What do we know about demand for Emergency and Urgent Care?

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Recent changes in total demand for EUCS

We have examined recent changes in demand for all emergency and urgent care using data from seven sites studied in an evaluation of NHS111\(^1\). The seven sites were Durham & Darlington, Nottingham City, Luton, Lincolnshire, Leicestershire, Norfolk and North of Tyne PCTs. In each site we captured data for 36 months spanning 2008 – 2011 on contacts with ED, the ambulance service, GP out-of-hours and walk-in services, NHS Direct and NHS111. Urgent contacts with daytime General Practice were not included. To combine these data across sites and services we have made a weighted sum of the total number of contacts. The weights we have used are the estimated costs of each type of contact derived from PSSRU unit costs and national reference costs. The total counts therefore reflect the cost or resource burden on the NHS of emergency and urgent care demand. Figure 1 shows that by this measure over a three year period the average across these seven sites of the total cost of EUCS contacts increased from about £2.9m to about £3.3m, an increase of nearly 14%, or about 4% per year.

![Figure 1 - Average total cost (£'000s) per site adjusted for month](image)

Month 1 = 08/2008  Month 40 = 11/2011

Long term changes in demand for ED care

Over the 40 years from 1966/67 to 2006/7 demand for ED care in England doubled from an estimated 6.8m first attendances at type 1 EDs to 13.6m. This is equivalent to an increase from 138 first attendances per 1000 people per year to 267 per thousand per year (Fig 2). It will be seen that this increase was remarkably steady decade by decade, with an average annual growth of 1.75%.
Impact of long term changes in demand for ED care

The increase in use of ED, has also been accompanied by a change in the demographics of users. Comparing the age distribution of first attenders at EDs in England in 2009/10 with the age distribution of first attenders at eight EDs in DGHs in England in 1987, Figure 3 shows some remarkable changes in the proportion of attenders that are elderly, particularly in those in the oldest category recorded in 1987 (75+). These changes are important because the workload involved in caring for frail elderly patients possibly with multiple non-specific problems in ED is typically much greater than caring for young people aged 15-24 with single problems. So the doubling of demand together with the increasing complexity of that demand may be a root cause of some of the problems faced by ED services.

Figure 3 - Age of first attenders at EDs in England

![Age Distribution Chart]
Recent changes in demand for ED care

Since 2006/7, after a small dip, there has been a further increase to 14.3m first attendances at type 1 EDs in England (Fig 4), but the rate of attendance has remained unchanged at 267 first attendances per 1000 people per year.

In contrast to this, over the same period from 2006/7 to 2012/13 there has been a rapid increase in the use of minor urgent care type EDs (types 3). Total attendances at these types of facility increased from 4.7m in 2006/7 to 6.9m in 2012/13, an increase of 46%.

The historical growth in demand for type 1 major ED, taken together with the recent lack of growth coupled with the large increase in attendances at minor units, suggests that

1. Minor injury units, urgent care centres, and similar facilities have been absorbing the historical 1.75% growth in ED attendances. A recent single centre study has found this sort of size of effect from opening a GP-led walk-in centre.
2. However, the opening of minor units has also been creating their own additional demand (or has been diverting this from GP services).

References

   [http://emj.bmj.com/content/early/2014/01/09/emermed-2013-202410.abstract](http://emj.bmj.com/content/early/2014/01/09/emermed-2013-202410.abstract)