Why We Went to A&E

Summary Report on health-seeking behaviour and the knowledge, perception of a sample of Redbridge residents using local emergency health services

December 2013

Purpose of the research

NHS Redbridge CCG reviewed the profile of Accident and Emergency attendees from within their borough to better understand if there were any particular patterns in the use of A&E across the resident population.

The information from the review illustrated that during 2011 / 2012, there was a high level of attendance amongst people classified as White British, followed by Indian, British Indian, Pakistani and British Pakistani people. BME communities (Indian, Pakistani, Bangladeshi, Black African, Black Caribbean and Sri Lankan) account for 43% of the total cost of A&E attendances for conditions that potentially could have been treated in a local GP surgery during 2011-12. The CCG asked RedbridgeCVS to undertake a more detailed analysis, working with residents from the local community to better inform the CCG of reasons why individuals choose to go to A&E rather than any of the other services that they could use in the community to meet their health care need.

Redbridge sees significant numbers of A&E attendances for conditions that could have been treated in a local GP surgery. Many of these are classified by the hospital as resulting in "no investigation - no significant treatment" which seems to indicate that patients could have considered their GP, or a local pharmacist or self-care as viable alternatives.

Redbridge CCG commissioned this research to help them understand whether there were cultural and social factors that affected the use of local health services by people from the Indian and Pakistani communities in Redbridge, given the information that illustrated a high level of use by these communities. This research was designed and conducted by RedbridgeCVS' Health Partnerships Officer, Swati Vyas.

Research objectives

a) To understand the reasons for using A&E services for non-urgent health conditions amongst the Indian and Pakistani communities in Redbridge

b) To understand health seeking behaviour, and the knowledge and perception of using health services, of Indian and Pakistani communities in Redbridge

c) To reflect the findings of the research in a summary report for the CCG to determine recommendations for action

Time frame and Research methodology

This research was conducted during May-July 2013.We organised focus group discussions and personal interviews with target community members through established community and voluntary groups working with the Indian and Pakistani communities.

In order to test the hypothesis that the targeted BME communities may have different responses to the general population, it was also important to seek the views and experiences of people outside of those communities. As a result, we also designed an online survey and conducted patient interviews at King George A&E department and Loxford Polyclinic.

We asked about:

- Current health-seeking behaviour
- Current knowledge of the health service's 'pathways'
- Reasons for making current choices in using health services
- Recommendations for an improved experience of health services

Limitations of the research:

- The respondents who took part in the study might be a different cohort from the general population as they are more likely to be more engaged and knowledgeable about health services through sharing information during their regular visits to community and voluntary groups
- As the research was conducted partly during summer time and Ramadan, the availability of people from targeted communities was limited
- The online survey would have limited responses from residents who do not have access to the internet.

We adopted the following measures to minimise the impact of these limitations:

- We made sure that we adopted different mediums of data collection
- We conducted focus group discussions in community languages and preferred timings and venues when respondents were available including weekdays and weekends
- Consistency in questions included while conducting focus group discussions and the online survey
- Publicising the survey and focus group discussions using various mediums

Profile of respondents

We talked to 382 local residents using various methods, including focus group discussions, one-to-one interviews and an online survey. Of these, 262 were women and 120 men.

58% respondents were from the Indian community which formed 0.5% of the total Indian population (45660 persons as per 2011 Census) and 32% from the Pakistani community which is 0.4% of the total Pakistani population (31,051 persons as per 2011 Census) in Redbridge. The other 10% of the respondents described their ethnicity as White, White Other, Chinese, African, Caribbean, Bangladeshi or Other Asian. The 2011 census data for Redbridge showed that of the total population of 278, 970, 16.37% were of Indian ethnicity and 11.13% were of Pakistani ethnicity.

Key findings

Health-seeking behaviour

In the focus group discussions, most participants saw self-care as the first resort for minor health problems amongst adults. However those with concerns about their children's health would normally go to their GP first.

Many participants mentioned accessing Pharmacies for minor ailments. However, many people with long term conditions like heart problems were asked to go to their GP as the pharmacist could not prescribe medicines without a GP's prescription.

