

LEICESTERSHIRE
together

LEICESTERSHIRE JOINT STRATEGIC NEEDS ASSESSMENT



PLANNED CARE

SEPTEMBER 2009

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7.1 KEY FINDINGS

- University Hospitals of Leicester NHS Trust receives two thirds of referrals for planned care for people from Leicestershire County and Rutland.
- Surgical and medical specialties account for 77% of all out patient attendances.
- Older people over the age of 65 years are the group most likely to have a planned in-patient stay in hospital with an admission rate more than twice the rest of the population. This reflects the higher level of chronic disease and disability associated with these age groups.
- For every age group except 17-24 year olds, neoplasm was the most common or second most common reason for admission. Prevention by facilitating lifestyle changes would have a significant impact on the health care services.
- The level of planned care (as measured by hospital admissions) for the population of Leicestershire County and Rutland is greater than one would expect compared with the national population. Understanding the reasons for this would help reduce unnecessary episodes of planned care, especially as out patient attendances are expected to increase by 7% and planned in patient stays are expected to increase by 8% by 2012/13 even though the population in Leicestershire County and Rutland is expected to increase by only 5%.

7.2 INTRODUCTION

Planned care refers to NHS care that is scheduled. This can occur in primary care, community hospitals and secondary care settings. This chapter is based on NHS data for hospital activity that took place during 2007/08 for the population of NHS Leicestershire County and Rutland.

Within this section we have reviewed planned care in acute hospitals. There are many more types of planned NHS care that have not been considered in this section, such as services provided in primary and community care. These have been excluded at this stage because they are not part of the JSNA core dataset.

This section looks at activity that has taken place between 2005/06 and 2007/08. Demographic profiles have been used to estimate future demands on planned healthcare.

This chapter has strong links to the following chapters:

- Demography
- Cancer
- Acute care
- Staying healthy
- Long term conditions

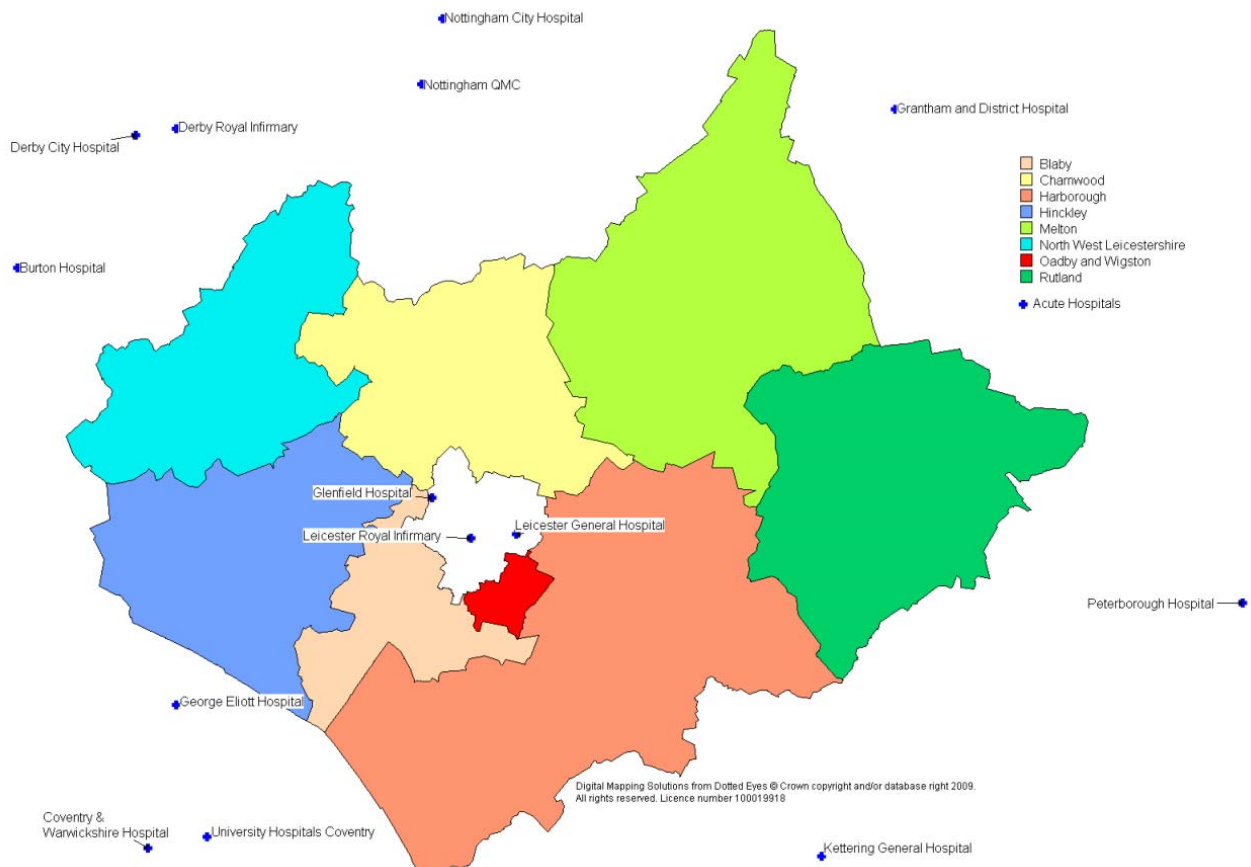
7.3 PLANNED CARE IN LEICESTERSHIRE COUNTY AND RUTLAND

