PUT CARE INTO SPENDING & SPENDING INTO CARE
THE PAST 10 YEARS

EMERGENCY ADMISSIONS

- Avoidable emergency admissions
- All emergency admissions

COALITION GOVERNMENT ELECTED AND SAVINGS CHALLENGE ISSUED

LABOUR PARTY RE-ELECTED AND NHS FUNDING SQUEEZE

NHS REFORMS ENACTED AND CCGs CREATED

PLANNED PROCEDURES

- Hip and knee replacement and cataract operations (effective procedures)
- Less effective procedures (e.g. injections for back pain)

HOW HAS NHS MONEY BEEN SPENT?

LONG-TERM CONDITIONS AND FRAIL ELDERLY

- Rise in emergency diabetes admissions: 74%
- Rise in emergency COPD admissions: 15%
- Rise in emergency urinary tract infections admissions for over-75s: 149%

% change relative to 2003/4

FOR DEFINITIONS OF ALL TERMS, VISIT myhospitalguide.com
“Spending on less effective operations has fallen whereas spending on more effective operations has continued to rise, albeit more slowly. There has been no reduction in admissions for conditions treatable in the community. However, there are some parts of the country that have been more successful in reducing spending on these preventable admissions to hospital.”
Setting the scene

In the past three years avoidable emergency admissions have risen faster than all emergency admissions. Less effective planned operations have fallen.

**FINDINGS FOR 2009/10–2012/13**

- Effective planned operations have fallen.
- There has been no change in less effective planned operations.
- The number of avoidable emergency admissions² to hospital has risen.
- The number of effective procedures¹ has remained stable.
- More effective operations have recovered as well as those who do.
- Less effective planned operations (e.g. tonsillectomies, knee wash-outs and injections for back pain); the benefit is small and the evidence is that, on average, patients who do not have the operation recover as well as those who do.

**Drop in less effective procedures carried out (e.g. tonsillectomies, knee wash-outs and injections for back pain).**

**These effective operations (hip replacements, knee replacements and cataract surgeries) have remained stable.**

**More in avoidable emergency admissions.**

**Less in avoidable emergency admissions.**

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1. Effective procedures are hip replacements, knee replacements and cataract surgery.
2. Avoidable emergency admissions: these are admissions to hospital for conditions where treatment can be prevented by vaccination or by timely intervention in the community (e.g. a urinary tract infection). While it is inevitable that some patients will require admission for these conditions, the overall number could be reduced.
3. Less effective planned operations (e.g. tonsillectomies, knee wash-outs and injections for back pain).

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1. Effective procedures are hip replacements, knee replacements and cataract surgery.
2. Avoidable emergency admissions: these are admissions to hospital for conditions where treatment can be prevented by vaccination or by timely intervention in the community (e.g. diabetes). In a move that has been widely welcomed, the figures show that the number of avoidable emergency admissions to hospital has fallen by 7%.
3. Less effective planned operations (e.g. tonsillectomies, knee wash-outs and injections for back pain).

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24% of people live in areas where the number of hip, knee and eye operations¹ has been cut while the number of avoidable emergency admissions² to hospital has risen.

15% of people live in areas where the number of avoidable emergency admissions² to hospital has fallen but the number of hip, knee and eye operations¹ has not.

7% of people live in areas where both avoidable emergency admissions² to hospital and effective procedures¹ have been reduced while hip, knee and eye operations¹ have not.

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**AREAS WHERE MONEY IS BEING USED MORE EFFECTIVELY**

- West London
- east Berkshire
- Oxford

**AREAS WHERE MONEY IS BEING USED LESS EFFECTIVELY**

- West Suffolk
- Newcastle
- Leicester

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See more information about smart spending at

myhospitalguide.com/commissioning

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A decrease in the number of avoidable emergency admissions between 2010/11 and 2012/13 by 7%. This means there were 395 fewer admissions in 2012/13 than in 2010/11.

The number of less effective procedures performed between 2010/11 and 2012/13 decreased by 6%. During the same period, the number of hip replacement, knee replacement and cataract removal operations increased by 7%.

Between 2010/11 and 2012/13, the number of emergency admissions remained static. However, there has been a decrease in avoidable emergency admissions of 6% over the same period.

The number of less effective procedures decreased by 25% between 2010/11 and 2012/13.

A decrease in the number of emergency admissions to hospital has been cut but the number of hip, knee and eye operations has not.

Referral guidelines are in place to reduce inappropriate referrals and unnecessary emergency admissions.

Schemes are being implemented to reduce unnecessary emergency admissions through named pathways in primary and community care.