Figure 1: Showing the respondents' choice of health services for different health conditions

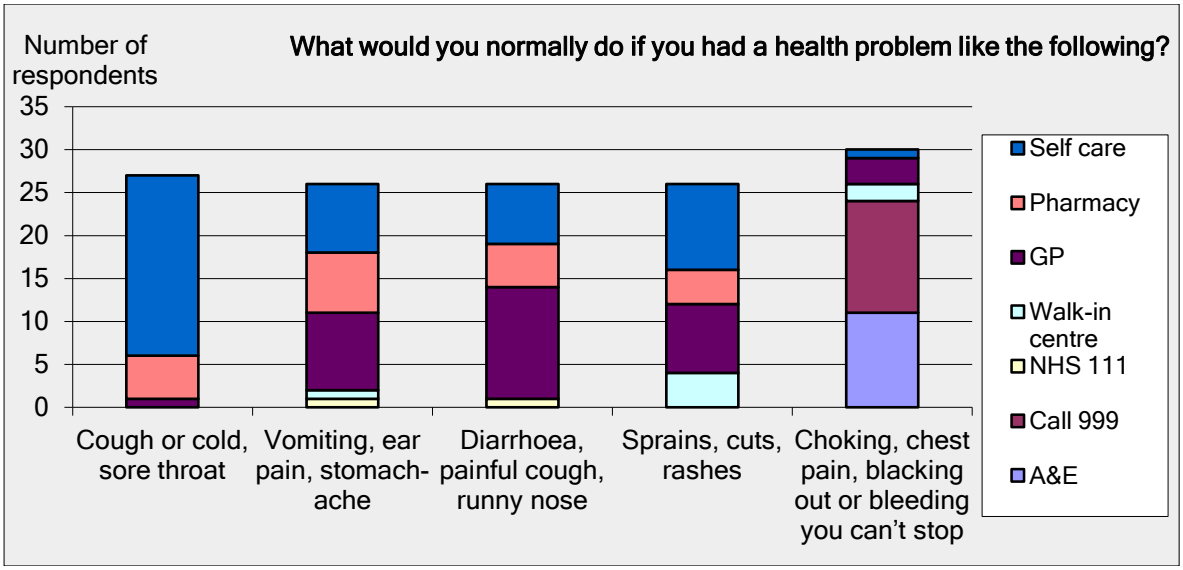


Figure 1, above, shows responses from the online survey and shows that respondents use self-care for symptoms like common colds, coughs or sore throats, whereas for life-threatening symptoms like choking, chest pain, blacking out or bleeding that did not stop, respondents said they would go to A&E or call 999. This strongly suggests that there isn't a

lack of information or understanding about the appropriate use of health services in the target communities.

However, there was one respondent who reported depending on self-care and three respondents going to their GPs for health conditions that serious and would need to go to A&E.

The main factors that affected people's decisions about choosing a health service were:

- Severity of the health problem
- If self-care or pharmacy responses are not effective, then people will use the service next in level (eg GP services, Walk-In-Centre, A&E etc)
- The availability of GP appointments within a 'reasonable time' so that health conditions don't deteriorate. Respondents expected to be seen within a week for non-emergency health conditions and wanted same day appointments for health conditions that needed urgent attention
- Who the care is for: if it is a child, then people prefer to go to the GP first while for adults, self-care was usually the first choice. This pattern was reflected in use of A&E.
- The time of the day when the health problem occurred
- How easy a service is to access – for example, pharmacies were perceived to be easier to access than GP services
- For recurrent health problems, decisions were based on past experiences

A small number of participants mentioned using private health services as they were not able to access specialist services when needed. One of the participants has also mentioned that, as they were covered by private health insurance, they accessed specialist health services in another country as their GP did not refer them for specialist services in spite of repeated requests.

Knowledge of appropriate health services

Participants are aware of different options available to local residents from self-care to Pharmacists, GPs, Walk-In Centres and A&E. Some older participants also referred to the 'Lifeline' panic alarm they were given by the Council in case of an emergency as an additional option.

Participants were aware that it would be an extra cost to the NHS if they went to A&E for non-urgent health problems. They were also aware that there was a lesser cost to NHS if they used a Walk-In Centre instead of A&E.

