

High Intensity Use Starter Pack





Introduction to High Intensity Use

The High Intensity Use (HIU) Service has been designed and developed with people who have lived experience of accessing healthcare regularly. The services are commissioned and delivered at local level, regionally led and supported at national level.

Research has shown a clear link between high intensity use of emergency services and wider inequalities. HIU services can support urgent and emergency care (UEC) pathway pressures whilst at the same time addressing health inequalities, helping to free up front line resources to see other patients and reduce costs. High intensity use of UEC is associated with focussing help for non-medical factors including age, housing instability, social isolation, loneliness, deprivation, as well as poor physical and mental health. Outcomes include reducing health inequalities and avoidable emergency department attendances and non-elective admissions.

The HIU service comprises a high intensity use lead that proactively makes contact with the most frequent attenders of the local A&E to find out how the local health and social care system could better meet their needs.

HIU is a core objective in NHS England Winter Plan 2022 “Next steps in increasing capacity and operational resilience in urgent and emergency care ahead of winter” and HIU features in the integrated care board assurance framework. In [the 2023 planning guidance](#) on embedding measures to improve health and reduce inequalities:

National Policy

HIU demonstrates that innovations from the front line can be developed into national policy and that impactful innovations can be scaled nationally. HIU has increasingly been included in NHS policies as detailed below:



Delivery Plan for Recovering Urgent and Emergency Care Services and The UEC Framework

“Systems will continue to roll out High Intensity Use Services, adopt good practice in supporting patients who are experiencing homelessness or rough sleeping, and embedding family support workers in A&E settings to provide additional support to children and families presenting with non-urgent issues.”



2023/24 priorities and operational planning guidance

“Continue to deliver against the five strategic priorities for tackling health inequalities and establish High Intensity Use services to support demand management in UEC.”



23/24 Business plan

“Support the continued roll out of High Intensity Use services.”

High Intensity Use is associated with several demographic patterns including poverty, housing instability, social isolation and loneliness.

HIUs are split roughly equally between men and women with almost one third of HIUs aged 20-40

20% of HIUs live in areas in the most deprived band (IMD band 1 of 10).

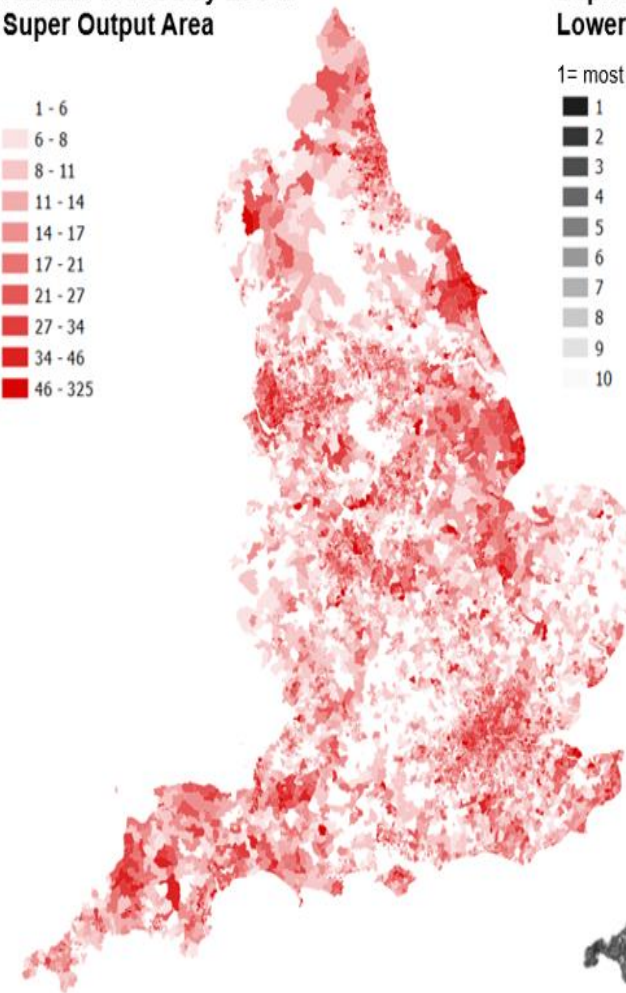
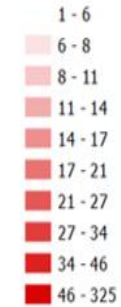
HIUs are over a third more likely to live alone than the general population