The data used in this section was extracted from the HERA performance information system. This is a management information system that has been developed for use within the PCT.

7.3.1. Referrals to Hospital

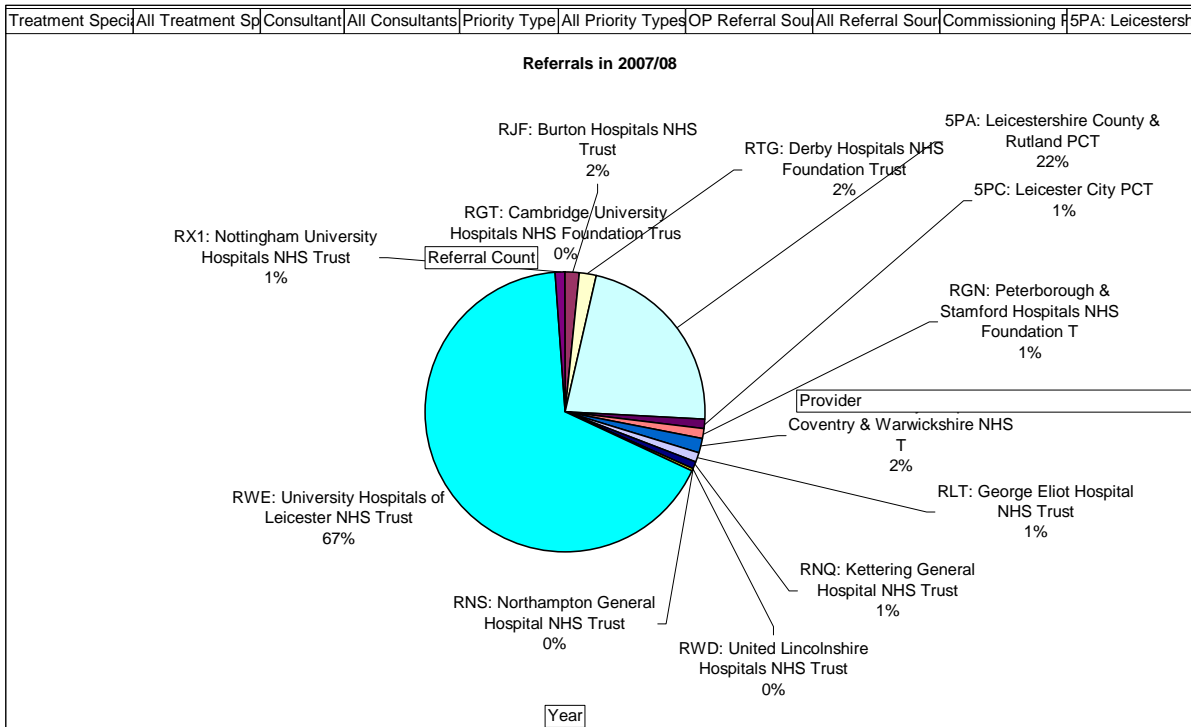
In 2007/08 there were 195,930 referrals to hospital for patients registered with GPs in NHS Leicestershire County and Rutland. The spread of referrals by provider is illustrated in Figure 2.

Figure 1: Map of Secondary Care Hospitals servicing NHS Leicestershire County and Rutland



In 2007/08 two thirds of referrals for planned care for people from Leicestershire County and Rutland occurred in the University Hospitals of Leicester NHS Trust with 22% of hospital planned care occurring in local community hospitals and 10% occurring in hospitals around Leicestershire County and Rutland (Figure 2).

