

**QUESTION TO BE ASKED OF THE PRESIDENT OF THE HEALTH AND SOCIAL SERVICES
COMMITTEE ON TUESDAY 8th JULY 2003,
BY DEPUTY R.G. LE HERISSIER OF ST. SAVIOUR**

Question

- (a) Would the President identify the percentage of visits to the Accident and Emergency Department in the last two full years that were considered non-urgent?
- (b) What is the estimated cost of this non-urgent use?
- (c) What steps are proposed to significantly reduce this non-urgent use?

Answer

- (a) On arrival at the Accident and Emergency Department, (A&E), the degree of clinical urgency for each patient is categorised using the nationally accepted Manchester Triage System, as follows -

<i>Number</i>	<i>Colour</i>	<i>Name</i>
1	Red	Immediate
2	Orange	Very urgent
3	Yellow	Urgent
4	Green	Standard
5	Blue	Non-urgent

In the eighteen months since 1st January 2002, **2.7%** of attendances have been non-urgent.

It should be noted that many patients can only be fully classified as non-urgent after a complete medical assessment. Some patients who are properly triaged as non-urgent may turn out to have a serious condition. For example, a painful lower leg is likely to be the result of some minor strain, but doctors need to exclude the possibility that it is a deep vein thrombosis.

- (b) What is the estimated cost of this non-urgent use?

There are around 38,000 attendances in a year at the Accident and Emergency Department and the average direct cost of an attendance is £46. On an average cost basis, the 1,085 non-urgent attenders in a year could be viewed as costing around £50,000 per annum.

However, costs are skewed towards the highly skilled areas of emergency medicine and the resources deployed in the non-urgent work are comparatively small. For example, a major accident may occupy a team of 8 doctors and nurses for a couple of hours in A&E, whereas a typical non-urgent patient will spend 10 minutes with a doctor, receive advice only and possibly be referred onwards. Such a patient would cost no more than £20 in staff time compared with the many hundreds of pounds deployed on treating an accident victim.

- (c) What steps are proposed to reduce this non-urgent use?

As the Accident and Emergency Department is staffed at all times for urgent work, the additional costs of the non-urgent work are comparatively very small and relocating this work would not allow the staffing establishment to be reduced.

The Health and Social Services Committee has considered the introduction of charges for a number of services in the context of meeting its financial obligations. Amongst the possible charges considered was the introduction

of a charge for non-urgent A&E attendances.

The impact of charging on the volume of non-urgent attendances depends on why people are attending A&E for non-urgent problems. This is, at present, unsupported by research evidence but it seems likely that if the cost to the patient were similar to attending the GP, then fewer patients might attend A&E for non-urgent problems.

However, there is concern that some people who are in need of treatment may not choose to seek medical care at all and put their health at risk. It is also the case that some of the people who attend A&E for non-urgent reasons do so because they genuinely cannot afford to see a General Practitioner, and that some people have motives other than cost.

It is difficult to imagine putting in place a charging regime to deter such people until other social safeguards are established such as Low Income Support.

The Committee is presently reviewing, in co-operation with others, the future of health care services in Jersey, with particular attention to the interfaces between primary care, and the health and social care functions provided by the Department. This work is a natural progression of the recent Health Funding Review which examined the medium and long term funding of health care provision in Jersey. It is worth noting that this independent report recommended a combination of funding from central taxation and social insurance rather than a raft of separate charges or 'co-payments' such as a charge for attending Accident and Emergency.