

# Emergency readmissions: What's changed one year on?

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**Healthwatch England policy briefing  
November 2018**



## Emergency readmissions to hospital

Over the [last three years](#), the Healthwatch network has looked extensively at people's experiences, as they move between hospitals and care in the community. We have explored what happens when services don't work well together and what lessons can be learnt for the future.

A consistent theme we hear about is the distress people who need to return to hospital experience following complications which could have been avoided with better communication, planning and support.

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**“I'm in hospital again, a problem with fluid coming from my legs. They've given us a leaflet with information about keeping my legs raised. Maybe if they'd done this when I left hospital I wouldn't have had to come back.”**

Patient story shared with Healthwatch Lambeth and Healthwatch Southwark

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To give a sense of scale to this issue, in October 2017 we published our briefing '[What do the numbers say about emergency readmissions?](#)'

We identified that a number of people being readmitted to hospital within 30 days of discharge had grown by 22.8% over the previous five years, with one in five cases returning within just 48 hours.

One year on, we've taken another look to find out if anything has changed. We found that readmission rates have continued to grow and are growing faster than before, increasing by 9% over the last 12 months.

But with the way care is delivered changing, what can the trends in the data tell us about people's experiences of leaving hospital?

## Key messages

- Care is changing. We know health and social care services are increasingly focused on treating people within the community. This is likely to change how admissions and readmissions to hospital will work, with repeated but shorter hospital stays more likely for those with complex needs.
- New metrics need to be developed to take this into account and help the NHS track the impact of new models of care on people's experiences.
- NHS England have given repeat assurances that it is developing better data to understand why readmissions to hospital within 30 days of discharge are rising. In March, the Department of Health and Social Care confirmed it is working with NHS England to agree a single definition for emergency readmissions, which will enable this to progress. However, as yet there is still no agreed definition and the data remains unavailable.
- We need better data to understand and identify areas where changes in care are working well for patients so that this can be rolled out across the NHS. Likewise, better data can be used to identify any underlying problems and prevent unnecessary readmissions.
- In the last year, the number of emergency readmissions grew by 9%, which is significantly faster than at any other point over the previous five years. The current lack of detailed data means that we do not know if this is good or bad for patients.
- The proportion of emergency readmissions where someone has returned to hospital within just one day of being discharged has risen even more, increasing by 15% year-on-year.
- Most troubling is that the sector still can't report on how many emergency readmissions were unavoidable and which ones could be prevented, or use this insight to learn.
- We were initially concerned that the increased focus on reducing delayed transfers of care (DToC) might result in people being discharged unsafely. However, our new data shows no correlation between DToC reductions and rising emergency readmissions. This is good news as it means the NHS and social care are getting people home both quickly and safely.

## Timeline

- **July 2015** - Healthwatch England publishes 'Safely Home' bringing together evidence from 101 local Healthwatch and over 3,000 people about their experiences. Questions were raised about the experiences of patients stranded in hospital and those being discharged unsafely.
- **September 2016** - Commons Public Administration and Constitutional Affairs Committee (PACAC) builds on our report and recommends Secretary of State for Health sets out a plan for developing better understanding of emergency readmissions data.
- **March 2017** - Government introduces new Delayed Transfers of Care target to focus efforts on freeing up bed space. We support the introduction but stress the need to ensure this doesn't result in patients being discharged too soon or without the right support.
- **October 2017** - We publish an updated report on progress since 'Safely Home' - bringing together a further 2,000 people's experiences. We also publish a briefing providing the first national picture of emergency readmissions since 2013.
- **January 2018** - As a statutory consultee on the NHS Mandate, we call for efforts to be stepped up around defining and publishing emergency readmissions data.
- **March 2018** - The National Audit Office (NAO) references our research in its study and the Government responds to us both saying it is working with NHS England on the emergency readmissions issue.
- **June 2018** - Public Accounts Committee builds on the NAO's findings, and reiterates the 2016 recommendation made by PACAC. Nuffield Trust and the Health Foundation conduct more detailed analysis and find the same trends as our 2017 research.
- **July 2018** - We bring together organisations contributing to this debate to share insight and explore the issues further.
- **November 2018** - With national emergency readmissions data still unavailable, we carry out a follow-up analysis to help the NHS and social care system maintain focus on this issue ahead of winter 2018.

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## What happens when services don't work together?

Last year local Healthwatch produced 98 reports on people's experiences of using hospitals. They also shared 1,856 personal stories on this topic. From this we identified the discharge process was a common issue, particularly the poor coordination of services.

