

Evaluating SHarED: A project supporting high impact users in Emergency Departments

Read a full pre-print report of the evaluation



Background

High Impact Users (HIU) are defined as those who attend the Emergency Department (ED) more than five times per year¹. HIU of UK EDs suffer severe health inequalities and, in England, represent 2% of attendees but account for 11% of attendances². These patients often have complex medical and care needs, are also frequent users of other health and social care services, including hospital admissions, and experience high mortality. They may attend the ED as they have nowhere else to go.

The need for better management of HIUs¹ is nationally recognised, and in 2022 NHS England launched a HIU programme^{3,4}. However, quality improvement (QI) initiatives have so far relied on the local efforts of clinicians to change working practices^{5,6}.



About SHarED

SHarED supported six EDs in the region to adapt and implement a HIU service model. The project aimed to improve outcomes for HIUs of EDs whilst supporting ED staff to best manage and assist these patients.

- Developed at University Hospitals Bristol and Weston (UHBW) by Dr Rebecca Thorpe and ED Matrons Johanna Lloyd-Rees and Angela Bezer.
- The UHBW project achieved reductions in HIU ED attendances, whilst supporting HIUs to seek healthcare and support in an appropriate way.
- Adopted and spread, with support from the West of England AHSN, to all six regional EDs in 2020.
- Rooted in QI methodology and regional collaboration.
- Seeking parity of esteem for all patients in the ED through delivery of personal support plans (PSP).
- PSP are co-created by HIU co-ordinators with support from a multidisciplinary team (MDT).
- Locally developed triaging tools used to ensure patients with greatest need identified for support.

The evaluation

The Applied Research Collaborative (ARC) West were commissioned to evaluate SHarED to understand the effectiveness of using the approach to support HIU and ED staff. The evaluation:

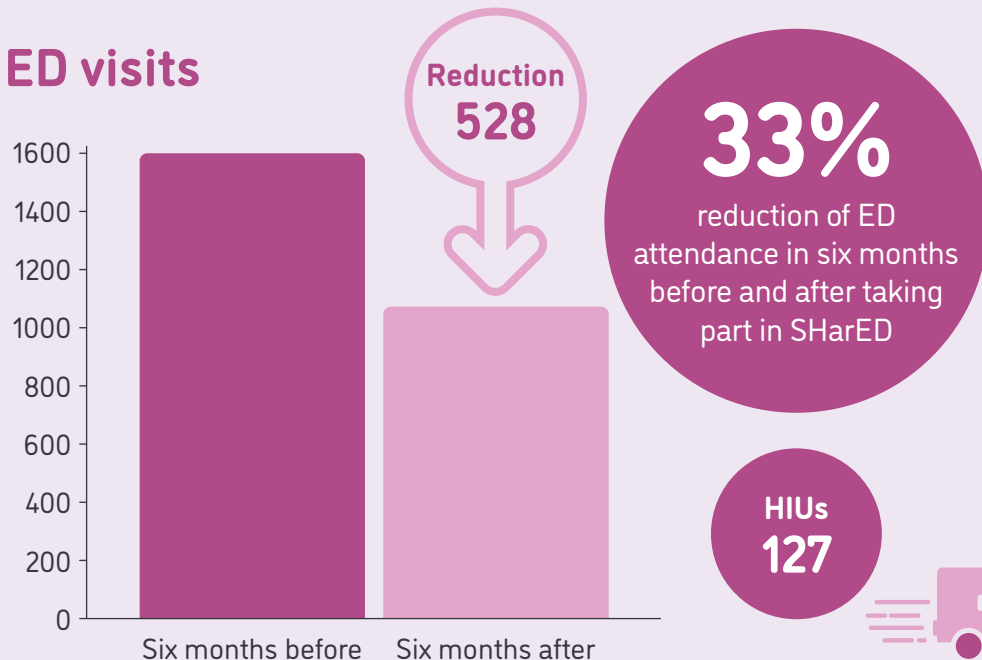
- Reviewed HIU ED attendance and hospital admissions of triaged patients for one year prior to being supported by the HIU Team and for up to one year following the initiation of a PSP.
- Completed 10 qualitative interviews with HIU Clinical Leads and HIU co-ordinators to understand their views on SHarED: how, in what circumstances and for whom the approach can work.
- Reviewed three staff surveys on the confidence and competence of managing HIUs. These were carried out at the beginning, middle and end of the implementation phase.