HIUs are at least 25% more likely to move than the general population

HIUs aged 30-50 mortality rates are elevated by 7.5 times compared to the average population

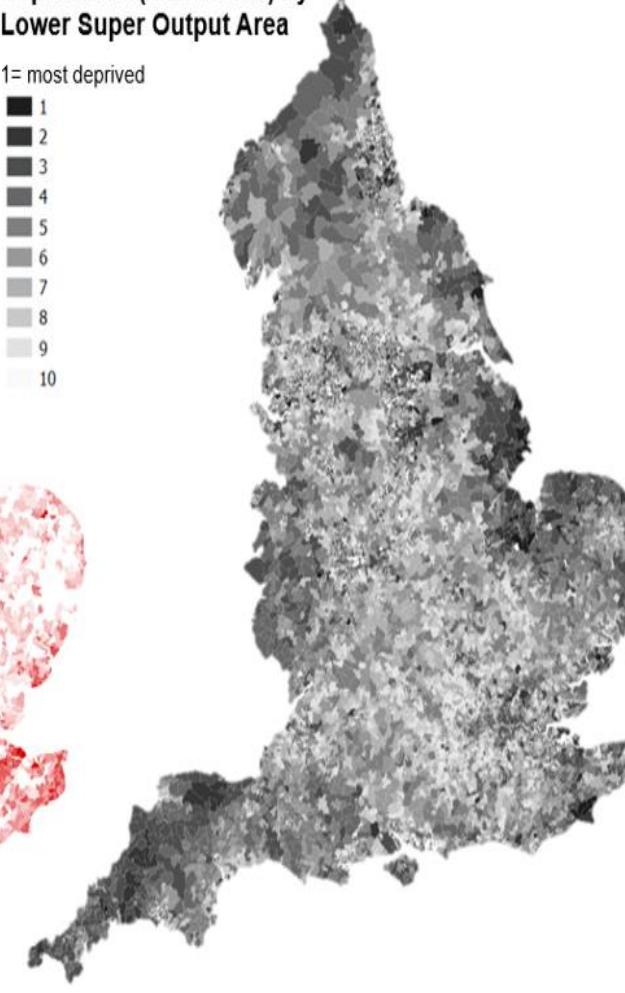
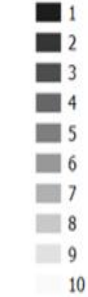
HIUs who attend 16 times a year, remain an HIU for multiple years