Having national data to identify the true scale and root causes of this issue is vital to reducing unnecessary complications for people and helping services cope better with demand.

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### Janet's story

From the thousands of stories we hear, Janet's story is just one. It was shared with us by Healthwatch Staffordshire and Healthwatch Stoke-on-Trent.

Janet\* was living with dementia and leading an active life, regularly getting out and about and doing the things she enjoyed.

A bout of pneumonia and a heart condition meant that Janet had to be admitted to her local hospital for urgent medical treatment. The first admission led to her being readmitted to hospital five times over the course of four months. Her longest stay in hospital lasted 17 days. The shortest was four.

When she was first admitted, the hospital staff agreed that Janet would need support to allow her to live safely at home. However, there was a seven-week waiting time to put the care she needed in place to enable her to go home. During this time, she had to stay in hospital, despite not really needing to be there.

While she waited, Janet was moved between wards and hospitals, where she contracted a serious infection. The psychological impact of being stuck in hospital began to build up, Janet decided to leave hospital and see if she could cope with just the support of her daughter, until the support she needed could be provided.

When she returned home, the intermediate care team were, in her own words, 'cross' to discover that she had been discharged and immediately sent her back to A&E.

The A&E team then refused to admit her and sent her back home. When she got back home, a nurse practitioner told her to go back to A&E.

The A&E staff were displeased that Janet had returned and asked her why she was there, she said, "I don't know... I was told to come."

Janet's social worker also felt that she should not be in the hospital and asked for her to be discharged. However, upon reassessment the hospital decided that Janet did in fact need to be there because her situation had deteriorated. Janet was readmitted but had to be put in isolation because of the infection she had picked up during her previous stay.

Janet continued to be transferred between wards in the hospital and was now deeply depressed, wasn't eating or drinking and had almost lost the ability to walk.

In a relatively short period, Janet experienced delays being discharged as well as multiple admissions, some of which were not necessary, and many trips to A&E. This clearly had a detrimental impact on Janet, but it also created additional work for services. This story clearly illustrates why it's so important that services improve how they work together, as complex cases like Janet's are increasingly common.

\* Not her real name

## Background

The experiences of people using health and social care services are at the heart of everything we do. Listening to and understanding these experiences can help us learn what needs to change.

From the moment we were set up in 2013, problems with the discharge process were a key theme in the feedback we received from people across the country.

To gain a better understanding of the issue, we looked at 3,000 people's experiences of leaving hospital. Our [2015 inquiry](#) focused on older people, homeless people and those with mental health conditions. We identified that people were affected by poor communication and a lack of coordination between services after being discharged.

Two years later we produced a follow-up report that found while there had been significant cross-sector focus on addressing these concerns, this was yet to significantly change the experiences of people leaving hospital.

We also kept hearing that people needed to return to hospital for further treatment due to complications, which they felt could have been avoided if the right care was available.

Yet when we tried to investigate and find out how widespread the issue was, it became clear that no national data had been published on emergency readmission rates across England since 2012/13.

While some hospitals provided this data when we asked them to, they were unable to provide any insight into the reasons for the readmissions or who was affected. This meant they were unable to tell us how many readmissions were unavoidable and how many could have been prevented.

In our annual statutory submission to the Government on the NHS Mandate for 2018/19 we used our insight to make a strong case for this data to be routinely collected, analysed and published so that the NHS and social care services can develop a greater understanding of the causes behind emergency readmissions.

In response to this, the [Minister of State for Health wrote to us](#) making a commitment to work with NHS England and NHS Digital to develop a single definition of 'emergency readmission'. This would ensure data could be reported in the [NHS Outcomes Framework](#), which provides national accountability for the performance of the NHS in a meaningful and consistent way.

While this is a positive step and a welcome commitment, there is still no agreed definition. The data remains unavailable and the issue is still not well understood.

Since we published our briefing in October 2017, we have been joined by a wealth of voices from the health and social care sector calling for improvement, including charities, think tanks, Government agencies and a Parliamentary Select Committee.

While it is positive that our research has created a sector-wide debate on this issue, we know that those who share their stories with us wouldn't want us to stop until we have secured real change on this issue. To maintain momentum, we have updated our research looking at the trends between 2013/14 and 2017/18.

Our latest research suggests that emergency readmissions are growing and growing faster than before. Yet the NHS is still unable to explain to itself or the public precisely why.

The case for better data has been made and accepted. What we need now is action.

