



The Royal College of Emergency Medicine

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Position Statement on 2017/18 CQUIN to reduce attendances by Frequent Attenders and Mental Health Attendances

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The following National CQUIN has been introduced for England:

For 2017/18:

1. Reduce by 20% the number of attendances to A&E for those within a selected cohort of frequent attenders who would benefit from mental health and psychosocial interventions, and establish improved services to ensure this reduction is sustainable.

For 2018/19:

1. Sustain the reduction in year 1 of attendances to A&E for those within the selected cohort of frequent attenders who would benefit from mental health and psychosocial interventions.
2. Reduce total number of attendances to A&E by 10% for all people with primary mental health needs.

RCEM encourages increasing collaboration between ED, Liaison Psychiatry, primary care and community services in trying to improve the lives of patients with complex needs who present to the ED frequently. It is hoped that the CQUIN may improve this collaboration.

The evidence for case management for this heterogenous group of patients is presented in the RCEM guideline, [Link to guideline](#). In summary; before and after studies show a decrease in attendances with case management but when compared to a control group there is either a small absolute reduction in attendances or no difference at all. There are also potential difficulties with the data given the very high attrition rate within this group.

We would encourage EDs to choose a cohort of patients that they genuinely believe they can help, and evaluate their work with a control group either historical or concurrent. A before and after measurement of frequency of attendances is an insufficient measure of effect. We encourage departments to continue to innovate to find ways of improving outcomes for this heterogenous group of patients.

RCEM encourages work to try to provide places and services outside of the ED for people in Mental Health Crisis. Within Emergency Departments more funding and development of 24 hour robust Liaison Psychiatry services is needed.

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