Figure 2: Referrals in 2007/08 by provider



Source: HERA Information System

7.3.2. Outpatient attendances in hospitals

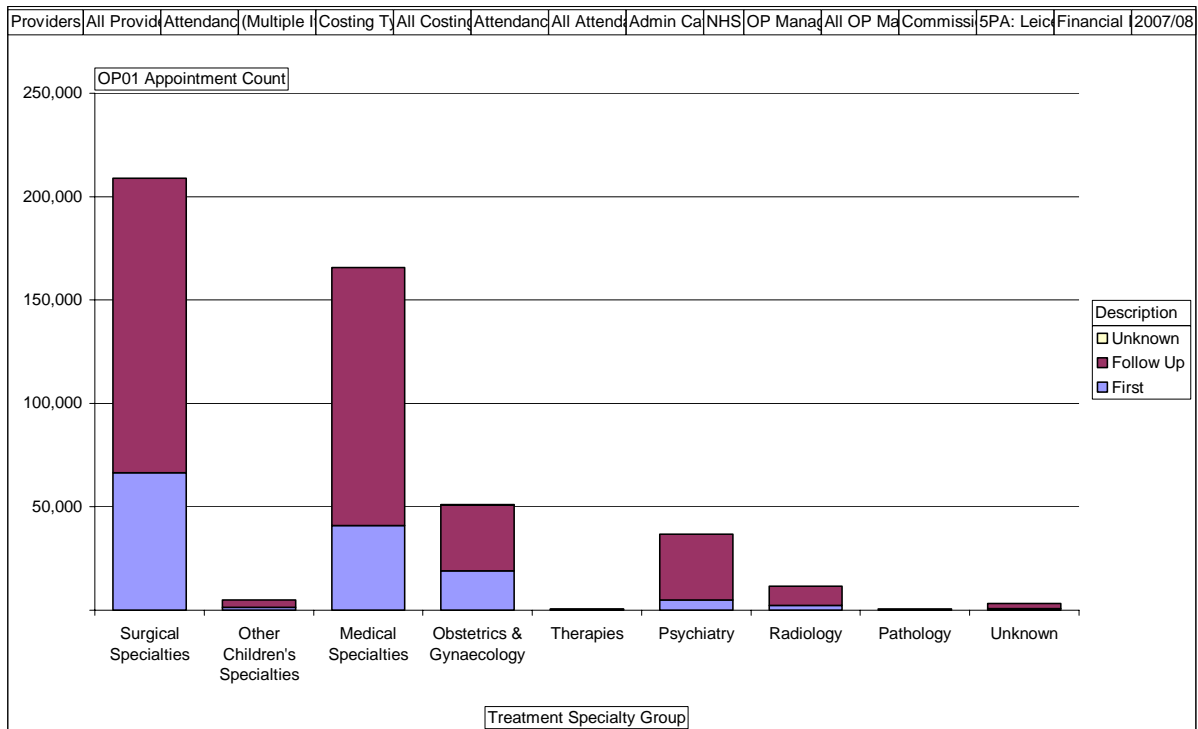
In 2007/08 patients in Leicestershire County and Rutland PCT had 483,224 outpatient attendances. This was less than the two previous years: 528,319 in 2005/06 and 492,780 in 2006/07.

In 2007/08 the PCT had an average of 40,250 outpatient attendances per month, this is over 1,850 attendances per estimated working day (Monday – Friday).

During 2007/08, 28% (135,889) of out-patient attendances were new appointments, the rest being follow-up appointments. This gives a new follow-up ratio of 1 to 2.6.

Figure 3 illustrates the attendances by specialty grouping: surgical specialties accounted for 43% of all out-patient activity, medical specialties for 34% of activity and obstetrics and gynaecology for 11% of activity.

