

# Can trends in public behaviour be changed? Moving from A&E to GP attendances

A rapid review of existing evidence

September 2016





# Overview

Behavioural insight is an approach to understanding and changing people's behaviour by analysing, improving, designing and offering free choices, so that their automatic choices are more likely to produce helpful outcomes that benefit individuals themselves and society generally.

This paper provides some key examples of initiatives that have attempted – at times successfully- to change the behaviour of the public to attend GPs or Primary Care Services instead of A&E.

The following research includes two system-wide initiatives, 12 individual case studies and a deep dive into a patient behavioural research project conducted in London's A&Es. It is important to note that as this is a rapid review, it is not systematic nor does it cover all existing initiatives and data on the subject. Rather it pulls out some key examples to share learning and provide good practice guides.

The following slide lists the studies and provides their key quantified impact, or notes when this was inapplicable or unavailable. In the case of the latter, contact has been made with the sources of the initiatives in an attempt to gather more information on their impact, however this information has not yet been received.

## Methodology

The rapid review used mixed methodology combining qualitative and quantitative approaches to capture a broad range of examples. The first stage used desktop research via academic resources such as the King's Fund, Nuffield Trust, British Medical Journal and Google Scholar. Search terms were refined to save time by eliminating unnecessary articles ensuring studies that specified a redirection to GPs were prioritised. The research team also examined a range of sources such as project reports, stakeholder websites and press releases and then contacted project leads and practices directly to identify the quantifiable impact of the studies and fill in any missing information. In addition, relevant HLP programmes such as Primary Care were contacted to provide expert knowledge and insight and highlight relevant case studies.

Results of qualitative research was also included via the case studies and patient perspectives provided within *London's A&E Behavioural Insight Project*. Research was then streamlined, summarised and combined.

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# Key studies and their impacts

Page	Study	Key Quantified Impact
8	System-wide Study 1: Whole System Solutions for Urgent and Emergency Care	<i>Not applicable</i>
9	System-wide Study 2: Prime Minister Challenge Fund – General impact	15% reduction in A&E attendances in London
11	Case Study 1: Current state - A&E attendances that could have been dealt with in primary care	16% of A&E attendances are inappropriate and could have been dealt with in primary care
12	Case Study 2: Prime Minister's Challenge Fund –Health United Birmingham (HUB)	10-15% reduction in A+E attendances from live practice patients between Nov-Dec 2013 and Nov-Dec 2014
13	Case Study 3: England's 7 day GP opening trials	9.9% reduction of A&E attendances by patients of the pilot practices
14	Case Study 4: Time to Act Urgent Care and A&E – the patient perspective	15% of patients presenting to A&E can be seen safely in the community
15	Case Study 5: Cutting A&E use and health inequalities	10% reduction in A&E usage in targeted areas
16	Case Study 6: Non-clinical navigators can ease pressures in A&E – City and Hackney CCG	Average net monetary benefit of over £160,000 per year for each whole time equivalent navigator.
17	Case Study 7: Solving the A&E crisis using GP lead triage and redirection	56% of patients were re-directed to their usual GPs
18	Case Study 8: Better GP access, better A&E outcomes	20% reduction in A&E attendance
19	Case Study 9: Using behavioural insights to reduce A&E pressure in Medway	<i>Information not available online – have emailed source</i>
20	Case Study 10: Reducing Pressure on Accident and Emergency Services	<i>Information not available online – have emailed source</i>
21	Case Study 11: Feel Well, Choose Well Winter Campaign	<i>Information not available online – have emailed source</i>
22	Case Study 12: Healthwatch Norfolk	<i>Information not found</i>
23	Deep Dive: London's A&E Behavioural Insight Project	<i>Not applicable</i>

# **System-wide Studies**

# System-wide Study 1: Whole System Solutions for Urgent and Emergency Care

## Background and Case for Change:

Demand for emergency and urgent care is continuing to increase. The reasons for this are a complex mix of changing demographic, health and social factors but the way we deliver urgent and emergency care has remained the same.

There is no reason to expect this trend to reverse so the system of delivering care has to adapt. Whole system approach is needed to tackle the problems in Urgent and Emergency Care (UEC).

## The Solution:

In March 2014, University of Sheffield published a paper that summarised and interpreted the evidence in terms of what we already understand about key interlinked system areas, highlight areas for further investigation and provide examples of existing developments that are already tackling these complex challenges.

