

# Reasons why people with dementia are admitted to a general hospital in an emergency – summary of findings for Oadby and Wigston

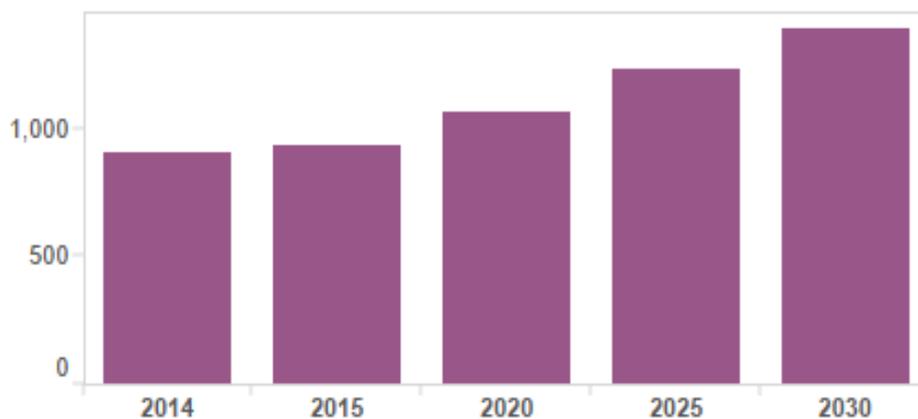
## Introduction

In July 2015, Public Health England (PHE) published a briefing and data set looking at reasons for emergency admissions for dementia patients.[1] This data briefing has been developed as partnership between NHS England and the Dementia Intelligence Network (DIN). The briefing presents the findings from the analysis of the inpatient Hospital Episode Statistics (HES) data set for 2012/13. It focusses on the provision of care for people living with dementia rather than the process of acquiring a diagnosis, and highlights key issues in relation to those individuals with dementia being admitted to an acute general hospital and the reasons for which they are admitted.

This summary report provides key findings from the analysis using the above HES data set for Oadby and Wigston district. It also provides overview of dementia prevalence as recorded on GP registers and future dementia prediction in Oadby and Wigston.

## Dementia prevalence and future projections

In March 2014, there were 401 (0.7%) individuals in Oadby and Wigston who had a formal diagnosis of dementia and who were registered with their primary care practice.[2] The number of older adults predicted to have dementia in Oadby and Wigston in 2014 is estimated at 903 individuals rising to 1,388 by 2030 (Figure 1).

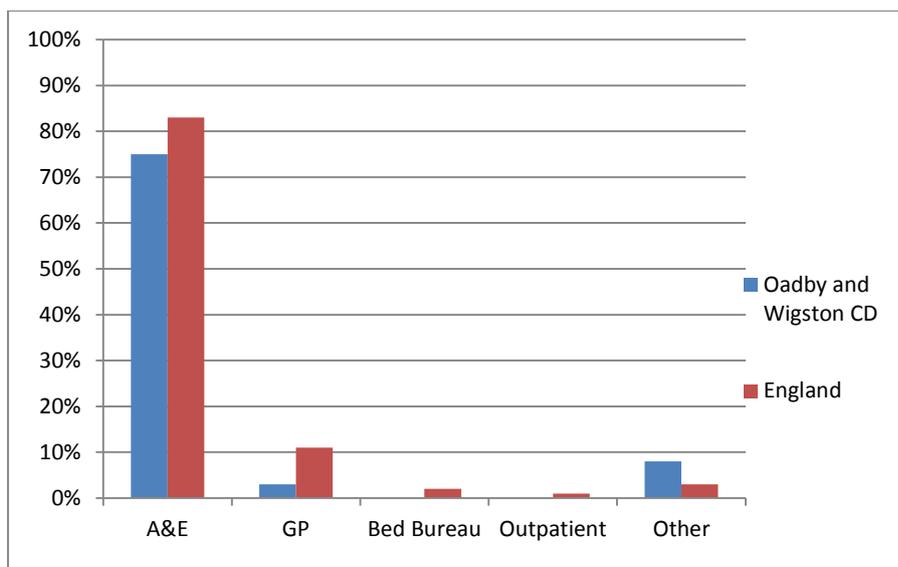


**Figure 1.** Older adults predicted to have dementia, Oadby and Wigston [3]

## Admission to acute general hospitals

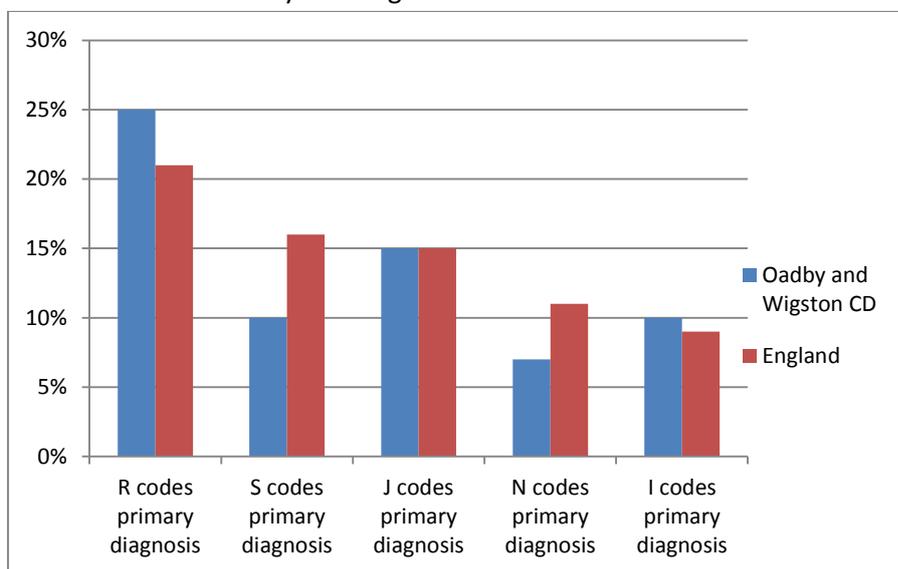
During 2012/13 there were 391 emergency hospital admissions in Oadby and Wigston with a mention of dementia in discharge documentation. This relates to 286 individuals being admitted on average 1.4 times each during the year and this is similar to England. Around 21% of admissions were short stays (1 day or less) comparing to 26% in England.

The highest proportion of emergency admissions in Oadby and Wigston came via A&E (75%) (Figure 2). GP was stated as source of referral for 3% of admission.



**Figure 2.** Source of emergency admissions relating to people with dementia 2012/13[1]

Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (Chapter R) were recorded as primary diagnosis for 25% of emergency admission relating to people with dementia in Oadby and Wigston (Figure 3). This was followed by Chapter J (Diseases of the respiratory system) with 15% of emergency admissions with the relevant code as primary diagnosis. Primary diagnosis as defined in Chapter S (Injury, poisoning and certain other consequences of external causes) accounted for 10%, Chapter I (Diseases of the circulatory system) for 10% and in Chapter N (Diseases of the genitourinary system) for 7% of emergency admission relating to people with dementia in Oadby and Wigston.



**Figure 2.** Primary reason for admissions relating to people with dementia 2012/13 [1]

### References

- [1] Public Health England, "Reasons why people with dementia are admitted to a general hospital in an emergency," 2015.
- [2] Health and Social Care Information Centre, "Quality and Outcomes (QoF) Data," 2014.
- [3] Institute of Public Care, Oxford Brookes University, and Extra Care Charitable Trusts, "Projecting Older People Population Information System," 2014.