Figure 3: Outpatient attendances by specialty



Source: HERA Information System

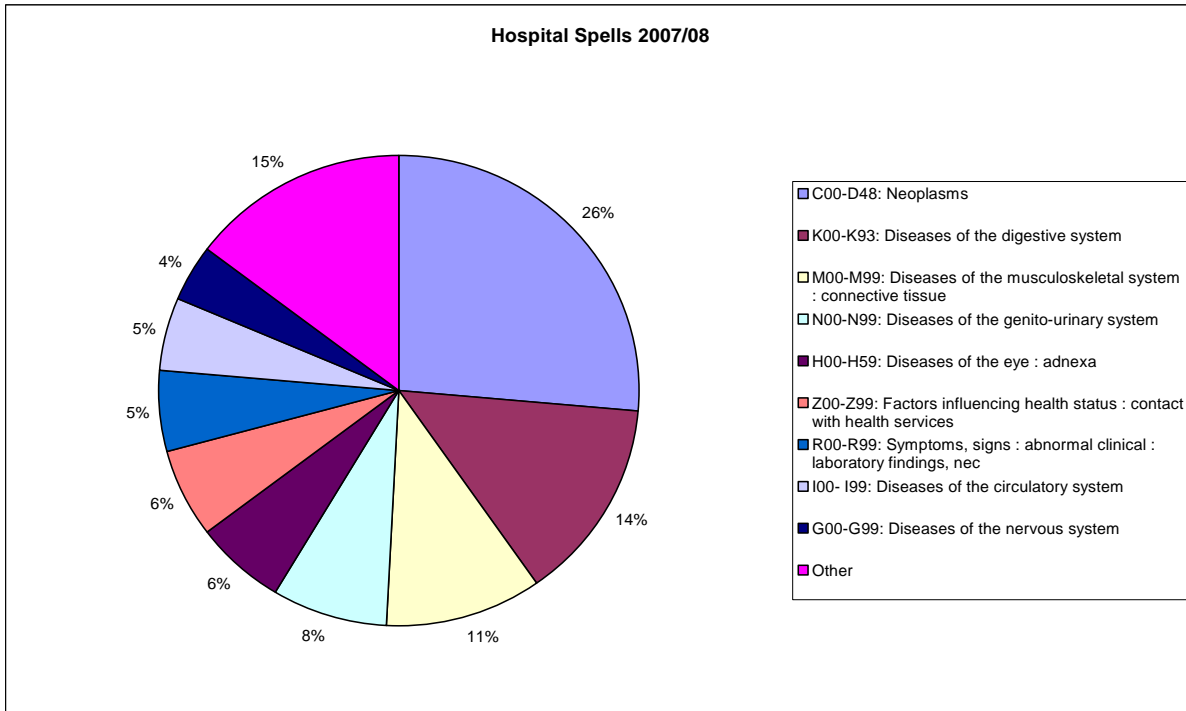
7.3.3.Planned hospital inpatient stays

There were 77,073 planned in-patient stays by people in Leicestershire County and Rutland during 2007/08. This was less than in 78,711 in 2005/06 but significantly more than 72,835 in 2006/07 as the Primary Care Trust worked to reduce the time to treatment from referral to less than 18 weeks. On average patients in NHS Leicestershire County and Rutland have 6,400 planned spells per month.

The main reason for the hospital stay is illustrated in Figure 4. The main reason for a planned hospital stay was cancer with 26% of all planned spells attributable to neoplasms. 14% of spells were attributable to diseases of the digestive system, 11% to diseases of the musculoskeletal system and 8% to diseases of the eye and adnexa.

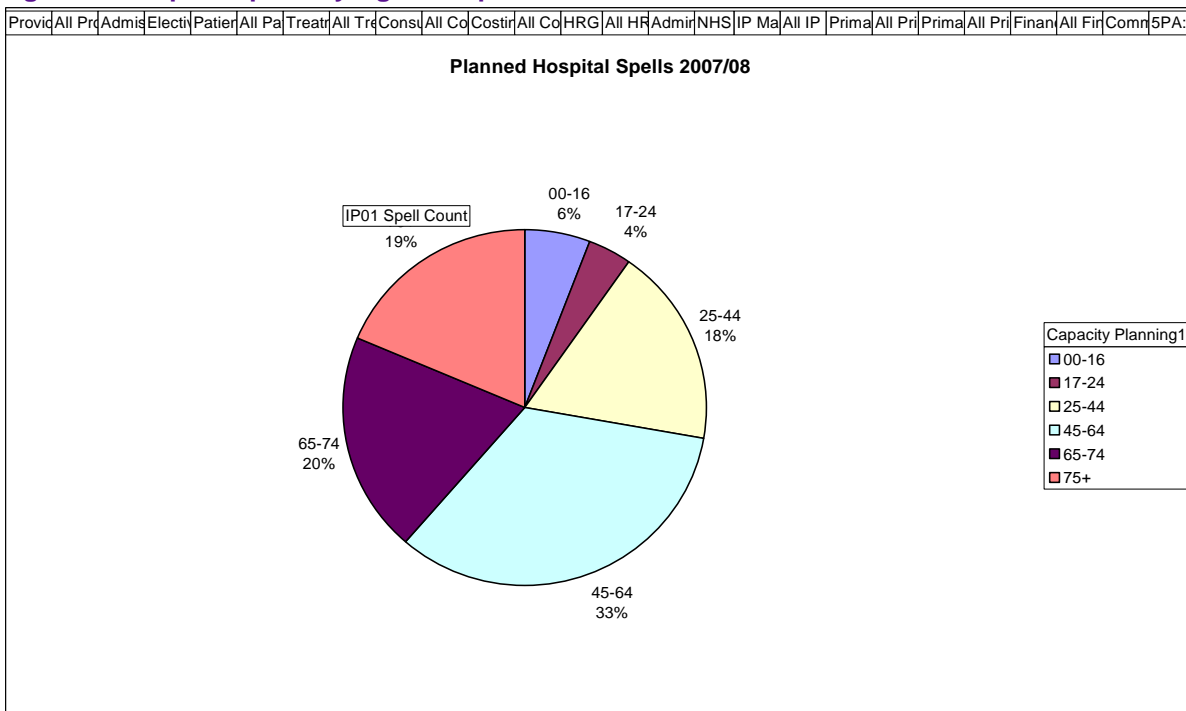
Figure 5 illustrates the distribution of hospital activity by age. This shows us that most hospital activity was seen in the older age groups with 39% of spells were for people aged 65 and over. 33% of planned hospital spells were for people aged 45-64 years. 18% were for people aged 25-44. Only 10% of planned spells were for people aged under 25 years.