### Understanding and Managing Demand

Whole system demand needs to be understood to ensure services meet needs.

Factors associated with increasing demand on UEC:

- health needs and the ability to respond
- decision making about what and where to access care.

The current system has a range of services with complex interrelationships that are poorly understood.

## Recommendations:

**System redesign** - Understanding the current whole system demand alongside the current system will identify the gaps. Key principles for UEC system development should then provide a framework for system re-design responsive to the needs of the local population. Redesign should also consider other sectors such as social care, local authorities and voluntary organisations to ensure wide health and social care policy initiatives can be met.

**Decision Making** - To understand, designing and delivering a coherent and effective local system Urgent and Emergency Care Networks need to be developed. The following elements also need to be understood and considered in relation to their impact on the whole system: access and navigation, direct access to services, media campaigns, workforce and capacity, ambulance services and primary care.

Experience has shown that attempts to make access easier (walk in centres, NHS Direct, NHS 111) increases expectations and consequently increases demand. This will need to be considered in assessing whole system demand.

# System-wide Study 2: Prime Minister's Challenge Fund: general impact

## Background and Case for Change:

In October 2013, the Prime Minister announced a new £50 million Challenge Fund to help improve access to general practice and stimulate innovative ways of providing primary care services. 20 pilot sites were selected to participate in the Challenge Fund, covering 1,100 general practices and 7.5 million patients. Each scheme chose its own specific objectives, innovations and ways of organising services.

## The Solution:

Pilots were selected based on their public and patient engagement; sustainability prospects; scale and ambition; leadership and commitment; links to local strategy; capacity for rapid implementation and their monitoring and evaluation plans.

Pilot schemes have included improvements aimed at providing patients with differing needs with access to the right care from the right professional at a time which is convenient for them. They have also used the opportunity to kick start or build upon collaborative working and embark upon transformational change of primary care delivery. Their innovations have been very broad in nature including extended GP appointment hours, video consultations, E-prescriptions, collaborations with other organisations, patient group consultations, self-management tools and more.

## *Quantified Impact:*

**15% reduction in A&E attendances**

## Impact :

Across 16 out of the 20 pilot schemes, a total of 75,000 extended hours of access to primary care services have been provided between the time that individual pilot schemes went live with their initiatives in May 2015. Of this, 55,000 hours (73%) were provided by GPs. Collectively the schemes resulted in:

- Around 238,000 additional available appointments during non-core (extended working) hours of which 184,000 additional available appointments were provided by GPs; and
- Around 520,000 additional available appointments during core working hours of which 162,000 were provided by GPs.

Up to May 2015, at a programme level, there has been a statistically significant reduction in minor self-presenting A&E attendances by those patients registered to Challenge Fund GP practices. Overall, this has translated into a reduction of 29,000 minor self-presenting A&E attendances and represents a 15% reduction. Nationally, there has been a 7% reduction in these minor A&E attendances. Of the 20 pilot schemes, 13 have shown a statistically significant reduction in minor self-presenting A&E attendances. Focussing on those 13 pilot schemes with a reduction in minor A&E attendances observed during the time that each pilot scheme has gone live with implementing its initiatives compared with the same time period in the previous year, the overall reduction is 34,000 attendances.

# Case Studies

# Case Study 1: Current state - A&E attendances that could have been dealt with in primary care

## Background and Case for Change:

In 2002 the Royal Society of Medicine conducted a study to identify the relationship between 'inappropriate' attendance at an accident and emergency department (AED) in South Essex by adults registered with local general practices and their use of primary care.

*Quantified Impact :*  
**16% of A&E attendances are inappropriate and could have been dealt with in primary care**

## The Solution:

A case-control study matched for age, sex, distance from the AED, social class and registered general practice and set in a single AED and two health centres in South Essex.

- Participants were 452 patients over 15 years old from the two health centres classified as having attended the AED 'inappropriately' in 1997 as identified by a modified Sheffield process method, and 452 controls.
- The predictive variables were measures of utilisation in the year 1997, including number of contacts in primary care, referral and investigation costs.
- Measures of morbidity were collected as potential confounders. These included a recorded history of anxiety or depression in the year 1997, or being in receipt of repeat prescriptions in that year.