Number of HIUs by Lower Super Output Area

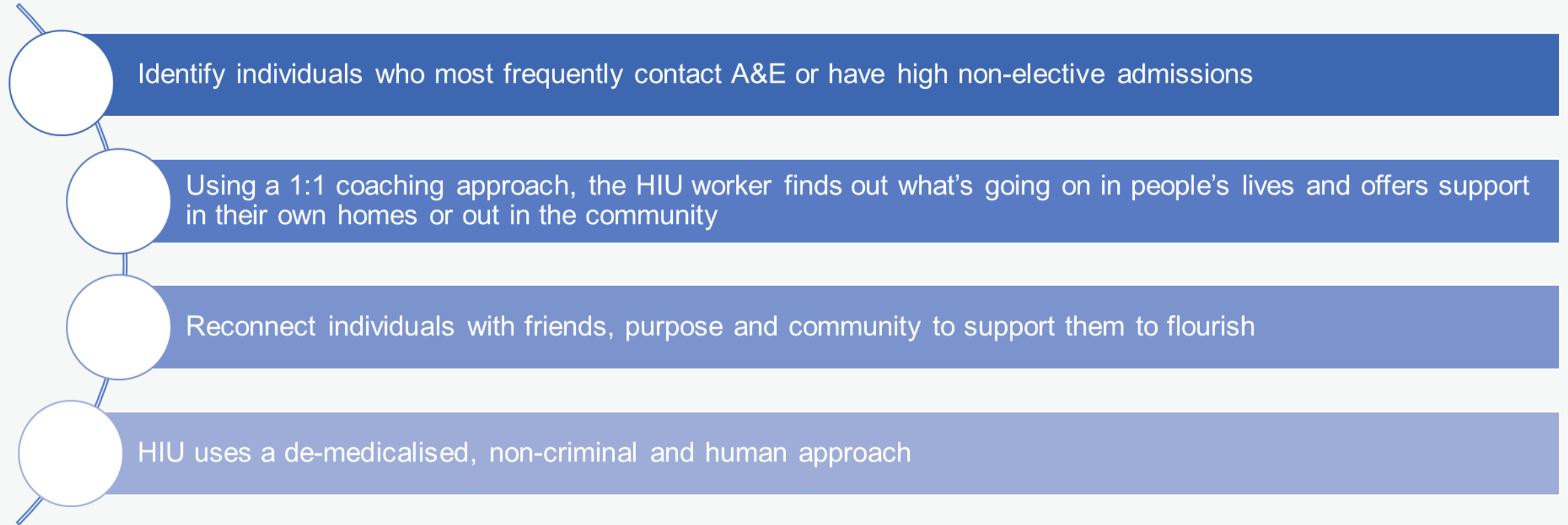


Deprivation (IMD Decile) by Lower Super Output Area

1= most deprived



How the NHS HIU services work



NHSE HIU Programme Impact

For those systems supported by HIU schemes, 999 calls reduced by up to 78%, A&E attendances and non-elective admissions reduced by up to 84% (for the HIU cohort).

On average systems will see expected results within 4 - 6 months.

HIU Impact (Case study examples)

Anonymised examples from Commissioner/Place business case relating to HIU implementation/expansion

Service 1:

2018/19 data showed that 27 people collectively attended the emergency department 939 times, with 139 subsequent non elective admissions. In the same year, another 107 people attended the ED 1418 times with 365 admissions.

A HIU service was commissioned in 2020. Evaluation of the service showed individuals were supported to be more independent and less reliant on services.

With a caseload of 40 clients, service 1 saw a 71% reduction in A&E attendances and a 48% in non-elective admissions. There was a 61% reduction in hospital conveyance over 12 months for 6 clients identified with both frequent A&E attendances and calls to the Ambulance Service.

This represents an estimated system cost avoidance of £132,442 comparing client activity across the same pre and post intervention time frames.

Service 2:

Service 2 had 172 people who attended A&E more than ten times a year. This cohort generated 2210 attendances and 494 admissions, equating to £1.38m non-elective activity in 2020-21.

A HIU service was commissioned, 69 service users were supported from September 2020 to the end of April 2022.

As a result of the HIU support, some service users have regained confidence, found employment and have been supported to live independently. Following support from the HIU service, many service users are reportedly more hesitant to present at U&E services.

Following the implementation of the HIU service there was a reported increase in system working.

ED attendances and admissions were lower for patients who received an intervention from the HIU team.

Overall average cost avoidance of £261k for a full year.

Service 3:

Following the implementation of a HIU service, service 3 saw a 58% reduction in A&E Attendances, 67% reduction in non-elective admissions, 71% reduction in ambulance conveyances. This equates to a system saving of £432,000.

The typical return on investment for a British Red Cross HIU service is between 250-400%.

HIU resource pack

- A resource pack for setting up a HIU service, including:

- HIU service specifications
- HIU Information Sharing Agreement
- Implementation timescales
- HIU person specification
- HIU job description
- HIU consent form
- HIU information governance flowchart
- Equality impact assessment
- Privacy impact assessment
- Information governance options
- HIU evaluation
- A bespoke business case is available upon request.

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Implementation Timescales / Project Plan

Milestones / Month	1	2	3	4	5	6	7	8
Business Case Sign Off								
Development of Service								
Agree Employer/Host								
Sign off Service Specification								
Sign off Information Sharing Agreements								
Agree Communication and Engagement Plan								
Agree Evaluation process								
Implementation								
Recruitment of HIU Lead								
Training of HIU Lead								
Preparation, relationship building, identification of client cohort and getting data sharing agreements in place								
Commence work with first cohort								
Evaluation of Cohort 1								
Begin work with Cohort 2								
Evaluation of Cohort 1 & 2								
Begin work with Cohort 3								

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Information Sharing Agreement (ISA)

An ISA is intended to provide the participating organisations/departments confidence in sharing information and all parties will operate to a common standard that complies with current and relevant legislation and guidance, in line with the [Data Protection \(overarching Information Sharing Protocol\)](#). Please return the completed form to XXXX.

1.0 Have the participating parties undertaken a Data Protection Impact Assessment to evaluate the potential risks involved in the sharing of the Personal Data? If so, please embed a copy here. If not, please explain why it was not considered necessary to do so.

