

## **MEDIA RELEASE**

**Embargo: 00.01 hours 18 November 2015**

### **NHS could slash emergency admission costs with better use of medical technology**

***Leading medical practitioners, patient groups, and industry leaders join Virendra Sharma MP in call to Government to tackle issue***

The cost of emergency hospital admissions could be cut by up to £1 billion annually through the better use of medical technology in just three clinical areas, according to a report compiling data requested from every acute Trust and Clinical Commissioning Groups in England.

Research by the Medical Technology Group, a coalition of patient groups, research charities and medical device manufacturers, looked at three conditions: heart failure, diabetes and urinary tract infections (UTIs). It found that unplanned admissions for these conditions alone affected nearly 400,000 patients a year, with a combined cost of just over £1 billion.

The data, obtained by a Freedom of Information request to which 274 acute Trusts and Clinical Commissioning Groups (CCGs) responded, showed that in 2013/14:

- Each NHS Trust handled on average 102 deaths from congestive heart failure, with unplanned admissions costing nearly £350 million.
- Over £200 million is spent treating patients for unplanned admissions owing to diabetes emergencies with an average cost per patient of £4,477.
- The NHS in England spent £434 million in 2013/14 on treating 184,000 hospital admissions for a urinary tract infection. On average CCGs received £2.1 million each for handling unplanned admissions for UTIs, while CCGs spent an average of £84,609 per year on unplanned admissions for blocked catheters alone.

The MTG's report '*Admissions of failure – the truth about unplanned NHS admissions in England*' also finds huge regional variation in the treatment of heart failure. For example, 66 per cent of congestive heart failure patients in the Southwest were treated in hospital, compared to just 16 per cent in the West Midlands. There is also huge variation in death rates from heart failure, ranging from 7.4 per cent of patients treated for the condition in the Eastern region compared to 27.8 per cent in the North East.

The report calls for the better use of medical technology solutions to tackle unplanned admissions in these areas, including:

- Heart implants, such as implantable cardioverter defibrillators (ICDs), which have an overwhelmingly positive clinical record for preventing deaths and hospital admissions for heart failure patients. The UK currently ranks 21<sup>st</sup> in Western Europe for ICD implant rates, behind countries like Greece, Slovakia and Malta.
- Insulin pumps for Type 1 diabetes patients: at present only around six per cent of adult Type 1 diabetes patients use an insulin pump, half of the 12 per cent recommended by the National Institute for Health and Care Excellence (NICE).
- Anti-infective Foley catheters, bladder ultrasound scanners and catheter technology that minimises breakages between the catheter and drainage bag. Nottingham University Hospitals NHS Trust reduced catheter-associated urinary tract infections by 44 per cent in six months thanks to Foley technology and training.

In an open letter to the Secretary of State for Health, the Rt Hon Jeremy Hunt PC MP, some of the country's foremost medical practitioners, leading patient groups, and industry leaders joined Virendra Sharma MP, a member of the Health Select Committee in 2014-15, in calling on the Government to jointly tackle the issue with the NHS and implement medical technology solutions that improve patient care and reduce the unforeseen strain on NHS expenditure.

ABHI, AdvaMed, AntiCoagulation Europe, ARMA, Arrhythmia Alliance, Arthritis Care, Atrial Fibrillation Association, BD, Bladder and Bowel Foundation, Boston Scientific, British Cardiac Patients Association, C R Bard, Cardiomyopathy Association, Diabetes UK, Eucomed, FABLE, FEMISA, Heart Research UK, ICD Group, INPUT, International Alliance of Patients' Organizations, JDRF, Johnson & Johnson, Lindsay Leg Club, Medtronic, National Rheumatoid Arthritis Society, Pancreatic Cancer UK, Pelvic Pain Support Network, Pumping Marvellous Foundation, Roche Diagnostics, SADS UK, St Jude Medical, STARS, Stryker, The Circulation Foundation, The Patients Association, Transplant Support Network



Speaking at an event at the House of Commons to mark Medical Technology Week (16-20 November), Barbara Harpham, Chair of the Medical Technology Group, said, "There is clear and compelling evidence from within the NHS itself as well as from other developed health economies to show that technology can improve our ability to predict, diagnose and treat diseases – including long-term conditions – and so dramatically reduce unplanned admissions for patients lucky enough to have access to it. And for the NHS, better managed demand means radical savings on Accident & Emergency spend."

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### Notes to Editors

A Freedom of Information request was sent to 161 Trusts and 211 Clinical Commissioning Groups (CCGs) across England in October 2014. 189 CCGs (90%) responded. Data was received from 156 CCGs; 73% of all CCGS responded, and 118 Trusts completed the FOI, totalling 74% of Trusts.

Co-signatories of the open letter to the Secretary of State for Health include: Virendra Sharma MP; Nick Oliver, Consultant physician, diabetes and endocrinology, Imperial College Healthcare; Robin Hewings, Head of Policy, Diabetes UK; and Peter Ellingworth, Chief Executive, ABHI.

### Unplanned admissions

- Unplanned admissions account for more than a third – 5.4 million – of all hospital admissions (15.5 million) and two-thirds of all hospital bed days (HSCIC).
- Emergency admissions cost the NHS £11 billion in 2010/11 alone (Nuffield Trust).
- Unplanned admissions to hospitals in England rose by 30 per cent between 2003/04 to 2013/14 (HSCIC).

**About the Medical Technology Group** <http://www.mtg.org.uk/>

The Medical Technology Group (MTG) is a coalition of patient groups, research charities and medical device manufacturers working to make medical technologies available to everyone who needs them. Uptake of medical technology in the UK is not as good as it should be, given its great potential to provide value for money to the NHS, patients and taxpayers. The MTG believes that patients and clinicians need better information about medical technologies so that they can make informed choices about their medical care.