**Impact:** The rate of 'inappropriate' attendance was 16.8% [95% confidence interval (CI): 15.7-18.0]. All measures of utilisation and markers of anxiety and depression were significantly positively associated with 'inappropriate' attendance, but there was no association with markers of chronic morbidity. Only the number of general practitioner (GP) appointments ( $P < 0.0001$ ) and out-of-hours advice calls ( $P < 0.0001$ ) were independently correlated with 'inappropriate' attendance in a conditional logistic regression. 'Inappropriate' attendees had approximately twice as many GP appointments and 10 times as many out-of-hours telephone contacts with the GP.

**Conclusions:** GP-registered, 'inappropriate' attendees at AEDs utilise primary care services more than matched controls; this pattern of service utilisation appears to be unrelated to chronic physical illness. Thus, simply providing new, directly accessible primary health care services may not significantly reduce AED use.

# Case Study 2: Prime Minister's Challenge Fund - Health United Birmingham (HUB)

## Background and Case for Change:

Health United Birmingham (HUB) is a consortium that has been formed to make it easier for patients to see their doctors where and when they want to. It has won £1m from the Prime Minister's £50m Challenge Fund to pilot new ways of improving access to general practice.

*Quantified Impact :*  
**10-15% reduction in A+E attendances from live practice patients between Nov-Dec 2013 and Nov-Dec 2014**

## The Solution:

HUB is a partnership between two GP partnerships - Modality and Bellevue – and Digital Life Sciences, a healthcare technology and change management company and is supported by Sandwell and West Birmingham Clinical Commissioning Groups, Sandwell Council and Birmingham City Council. It comprises a central hub which acts the single point of entry for 60,000 people.

Technology is used to increase access to the hub. There is a digital channel through which patient records are stored and shared. The patient, the GP, the specialists and community workers can all see the patient's medical records at the same time.

Patients will be able to:

- see GPs from 8am to 8pm, seven days a week
- use instant messaging to chat to clinicians
- see consultants without having to go hospitals
- manage their care from their homes

## Impact:

The HUB successfully demonstrate an alternative model for delivering enhanced primary healthcare through remote and physical access. It repatriates out-of-hours services and provides additional access to primary healthcare both within and outside of normal practice hours. The key impacts are:

- A 72% reduction in Did Not Attend (DNA) statistics.
- Average consultation times have reduced by almost 25%.
- 65% of patients are dealt with remotely
- 10-15% reduction in A+E attendances from live practice patients between Nov-Dec 2013 and Nov-Dec 2014

# Case Study 3: England's 7 day GP opening trials

## Background and Case for Change:

Restricted access to primary care can lead to avoidable, excessive use of expensive emergency care. Since 2013, partly to alleviate overcrowding at the Accident & Emergency (A&E) units of hospitals, the UK has been piloting 7-day opening of General Practitioner (GP) practices to improve primary care access for patients.

## The Solution:

The study looked at 4 Central London GP practices that started piloting 7 day opening at various points in time starting April 2013. Given the pilots were not randomly assigned, 30 other GP practices in Central London were used as the control group.

## *Quantified Impact :*

*9.9% reduction of A&E attendances by patients of the pilot practices*

## Impact:

- 7-Day GP opening reduces weekly A&E attendances by patients of the pilot practices by 9.9%.
- The impact is largest on the weekends with a drop of 17.9% in A&E attendances
- An additional finding is that there is also a 9.9% fall in weekend hospital admissions (from A&E) which is entirely driven by a fall in admissions of elderly
- Based on GP's assessment, about 56% of the patients would have sought out a weekday GP appointment if they had been unable to see a GP on the weekend, suggesting that 7-day opening helped to alleviate some weekday GP appointment pressure.
- For the remaining 44% of cases, the GPs indicated that the outcome in the absence of the weekend intervention would have been attendance at an A&E.
- Improved continuity of care due to GP treatments being based on direct past experience with the patient and access to their medical records
- >90% of patients said they'd recommend service to family and friends.

## Conclusions:

Incentives need to be put in place for GPs to want to sign up for extended opening hours, including addressing the current limits in revenue due to their capitation payment, such as re-allocate money saved by hospital A&Es, enabling the savings to be internalised and incentives aligned.

# Case Study 4: Time to Act Urgent Care and A&E – the patient perspective

## Background and Case for Change:

2015 and especially the winter of 2014/15, saw unprecedented pressures on A&E departments. In 2014, there were 14.6 million patient attendances to A&E departments in England alone: an average of 40 patients per minute.