Figure 4: Hospital Spells by Main Diagnosis Chapter



Source: HERA Information System

Figure 5: Hospital Spells by Age Group

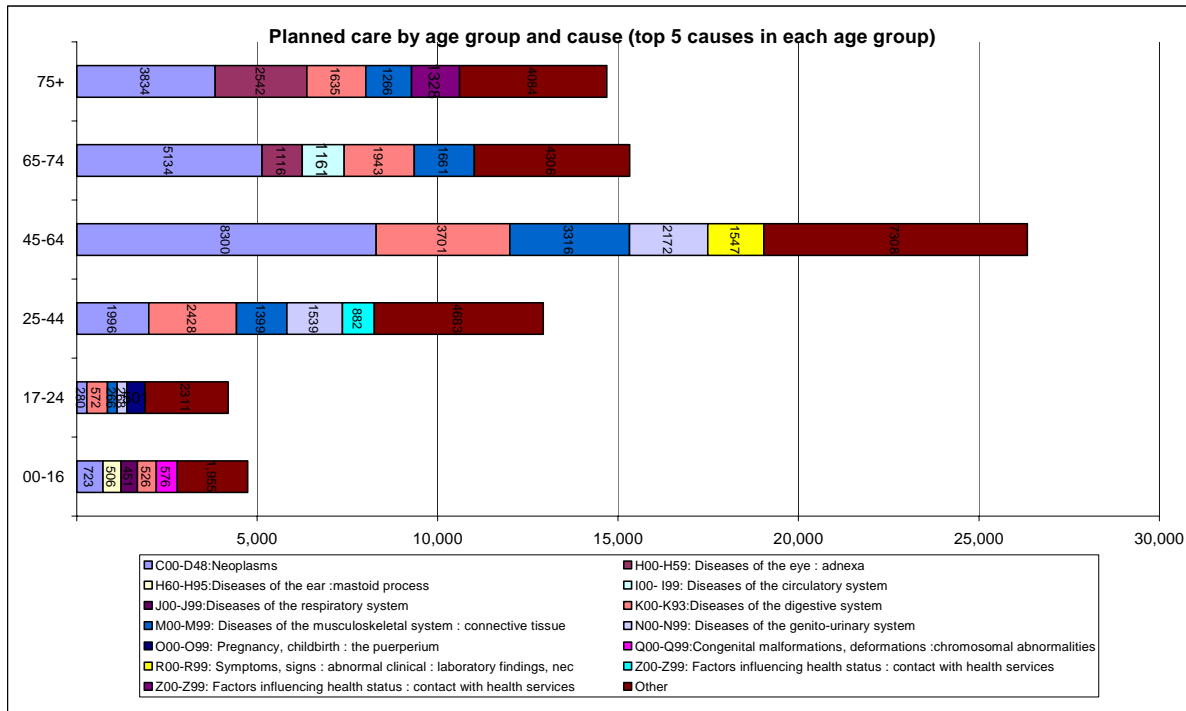


Source: HERA Informaton System

7.4 PROFILING OF PLANNED CARE

The reasons that people attend hospital for planned care vary depending on the age of the patients. Figure 6 illustrates the main reason for hospital admission by age group. Cancer features as a significant cause of admission in all age groups.

Figure 6: Planned care by age group and primary diagnosis 2007/08



Source: HERA Information System

- People aged 75+ years accounted for 14,689 planned in patient stays in hospital. The most common reason for admission was neoplasm (26%) followed by diseases of the eye (17%), diseases of the digestive system (11%), “factors influencing health status” (9%).
- People aged 65-74 years accounted for 15,321 planned in patient stays in hospital. The most common reason for admission was neoplasm (34%) followed by diseases of the digestive system (13%), diseases of the musculoskeletal system (11%), diseases of the circulatory system (8%).
- People aged 45-64 years accounted for 26,344 planned in patient stays in hospital. The most common reason for admission was neoplasm (32%) followed by diseases of the digestive system (14%), diseases of the musculoskeletal system (13%), diseases of the genitourinary system (8%).
- People aged 25-44 years accounted for 12,927 planned in patient stays in hospital. The most common reason for admission was diseases of the digestive system (19%) followed by neoplasm (15%), diseases of the genitourinary system (12%), diseases of the musculoskeletal system (11%).
- People aged 17-24 years accounted for 4,198 planned in patient stays in hospital. The most common reason for admission was diseases of the digestive system (27%) followed by “pregnancy and childbirth” (24%), neoplasm (13%), diseases of the genitourinary system (13%), diseases of the musculoskeletal system (13%).
- People aged 0-16 years accounted for 4,737 planned in patient stays in hospital. The most common reason for admission was neoplasm (15%), followed by “congenital

malformations, deformations and chromosomal abnormalities” (12%), diseases of the digestive system (11%), diseases of the ear and mastoid processes (11%), diseases of the respiratory system (10%).