Summary of findings

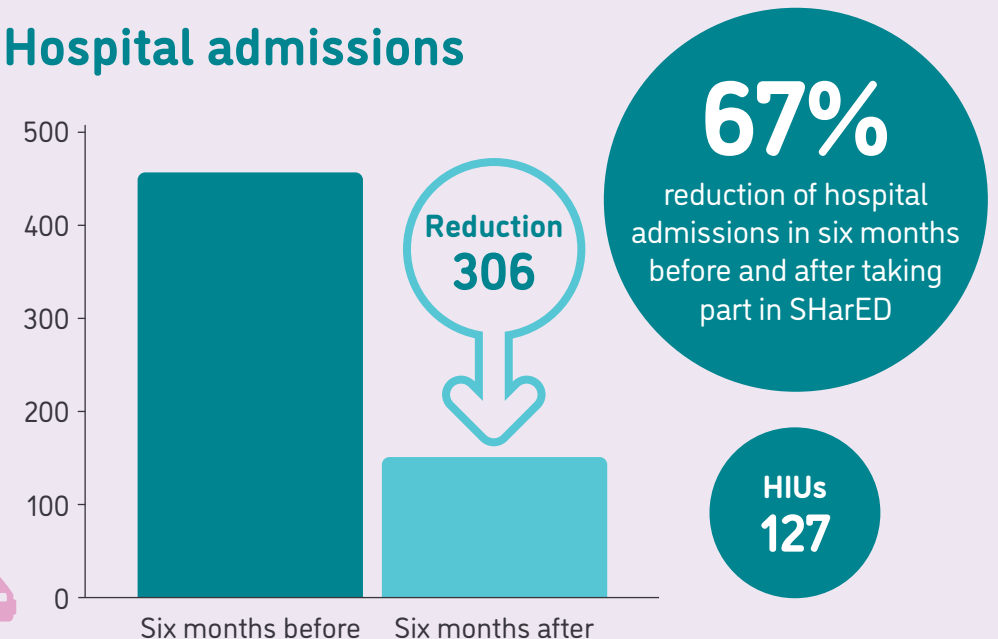
By the end of the implementation phase (July 2020-June 2021):

- 148 HIUs were enrolled in SHarED in six EDs.
- ED attendance and hospital admission follow-up data varied from three months (148 HIUs) to 12 months (33 HIUs).
- The mean monthly ED attendance per HIU reduced over time. Follow-up data for 86% (127/148) of cases showed the **mean monthly ED attendances per HIU reduced by 33%, from 2.1 to 1.4**, between the six months pre- and post-enrolment ($p < 0.001$).
- Similarly, **hospital admissions reduced by 67% from 0.6 to 0.2 admissions per month** on average.
- 55% of staff were trained in managing HIUs.
- There were **improvements in ED staff feelings of confidence, support and training**, and a perception that HIUs were receiving more appropriate care.

ED visits



Hospital admissions



The importance of Personal Support Plans:

- PSP enabled staff to engage with some HIUs about their **behaviour and needs**.
- Gave ED staff **recommendations** on how to interact with and care for these patients.
- Promoted **collaboration** between different specialist teams across the health and care system supporting more integrated care.

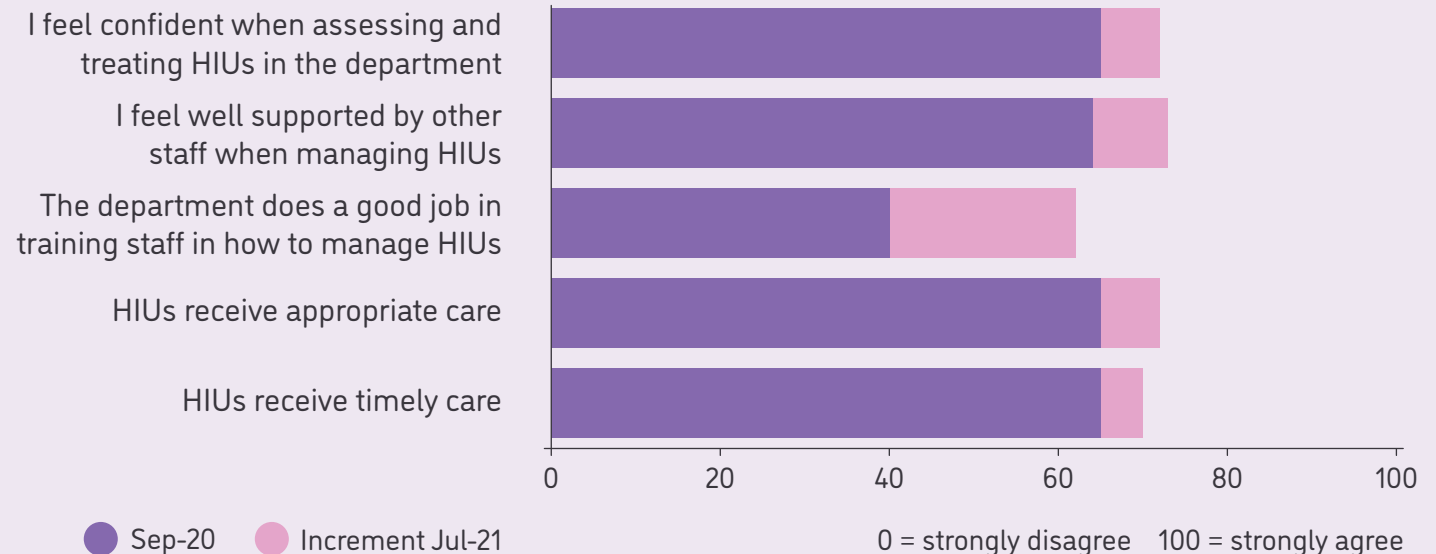
"It's a really important way for us to convey [...] really vital information to our clinicians at any time of day."

