

Trust Board paper F

	Trust Board		
From:	Suzanne Hinchliffe		
Date:	7 th July 2011		
CQC regulation	All		
Title:	Emergency Care Transformation		
Co-Author/Responsible Director: S.Hinchliffe, Chief Operating Officer/Chief Nurse			
Purpose of the Report: To provide members with a summary of May performance and summary of progress over recent weeks.			
The Report is provided to the Board for:			
	Decision	<input type="checkbox"/>	Discussion
			<input checked="" type="checkbox"/>
	Assurance	<input checked="" type="checkbox"/>	Endorsement
			<input type="checkbox"/>
Summary / Key Points:			
<ul style="list-style-type: none"> ❖ UHL Type 1 & 2 performance against the 4 hour target for the month of May 2011 is 92.1% and including UCC is 93.7% - a slow but improving performance. ❖ Attendance levels (ED and UCC) are similar to last years attendances ❖ Further guidance in relation to performance management of the NHS A&E services using the clinical quality indicators was published by the Department of Health (DoH) on the 23rd June 2011. ❖ Interviews and 3 appointments have been made for Consultant Acute Physicians ❖ Ambulatory care - pathways have been developed and implemented in Pleural Effusion, Pulmonary Embolism and Abdominal Pain with further pathways in Headaches and Chest Pain developed awaiting commencement. ❖ There were 48 're-beds' for May. ❖ A task and finish group has completed the first stage of its work in identifying a footprint for the department to accommodate both activity levels and revised patient pathways. 			
Recommendations: Members to note and receive the report			
Considered at another corporate UHL Committee ? Verbal discussion Finance and Performance Committee 29 June 2011			
Strategic Risk Register Yes		Performance KPIs year to date CQC/MONITOR	
Resource Implications (eg Financial, HR) Under review as part of workforce plans and transformation funds			
Assurance Implications N/A			
Patient and Public Involvement (PPI) Implications N/A			
Equality Impact N/A			
Information exempt from Disclosure N/A			
Requirement for further review? Monthly review			

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

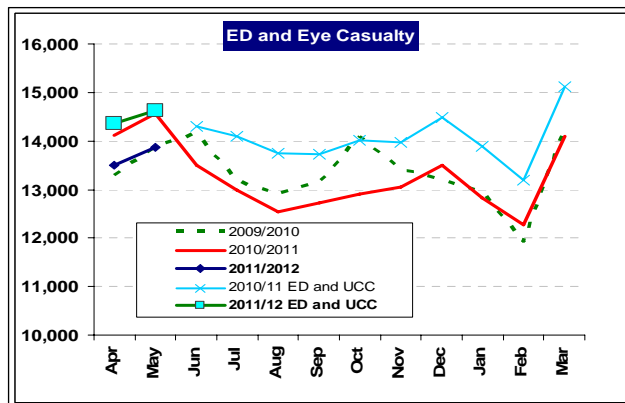
DATE: 7th July 2011

REPORT BY: SUZANNE HINCHLIFFE, CHIEF OPERATING OFFICER/CHIEF NURSE

SUBJECT: EMERGENCY CARE TRANSFORMATION

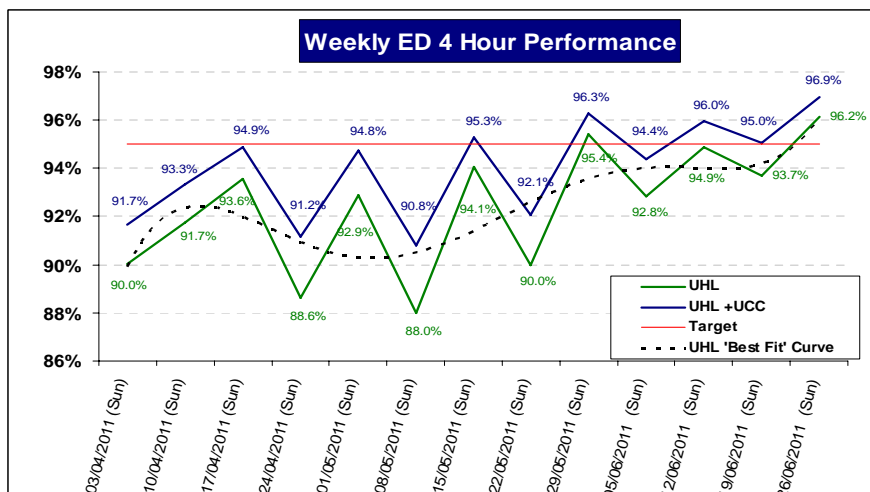
1.0 Introduction

The following report offers an overview of activity for May 2011 together with a summary of progress over recent weeks. The following charts provide an overview of the total attendances to ED and Eye Casualty which continue to rise, and, the overall activity post deflection.