- For every age group except 17-24 year olds, neoplasm was the most common or second most common reason for admission. Their prevention by facilitating lifestyle changes would have a significant impact on the health care services.
- The diagnostic group “diseases of the digestive system” appears in the top five diagnostic categories for all age groups with a range of 11% to 27% admissions. This group includes a wide variety of conditions which vary with age.

7.5 TRENDS IN PLANNED CARE OVER TIME

The projections in this report are based on applying 2007/08 age specific hospital activity to future population trends. This methodology assumes that the activity that was contracted in the baseline year was static and no account has been taken on the impact of changing national policy or local initiatives on activity rates. They are provided as an indication of what will happen with a steady state health economy and are not a true prediction of future trends.

Outpatients

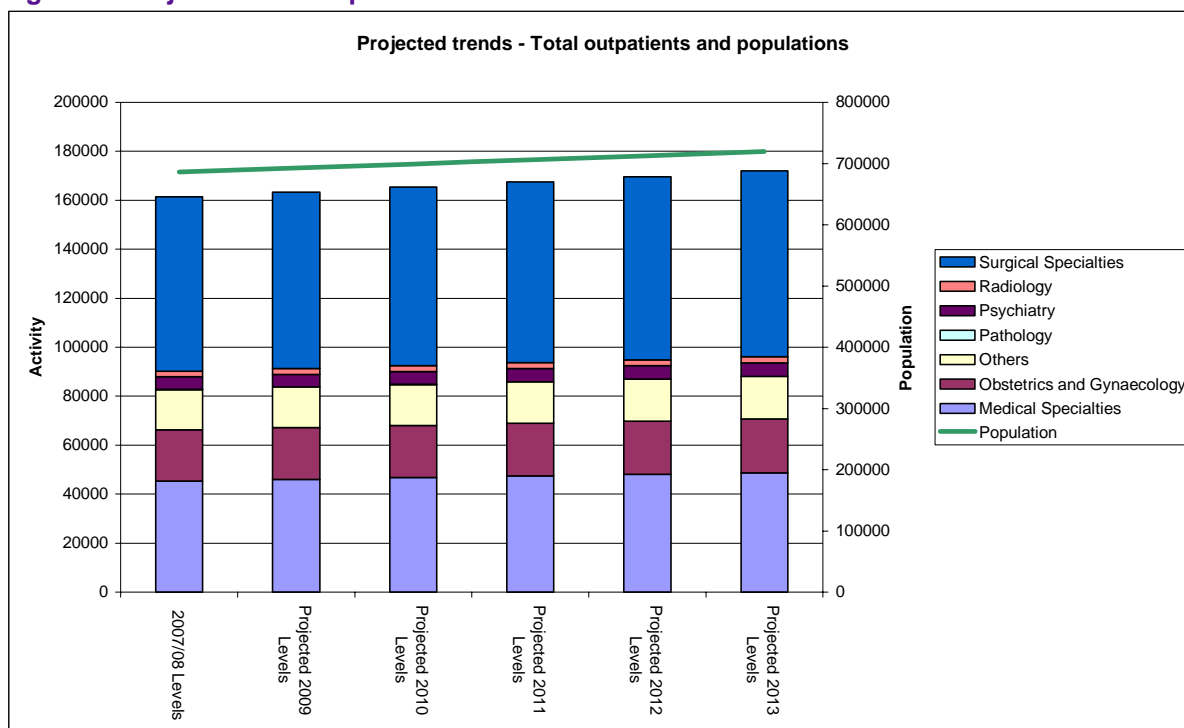
Table 1 demonstrates that if the current levels of outpatient attendances (grouped by age and sex) are applied to the planned increases on the PCTs population, there will be an increase in total outpatient attendances of 6.6%. This is a greater rate of growth than will be seen in the total population which is projected to rise by 4.9% in the same time period. The most significant levels of growth will be seen in the medical specialties with 7.4% anticipated in 5 years.

