

Programme 20: Poisoning and adverse effects of treatment

This is work in progress, your views and input are welcomed.

What are the big health issues for North Yorkshire and the City of York in this programme?

This programme covers the adverse effects of environmental exposures, toxic effects of chemicals and electromagnetic radiation, and the unintended consequences of treatment as well as poisoning with drugs. It includes conditions such as serious allergic reactions (to food or drugs), heat stroke and carbon monoxide poisoning.

Programme purpose:

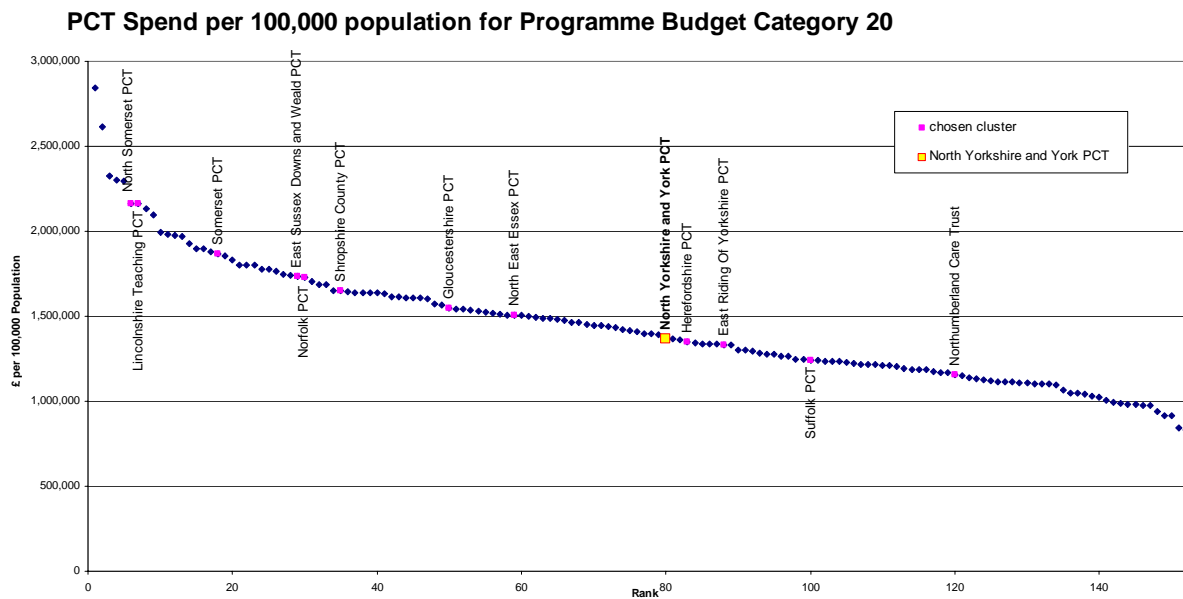
To reduce the avoidable burden of poisoning and adverse effects in North Yorkshire and the City of York by a combination of prevention, early detection, rapid access to treatment and enhanced quality and length of life that specifically includes:

- Preventing cases of deliberate and accidental poisoning with medication or other chemical agents.
- Reducing hospital admission rates and age-specific mortality rates in this disease grouping.

What was the NYYPCT estimated programme budget for poisoning in 2006/07, as spend per 100,000 unified weighted population, and how did that compare with our peers and with the English average?

NYYPCT	£1,369,000
Cluster average	£1,590,000
Yorkshire and the Humber SHA average	£1,306,000
England average	£1,460,000

The chart below shows how the spend in NYYPCT compared with every other PCT in England and highlights those PCTs in the same cluster.



How did that programme budget break down between our providers (total sums)?

NHS Hospital Trusts	£7,467,000
YHFT	£3,252,000
HDFT	£910,000
STHT	£773,000
SNEYT	£1,134,000
PCT provider services	£161,000
Non NHS Providers	£9,000
Other NHS providers	£1,442,000
Other	£283,000

What are the age-related issues in this programme?

The national programme budget project does not as yet collect data by age in each programme. The table below looks at the impact on hospital admissions for different age groups. Since we receive resources in these groupings it is appropriate to consider the health impacts at these ages, and plan ahead as the age structure of the population changes over the next ten years (see “the big picture” section).

Ages of admissions within this programme, NYYPCT residents, 2006/07

Programme	Age group (years)							Total
	0-4	5-14	15-44	45-64	65-74	75-84	85+	
Poisoning & Adverse Effects	164	166	1593	874	449	458	171	3875
ALL	12306	6027	48029	44253	28075	26841	12087	177618

A few of these conditions are due to self-harm, but a substantial number are adverse effects of treatment such as abnormal reactions to medication sufficient to warrant admission to hospital. Avoidance of such potentially avoidable admissions must form part of the prevention agenda and could recoup financial savings for redeployment in other programmes.

Summary of commissioning questions for poisoning and adverse effects.

- Our investment in this programme is theoretically avoidable. It is a classic area for prevention based on Joint Strategic Needs Assessment with local authorities, and by clinical governance reviews in the NHS.
- Have we got the balance of activity and investment right at each step from prevention to terminal care, and between the partners (marginal analysis)?

Prevention

- Ensure the PCT works with the Health Protection Agency to respond to consultations under pollution prevention regulations (IPPC).
- Pay particular attention to prescribing reviews and avoidance of adverse effects of medication prescribed in general practice and hospitals

Diagnosis and Assessment

- In serious avoidable mishaps, conduct look-back appraisals to find remediable factors and put them right

Response and treatment

- Ensure adequate on call cover for emergency planning and environmental hazards