EMERGENCY DEPARTMENT, EYE CASUALTY and CCU						
	2008/2009	2009/2010	2010/2011	% Change 10/11 vs 09/10	2011/2012	% Change 11/12 vs 10/11
Apr	12,825	13,301	14,117	6.1%	13,507	-4.3%
May	13,771	13,901	14,574	4.8%	13,871	-4.8%
Jun	13,587	14,148	13,509	-4.5%		
Jul	13,224	13,172	12,983	-1.4%		
Aug	13,172	12,916	12,544	-2.9%		
Sep	12,893	13,151	12,726	-3.2%		
Oct	13,004	14,086	12,918	-8.3%		
Nov	13,027	13,421	13,057	-2.7%		
Dec	12,418	13,199	13,500	2.3%		
Jan	11,977	12,940	12,830	-0.9%		
Feb	11,535	11,913	12,263	2.9%		
Mar	14,608	14,253	14,100	-1.1%		
Sum:	156,041	160,401	159,121	-0.8%	27,378	

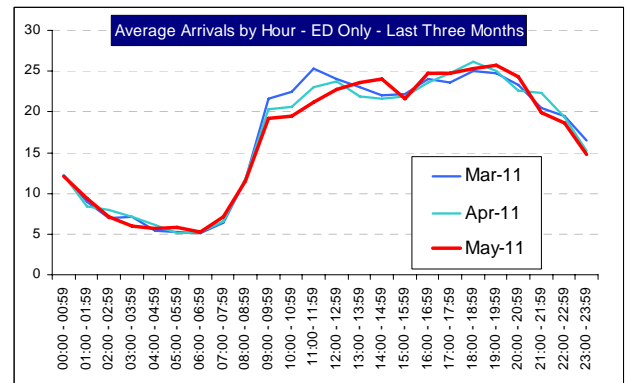
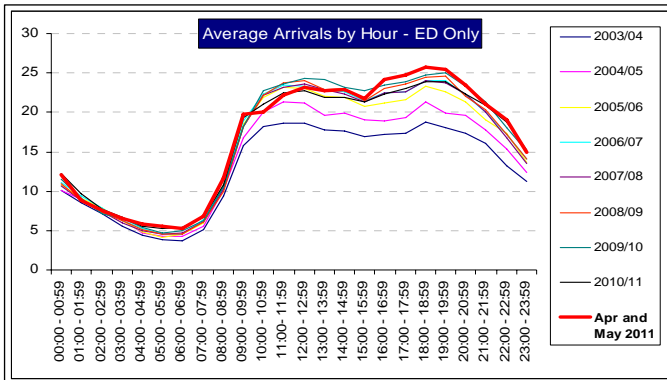
UHL Type 1 & 2 performance against the 4 hour target for the month of May 2011 is 92.1% and including UCC is 93.7% - a slow but improving performance. During June Type 1 & 2 performance improved to 94.7% and including UCC was 95.8%. As can be seen below, there remains fluctuation of performance and sustainability will only be gained where all actions across the LLR are collaboratively delivered.



2.0 Arrival Times

The following graph below shows the arrivals to the emergency department by hour. Recent attendances have shown a continued pattern of presentations pre and post midnight and during the early hours of the morning. As part of the monthly patient survey, reasons for attendance and knowledge of other health care points are identified. For the last 3 months, less than half of all patients surveyed were aware of the UCC.

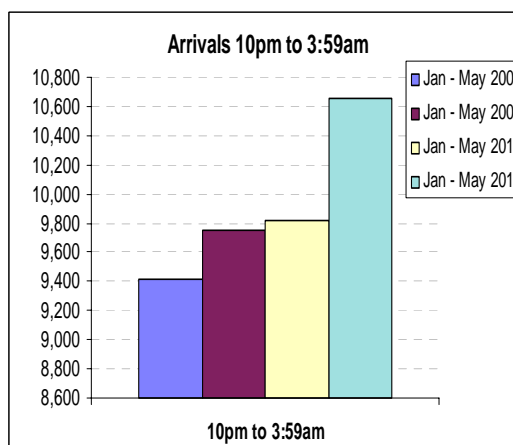
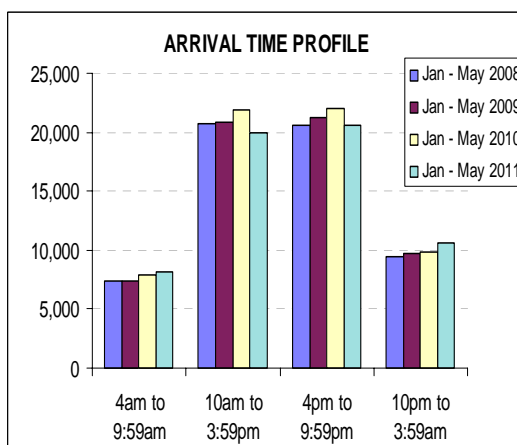
Graph A - Average arrivals by hour



