

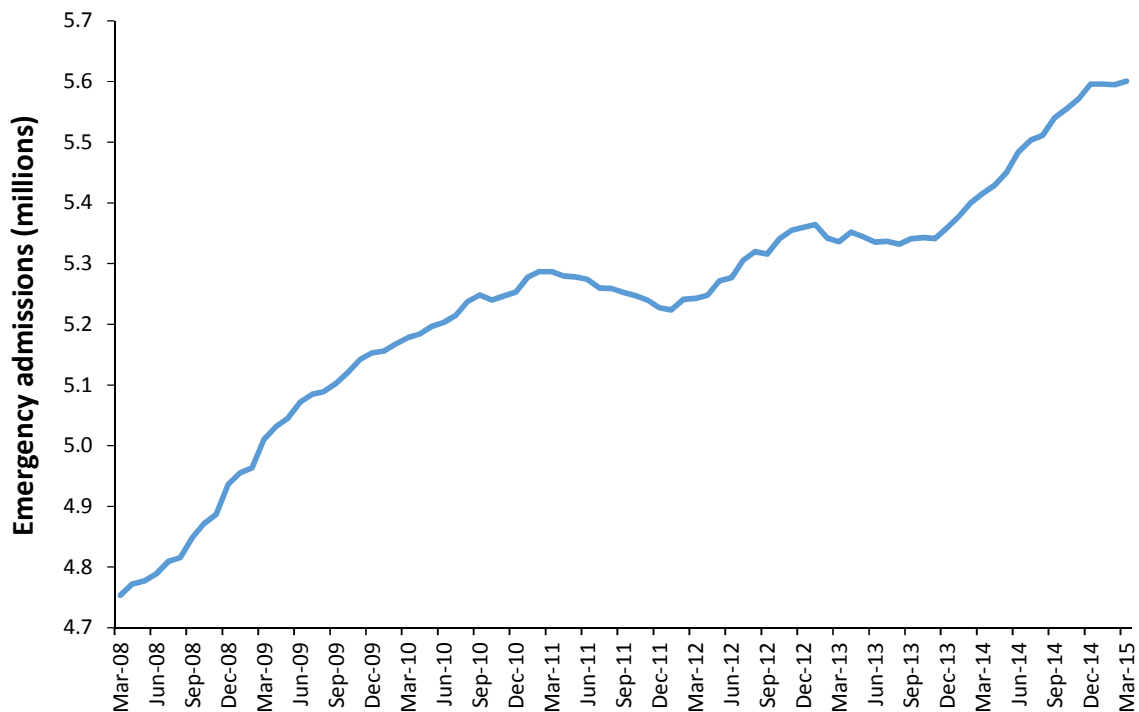
# Where next for emergency admissions?

Dr Rodney P Jones (ACMA, CGMA)  
Healthcare Analysis & Forecasting  
Camberley  
[hcaf\\_rod@yahoo.co.uk](mailto:hcaf_rod@yahoo.co.uk)  
[www.hcaf.biz](http://www.hcaf.biz)

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Changes in the level of emergency admissions make a huge marginal impact on NHS finances (Jones 2010a,b, 2012a). BJHCM have been at the forefront of alerting operational and financial managers to an unprecedented series of events in 2008, 2010, 2012 and 2014 which coincide with unexplained increases in deaths Jones 2012b, 2013b,c, 2014a, 2015a,c), and have resulted in huge pressures on both A&E and inpatient resources (Jones 2013c, 2015a,c). As has been previously stated, these events behave like an infectious outbreak and show small area spatiotemporal spread to such a degree as to refute any explanation based on the performance of health and social care organisations (Jones 2013a,c, 2014a,b, 2015b, Jones and Beauchant 2015).

**Figure 1: Running 12 month total emergency admissions, England**



Footnote: Data from the HSCIC website

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A running 12 month total is an elegant way to detect step-like changes in admissions, where in a running total a step-change has occurred when there is a ramp in the running total (Jones 2015c). As can be seen in Figure 1 the onset of the 2010 event prevented the step-down in activity which usually follows these events. However it is pleasing to see that, as expected, emergency admissions commenced a step-down in activity around Nov/Dec 2014 and if the pattern of these outbreaks reverts back to the usual two per decade the NHS is likely to experience around five years of low or even negative growth in emergency admissions as was seen at the end of the 2010 outbreak (Jones 2015a).

If this is so, then the next outbreak is due early in 2019, in the year before the next general election. In the interval there is still much to be done both in terms of researching the past four outbreaks and in establishing monitoring programs to detect likely pathogens.

As a final point it takes around two years for the spread of the agent across the whole of the UK and Europe, and some locations will only now be feeling the effect of the 2014 event (Jones 2013c, 2014a,b, 2015a,b, Jones & Beauchant 2015). Shall we all hope that the NHS does indeed experience a period of respite as occurred between the 2003 and 2008 events, and that contrary to expectation levels of emergency admissions may even decline.

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