Sheffield Hallam University

Is there some degree of unmet need in primary care?: analysis of a patient cohort accessing a new out of hours units

KELLY, Shona <http://orcid.org/0000-0003-4002-048X>, IBBOTSON, Rachel <http://orcid.org/0000-0001-7245-4528>, PIERCY, Hilary <http://orcid.org/0000-0002-7663-8858> and DAVIS, S Fowler

Available from Sheffield Hallam University Research Archive (SHURA) at:

http://shura.shu.ac.uk/25503/

This document is the author deposited version. You are advised to consult the publisher's version if you wish to cite from it.

Published version

Copyright and re-use policy

Is there some degree of unmet need in primary Care?: Analysis of a patient cohort accessing a new out of hours units.

Shona Kelly[1], Rachel Ibbotson[2], Hilary Piercy[3], Sally Fowler-Davis[4]

1. Professor of Interdisciplinary Health Research, Department of Social Work, Social Care and Community Studies, Sheffield Hallam University, Sheffield, UK

2. Research Fellow, Allied Health Professions, Sheffield Hallam University, Sheffield, UK

3. Principal Lecturer, Department of Nursing and Midwifery, Sheffield Hallam University

4. Clinical Academic Researcher, Sheffield Hallam University, and, Sheffield Teaching Hospitals NHS Foundation Trust

ABSTRACT - 397 words

Background: The increasing demands on Emergency Departments has led to considerable rhetoric on the availability of general practitioner (GP) appointments of which one perceived solution is to offer more out of hours (OOH) care. In England, OOH healthcare provision is regarded as urgent care only and offered as a mixture of telephone triage, drop-in centres, emergency departments (ED), and triaged appointments. This evaluation describes the patients who used new OOH appointments offered through the UK Prime Minister's Challenge Fund scheme which was intended to extend patient access to primary care. The aim of this paper is to report on the demographic profile of attendees and to offer some indication of the impact on ED.

Methods: The study used de-identifiable cohort data from 14 months of OOH appointments offered in 4 units in Sheffield and the responses to the standard NHS patient-opinion questionnaire modified for this programme. Descriptive analysis of the appointment data was conducted. Multivariate logistic regression analysis of the survey data examined the characteristics of the patients who would have gone to the Emergency Department (ED) had the OOH appointments not been available.

Results: There were 24,448 appointments for 19,701 different patients resulting in 29,629 service outcomes (i.e. clinical advice, prescription issued). Six percent of appointments were deemed urgent and two-thirds were non-urgent but needed follow-up. Less than 1% of appointments were judged inappropriate by the consulting GP. The non-attendance rate was 1.8%. Females accounted for 60%

of all attendances and 70% in the under 35 age group. The patients from the poorest 5th of the population used nearly 40% of the appointments. The patient survey found OOH appointments were extremely popular - 93% selecting 'extremely likely' or 'likely' to recommend the service. Regression analysis of patient opinion survey data on whether ED would have been an alternative to the OOH service found that males, young children, people of Asian heritage and the most deprived were more likely to have gone to ED without this service.

Conclusions: Similar to the published literature, the users of the OOH service were substantially different from in-hours service users; consisting of young adults and children as opposed to the elderly. The findings of this analysis also support the idea that there may be unmet need in the poorest fifth of the population. Future analysis of access to primary care services needs to incorporate patient perceptions and not just statistical data.