Further analysis of attendance continues to show increasing activity between 22.00hrs and 03.59 and between 04.00hrs and 09.59hrs as may be seen below

TYPE 1 ED ATTENDANCE				
Arrival Time Profile				
Arrival Time	Jan - May 2008	Jan - May 2009	Jan - May 2010	Jan - May 2011
4am to 9:59am	7,329	7,324	7,902	8,164
10am to 3:59pm	20,715	20,810	21,852	19,987
4pm to 9:59pm	20,553	21,288	22,004	20,640
10pm to 3:59am	9,411	9,747	9,820	10,650
Sum:	58,008	59,169	61,578	59,441

As a percentage				
Arrival Time	Jan - May 2008	Jan - May 2009	Jan - May 2010	Jan - May 2011
4am to 9:59am	13%	12%	13%	14%
10am to 3:59pm	36%	35%	35%	34%
4pm to 9:59pm	35%	36%	36%	35%
10pm to 3:59am	16%	16%	16%	18%



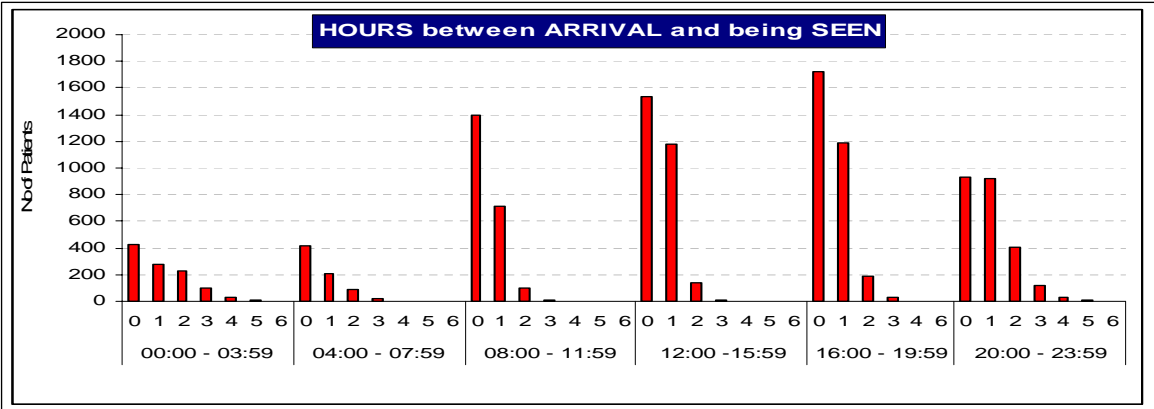
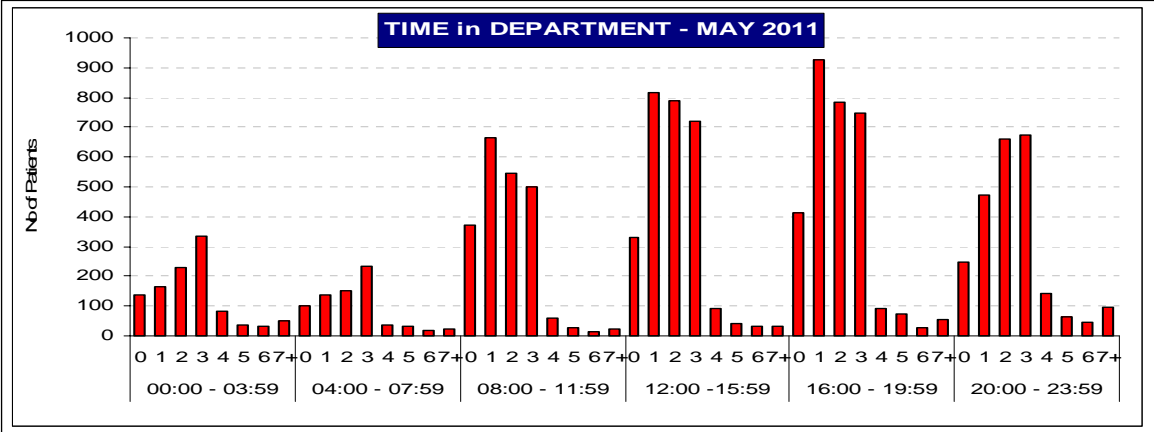
The mode of arrival during these periods may also be seen below with the majority of patients' self-referring to ED, attending with parent or guardian, or via ambulance. The top five primary diagnoses of attendees include the following:

- ❖ Abdominal pain
- ❖ Head Injury
- ❖ Chest Pain
- ❖ Fall
- ❖ Overdose/ingestion of drugs