## *Quantified Impact :*

*Previous research by the Royal College of Emergency Medicine has shown that 15% of patients presenting to A&E can be seen safely in the community (if appointments are available within 24 hours); this figure rises to 22% when primary care services are co-located.*

## The Solution:

This joint report by the Patients Association and the Royal College of Emergency Medicine highlights new research exploring the choices, decisions and experiences of patients who accessed A&E services for urgent healthcare needs. Between September 2014 and February 2015, the Patients Association and the Royal College of Emergency Medicine ran an open access survey exploring how patients with urgent healthcare needs had accessed accident and emergency services. This survey was available to patients and the public on the Patients Association website. The survey asked a range of questions in order to ascertain the experiences of patients with an urgent healthcare need who had recently used an A&E department, their awareness of alternatives, and their preferred treatment location. A total of 924 responses were received.

## Key findings and Recommendations:

- Patients are aware of alternatives to A&E but many still choose it because they are unable to access timely help elsewhere.
- Data from this survey and reported activity from NHS 111 demonstrate that substantial and increasing numbers of patients attend A&E because they are advised to do so by other healthcare providers even when they are receiving treatment for their current healthcare problem from other providers or have needs that are not best served by the skills and resources of A&E staff.
- The A&E brand is immensely powerful. It is futile to discourage attendances, as those most likely to heed the advice may well be those whose need is greatest or most appropriate.
- Recommendations include co-location of other out-of-hours services with A&E departments to simplify patient decision-making while ensuring that all patients are streamed to the most appropriate care provider in a safe and timely manner. This configuration of services has previously been supported by many national organisations, including the Keogh Review of Urgent and Emergency Care, but a recent survey showed that in 60% of systems no such co-location of primary care services with A&E exists in only 40% of sites.

Reference: Royal College of Emergency Medicine,

[http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=3&ved=0CC0QFjACahUKEwjQ5I\\_xglrGAhWJtxQKHJeACY&url=http%3A%2F%2Fwww.rcem.ac.uk%2FCEM%2Fdocument%3Fid%3D8480&ei=dbx6VZDWDovUqK9gbAC&usq=AFQjCNfXGECTo0G3lzMRmS2YB0KNJzSCQ&sig2=q1hNsyM7AMZd\\_PmkvgxzBA](http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=3&ved=0CC0QFjACahUKEwjQ5I_xglrGAhWJtxQKHJeACY&url=http%3A%2F%2Fwww.rcem.ac.uk%2FCEM%2Fdocument%3Fid%3D8480&ei=dbx6VZDWDovUqK9gbAC&usq=AFQjCNfXGECTo0G3lzMRmS2YB0KNJzSCQ&sig2=q1hNsyM7AMZd_PmkvgxzBA)

# Case Study 5: Cutting A&E use and health inequalities

## Background and Case for Change:

Since 2002, attendances at A&E departments across England have risen sharply. In 2009-10, over 20.5 million people attended A&E - an increase of almost 5% from the previous year. This increase is thought to be due to confusion over GP out-of-hours services and a rise in migrant populations, members of whom are less likely to register with a GP and, therefore more likely to use A&E services. In south west London, nurses, community workers, GPs and others have worked together to develop a programme that supports migrant communities, resulting in a reduction in their use of A&E services.

## *Quantified Impact :*

**10% reduction in A&E usage in targeted areas**

## The Solution:

The programme included:

- A bilingual advocacy service to signpost people to NHS services, run education workshops, identify ambassadors in the community and provide interpreting and translating services in GP practices and at home visits.
- A six-week education programme was developed and run by a multidisciplinary team, including nurses, health coaches, paramedics, pharmacists, midwives, nutritionists and falls specialists. The programme helped participants set their own health goals and become mentors in their communities to share what they learnt.
- Large-scale educational open days were run in community venues to create a friendly environment where local people could meet professionals and ask for advice.