2.0 What is the title of the Information sharing Agreement?
High Intensity Use Service XXXX

3.0 Which organisation (BSU/HSWT) and which department will be sharing the information?
[Insert hospital] Business Intelligence Team

4.0 Who will be the recipient of the information?

5.0 What information will be shared?
The following IED systems data will be shared for the top 250 patients per quarter with the highest A&E attendance who have attended A&E more than 5 times in the last 12 months and have attended within the last 3 months:

- NHS Number
- Name
- DOB
- Age
- Address
- Telephone number
- GP practice
- COG code
- Arrival mode
- Warning flag information
- Presenting complaint
- A&E attendance in the last 12 months

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Delete or add as necessary

PRIVACY IMPACT ASSESSMENT - CHECKLIST

Key Information – please be as comprehensive as possible

Project Name: High Intensity Use

Description of project: A High Intensity Use Lead will:

- Effectively identify and work with people who have High Intensity Use of healthcare services such as the ED, 999 or high admissions within the ICB footprint.
- Establish, utilise and coordinate stakeholders from multiple agencies – community health, social and mental health to support clients physical, social and mental well-being.
- Demonstrate a reduced workload on unscheduled care services and the wider health economy resulting from reduced 999 calls, which otherwise would have attended A&E, result in an admission.
- To safely manage and coordinate the chaotic and demanding nature of the client group through the use of multi-agency support and the volunteer sector.
- To provide holistic commissioning intelligence across all providers.
- Cover the stigma associated with High Intensity Use.
- Coordinate a replicable service which can be integrated and managed over the longer term across other providers.

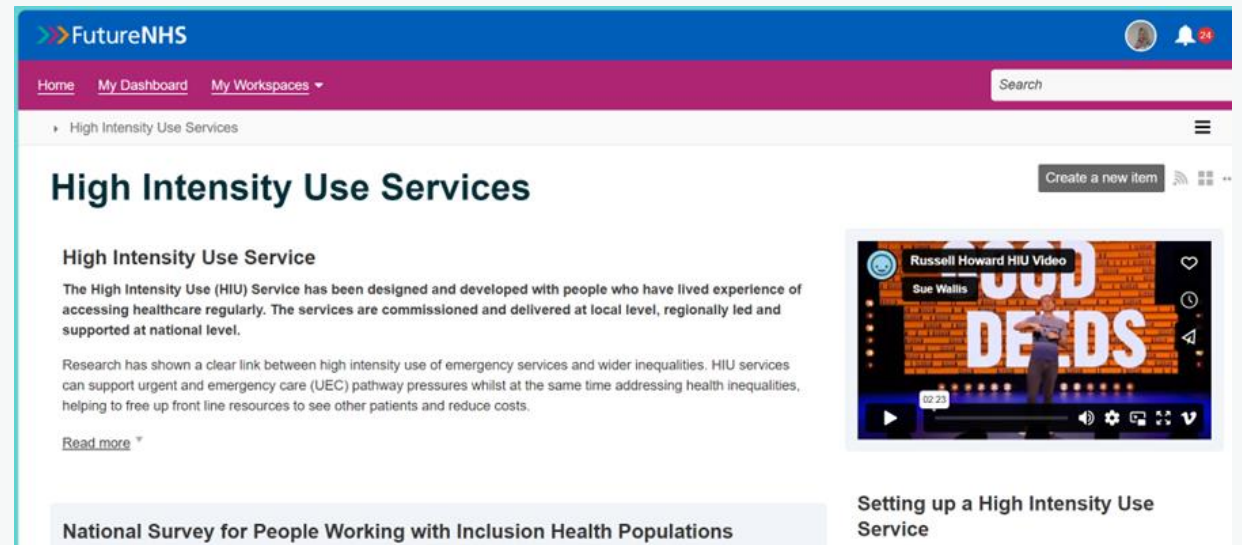
Will the project involve any data from which individuals could be identified (including pseudonymised data)? (Yes/No) Yes

IF NO THEN YOU DO NOT NEED TO ANSWER ANY FURTHER QUESTIONS AND A PIA IS NOT REQUIRED.

<https://www.england.nhs.uk/publication/high-intensity-user-service-resource-pack-supporting-documents/>

Resources and further information

- [High Intensity Use Services - FutureNHS Collaboration Platform](#)
- [NHS England » High Intensity Use programme](#) (HIU Website)
- Km.improvement@nhs.net (national team email)



The screenshot shows the FutureNHS web interface. At the top, there is a blue header with the FutureNHS logo and navigation links for Home, My Dashboard, and My Workspaces. A search bar is located on the right. Below the header, the page title is "High Intensity Use Services". The main content area features a section titled "High Intensity Use Service" with a sub-heading "High Intensity Use Service". The text describes the service as designed and developed with people who have lived experience of accessing healthcare regularly. It mentions that the services are commissioned and delivered at local level, regionally led and supported at national level. Below this, there is a paragraph of research findings and a "Read more" link. To the right of the text is a video player showing a video titled "Russell Howard HIU Video" by Sue Wallis. The video player has a play button and a progress bar. Below the video player, there is a section titled "National Survey for People Working with Inclusion Health Populations" and another section titled "Setting up a High Intensity Use Service".