Arrival Time	Source of Referral	Attendance	%
Midnight to 7:59am	AMBULANCE	970	14%
	COLLEAGUE/FRIEND	26	0%
	DEPUTISING SERVICE	26	0%
	GP WITH LETTER	68	1%
	GP WITHOUT LETTER	17	0%
	OTHER	166	2%
	OTHER HOSPITAL	44	1%
	OTHER RELATIVE	100	1%
	PARENT AND/OR GUARDIAN	794	11%
	POLICE/PRISON	208	3%
	SCHOOL/COLLEGE	2	0%
	SELF	4536	63%
	URGENT CARE CENTRE	157	2%
	WORK	49	1%
		7163	100%

3.0 Time In ED

Further to discussions at the June Trust Board, additional analysis has been undertaken in relation to the overall time spent in the department by patients, broken down into clusters of attendance periods and hours between arrival and being seen. As can be seen from the charts below, during the evening periods and into the night, there are increasing periods of patient stay in the department and increasing waits between arrival and being seen.



4.0 Breach Time Analysis

In conjunction with the above periods of presentation and wait times, an ongoing analysis of breach times continues which may be seen below.

Type 1 ED Breaches per Hour – November 2010 to May 2011

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
00:00 - 00:59	2.2	2.8	1.8	2.8	1.9	2.2	1.4
01:00 - 01:59	2.1	3.7	3.2	2.9	2.5	3.0	2.0
02:00 - 02:59	1.6	3.2	2.8	3.0	2.8	2.9	2.0
03:00 - 03:59	2.1	3.8	3.1	3.3	2.7	3.1	2.1
04:00 - 04:59	2.0	2.9	2.3	2.9	2.3	3.0	2.8
05:00 - 05:59	1.9	2.3	1.8	2.6	1.8	2.5	2.2
06:00 - 06:59	2.0	1.8	1.7	1.7	1.3	2.7	2.2
07:00 - 07:59	1.3	1.7	1.3	1.4	1.4	2.4	2.2
08:00 - 08:59	1.3	1.5	1.0	1.1	0.7	2.0	1.7
09:00 - 09:59	1.0	1.0	1.1	1.0	0.8	1.8	1.8
10:00 - 10:59	0.9	0.9	1.1	0.7	0.4	0.9	1.3
11:00 - 11:59	0.5	0.5	0.5	0.5	0.4	0.5	0.7
12:00 - 12:59	1.3	0.7	0.8	0.8	0.2	0.7	0.7
13:00 - 13:59	1.7	1.2	0.9	1.5	0.7	0.8	1.0
14:00 - 14:59	1.7	2.2	1.4	1.7	1.0	1.6	1.3
15:00 - 15:59	2.7	1.7	1.2	1.5	0.9	1.7	1.4
16:00 - 16:59	1.9	1.7	1.4	1.7	1.4	1.8	1.8
17:00 - 17:59	1.8	1.9	1.9	1.4	1.4	1.9	1.7
18:00 - 18:59	1.6	1.9	1.6	1.1	1.5	2.0	1.6
19:00 - 19:59	2.3	1.7	1.4	1.3	1.3	1.9	1.4
20:00 - 20:59	2.1	1.6	1.8	0.8	2.0	2.4	1.7
21:00 - 21:59	2.5	2.0	1.0	1.8	1.9	1.9	2.0
22:00 - 22:59	2.3	2.7	2.3	1.8	1.6	1.9	1.8
23:00 - 23:59	2.7	2.5	2.3	1.9	2.1	2.1	1.3

Type 1 ED Breaches per Hour – April to June 2011

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
00:00 - 00:59	1.4	1.7	1.7	1.2	2.2	1.4	1.3
01:00 - 01:59	1.3	1.6	1.9	2.5	1.9	1.8	1.0
02:00 - 02:59	2.1	1.4	1.3	2.6	1.6	1.5	0.9
03:00 - 03:59	2.2	2.0	2.0	2.5	2.0	1.3	1.6
04:00 - 04:59	2.5	1.6	2.2	2.2	2.2	2.3	1.7
05:00 - 05:59	2.2	1.9	1.7	2.8	2.1	1.5	2.8
06:00 - 06:59	1.5	1.5	1.7	1.6	1.8	1.4	1.6
07:00 - 07:59	1.4	1.5	1.3	1.2	1.2	1.8	1.5
08:00 - 08:59	1.5	1.2	1.3	0.8	2.1	0.8	1.5
09:00 - 09:59	0.8	0.8	1.8	0.8	0.9	1.5	1.0
10:00 - 10:59	1.2	0.8	1.8	0.8	1.5	1.2	1.9
11:00 - 11:59	1.5	0.9	1.5	1.5	0.5	1.5	1.0
12:00 - 12:59	0.5	0.5	0.9	0.8	0.5	0.8	0.7
13:00 - 13:59	0.9	0.6	0.7	0.7	0.5	0.7	0.7
14:00 - 14:59	1.6	0.8	1.3	1.0	1.2	1.1	0.6
15:00 - 15:59	1.0	0.6	1.5	0.7	0.6	0.3	0.8
16:00 - 16:59	1.8	0.6	1.1	0.7	1.5	0.5	1.5
17:00 - 17:59	1.0	1.0	1.0	1.4	1.6	1.0	1.1
18:00 - 18:59	1.1	1.2	1.1	0.9	1.5	0.7	1.3
19:00 - 19:59	0.7	1.2	1.5	1.1	1.6	1.3	1.2
20:00 - 20:59	1.1	1.2	0.8	0.8	0.8	1.1	1.9
21:00 - 21:59	1.2	0.5	1.5	0.3	0.8	1.5	1.5
22:00 - 22:59	1.5	1.9	1.7	1.2	1.8	1.3	1.8
23:00 - 23:59	2.1	1.5	1.5	1.5	1.1	1.5	1.2