Table 1: Projections of new outpatients over time

SpecGroup	2007/08 Levels	Projected 2009 Levels	Projected 2010 Levels	Projected 2011 Levels	Projected 2012 Levels	Projected 2013 Levels	Increase to 2013
Medical Specialties	45402	46058	46715	47368	48012	48755	107.38%
Obstetrics and Gynaecology	20913	21092	21315	21550	21789	22038	105.38%
Others	16348	16536	16726	16912	17097	17302	105.83%
Pathology	68	69	69	70	70	70	103.60%
Psychiatry	5175	5233	5288	5341	5395	5462	105.55%
Radiology	2298	2343	2386	2430	2476	2526	109.94%
Surgical Specialties	71173	72085	72986	73881	74777	75803	106.51%
Grand Total	161377	163414	165485	167552	169617	171957	106.56%
Population	686000	692600	699300	706000	712700	719400	104.87%

Source: HERA Information System, ONS 2006 Based Population Projections

Figure 7: Projections of outpatients to 2013



Source: HERA Information System, ONS 2006 Based Population Projections

Inpatient activity

Table 2 and Figure 8 detail the increases in hospital inpatients over time. The overall rate of increase in planned hospital care is projected to grow more quickly than outpatients with an increase of 7.7% by 2013. The rate of increase of nearly 8% is common to both medical and surgical specialties.

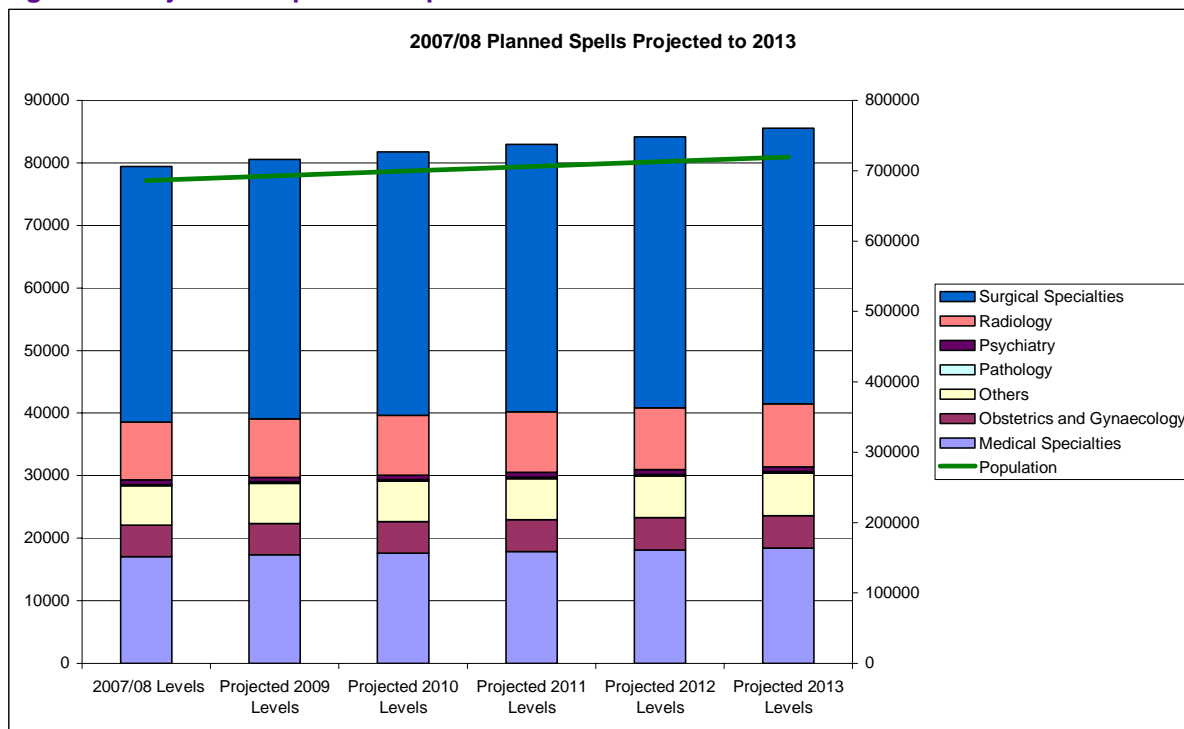
Table 2: Elective inpatient projections

2007/08 Inpatient Spells Projected to 2013

SpecGroup	Data						Increase to 2013
	2007/08 Levels	Projected 2009 Levels	Projected 2010 Levels	Projected 2011 Levels	Projected 2012 Levels	Projected 2013 Levels	
Medical Specialties	17082	17343	17603	17859	18124	18417	107.82%
Obstetrics and Gynaecology	5008	5029	5072	5115	5157	5198	103.80%
Others	6271	6370	6468	6565	6666	6788	108.24%
Pathology	243	247	251	255	259	263	108.19%
Psychiatry	697	708	718	728	738	749	107.50%
Radiology	9249	9406	9563	9716	9881	10048	108.64%
Surgical Specialties	40859	41481	42095	42711	43344	44067	107.85%
Grand Total	79409	80583	81770	82950	84169	85531	107.71%
Population	686000	692600	699300	706000	712700	719400	104.87%

Source: HERA Information System, ONS 2006 Based Population Projections

Figure 8: Projection of planned inpatients to 2013



Source: HERA Information System, ONS 2006 Based Population Projections

7.6 NATIONAL BENCHMARKS FOR PLANNED CARE

National benchmarks have been derived from published national data sources and will not match the data extracted from the HERA system that has been presented throughout this report. Taking national benchmarks from published national reports ensures that there is consistency across the definitions that are applied and that we are comparing the same issues through local and national comparators.

