



ARC West

SHarED: Supporting 'high impact users' of emergency departments

2023



In England, patients who attend emergency departments (A&E) five or more times a year represent 2 per cent of attendees but account for 11 per cent of attendances.

These patients are known as 'high impact users'. High impact users have often experienced extremely challenging situations in their lives, they have complex medical histories and long-term health conditions.

Personalised care plans for high impact users could improve how these people access healthcare and reduce their use of emergency care and admission to hospital.

The West of England Academic Health Science Network (AHSN) programme 'Supporting high

impact users in emergency departments' (SHarED) supported six emergency departments in the region to introduce personalised care plans for high impact users.

What was the aim of the project?

To evaluate the SHarED programme in collaboration with the West of England AHSN.

What did we do?

We analysed whether patients enrolled in SHarED changed their use of emergency department attendance compared to other high impact users.

We interviewed healthcare professionals about their experiences of SHarED and estimated how much it cost to provide the programme.



What did we learn?

A total of 148 high impact users enrolled in SHarED. Data was available for 86% (127/148) of patients for six months before and after being enrolled in SHarED.

For these cases, attendance reduced by 33% from 2.1 to 1.4 attendances per month on average. Similarly, hospital admissions reduced by 67% from 0.6 to 0.2 admissions per month on average.

SHarED helped emergency departments improve how they managed high impact users. It enabled more structured services to develop where previously services may have been unstructured or absent.



Personal support plans were the main way in which patients were managed. The plans enabled staff to engage with some patients about their behaviour and needs. They gave staff recommendations and promoted collaboration between different specialist teams across the health and care system.

The staff involved in the programme felt SHarED was very positive for both emergency department staff and high impact users. They believed care was more appropriate, consistent and person-centred.

What next?

SHarED helped improve care for high impact users and the working conditions of staff. Integrated Care Boards should consider funding teams focused on these patients. Rollout of the SHarED model could help establish better services and reduce emergency department attendance and hospital admissions for these patients.

[View West of England AHSN 's infographic about the SHarED programme here.](#)

Read the pre-print paper by Sillero-Rejon et al.

Improving care for high impact users of hospital emergency departments: a mixed-method evaluation of a regional quality improvement programme 'Supporting High impact users in the Emergency Department' (SHarED)

This article is a pre-print.
<https://bit.ly/3ogHzwf>

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address the immediate issues facing the health and social care system. We also help bring research evidence into practice and provide training for the local workforce.

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