HIU Contacts

National HIU contact

Rhian Monteith	rhian.monteith@nhs.net	National HIU Lead
	Km.improvement@nhs.net	National team email

HIU Regional contacts

Alison Hewitt	alison.hewitt14@nhs.net	Regional Lead - NHSE NW
Helen Reynard	helen.reynard@nhs.net	Regional Lead - NHSE NEY
Tracey Johnstone	tracey.johnstone2@nhs.net	Regional Lead - NHSE NEY
Amy Armstrong	a.armstrong6@nhs.net	Regional Lead - NHSE East
Isla Rowland	i.rowland2@nhs.net	Regional Lead - NHSE East
Lynne Dickson	lynne.dickson4@nhs.net	Regional Lead - NHSE SW
DR Bruce Pollington	bpollington@nhs.net	Regional Lead - NHSE SE
Matthew Spilsbury	m.spilsbury@nhs.net	Regional Lead - NHSE Midlands
Samantha Mattis	samantha.mattis@nhs.net	Regional Lead - NHSE Midlands

Health Inequalities Contacts

Region	SROs for HI – (some regions have joint roles)	Role	Email address
North East & Yorkshire	Rachel Johns - Joint HII SRO	Deputy Regional Director for Public Health	Rachel.Johns@dhsc.gov.uk
	Jonathan Slade - Joint HII SRO	Deputy Medical Director	jonathan.slade@nhs.net
	Peter Kelly - SRO for HII	Regional Director & NHS Regional Director of Public Health & SRO for HI	Peter.kelly@dhsc.gov.uk
North West	Andrew Furber - SRO for HI	Regional Director of Public health and SRO for HI	Andrew.Furber@dhsc.gov.uk
	Dr Gunjit Bandesha	Director of Healthcare Public Health	Gunjit.Bandesha2@nhs.net
Midlands	Giri Rajaratnam- Deputy SRO for HI & Joint SRO HI roles	Deputy Regional Director of Public Health	Giri.Rajaratnam@dhsc.gov.uk
	Mike Wade	Regional Director of Public health and SRO for HI	mike.wade@dhsc.gov.uk
	Jessica Sokolov	Regional Medical Director	jessica.sokolov@nhs.net
	Geetinder Kaur SRO for HI	Regional Public Health consultant & SRO for HI	geetinder.kaur1@nhs.net
London	Kevin Fenton - SRO for HI	Regional Director of Public health & SRO for HI	Kevin.Fenton@dhsc.gov.uk
	Julie Billett	Deputy to Kevin Fenton	Julie.Billett@dhsc.gov.uk
South East	Shahed Ahmad	Medical Director System Improvement & Professional Standards	shahed.ahmad1@nhs.net
	Alison Barnett - SRO for HI for region	Regional Director for Public Health	alison.barnett@dhsc.gov.uk
	Michael Baker - Deputy SRO for HI	Deputy RD of PH	michaelbaker@nhs.net
South West	Mark Cooke - Joint SRO HI leads with RDPH	Regional Director of Strategy and Transformation	mark.cooke1@nhs.net
	Debbie Stark Joint SRO for HI with Mark Cooke	Deputy Regional Director and NHS Regional Director of Public Health	Debbie.Stark@dhsc.gov.uk
	Sara Blackmore	Deputy Director South West Population Health & Wellbeing, OHID	Sara.Blackmore@dhsc.gov.uk
	Christina Button - Deputy SRO for HI	Head of Transformation	christina.button@nhs.net
	Ishani Kar-Purkayastha		ishani.karpurkayastha@dhsc.gov.uk
East of England	Simon Wood - SRO for HI	Regional Director of Strategy and Transformation	simon.wood8@nhs.net
	Tamara Willard - Deputy SRO for HI	Head of Delivery	tamara.millard@nhs.net
	Alike Ahmed - Joint SRO for HI	Regional Director, Public Health	Alike.Ahmed@dhsc.gov.uk