The benchmarking applies a weighted population to the activity levels. This is weighted population that is used for allocating the Primary Care Trust's funding. For the hospital activity the weighted population that has been used is the hospital and community health services (HCHS) component of this formula. This adjusts the population based on the ages and sex distribution of the population and for a number of factors that influence a patient's need to access health services across acute services, maternity and mental health.

Whilst Leicestershire County and Rutland has an elderly population, it is a Primary Care Trust that has high levels of affluence and low levels of material deprivation. The impact of this formula on the Primary Care Trust's funding levels is that the weighted population is 529,338 compared to an actual population of 636,439. The result of this is that the Primary Care Trust receives an allocation of funding that is for 83% of the total list size.

The results of the benchmarking are shown in the following Table 3, which shows that the level of planned care (as measured by hospital admissions) for the population of Leicestershire County and Rutland is greater than one would expect compared with the national population.

Table 3: NHS Leicestershire County and Rutland activity Levels compared to national activity

Variable	National Rate per 1,000 population	Leicestershire County and Rutland Rate per 1,000 weighted population	Leicestershire County and Rutland Excess Activity
FCEs through a waiting list (HES reports)	96	106	5,300
Day cases (HES reports)	94	112	9,500
Outpatients (NHS comparators)	833	1003	90,000
1 st Outpatients (NHS comparators)	263	267	2,100
New: Follow up ratios (NHS comparators)	2.16	2.75	

Source: FCEs and Daycases - Numerator data: HES Online, hospital episode statistics. Denominator: unified weighted populations published by the Department of Health. The NHS Information Centre, Hospital Episode Statistics for England. Inpatient statistics, 2007-08. Outpatients: NHS Comparators Database: <http://www.connectingforhealth.nhs.uk/systemsandservices/sus/delivery/comparators>

Planned Inpatient Hospital Care

In 2007/08 nationally there were 4,862,278 episodes of care through a waiting list, 96 episodes per 1,000 population. For NHS Leicestershire County and Rutland the equivalent activity level was 55,912 or 106 episodes per 1,000 weighted population. Activity levels are 5,300 episodes higher for Leicestershire County and Rutland than would be expected for our population.

This pattern is repeated for daycases. Nationally there were 4,766,383 or 94 per 1,000 population. For Leicestershire County and Rutland the daycase number is 59,438 or 112 per 1,000 population. Again, these activity levels are 9,500 higher than would be expected for our population.

Benchmark for outpatients

The benchmark for outpatients is taken from the NHS comparators database.

In 2007/08 nationally there were 13,365,694 first outpatient attendances, 263 episodes per 1,000 population. For NHS Leicestershire County and Rutland the equivalent activity level was 141,711 or 267 episodes per 1,000 weighted population. Activity levels for first outpatient attendance match the levels that we have would expect for our population.

In 2007/08 nationally there were 42,276,351 outpatient attendances, 833 episodes per 1,000 population. For NHS Leicestershire County and Rutland the equivalent activity level was 530,920 or 1003 episodes per 1,000 weighted population. Activity levels are 90,000 episodes higher for Leicestershire County and Rutland than would be expected for our population.

This would seem to be due to follow up rather than first OP attendance. The new to follow up rate for Leicestershire County and Rutland is 2.75 compared with a national rate of 2.16.

7.7 PATIENT VOICE

Based on the 2007/08 patients survey results, available online at the Care Quality Commission website: www.cqc.org.uk, the University Hospitals of Leicester NHS Trust scored: 5.4/10, which was about the same as scores for other NHS Trusts

Table 4: Patient Satisfaction Survey 2007/08

	Score	Rating
Overall views and experience	5.4/10	Similar to scores from other trusts
Waiting lists and planned admissions, answered by those referred to hospital:	5.4/10	Similar to scores from other trusts
Waiting to get to a bed on a ward	8.2/10	Similar to scores from other trusts
About the hospital and ward	7.5/10	Similar to scores from other trusts
Care and treatment	7.5/10	Similar to scores from other trusts
Operations and procedures, answered by patients who had an operation or procedure	8.2/10	Similar to scores from other trusts

Source: Care Quality Commission