Taking into account the number of breaches that occurred between during the period, the average number of breaches per hour can be calculated and then RAG profiled as follows:

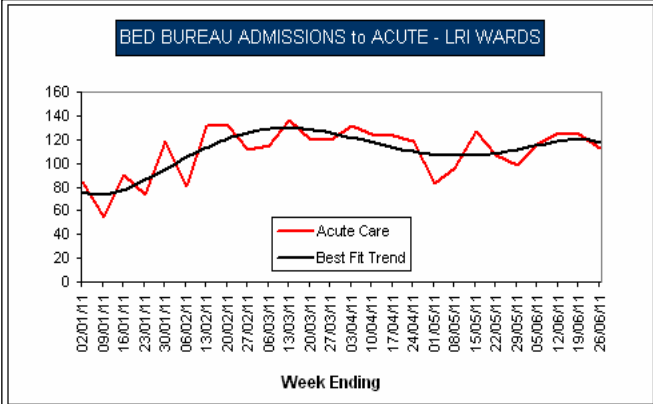
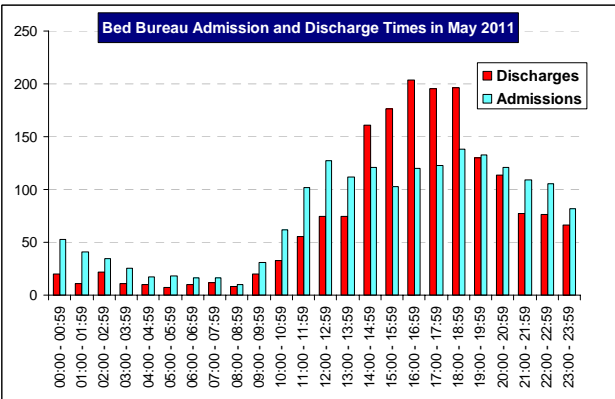
- More than 2 breaches per hour RED
- 1 to 2 breaches per hour AMBER
- Less than 1 breach per hour GREEN

From the above graph, one can see a reduction in the number of breaches occurring during the evening and overnight – predicated on the increasing number of senior staff as appointments are made and improving management of both bed and discharge processes.

5.0 Admissions

GP bed bureau referrals have been subject to two parallel running pilots since January 2011 for both surgical and medical patients which are both part of transformation bids.

The profile of attendances over recent weeks has unaltered and as may be seen below, patterns of attendance remain a focus later in the day. Further to discussion with EMAS, monitoring of patient activity between referral and arrival continues.



6.0 Outflow

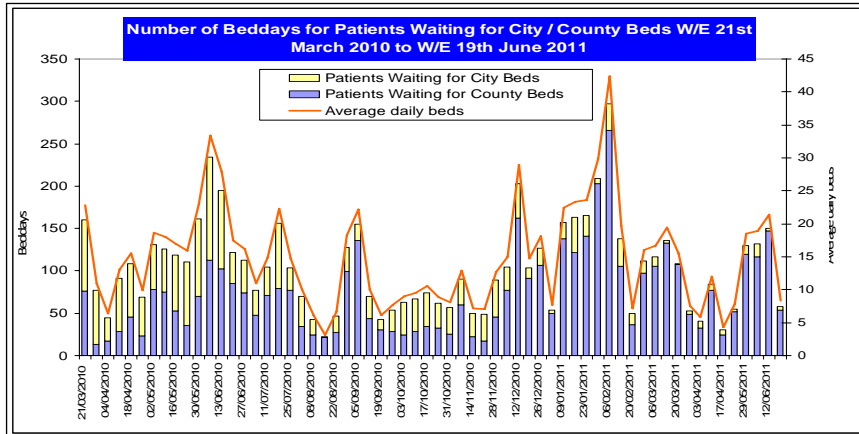
A focus on out-flow remains key and during the reporting period, continued emphasis has been placed on maximising the use of community provision and liaison with EMAS with regards to transportation.

