

CLAHRCBITE

Brokering Innovation Through Evidence

TITLE: What are the social predictors of Accident & Emergency attendance in disadvantaged neighbourhoods? Results from a cross-sectional household health survey in the North West of England.



The aim of the project was to establish what factors influence A&E attendance across 20 neighbourhoods on the North West coast.

This would in time lead to finding what were the biggest influences and what could be done to reduce use of A&E attendances.

Background

UK attendance at Accident & Emergency (A&E) departments is constantly on the rise. The Kings Fund have indicated attendance could be reduced if people attended other primary care services. As attendance is increased in disadvantaged areas, the reasons for this are not always obvious. Whilst recognising that health issues are a problem, other socio-economic factors may play a role too and studies have not always addressed all the issues that influence A&E attendance.

Who was involved?

The public were involved from the early stages of the project, including the design and implementation stages. Public from the neighbourhoods, as well as partners and representatives from the local authority, were involved. Public advisors and partners have also been actively involved in the writing up.

What did we do?

In late 2015-early 2016, a pilot survey was done with 36 residents in the target areas. This led to some changes to the questions posed. Following this, 3,510 face-to-face interviews were conducted with one member of each household from the randomly selected households. The households were visited at different times of the day to capture a range of people available and households were spread over 20 neighbourhoods. The range of questions covered physical health, mental health, life styles and social issues.

What we found and what does this mean?

36% of survey respondents had attended A&E in the previous 12 months. Their attendance ranged between 1 visit and 95 visits. Age was the biggest factor, as surprisingly the 18-26 year olds were three times as likely to attend A&E compared to those aged 65 or above.

Depression and needing help with personal care (washing dressing) also influenced A&E attendance. However having more than one co morbidity did not mean people were more likely to attend, in comparison with someone with only one.

Lack of employment increased A&E attendance by 38% and poor housing conditions increased attendance by 34%.

A surprise in the relatively deprived areas indicated higher levels of education was associated with increased risk of A&E attendance.

Social support and social contact did not predict attendance levels. Those who attended A&E were more likely to live closer to the A&E department. The distance from GP surgeries also affected attendance.

What next?

In order to reduce A&E attendances, we need to focus on a variety of factors. Employment and housing quality are important to address. Policy suggestions also focus on the need for better placement of primary care services, and improving public transport links to reach those services.

Partners / Stakeholders

(Local Authorities) Blackburn with Darwen, Knowsley, Blackpool, Lancashire, Sefton, Cumbria, Cheshire West & Chester, Liverpool and (NHS) Liverpool CCG, East Lancashire CCG, Lancashire Care, Mersey Care, The Walton Centre, Cheshire & Wirral Partnership .

What is NIHR CLAHRC NWC?

The mission of the NIHR CLAHRC NWC is to work collaboratively with Partner organisations and other stakeholders including members of the public to co-produce and conduct high-quality, leadership enhancing, applied research designed to decrease health inequalities and improve the health of the population of the North West Coast.

Find out more

<http://www.clahrc-nwc.nihr.ac.uk/index.php>

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