## What are other organisations saying about readmission?

Since we published [our briefing in 2017](#), other organisations have examined issues relating to emergency readmissions. The [Care Quality Commission](#), [British Red Cross](#), [National Audit Office](#) and [QualityWatch](#) have all continued to draw attention to the issue.

In June 2018, the Parliamentary [Public Accounts Committee](#) reiterated that the NHS needs to improve its understanding of the data on emergency readmissions. This built on previous calls made by the [Public Administration and Constitutional Affairs Committee](#) in 2016 following the publication of our report '[Safely Home](#)', which looked at people's experiences of hospital discharge.

To discuss the topic further, we brought together representatives from NHS England, NHS Digital, the CQC, National Audit Office, Local Government Association, British Red Cross and the Nuffield Trust, in July 2018.

Key points raised in our conversation included:

- There is appetite and willingness to tackle this concern, as well as agreement on the scale of the issue. Everyone was clear that the NHS needs to build on earlier commitments to resolve the current problems with the data.
- NHS England reiterated the importance of not assuming that a readmission is always negative. It may be the result of changing clinical practice or indicative of broader demographic changes. It also cited [a recent article in the BMJ](#) which outlines how the increasing complexity of patients' needs could be contributing to the rise in readmissions. However, to understand whether this is the case, better data collection is needed on the reasons why emergency readmissions happen and who is affected.
- Both Healthwatch and the Nuffield Trust observed a recurring spike in readmissions at seven-day intervals. The Nuffield Trust suggested this pattern might be the result of people attending weekly outpatient appointments, who were then assessed to need readmission by a clinician. NHS England agreed with this interpretation.
- Attendees agreed that any new datasets or metrics produced must take account of the different reasons why people are readmitted to hospital, as well as the experience of different sections of the population by incorporating demographic information.
- The consensus was that the responsibility for collecting the data lies with NHS organisations. However, as we move to a world where health and council run care services are working in an increasingly integrated way, there is a clear role for local authorities in understanding and responding to the data. This is key to services joining up around the needs of people to ensure they get the best possible care.
- For any data to be meaningful, we first need to develop a shared definition of what constitutes an 'emergency readmission'

## Gathering new data one year on

In June 2018, we contacted 125 NHS hospital trusts in England and asked for their data on emergency readmissions for each financial year since 2012/13.

We asked each hospital trust for a day-by-day breakdown of the number of people readmitted within the 30-day period after being discharged from hospital.

Of the 80 trusts who responded, 70 provided a daily breakdown of their data for each of the last five years. We have based our analysis on these 70 responses.

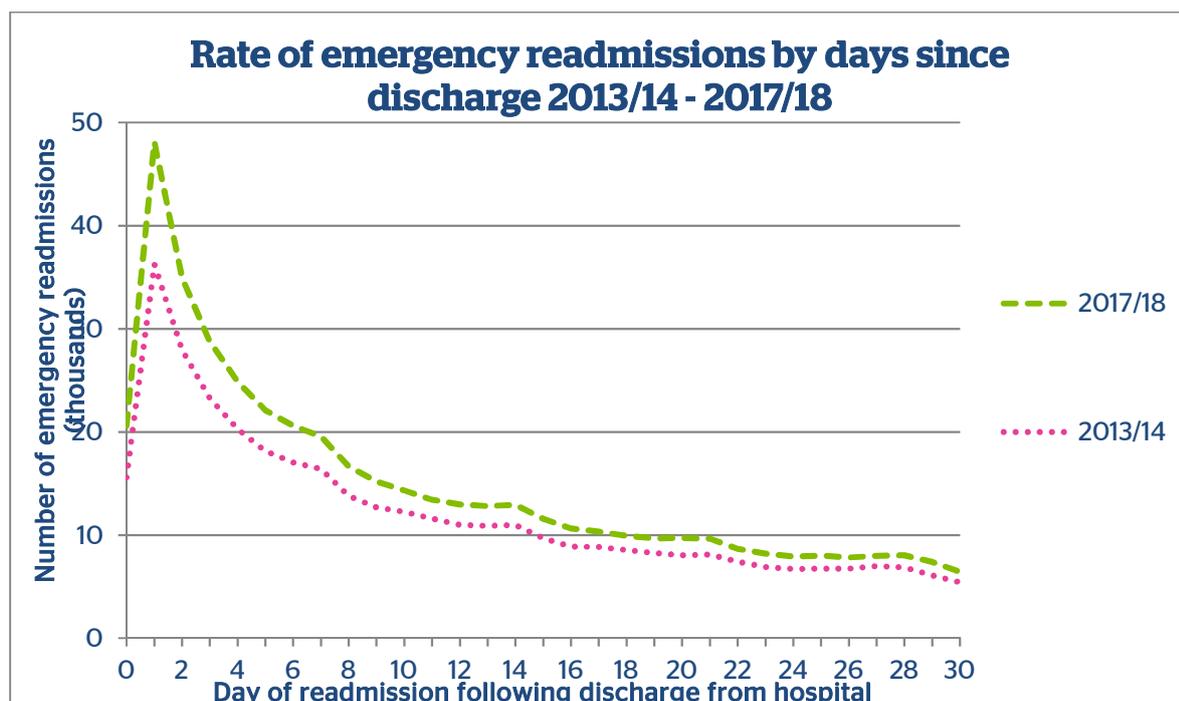
Please note that the data we have gathered and reported on in this briefing is not directly comparable to the data we reported last year. Any comparisons we have drawn are entirely from data we collected this year, which covers a five-year period.