"I expect that they feel a bit less stigma, so they're not being left for longer than other patients in the waiting room, they're not being treated any differently."

Qualitative interviews also showed staff felt patients would experience less stigma with more empowered staff. The programme enabled staff to provide compassionate care to HIUs with less waiting and unnecessary investigations.

Staff survey

The survey showed staff felt more **confident**, with **better support** and **training** in managing HIUs. This impacted their **perception** of the care these patients received. They felt they were treated with more **dignity** and **respect** and received more **appropriate care**⁷.



The added value of the SHarED approach

Though staff strongly believe that a generic HIU model has a positive impact on NHS resources, not all EDs managed to secure long term funding. While reductions in ED visits and hospital admissions were demonstrated, it was highlighted that these should not be the only measurements that are considered when writing a business case for ongoing emergency care funding. Staff felt initiatives to improve care, working conditions and workload, such as those successfully incorporated into the SHarED model, were imperative to embed and sustain it.

Summary

SHarED was successful in promoting better and more integrated care for HIUs, including reducing ED attendance and hospital admissions. It also provided practical support and highly valued training to ED staff who felt more confident and effective in supporting some of their most vulnerable patients.

Thank you

We would like to thank all ED and MDT staff across the West of England for their continued dedication to implementing SHarED and improving outcomes for HIUs. Thank you for contributing to this evaluation which has enabled us to understand the effectiveness of SHarED, and support sharing learning with units outside the region.

Read a full pre-print report of the evaluation



Get in touch

The West of England AHSN is one of 15 AHSNs in England, set by the NHS in 2013, to spread innovation in health and care.

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¹ Royal College of Emergency Medicine. Frequent Attenders in the Emergency Department. Royal College of Emergency Medicine, London, 2017. [Frequent Attenders in the ED Aug2017.pdf](https://www.rcem.ac.uk/Frequent_Attenders_in_the_ED_Aug2017.pdf) (rcem.ac.uk) (accessed May 5, 2021).

² Greenfield G, Blair M, Aylin PP, *et al.* Frequent attendances at emergency departments in England. *Emerg Med J* 2020; **37**: 597–9.

³ NHS England » Next steps in increasing capacity and operational resilience in urgent and emergency care ahead of winter. <https://www.england.nhs.uk/long-read/next-steps-in-increasing-capacity-and-operational-resilience-in-urgent-and-emergency-care-ahead-of-winter/>(accessed Feb 13, 2023).

⁴ NHS England » High Intensity Use programme. <https://www.england.nhs.uk/high-intensity-use-programme/> (accessed Feb 13, 2023).

⁵ Lloyd-Rees J. Supporting frequent attenders to reduce their visits to an emergency department. 2018; : 7.

⁶ Newton A, Sarker S-J, Parfitt A, *et al.* Individual care plans can reduce hospital admission rate for patients who frequently attend the emergency department. *Emergency Medicine Journal* 2011; **28**: 654–7. doi:10.1136/emj.2009.085704

⁷ Sillero-Rejon, C., Kirbyshire, M., Thorpe, R., Myring, G., Evans, C., Lloyd-Rees, J., Bezer, A., & McLeod, H. (2023). Improving care for high impact users of hospital emergency departments: A mixed-method evaluation of a regional quality improvement programme Supporting High impact users in the Emergency Department (SHarED) (p. 2023.04.17.23287910). medRxiv. <https://doi.org/10.1101/2023.04.17.23287910>