6.1 Community Provision

The graph below shows early data in relation to patients suitable for discharge and awaiting city or county provision. May data suggests a total of 650 bed days were lost during this period with reasons for delay being classified as:

- ❖ Awaiting for assessment
- ❖ Awaiting public funding

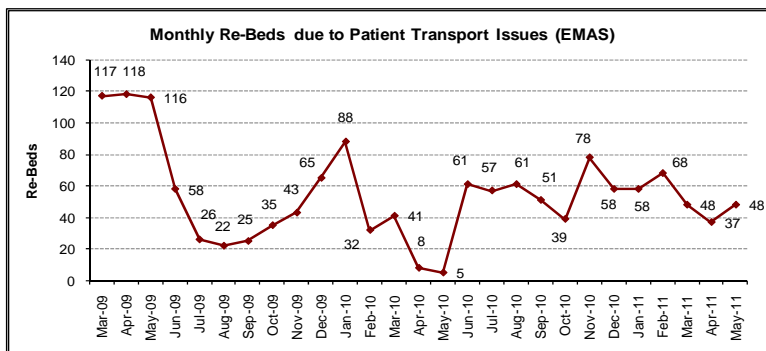
- ❖ Awaiting further non-acute NHS Care
- ❖ Awaiting home care placement
- ❖ Awaiting domiciliary package
- ❖ Awaiting community equipment
- ❖ Awaiting patient/family choice



UHL has received notification from LPT that 1 ward will close at Coalville for capital works to be undertaken which will result in a loss of 24 beds for patient discharges. Discussions have taken place regarding alternative facilities that are currently being explored by LPT.

6.2 Transport Services

May has reported a total of 48 re-beds during the month. Transport has also been supplemented through the continuous utilisation of two private ambulance crews at a cost of between £13 – £19k per month to enable patient discharges and transfers.



7.0 Transformation Progress

7.1 ED Clinical Quality Indicators

Further guidance in relation to performance management of the NHS A&E services using the clinical quality indicators was published by the Department of Health (DoH) on the 23rd June 2011.

From the 1 July, the DoH expects compliance with the minimum thresholds set for the five headline measures. To judge compliance against the thresholds, the five

indicators will be divided into two groups: timeliness (time to initial assessment, time to treatment and total time) and patient impact (left without being seen and re-attendance). Organisations will be regarded as achieving the required minimum level of performance where robust data shows they have achieved the thresholds for at least one indicator in each of the two groups. In other words, organisations not achieving at least one indicator under both patient impact and timeliness would be regarded as not achieving. However, all these measures are important to delivering high quality care to patients and performance is planned to be delivered above the minimum thresholds.

Indicators	Performance Trigger	Management
Unplanned re-attendance	A rate above 5%	Patient Impact
Left without being seen rate	A rate at or above 5 %	
Total time spent in A&E department	A 95 th percentile wait above 4 hours for admitted patients and with the same threshold for non-admitted	Timeliness
Time to initial assessment	A 95 th percentile time to assessment above 15 minutes	
Time to treatment	A median time to treatment above 60 minutes	

Given the timeliness of the data for performance management and the importance of maintaining grip in this critical year of transition, compliance with the minimum threshold for total time in A&E will also be a given for each quarter in 2011/12. This means that the DoH would add any organisation not achieving the minimum threshold to the group of organisations identified above as not achieving.

7.2 Workforce

In addition to the appointments highlighted in previous month reports, interviews and 3 appointments have been made for Consultant Acute Physicians

7.3 Patients

Monthly patient experience surveys have continued providing helpful feedback relating to patient’s choice for treatment and their experience within the ED. Positive improvements have been seen in patient’s experience of ED and include:

- ❖ Overall experience 93%
- ❖ Care received – 89%
- ❖ Information Received – 99%
- ❖ Waiting times – 92%
- ❖ Privacy (new) – 97%
- ❖ Dignity and respect (new) – 99%

The enhanced discharge metrics covering Expected Date of Discharge (EDD), and TTO prescribing are now performing at the following levels:

- ❖ January – 41%
- ❖ March – 60%
- ❖ May – 68%
- ❖ June - 74%

7.4 Footprint

A task and finish group has completed the first stage of its work in identifying a footprint for the department to accommodate both activity levels and revised patient pathways. In order to be all embracing, this has also included options and support for the Urgent Care Centre (UCC). A transformation bid has now been submitted which includes the following changes:

- ❖ Increase of resuscitation cubicles x 2 (8)
- ❖ Expansion to develop an 8 cubicle triage facility
- ❖ Increase in majors from 20 to 28 cubicles including space for trolleys and chairs
- ❖ Increase children's ED by 2 cubicles for triage
- ❖ Creation of integrated reception
- ❖ Imaging facilities within the UCC

7.5 Ambulatory Care Progress

Pathways have been developed and implemented in Pleural Effusion, Pulmonary Embolism and Abdominal Pain with further pathways in Headaches and Chest Pain developed awaiting commencement.

