

Lay Summary

The Role of Payment Reform in influencing Accident and Emergency Department Attendances:
Variation across Clinical Commissioning Groups

by

Martin Chalkley, Hugh Gravelle, Nikita Jacob, Rita Santos and Luigi Siciliani

Our project '[Analysis of purchaser-provider contracts: modelling risk sharing and incentive implications](#)' examines what happens if the NHS changes the way it pays for hospital emergency treatments. The previous system paid a fixed price for each patient according to the amount of resources (such as staff time and medicines) needed to treat them. The system closely linked payment to the number of patients treated. It has been replaced with a system called *blended payment*, which gives the hospital a lump sum and then makes more limited adjustments for the number of patients they treat.

This paper examines the variation across different areas of England in how many people attend an Accident and Emergency department (A&E). In our previous research '[Payment reform, purchaser and provider decisions and the performance of emergency healthcare systems: The case of blended payment in the English NHS](#)' we showed that both attendances and subsequent admissions may be influenced by the move to blended payment and in this paper we focus on understanding how substantial the differences are between different areas in terms of the pattern of emergency care use.

We show that, even after accounting for differences in their underlying populations, the percentage of people who attend an Accident and Emergency department varies a lot. We then combine these findings with our work on hospital admissions detailed [here](#) and illustrate how some areas of the country have both high attendance and high admission rates.

These findings are important for establishing which areas of the country are under pressure in terms of emergency care and therefore the areas that might need most attention when considering the effects of payment reform.

This research project and lay summary benefitted from the comments and suggestions of representatives of patients and the public, for which we are grateful.

Full paper available [here](#)

Contact Martin Chalkley martin.chalkley@york.ac.uk

ESHCRU II is a collaboration between the Centre for Health Economics (CHE) at the University of York and the Care Policy and Evaluation Centre (CPEC) at the London School of Economics and Political Science. This research is funded by the National Institute for Health Research (NIHR) Policy Research Programme, conducted through the NIHR Policy Research Unit in Economics of Health Systems and Interface with Social Care, PR-PRU-1217-20301. The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.