## Impact:

The health diversity initiative has helped to address the trend of rising A&E attendances:

- Since the programme began in 2010, overall A&E usage rates have declined by 3%
- This reduction is even more marked in the five practices serving the most deprived areas, which have received targeted support. Here, there have been reductions in A&E usage of around 10%
- More patients from migrant groups are registering at GP practices and a new migrant registration policy has been developed
- Migrant communities report feeling more educated and empowered to use GP and pharmacy services, rather than always relying on A&E
- Colleges, health fairs, the YMCA, homeless charities and the heads of education are rolling out education strategies to help younger migrants, who are less likely to register with a GP, understand how to access services

# Case Study 6: Non-clinical navigators can ease pressures in A&E – City and Hackney CCG

## Background and Case for Change:

City and Hackney CCG has higher rates of A&E attendances than the average across all London CCGs, with about 10,000 patients going to an A&E department every month. 70% attend A&E at Homerton Hospital. The hospital has a primary urgent care centre within the department, to which 30-40% of primary care cases are diverted after seeing the assessment nurse. A significant number are not registered, however, and there are no walk-in centres elsewhere in City and Hackney.

## *Quantified Impact :*

**Average net monetary benefit of over £160,000 per year for each whole time equivalent navigator.**

## The Solution:

In February 2013, the CCG funded four non-clinical patient navigators (2FTE) , working within Homerton University Hospital's A&E, to educate patients about sources of healthcare and encourage GP registration,

Their role was to approach patients in A&E waiting areas to:

- educate and inform patients who had been triaged by the assessment nurse as only needing non-urgent appointments/referrals about local services available;
- show unregistered patients how to register with a GP, including informing patients which practices in their area are taking new patients and liaising with GP practices about the enrolment process needed; and
- work with frequent attenders to help identify recurrent problems and signpost them to other services.

## Impact:

- 6% of patients left A&E to access alternative sources of healthcare after interacting with a navigator
- There was a 30% increase in people leaving the primary and urgent care centre without being seen.
- The number of City and Hackney CCG patients attending A&E did not increase significantly between 2012-13 and 2013-14, compared with rising attendances elsewhere in the country - this could be linked with the introduction and impact of navigators.
- 40% of people seen by a navigator registered with a GP - a much higher success rate than other known interventions
- Many interactions resulted in the correction of A&E electronic patient record details, including adding GP details - this led to a 20% reduction in the number of patients attending A&E who were then discharged with missing GP details.
- Navigators have become a valuable source of information about local clinics and services for which clinicians did not know specific details - A&E staff also felt they helped manage patient expectations about waiting times in A&E.
- City and Hackney has extended funding to increase the number of navigators to cover five whole time equivalent posts.
- Information collected by navigators showed there is an ongoing need for education about different sources of healthcare.

# Case Study 7: Solving the A&E crisis using GP led triage and redirection

## Background and Case for Change:

It is well-documented that a large proportion of patients attending Emergency Departments could be managed safely in primary care- indeed many of these patients may receive better care from primary care services.

Care UK and St Georges Hospital devised an innovative new system where GPs and nurses based in triage identify patients who could be managed more appropriately in primary care as soon as they enter the Emergency Department, and re-direct them back to primary care services.

## The Solution:

Together with GPs and nurses, the redirection team includes an administrator who ensures that the patient has an appointment booked for the appropriate primary care service on that day.

The project was done as a prospective study of 150 patients over 5 weeks using a structured questionnaire.

- Of the 150 responses, 129 were from direct interviews and data from 21 patients had to be collected from their patient notes.
- The service operates between 9am and 5pm on weekdays.
- The total number of patients we navigated at that time was 277.

## Quantified Impact :

**56%** of patients were re-directed to their usual GPs, 32% to OOH services and 10% to walk-in-centres

## Key findings and Impact:

- 83% of patients were satisfied with their outcome and rated the redirection service as 'good' or 'excellent'.
- The most common reasons for patients attending A&E were as follows:
  - 1) They felt that their condition was serious and needed A&E treatment (19%)
  - 2) They could not get a GP appointment (18%)
  - 3) Waiting time for a GP appointment was too long (15%)
  - 4) Convenience (14%)
- The biggest category of presenting complaints was 'musculoskeletal' (22%) followed by 'dermatological' (14%). Within musculoskeletal, back pain was the most common symptom
- 56% of patients were re-directed to their usual GPs, 32% to OOH services and 10% to walk-in-centres.

