

An analysis of a randomly selected group of 100 infants under 12-months-old who attended Northwick Park Emergency Department (ED), North West London.

Report by:

Aditya Garg and Mitch Blair

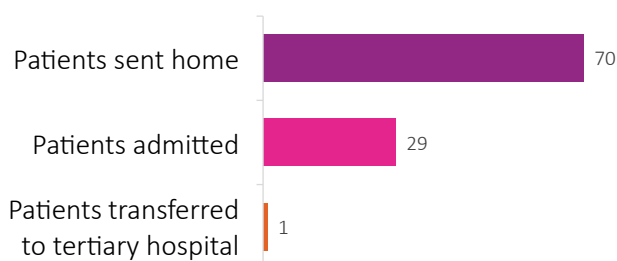
This short report presents the findings from a ‘deep dive’ analysis of ED attendance in a randomly selected group of 100 infants under twelve months old who attended Northwick Park ED in London, in 2022.

Total cases: 100

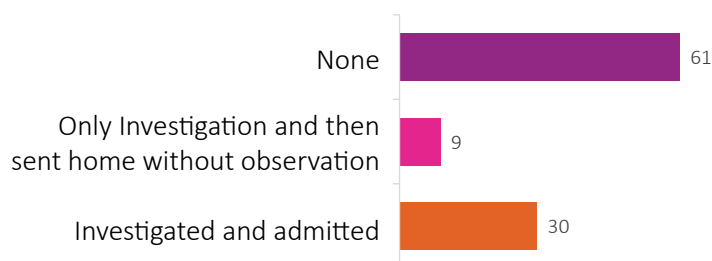
Age group: 0-1 years

Year: Jan to Dec 2022

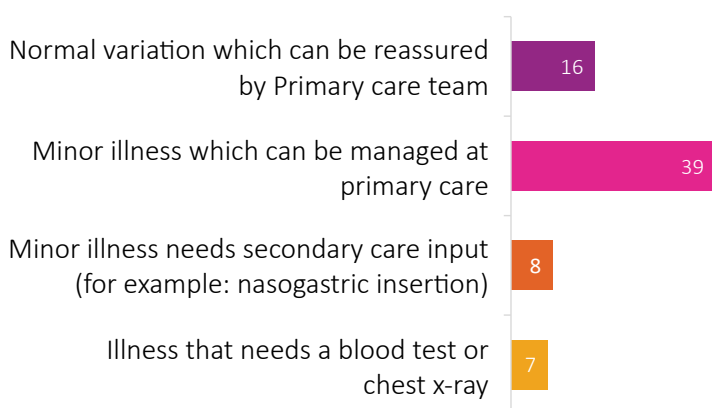
Destination



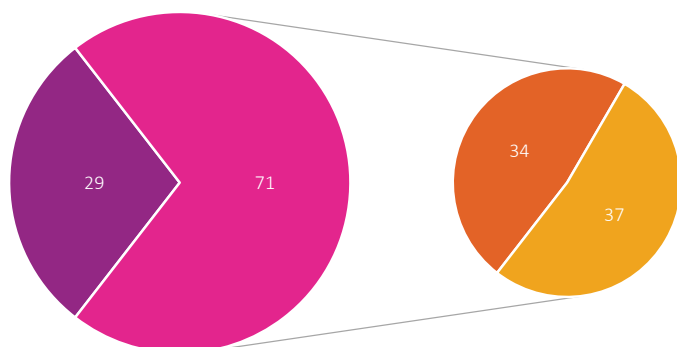
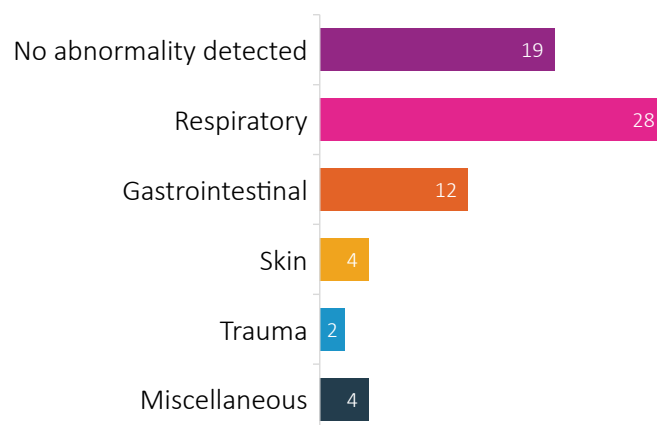
Investigation required



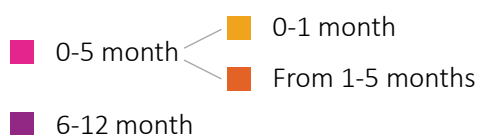
Reason for presentation for those who were sent home



Type of illness in non-admitted infants



Age Group



Typical scenarios of health visitor/primary care cases (case record review)

- 18-day-old baby. Born by normal vaginal birth. Brought in for noisy breathing. Normal examination. Sent home with safety netting.
- 9-week-old baby with suspected groin swelling. No swelling noted. Sent home.
- 9-month-old baby with a two-day history of fever, cough and rash. Normal examination. Discharged home.
- 4-week-old baby with excessive crying. Had neonatal seizure after birth. Normal examination. Discharged home.
- 18-day-old with suspected choking episode. Normal examination and feeding. Discharged home.
- 8-week-old baby with vomiting. Normal examination. Discharged home with safety netting.
- 9-week-old baby. Decrease in feeding and poor latch. First baby. Normal examination. Discharged home.
- 3-day-old baby with concerns of red/ orange smear in nappy. Otherwise well, feeding well. Normal examination and observation. Impression: urate crystals. Reassured parents it is normal. Advice given.
- 2-month-old baby with 2 days of reduced feeding and rashes. Single episode of diarrhoea and reduced wet nappies. Observed and reviewed by the consultant and discharged home.
- 2-month-old baby with concerns about breathing by parents. First baby. Normal examination. Discharged home.

Conclusions

Northwick Park ED has approximately 5,000-6,000 infants attend our unit per annum. 70% of infants attending in this random sample were sent home, often after very long waits alongside ill children, with 9 out of 10 requiring no investigations or pharmacological treatment. Nationally, this varies considerably between units. A review of these cases identified that over 75% of these infants could have been seen in a community setting by well-trained primary care staff, health visitors or midwives, as part of their role to support parents to 'manage minor illnesses', assuming sufficient capacity.

Staff capacity and access to primary care are key elements in preventing 'avoidable' ED attendance. Parental confidence in infant care in the community is an area we are actively trying to enhance currently. The cost* of such attendances needs to be considered both from a professional and parental perspective, as well as a health system one. There are considerable efficiencies to be made here which would reduce ED wait times and overcrowding and provide an alternative and safer environment for infants to be seen in.

An analysis of 20,889 infant attendances in the whole of North West London covering 8 Boroughs, for the period Apr 22 – Dec 22; the percentage of patients who received no investigations, no treatments and were discharged versus total attends was 59%. **Using the relevant HRG category this amounts to approx. £1.8m per annum which is spent on such services which arguably would be better spent in strengthening community and primary care services.*

Source NWL ICB UEC data