care Plan
- Familiar Faces Care Plan



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5 minute video with Elspeth Desert

Consultant Clinical Health Psychologist - Clinical Director , Physical Health and Rehabilitation Psychology

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Where next?

- Maintain FA group clinically led within services
- Supporting Alcohol team with team at WCH
- UTC frequent attender review as we develop community datasets
- Involved in Health inequalities group at NCIC
- Reviewed Paediatric Frequent Attenders
- Maintain regular reporting on existing FA and monitor progress
- Impact of SDEC on A&E datasets (2024-25)
- Monitor data quality, flagged patients



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What can you do?

- Do you know about your Trusts Frequent Attenders? Value to it? Benchmark?
- Are you involved in a group, provide data?
- Find an engaged clinician to help
- Familiar Faces team
- Internet provides lots of information
- NHS England/ Model hospital could develop benchmarking
- Best Practise needs sharing

Good Luck, get in touch if you want to know more!

Great area for Costing to make an impact!

safe, high quality care every time .