**Reference:** Care UK and St George's University Hospital, London, [https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwjB5JT4g-70AhUIC8AKHZ0BBQ8QFggeMAA&url=https%3A%2F%2Fwww.myhealth.london.nhs.uk%2Fsystem%2Ffiles%2F30.%2520Solving%2520the%2520A%2526E%2520crisis%2520using%2520GP%2520lead%2520triage%2520and%2520redirection\\_0.pdf&usq=AFQjCNG-eOk\\_Cu8jNv2tS4vpHmq-de\\_wsw&sig2=wFGzHQ7H7y8yv4rJzCdJvA](https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwjB5JT4g-70AhUIC8AKHZ0BBQ8QFggeMAA&url=https%3A%2F%2Fwww.myhealth.london.nhs.uk%2Fsystem%2Ffiles%2F30.%2520Solving%2520the%2520A%2526E%2520crisis%2520using%2520GP%2520lead%2520triage%2520and%2520redirection_0.pdf&usq=AFQjCNG-eOk_Cu8jNv2tS4vpHmq-de_wsw&sig2=wFGzHQ7H7y8yv4rJzCdJvA)

# Case Study 8: Better GP access, better A&E outcomes

## Background and Case for Change:

A&E attendances have risen dramatically, with an increase of more than a million to 18,300,190 in the 12 months from February 2012 to January 2013 compared to the previous year. Many providers are also failing to meet the four hour waiting time target.

A study by Patient Access reviewed if the right telephone access to GPs can help reduce inappropriate demand for accident and emergency services.

## *Leading the way : The example of Thurmaston Health Centre, Leicester*

*Thurmaston Health Centre has 6,300 patients and the practice has been using the method of telephone consultations since July 2011. average time waited by a patient to see a GP fell from 5.5 days to patients being seen the same day; patient contacts increased by 30 % and while telephone calls increased threefold, face to face appointments decreased by 50 %. Within a month, 80 per cent of patients said they liked the new system. As a result of the change, the practice discarded its plan to have an additional GP, thereby saving £90,000 a year. It also achieved a 49.5 % reduction in A&E visits, a 64% reduction in ambulatory care sensitive conditions admissions, a 14 % reduction in emergency admissions and 49 per cent reduction in elective admissions.*

## *Quantified Impact:*

*20% reduction in A&E attendance*

## Findings of whole study:

Ease of access to a GP by telephone is linked to lower use of A&E services, irrespective of deprivation of the practice population. This system, while invented by GPs to solve the problem of workload and increasing demand in primary care, could provide part of the solution to reducing inappropriate demand for A&E services.

Some practices appeared to have no specific provision for telephone access to a GP, while others operate different models including an “informal” way of working, a “partial” system and a “systematic” method. The study found the systematic model to be most effective as it works by reconnecting the GP directly with the patient.

- The patient phones the surgery and asks for their doctor. This request is noted on a list for that specific GP.
- The GP works through the list, ringing back the patient to discuss the request.
- In that telephone conversation, the problem is addressed between the patient and GP. There may be the following outcomes: advice, referral to the practice nurse or nurse practitioner, or a face to face appointment with the doctor.
- The doctor offers the face to face appointment directly to the patient.

This approach was described as helpful to the doctors in that they were able to manage their workloads through making their own appointments and they were able to prioritise urgent patients. Staff morale across the board improved. Examination of the A&E attendance rate showed a 20% reduction, which was shown to be statistically significant.

# Case Study 9: Using behavioural insights to reduce A&E pressure in Medway

## Background and Case for Change:

In summer 2014, the behavioural insights team at the Department of Health investigated whether a simple intervention can change patient behaviour to reduce numbers of non-emergency A&E attendances that could have been treated elsewhere. At Medway Hospital:

- there could be overuse of A&E for non-emergency reasons from those living very close to the hospital.
- Medway On Call Centre (MedOCC) is being used as a substitute for GP appointments.
- 20% of MedOCC patients are not registered with a GP, approximately double the average rate in the local area.

## Findings from Scoping Exercise\*:

Over half (56%) of patients included in the A&E audit could have been seen by a GP, pharmacist or have called 111 for advice in the first instance. A third (34%) of patients admitted to the A&E were triaged to MedOCC [A&E on site GP].

There is a perception among many local people that A&E doctors are more 'expert' than GPs.

The focus groups and A&E survey found that there is poor understanding of the full array of local urgent care options among local people and among some A&E staff.

