

Use of Accident and Emergency Services in Dudley

BACKGROUND

Dudley PCT's Strategic Plan 2009-2010 has 3 main objectives;

- ◆ To minimise reliance on health and social care services by improving the well being of the population
- ◆ To become a world class commissioner of healthcare by integrating health needs assessment and people engagement
- ◆ To raise the quality of service provision.



Misuse or overuse of Accident and Emergency services is a problem for many PCTs. Dealing with a large number of minor cases can clog up the A&E department, leading to long waiting times and excessive costs. In many cases, GPs, pharmacies and other providers of health advice are appropriate alternatives for treatment and can help reduce the burden and costs on A&E services.

According to figures published on the Dudley PCT website, there were 77,761 admissions to A&E in 2008/09. Previous research commissioned by Dudley PCT revealed that particular pressure points on the A&E service were created by admissions of children under 5 and people who have been brought in by their carers. The ultimate goal for Dudley PCT is to change the behaviour of those using A&E inappropriately.

METHODOLOGY

The purpose of our research was to understand the rationale behind A&E use by the groups identified as higher volume users of urgent care: These were identified through a summary review of previous research data, along with primary data collection via focus groups and telephone interviews.



M·E·L's specialist Healthcare and Communities team firstly ran focus groups with three types of user identified as higher-volume users of urgent care groups, to gain in-depth insight into usage and awareness of urgent care services. Telephone interviews were undertaken to generate data of a more quantifiable nature around the same topics. These interviews were with patients who had recently used the Walk-In Centre at Holly Hall Clinic or A&E Department at Russell's Hall Hospital in Dudley.

OUTCOMES

The reasons for deciding to use A&E services in Dudley varied between the different types of user, as did experiences of A&E and awareness of the alternatives to A&E. The findings will be used to help inform future work on Urgent Care in Dudley, and to support change being informed by patient views.

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