## What we found

The data shows that for 2017-18 there were a total of 484,609 emergency readmissions to hospital within 30 days of discharge, reported by 70 hospital trusts.

We analysed how this compared with emergency readmission rates for these same 70 hospital trusts over each of the last five years (2013-14 to 2017-18). Our findings include:

- The number of emergency readmissions has risen over the last five years by 21.8%, from 397,952 to 484,609.
- The number of emergency readmissions within 24 hours of being discharged has risen by 33.3%, from 53,538 to 71,398 over the same period. This figure has increased by four percentage points compared to the trend we identified last year.
- The number of readmissions within 48 hours has risen by 30.5%, from 82,674 to 107,960.
- Readmissions within 48 hours account for more than one in five (21.5%) of the total.



This pattern is in line with what we found last year. However, when we looked at the year-on-year growth, we're concerned to see that in the last year alone, the number of readmissions has grown by 9.35%, significantly more than previous years.

Emergency readmissions within a day of being discharged grew by 14.6% over the course of 2017/18. In the previous year they had fallen by 2.2%.

Overall between 2013/14 and 2017/18 emergency readmissions have increased by 21.8%. This is significantly greater than the growth in all admissions, which increased by 7.5% over the period.

## Emergency readmissions and overall admissions 2013/14 - 2017/18

The table below sets out the year-on-year change in the number of emergency readmissions for each of the 70 hospital trusts who responded to our research. This is compared with the overall admission rates for the same trusts between 2013/14 - 2017/18. We have also included the overall admissions rates for all hospital trusts in England for context. The data included in this table is sourced from the Healthwatch England analysis and NHS Digital Hospital Episode Statistics 2017/18.

	2013/14	2014/15	2015/16	2016/17	2017/18
<b>Number of emergency readmissions within 30 days (n = 70)</b>	397,953	420,846	442,773	443,191	484,609
<b>Increase in number of emergency readmissions within 30 days (n = 70)</b>	..	22,893	21,927	418	41,418
<b>% change in number of emergency readmissions (n = 70)</b>	..	5.75%	5.21%	0.09%	9.35% <sup>1</sup>
<b>Number of admissions (n = 70)</b>	6,048,430	6,240,045	6,637,906	6,820,745	6,792,380
<b>Change in admissions (n = 70)</b>	..	191,615	397,861	182,839	-28,365
<b>% change in admissions (n = 70)</b>	..	3.17%	6.38%	2.75%	-0.42%
<b>Total number of overall admissions</b>	15,462,057	15,892,457	16,251,841	16,546,667	16,622,939
<b>Increase in admissions (all trusts)</b>	..	430,400	359,384	294,826	76,272
<b>% change in number of overall admissions</b>	..	2.78%	2.26%	1.81%	0.46%

<sup>1</sup> The trends observed over the last 12 months show a significant increase in emergency readmissions across the 70 NHS trusts who provided data. The cause of this rise is unclear and further investigation is required to see if this is the same across the remaining hospital trusts. This could be done using linked patient level Hospital Episode Statistics (HES); however, this data is not easily available to the public. In the long-term there is a need for the NHS to agree a single definition for emergency readmissions, including whether or not they were avoidable, and to publish this as a consistent, routine and publicly available dataset.

## Limitations of the data

Not every emergency readmission is the result of a poorly managed discharge. However, because of the lack of progress in improving the national level data it is currently not possible to accurately distinguish between planned or predictable, avoidable and unavoidable readmissions. The data in this briefing therefore comes with several caveats.