Areas in Medway with highest use of A&E for non-urgent reasons tend to be clustered in postcodes near to the hospital

*\*Full impact not available online: Have emailed source.*

## The Solution:

### Phase 1:

- Aims to address the 2014/15 pressures.
- In order to develop interventions quickly, these projects target behaviours related just to A&E demand, specifically focussing on reducing non-emergency attendances that could have been treated elsewhere.

### CCG targeted letter trail

- The project developed a letter and leaflet based on behavioural insight which contains information to help people plan future attendance to alternative local urgent care options.
- Mailing targeted households in areas with high attendance for minor ailments. These areas tend to be clustered near to the hospital.

### MedOCC patient letter trial

- A letter & leaflet sent to patients triaged to the on-site GP (MedOCC) by A&E for minor ailments.
- Includes information on alternative local care options & a prompt to register with a GP.

### Phase 2 (Underway)

- Aims to develop a broader programme of interventions for this year's winter pressures (2015/16).
- These longer-term projects aim to address other areas of pressure in the emergency care system, for example recognised bottlenecks around admission into hospital from A&E.

# Case Study 10: Reducing Pressure on Accident and Emergency Services

## Background and Case for Change:

Clinical Commissioning Groups in Bristol, North Somerset and South Gloucestershire (BNSSG) asked our Communications Team to devise a marketing campaign that would help reduce the rate of A&E attendance among people with minor illnesses or injuries during the busy winter months. The campaign objective was to raise public awareness of the available alternatives to A&E (such as minor injuries units, walk-in centres, GP surgeries, pharmacists and the NHS 111 service) and to reach the widest possible audience.

The activity had to be delivered cost-effectively, to maximise the funding allocated by NHS England to ease winter pressures and to help achieve national standards for patient care.

## The Solution:

- Co-ordinated campaign delivery across an extensive geographic area, appointing one of our experienced Campaign Managers to lead the six-month project, with support from our Marketing and Communications Manager.
- Arranged three focus groups to establish the campaign messaging, tone and style.
- Devised the campaign strategy and the strapline 'Think ABC before A&E', encouraging people to consider all options and choose the right service when they were unwell or injured.
- The integrated multi-media campaign included delivery of 275,000 door-to-door leaflets; a dedicated website; digital, print and outdoor advertising; editorial coverage; social media campaigns; a mobile phone application; and information in targeted point-of-care locations such as GP surgeries.
- Drove regular engagement with the Project Board which included representatives from CCGs, local hospital trusts and community providers.
- completed an independent campaign evaluation using an external research organisation.

## Conclusions\*:

The project maintained the same creative concept and branding across the whole region, but tailored activity to promote the most appropriate services for each locality. This approach optimised campaign impact across the region whilst also achieving substantial economies of scale. It's flexible approach and regular engagement with the Project Board members allowed it to adapt activity reactively to meet CCG needs. For example, a mobile phone app was developed for South Gloucestershire CCG. The independent evaluation showed that 'Think ABC before A&E' was successful in raising awareness of alternatives to A&E and in reducing A&E attendance by people with minor injuries. Having carefully monitored the public response to each campaign activity, there is a clear understanding of the most cost-effective and impactful approaches which will inform future behaviour change campaigns for BNSSG and other customers.

*\*Full impact not available online: Have emailed source*

# Case Study 11: Feel Well, Choose Well Winter Campaign

## Background and Case for Change:

A&E departments across the country face serious challenges as increasing numbers of people seek emergency treatment. With the winter period being the busiest time for health services, this places considerable strain on already stretched A&E staff. In a bid to reduce the pressure on A&E departments, NHS Arden & GEM CSU worked with CCGs across Coventry and Warwickshire, to encourage people to choose the right health service at the right time.

## The Reach\*:

The response was overwhelmingly positive and far reaching:

- 95% of people surveyed thought it important for the NHS to promote winter health
- Face to face engagement activity resulted in 586 people playing our 'test your Choose Well knowledge' wire game
- Over 500 testing the cleanliness of their hands under UV light
- 35,000 Feel Well information booklets distributed
- 313 people surveyed for campaign research
- Over 69,000 views on YouTube for the animated video
- 2000 ice scrapers handed out
- The mobile app was also downloaded over 1700 times since its launch.