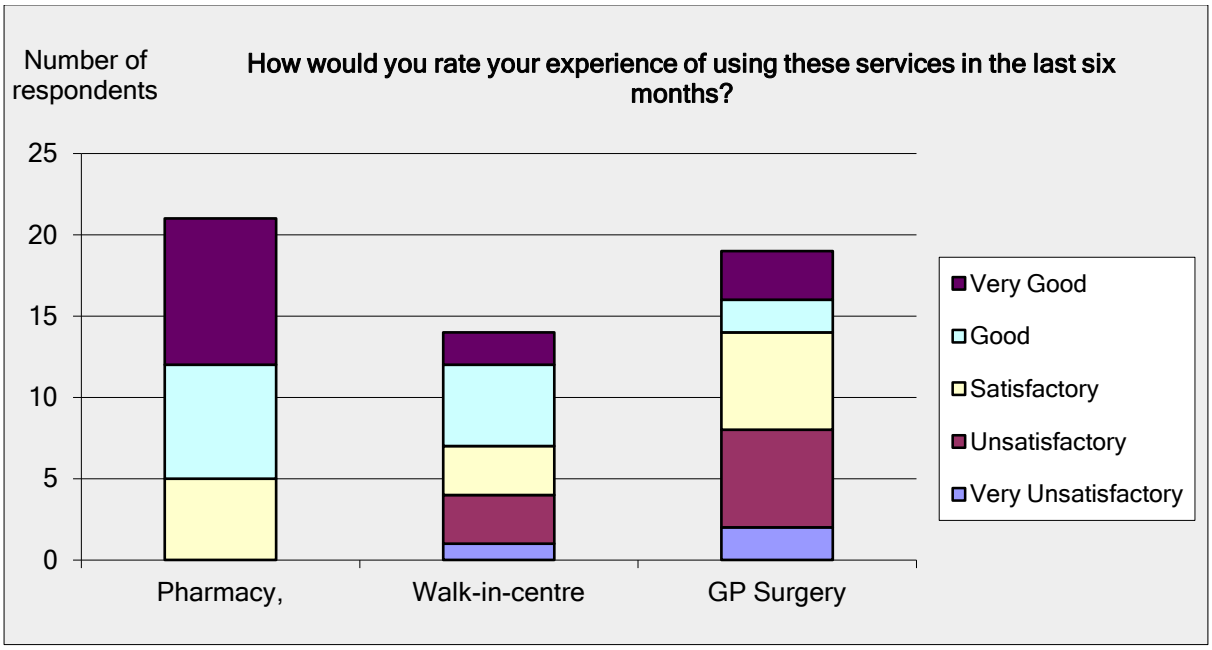
Perceptions and experience of using health services

Most participants highlighted accessing timely GP appointments as a major concern and GP appointments systems were a recurring theme throughout the research. Many participants perceived that more patients were registered with GP surgeries than had been in the past and, as a result, patients had to wait longer to get a GP appointment. This was seen as an issue that had been building up for several years.

Satisfaction with different health services

Figure 2, below, shows that satisfaction rates from the online survey of primary care services vary by different health services used by respondents in the last six months. Most respondents rated their pharmacy as 'very good', 'good' or 'satisfactory' (using self-defined measures of these ratings) whereas there were mixed ratings for Walk-In Centres and GP services. We received very similar responses from the focus group discussions with regards to these three services.

Figure 2: Respondents' rating of satisfaction of using different primary health services



What will make a difference?

Improved access to GP services

Some of the ways that were suggested to improve access to GP services are:

- The introduction of systems which will improve access to phone appointments, including ensuring 0845 numbers are not used as it is an additional cost to the patients
- Online booking for appointments is useful for those who have access to the internet, but the possibility of making telephone bookings should remain available
- In order to reduce waiting times in accessing GP services, surgeries should offer evening and Saturday appointments
- Consideration should be given to reviewing the number of patients that can be registered by GP practices
- A system offered in some GP surgeries where GPs return calls made by patients requesting emergency appointments to discuss their health problem and decide whether the patient needs an emergency appointment should be rolled out in all surgeries

- A review of waiting periods for Out-of-Hours GP services should be undertaken, leading to a consideration of measures to reduce them
- Further consideration should be given to ways that could reduce the numbers of missed appointments, for example SMS text reminders
- Building strong referral links with local community and voluntary groups to enable GPs and other health care providers to refer people with support needs to appropriate groups was widely recommended. There was a view that engagement with voluntary and community groups' services could lead to reduced GP and hospital visits. For example GPs might refer isolated patients to a range of culturally appropriate local support services, e.g. those offering befriending, physical activities, lunch clubs etc. These can address low-level issues relating to lack of mobility and social isolation etc. Models of formal "Social Prescribing" to voluntary sector services by GPs are being developed in other areas, and a pilot would be widely welcomed in Redbridge.

Improved communication

- Sufficient consultation time with GPs was crucial for patients to discuss complex or multiple health problems. The option of booking double appointments should be promoted at surgeries.
- The preferred modes of communication for this target group (ie people from Indian or Pakistani backgrounds) wanting information regarding health services were through health champions communicating in community languages, direct communication from GPs, and the use of radio and television.

For more information about the report and its findings, contact Ross Diamond at RedbridgeCVS Ross@redbridgecvs.net or Andy Strickland at Redbridge CCG Andrew.Strickland@onel.nhs.uk

Ends