8.0 Close

The Trust is committed to improving the ED performance and alongside the LLR Emergency Care Network (ECN) has an active work-plan to respond to. Further updates by the ECN are due to be provided.

S.Hinchliffe
Chief Operating Officer/Chief Nurse

Emergency Department Front Door Audit

Data Source: Front Door Audit Completed by Patient

Number of patients interviewed	Jan-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD
1. Why Have you come into A&E today?	100	84	119	78	100							481
Minor illness.	60%	11%	22%	36%	15%							29%
Chronic pain.	5%	7%	6%	5%	19%							8%
Minor injury.	24%	55%	49%	42%	46%							43%
Breathing problems.	5%	0%	2%	1%	4%							2%
Renewal of Medication.	0%	0%	0%	0%	0%							0%
Other.	6%	25%	18%	12%	15%							15%
No response.	0%	2%	3%	4%	1%							2%
2. How long has this problem been going on for?												
Few hours.	21%	44%	43%	35%	46%							38%
1 day.	35%	25%	24%	13%	12%							22%
2 days.	10%	4%	6%	19%	12%							10%
3 days.	4%	7%	3%	6%	7%							6%
4 - 6 days.	10%	1%	5%	9%	6%							6%
1 week.	6%	8%	4%	4%	3%							5%
More than a week.	14%	6%	12%	10%	7%							10%
No response.	1%	5%	3%	4%	7%							4%
3. Patients registered with a GP												
Patients registered with a GP.	81%	83%	83%	86%	83%							83%
Patients not registered with a GP.	10%	5%	17%	12%	4%							9%
No response.	9%	12%	0%	3%	13%							7%
4. Have you tried to see your GP before coming in?												
Yes.	32%	17%	20%	38%	6%							23%
No.	52%	71%	71%	45%	64%							61%
No response.	16%	12%	8%	17%	30%							17%

Emergency Department Front Door Audit

Data Source: Front Door Audit Completed by Patient

Number of patients interviewed	Jan-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD
5. If yes, how many times have you tried in last week?	100	84	119	78	100							481
Once.	81%	79%	38%	67%	50%							63%
Twice.	11%	0%	13%	10%	17%							10%
Three times.	3%	0%	8%	0%								3%
Four times.	5%	7%	0%	0%								3%
More than four occasions.	0%	7%	0%	7%								3%
No response.	0%	7%	42%	17%	33%							20%
6. If no, why not?												
My GP is always too busy.	2%	0%	0%	0%								1%
I couldn't get an appointment until...%.	2%	0%	0%	3%								1%
I thought this problem needs a hospital doctor.	44%	73%	3%	9%	24%							31%
It's easier for me to come to A&E.	24%	7%	38%	38%	47%							31%
My GP advised me to come to A&E.	3%	16%	1%	23%	7%							10%
The ambulance took me in.	0%	0%	1%	1%	1%							1%
NHS direct advised me to come to A&E.	3%	3%	5%	0%	12%							5%
My friend took me here.	3%	1%	16%	1%	2%							1%
The police took me here.	0%	0%	2%	0%								4%
Other.	16%	0%	0%	0%								13%
No response.	3%	0%	3%	2%	6%							
7. NEW: Were you aware of the urgent care centre?												
Aware	-	-	42%	51%	33%							42%
Not aware	-	-	38%	47%	34%							40%
No response	-	-	20%	1%	33%							18%

Emergency Department Patient Experience

Data Source: Front Door Audit Completed by

Patient	Jan-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD
Number of patients participating	88	73	96	99	100							456
Which area of ED is the patient in?												
Majors	71%	71%	82%	74%	70%							74%
Minors	3%	12%	16%	3%	12%							9%
EDU	25%	4%	0%	12%	3%							9%
Paeds		3%	0%	2%	9%							3%
Resus		1%	0%	5%	3%							2%
Not stated	1%	8%	0%	4%	3%							3%
Gender												
Male	39%	47%	57%	62%	42%							49%
Female	61%	53%	42%	36%	55%							49%
Not stated		0%	1%	2%	3%							2%
Age												
In May 2011 new age bands were introduced												
17 yrs or younger	1%	5%	1%	0%	0%							2%
18-25				12%	5%							9%
26-35				11%	18%							15%
36-50				18%	15%							17%
51-64				12%	11%							12%
18-64	38%	53%	54%	54%	49%							50%
65-74				8%	16%							12%
75-84				14%	14%							14%
85 yrs or older				16%	6%							11%
65 yrs or older	59%	40%	44%	24%	36%							41%
Not stated	2%	1%	1%	8%	15%							5%
Gender												
White	79%	78%	89%	79%	74%							80%
Mixed		0%	2%	1%	3%							2%
Asian or Asian British	13%	12%	5%	11%	14%							11%
Black or Black British	1%	3%	1%	2%	1%							2%
Chinese		0%	0%	1%	0%							0%
Other	1%	1%	1%	5%	0%							2%
Not stated	6%	5%	0%	1%	8%							4%

