Reasons why people with dementia are admitted to a general hospital in an emergency – summary of findings for Rutland

Introduction

In July 2015, Public Health England (PHE) published a briefing and data set looking at reasons for emergency admissions for dementia patients.[1] This data briefing has been developed as partnership between NHS England and the Dementia Intelligence Network (DIN). The briefing presents the findings from the analysis of the inpatient Hospital Episode Statistics (HES) data set for 2012/13. It focusses on the provision of care for people living with dementia rather than the process of acquiring a diagnosis, and highlights key issues in relation to those individuals with dementia being admitted to an acute general hospital and the reasons for which they are admitted.

This summary report provides key findings from the analysis using the above HES data set for Rutland. It also provides overview of dementia prevalence as recorded on GP registers and future dementia prediction in Rutland.

Dementia prevalence and future projections

In March 2014, there were 266 (0.7%) individuals in Rutland who had a formal diagnosis of dementia and who were registered with their primary care practice.[2] The number of older adults predicted to have dementia in Rutland in 2014 is estimated at 611 individuals rising to 1,164 by 2030 (Figure 1).

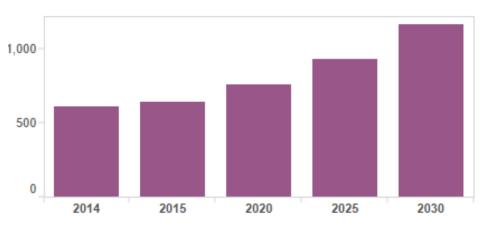


Figure 1. Older adults predicted to have dementia, Rutland [3]

Admission to acute general hospitals

During 2012/13 there were 190 emergency hospital admissions in Rutland with a mention of dementia in discharge documentation. This relates to 147 individuals being admitted on average 1.3 times each during the year and this is lower than England at 1.5. Around 26% of admissions were short stays (1 day or less) comparing to 26% in England.

The highest proportion of emergency admissions in Rutland came via A&E (90%) (Figure 2). GP was stated as source of referral for 4% of admission.

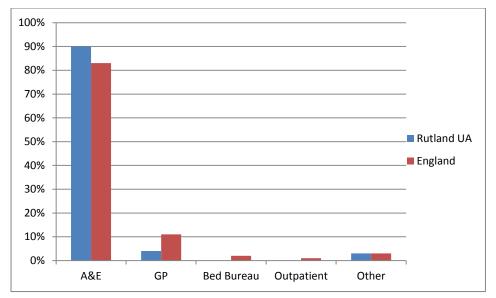


Figure 2. Source of emergency admissions relating to people with dementia 2012/13[1]

Injury, poisoning and certain other consequences of external causes (Chapter S) were recorded as primary diagnosis for 25% of emergency admission relating to people with dementia in Rutland (Figure 3). This was followed by Chapter R (Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified) with 20% of emergency admissions with the relevant code as primary diagnosis. Primary diagnosis as defined in chapter N (Diseases of the genitourinary system) accounted for 13%, in Chapter J (Diseases of the respiratory system) for 9% and in Chapter I (Diseases of the circulatory system) for 8% of emergency admission relating to people with dementia in Rutland.

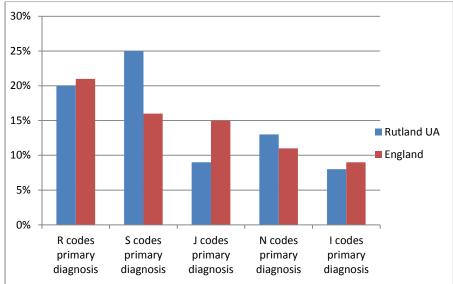


Figure 2. Primary reason for admissions relating to people with dementia 2012/13 [1] References

- [1] Public Health England, "Reasons why people with dementia are admitted to a general hospital in an emergency," 2015.
- [2] Health and Social Care Information Centre, "Quality and Outcomes (QoF) Data," 2014.
- [3] Institute of Public Care, Oxford Brookes University, and Extra Care Charitable Truts, "Projecting Older People Population Information System," 2014.