

Elective hospital admissions: secondary data analysis and modelling with an emphasis on policies to moderate growth

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Plain English summary

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Plain English summary

This project consists of several studies that aim to improve the understanding of the growth of planned hospital (elective) admissions and the measures that might moderate this growth. This information is intended to help the NHS operate effectively during a period of financial pressure.

We consider the roles of 'system reform' and 'population ageing' and conclude that increasing admissions are better explained by influences that increase steadily over time, such as medical innovation and rising patient demand.

Two studies examine the role of general practitioners (GPs) in patient access to hospital care. The chapters discussing these studies use a detailed data set to study (1) how the number of GPs can affect referrals to hospital specialists and subsequent admissions and (2) the relationship between referrals and elective admissions. Increasing the number of GPs slightly reduces referrals and admissions in poorer communities but does not affect emergency admissions. A policy to reduce referrals should reduce elective admissions, but, unless carefully designed, may disproportionately reduce admissions for patients from practices that already have low referral rates.

One unintended consequence of policies that aim to reduce elective admissions is that emergency activity may increase, reducing the cost savings that policy-makers can achieve. We investigate this issue and find that this concern may not be valid.

We also look at data on patient-reported outcomes to identify patients who may not benefit from treatment. We have developed ways of using pre-operative variables that identify patients who are unlikely to make cost-effective gains, but using these predictions would raise ethical challenges.

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