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What is happening in urgent care?

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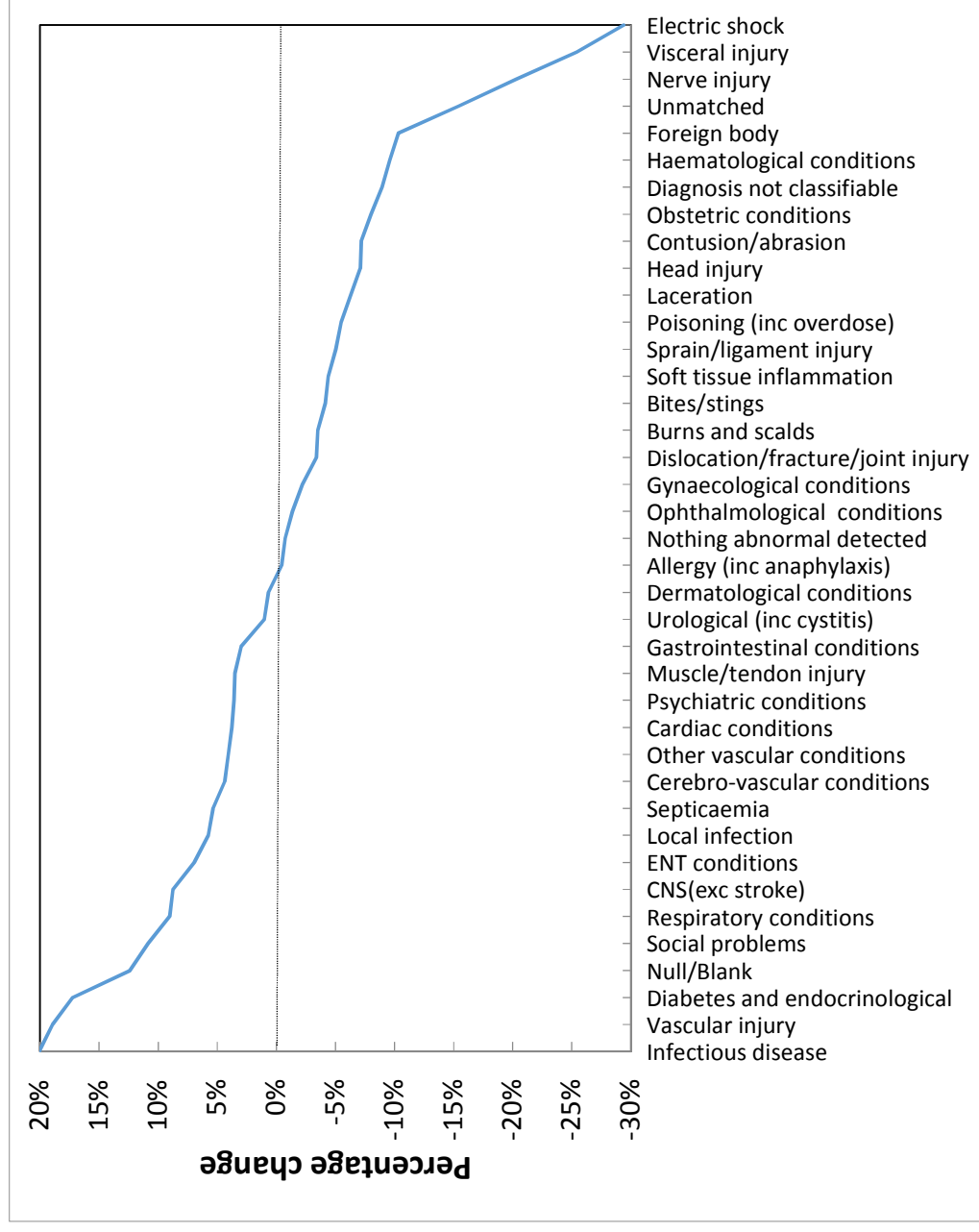
The capacity problems in A&E are now widely recognized with shortages in A&E staffing and ready access to a GP or even the ageing population widely blamed (Jones 2013c-h). However Figures 1 and 2 reveal the consequences of an event in early 2012, which also led to increased deaths and medical admissions (Jones 2013a-e), and marks the point of a sudden and unexpected shift in the case mix arriving at A&E. On the left hand side of the Figure 1 are a series of more serious medical conditions (highly likely to require ambulance transport and result in an admission) which substantially increased their share of the arriving case mix with associated reductions in the proportion of less serious ambulatory and minor injury type conditions. Hence there was a step-like increase in admissions from A&E seen to occur around February of 2012 (Jones 2013b) and the abrupt nature of this shift is illustrated in Figure 2 where continuous trends prior to 2012/13 are suddenly interrupted.

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Figure 1: Change in the proportion of A&E diagnoses in 2012/13



Footnote: CNS = Central nervous system. Data is from the Health and Social Care Information Centre <http://www.hscic.gov.uk/catalogue/PUB13040>. The underlying trend in the proportion of total attendance for each diagnosis was determined using a linear regression based on 2009/10 to 2011/12. This was then extrapolated to 2012/13 and the difference between actual and expected was calculated as a percentage change.