Emergency Department Patient Experience

Data Source: Front Door Audit Completed by Patient

	Jan-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD
Number of comments received	286	157	197	495	500							1635
Overall												
NB Questionnaire Ammended in May 2011. May impact on any trends												
Positive	76%	70%	▼ 59%	▼ 93%	▲ 93%	—						78%
Neutral	11%	10%	▼ 18%	▲ 5%	▼ 4%							10%
Negative	13%	20%	▲ 23%	▲ 2%	▼ 3%	▲						12%
Care Received												
In May 2011 this question changed to "How has your care been today?"												
Positive	77%	84%	▲ 69%	▼ 88%	▲ 89%	▲						81%
Neutral	16%	8%	▼ 28%	▲ 9%	▼ 7%							14%
Negative	7%	8%	▲ 3%	▼ 3%	▼ 4%	▲						5%
Information Received												
In May 2011 this question changed to "Did the staff communicate effectively with you?"												
Positive	66%	80%	▲ 43%	▼ 92%	▲ 99%	▲						76%
Neutral	10%	0%	▼ 14%	▲ 6%	▼ 1%							6%
Negative	24%	20%	▼ 43%	▲ 2%	▼ 0%							18%
Waiting Times												
In May 2011 this question changed to "Have you experienced long waits in the dept, have you been told why?"												
Positive	55%	21%	▼ 36%	▲ 88%	▲ 92%	▲						58%
Neutral	13%	24%	▲ 7%	▼ 8%	▼ 4%							11%
Negative	32%	56%	▲ 57%	▲ 4%	▼ 4%							31%
NEW - Privacy												
In May 2011 this question was introduced "Has your privacy been maintained whilst you were examined?"												
Positive				99%	97%	▼						98%
Neutral				0%	2%	▲						1%
Negative				1%	1%	—						1%
NEW - Dignity and Respect												
In May 2011 this question was introduced "Were you treated with dignity and respect by staff?"												
Positive				99%	99%	—						99%
Neutral				1%	1%	—						1%
Negative				0%	0%	—						0%

Information, Performance and Analysis Team

Emergency Department Further Information About Our Patients

2011

Data Source: Data Warehouse

Age Of Patients	Attendances	%
85 yrs or older	4,376	6%
75 - 84 yrs	5,211	7%
65 - 74 yrs	5,797	8%
51 - 64 yrs	9,260	12%
36 - 50 yrs	9,379	12%
26 - 35 yrs	10,525	14%
18 - 25 yrs	12,668	17%
17 Yrs Or Younger	19,435	25%

Gender of Patients	Attendances	%
Female	36,080	47%
Male	40,571	53%

Ethnicity of Patients	Attendances	%
PATIENT REFUSED	3	0.004%
MIXED WHITE AND BLACK AFRICAN	148	0.193%
NOT STATED	186	0.243%
MIXED WHITE AND ASIAN	211	0.275%
OTHER ETHNIC GROUP CHINESE	257	0.335%
ASIAN/ASIAN BRITISH BANGLADESHI	273	0.356%
MIXED WHITE AND BLACK CARRIBEAN	310	0.404%
WHITE IRISH	402	0.524%
ANY OTHER MIXED BACKGROUND	499	0.651%
BLACK/BLACK BRITISH CARIBBEAN	526	0.686%
ASIAN/ASIAN BRITISH PAKISTANI	630	0.822%
BLACK/BLACK BRITISH AFRICAN	883	1.152%
ANY OTHER BLACK BACKGROUND	999	1.303%
ANY OTHER ASIAN BACKGROUND	1,991	2.597%
WHITE OTHER WHITE BACKGROUND	2,677	3.492%
ANY OTHER ETHNIC GROUP	3,689	4.813%
ASIAN/ASIAN BRITISH INDIAN	9,952	12.984%
WHITE BRITISH	53,015	69.164%

Top 15 Presenting Problems	Attendances	%
CHEST PAIN	2,220	3.068%
ABDO PAIN	1,700	2.349%
UNKNOWN	1,565	2.163%
HEAD INJ	1,157	1.599%
DIB	830	1.147%
UNWELL	823	1.137%
COLLAPSE ? CAUSE	679	0.938%
HEAD INJURY	576	0.796%
RT HAND INJ	470	0.650%
BACK PAIN	411	0.568%
OVERDOSE	405	0.560%
RT ANKLE INJ	401	0.554%
RT FOOT INJ	395	0.546%
FALL	384	0.531%
OD	311	0.430%