For example, it is possible that changes to the way that hospitals treat some patients, such as through increased use of frailty units and ambulatory care units, where people can receive same day emergency care in a hospital without an overnight stay, may have contributed to the rise in readmission figures. Until data is made available on how and why people are readmitted this will remain unclear.

Not all trusts reported data to us in the same way. For example, some have included information about readmissions from departments such as maternity and oncology, while others have not. This is likely to continue until a single shared definition of what constitutes an 'emergency readmission' has been developed and applied.

Despite the lack of consistency in how the data is recorded, the rate of increase over the last year indicates that readmission rates are still a persistent issue for the NHS and social care at a time when demand across both services is increasing.

Publishing the data and using it to improve understanding would help local leaders reduce the number of unnecessary additional stays in hospital, which are adding further pressure to already stretched services.

## Emergency readmissions and delayed transfers of care

The NHS and social care have seen some considerable success from their efforts to decrease the national rate of delayed transfers of care (DToC). This is where a person is medically fit for discharge but the support needed to allow them to live safely at home or in another social care setting is not available.

Over the course of 2017/18 the number of bed days lost to DToC was actively reduced by 28% to 145,000 days per month. Prior to this, the number of delayed transfers had been rising consistently, with a steady monthly increase being reported, not just in the winter months.

The Department of Health and Social Care set a new target for NHS England in March 2017, to reduce to 3.5% the number of beds occupied by patients experiencing a delayed transfer. This was always ambitious, and while the NHS and councils did not meet the September 2017 deadline set by the Government, they did reach this important milestone in May 2018, reporting a collective DToC rate of 3.49%.

While delayed transfers of care decreased, the rate of emergency readmissions have increased at an unprecedented rate of 9% over the course of the year.

We were initially concerned that these two changes might be linked. Was the pressure to reduce delays leading to hospitals discharging people too soon or before the right social care could be put in place?

To establish whether there was any correlation between an individual hospital trust's rate of DToC and emergency readmissions over the last two years, we compared our data on readmissions with the national DToC dataset. We found no significant correlation between the two.

This is positive news for the NHS and social care, as well as patients and their families. Our research suggests that, at a national level, services have got faster and more efficient at discharging patients without affecting patient safety.

While we do still hear cases of people feeling rushed out of hospital, this new analysis suggests that on the whole, services have been performing well under pressure.

## Why might readmission rates be rising?

We know from data collected by NHS Digital that in 2017/18 there were over 16 million general admissions to hospitals. This represents an increase of 0.5% compared to the previous year.<sup>2</sup>

The 9.35% rise in emergency readmissions cannot be explained by the increasing pressures on the NHS alone.

The answer to why these cases are rising could be because of more detailed demographic pressures and the way different services operate.

But to understand this requires better data and further interrogation. Areas for further investigation could include:

1. Is there a link between capacity in the social care sector and the training of its workforce? It is possible that readmissions are increasing when people are being repeatedly moved between the NHS and social care because the social care sector does not have the capacity to meet complex medical needs.
2. Is there an underlying link with waiting times for social care assessments in the community? Our previous research has shown that people face an average wait of two months from requesting a social care assessment to getting the support they need. In this time, it's likely that people will require support services. While care delivered in the community may be the most appropriate option, difficulty accessing this could mean a person requires multiple short-term hospital admissions to meet their needs.
3. Could the new models of care, which are often focused on reducing the need for overnight stays in hospital, actually be causing the rise in readmissions? We know from our other research that people are open to this changing model of care and are keen to spend as little time as possible in hospital.

Should the increasing rate of readmission be an indication that services are delivering more of the sort of care people want to see? Improving the data available would help services to distinguish these cases from the readmissions that could or should have been avoided. This distinction needs to be clear so services can learn and put measures in place to prevent unnecessary readmissions.

