Who knows best? Older people's contribution to understanding and preventing avoidable hospital admissions

Faced with an ageing population and a growing number of people with long-term conditions, a common concern for policy makers has been that high levels of emergency hospital admissions concentrate too many resources in expensive, acute care, leaving insufficient funding to invest in community-based alternatives. Under successive governments, this has led to a series of attempts to make more effective use of hospital beds, recognising that these are scarce resources for which demand outstrips supply.

While various approaches have been adopted over time, pressures on acute care remain intense and the received wisdom is that admissions continue to be influenced in part by the help-seeking behaviour of patients, of their carers and sometimes of paid care workers in the community (with patients and professionals alike 'still 'defaulting' to hospital in a crisis).

Overall, we believe that part of the problem is that emergency hospital admissions occur for diverse and complex reasons – and that different stakeholders often have different views as to the nature of the problem and the best course of action. In response, this study seeks to draw on multiple methods of exploring emergency admissions and on different perspectives from research, from practice and from the lived experience older people and their families. This is crucial if an issue as multi-faceted as emergency admissions is to be fully understood in the round and – where appropriate – reduced.

With this in mind, our research will review the formal evidence about the rate and cause of potentially avoidable admissions. However, we will supplement this with original research to explore older people’s experiences of emergency admission and their ideas for more preventative approaches. Where the older people and their families would like to, this will also include consideration of a family/carer perspective. In addition we will work with local health and social care professionals to examine their ideas about the scale and cause of potentially avoidable admissions, and any service developments that could prevent admissions altogether.

Overall, the study will include:

- A review of the literature on the appropriateness of emergency admissions identifying the rate and cause of potentially avoidable admissions and any potential solutions proposed.
- Interviews to identify clinical and managerial views on actions being taken locally to reduce the number of admissions (15-20 interviews per site in 3 case study areas).
- Detailed insights into the cause and experience of admission from older people and their carers (40 older people and/or their carers per site in 3 case study sites).
- Additional information from a lead medic, GP and social worker about whether or not the admission could have be avoided (for each of the older people interviewed above).
- A focus group in each site which will comment on vignettes derived from the interviews with older people and develop practical service/policy responses.

Date(s)
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Researcher(s)

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National partners steering group:

- NHS Confederation
- Association of Directors of Adult Social Services
- Age UK
- Social Care Institute for Excellence

Local partners/older people’s reference group:

- Agewell (Sandwell)

Outputs

The research will be overseen by a national sounding board of researchers, professionals, managers and older people’s organisations, who will help us to integrate insights from these different perspectives. We have also included as partners several leading national organisations who will help us share any lessons learnt through a good practice guide that will be sent to all hospitals across England and through a potential short video on ‘Social Care TV’. The research will also be informed by an older people’s reference group, who will help us design material that is as accessible as possible for older participants and identify key themes emerging from the study.

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