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<sup>2</sup> [NHS Digital, Hospital Admitted Patient Care Activity](#)

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## Case study: How one hospital trust is reducing readmission rates

We asked King's College Hospital NHS Foundation Trust how they are working to improve people's experiences of being discharged from hospital and preventing readmissions. This is what they told us:

*"Data on emergency readmissions forms part of the Integrated Scorecard for our Divisional Management teams on both the King's College Hospital Denmark Hill and Princess Royal University Hospital sites. We look at this as part of the monthly performance review with the Clinical, Nursing and Operational leadership teams and highlight both positive and negative changes. Where there is deterioration, further action is taken to understand and address the root cause.*

*"In addition to this, we have a Trust wide improvement programme on Emergency Flow. This is run through clinically led working groups covering all stages of the patient pathway including groups working on Acute Medicine, Frailty, Surgery and Paediatrics. The groups review the emergency readmission rate as part of a set of measures and test different approaches to improve these measures.*

*"For example, we have trialled and now introduced a Frailty Assessment Unit on the Denmark Hill site. This is led by a Consultant Geriatrician who sees frail patients outside of the Emergency Department. The opening of the unit has reduced how long elderly patients stay in hospital, and how often they are readmitted. Working with Healthwatch Lambeth and Healthwatch Southwark, we have been working to see how the Frailty Assessment is helping to improve people's experiences as well as reducing readmissions."*

Healthwatch Lambeth and Healthwatch Southwark have also been invited on to a new task and finish group about hospital discharge communications. This is providing an opportunity for Healthwatch to review any reported improvements. They are also working with local trusts to ensure letters, leaflets and other information for patients are more cohesive and user-friendly.

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## What next?

The number of emergency readmissions represents a large number of patients – possibly up to a million cases in the last year alone. In context, there were 16.6 million admissions overall to hospital in 2017/18.

Every one of those patients might reasonably ask why such a readmission was necessary. Sometimes it may have been planned, in other cases it will have been unavoidable or unforeseeable. However, the NHS ought to be able to consistently identify where readmissions could have been prevented and root out the underlying causes.

It's not just about the numbers. At the heart of each case is a person in need. Every year, we hear from people across England about how distressing it can be not getting the right support after leaving hospital, not only for them, but their loved ones too.

It's critical that NHS England and NHS Digital play their part, speeding up their review of the emergency readmissions dataset and starting to use it to analyse the trends we have identified.

But improving understanding of emergency readmissions is just one piece of the puzzle. It should form part of broader work to help Sustainability and Transformation Partnerships (STPs) and Integrated Care Partnerships (ICPs) understand how people experience their services as a whole.

Tracking system performance based on whether people have a positive and seamless experience should be a key success measure of the NHS Long Term Plan. We want to support NHS England and local health and care systems to implement this.

## **Creating an effective measure of integration**

As the CQC highlighted in its Local Systems Reviews, while health and social care organisations may be committed to work together to provide the best care to the populations they serve, they are sometimes incentivised to work in isolation. This is because they are commissioned, funded and regulated in isolation.

Fixing this is not straightforward. Some elements will require a change in the legal structures and this will take time. However, other changes may well be possible without new legislation and it is positive to note the direction set by NHS England in the Long Term Plan discussions suggests all options are being explored.

A useful interim step would be to create shared indicators that all organisations involved could sign up to. This would help individual organisations focus efforts in a similar way to the DToC target introduced in 2017/18.

We want to see a range of existing and improved indicators used together to publicly report on how areas are performing in relation to patients moving between services, including;

- Waiting times for social care assessments and implementation
- Overall hospital admissions
- Length of stay - broken down by route of admission, i.e. social care settings
- Delayed transfers of care
- Emergency readmissions - including who is being readmitted and the reason

This could then be combined with qualitative measures of people's experiences to understand how well services are integrating around the needs of those they are caring for. The CQC's case tracking methodology, used in the Local Systems Reviews, could provide a useful model here. This showed how a handful of patient stories in each area can be used to test whether or not people are experiencing services in the way local policies and procedures said they should.

## **Next steps for Healthwatch England**

Over the coming months we will share the findings of this year's analysis with our network and health and care leaders across the country to help raise the issue at a local level.

We are keen to understand more from those who already use their data effectively to tackle the issue. We want to bring this learning in to NHS England and NHS Digital's work to improve and restart the publication of the national level data.

## About us

Healthwatch is the independent champion for people who use health and social care services. We exist to ensure that people are at the heart of care.

We listen to what people like about services, and what could be improved, and we share their views with those with the power to make change happen. We also help people find the information they need about services in their area.

We have the power to ensure that people's voices are heard by the government and those running services. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them. Our sole purpose is to help make care better for people.

## Role of local Healthwatch

There is a local Healthwatch in every area of England. They provide information and advice about publicly-funded health and care services.

They also go out and speak to local people about what they think of local care, and share what people like and what could be improved with those running services.

They share feedback with us at Healthwatch England so that we can spot patterns in people's experiences, and ensure that people's voices are heard on a national level.

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