## The Solution:

Using traditional methods of communication as well as social media and online tools to capture the imagination of younger people, the campaign included:

- A free 'Feel Well and Choose Well' guide offering tips on staying healthy during winter and where and when to use health services - distributed via health and social care services, including; GP Surgeries, pharmacies, council locations and A&E departments
- A light-hearted animation video called 'Dee's A&E Fail Tale' aimed at 16-25 year olds using humorous but true examples of when not to go to A&E
- The 'Health Sat Nav' mobile app to signpost people to their nearest health service (Pharmacy, GP, Walk-in, A&E, Dentist, Optician) based on their location
- A radio campaign on Free Radio including a series of vignettes and presenter reads to deliver the messages in an informal and engaging way
- Promotion via Twitter using the hashtag #feelwell
- Engagement events in various locations across Coventry and Warwickshire - our engagement team was out and about in the community giving help and advice on staying healthy and getting medical help using a range of fun engagement activities.

Delivered in two phases, the campaign focused on 'Feel Well' messages between November and December 2013, and how to stay healthy over the winter period.

*\*Full impact not available online: Have emailed source*

# Case Study 12: Healthwatch Norfolk

## Background and Case for Change:

Norfolk hospitals have been under extreme pressures due to high demand on their A&E departments. This is due to:

- People living longer and having more complex needs
- Delayed ambulance response times

The Queen Elizabeth Hospital, Kings Lynn was placed into 'special measures' in late 2013 over concerns about low staffing levels and standards of care and missed A&E waiting time targets.

## The Solution:

Healthwatch Norfolk undertook a research project regarding the reasons why, and how the public attended the Queen Elizabeth Hospital's A&E, or are admitted to the hospital when they could have received appropriate care at home or within the community. The focus of the research project was of the patients' experiences living in the West of Norfolk. With a spotlight upon reducing attendances to the A&E department and avoidable emergency admissions and developing an understanding of the public's behaviour in regard to accessing urgent care services, through to patient's appropriate use of right services at the right time within Norfolk. The project ran from May to October 2014 gathering up-to-date information on what was important to local people utilising a questionnaire, follow up telephone interviews and focus groups discussions. In order for this research project to be successful, Healthwatch Norfolk worked with a number of partners in The Queen Elizabeth Hospital, community services and clinical commissioning groups all of equal importance.

## Evidence and Recommendations:

### Access to Information

**Evidence:** people do not have accurate and accessible information on the types of services available to them offering urgent care. This can lead to confusion, people not knowing where to go for the right kind of treatment and care and in some cases resulting in people going A&E when they could get appropriate help elsewhere.

**Recommendation:** *view and improve the accuracy and availability of information on the most appropriate services to access, in accordance to a person's health needs (e.g. similar to the 'Choose Well' campaign materials), through consultation with patients.*

### Access to urgent care health, particularly out of hours

**Evidence:** The findings show that some GP appointment systems are acting as a barrier to getting timely care. This supports local knowledge that the A&E department at the Queen Elizabeth Hospital is very busy particularly at the weekend and is being used in the form of a 'Walk-In Centre' by some patients.

**Recommendation:** *Utilise winter pressure monies to:*

- Conduct a feasibility study on a Primary Care Centre at the Queen Elizabeth Hospital (e.g. as piloted at the NNUH in 2013).*
- Carry out a patient-centred review of the volume, location and accessibility of out-of-hours health care available to people in the West Norfolk area on Saturdays and Sundays. Pilot a Community Pharmacy Minor Ailment*

# **Deep Dive: London's A&E Behavioural Insight Project**

# A&E Behavioural Insight Project

## The Research Brief was to:

- Better understand the public and their views and understanding of Urgent and Emergency Care;
- Understand the patient perception of what A&E offers, when it should be used, how it can be used and accessed and whether there are 'rules' of access;
- Understand how patients and the public actually use the system;
- Understand whether there is knowledge of and access to other services alternative to Accident & Emergency;
- Understand the roles and challenges facing staff in A&E.

## Who was involved?

- 879 patient interviews: With those who were willing to be interviewed in the A&E waiting areas. A mix of open and closed questions
- 48 employee surveys: Using an online survey with open and closed questions



**Queen's Hospital:** 164 interviews



**St Thomas' Hospital:** 151 interviews



**North Middlesex Hospital:** 195 interviews



**St George's Hospital:** 203 interviews



**Northwick Park Hospital:** 165 interviews

## Questions were asked about:

- How **worried** patients were
- **Confidence** in treating themselves
- Knowledge of both **symptoms** and the **impact** of the symptoms on the patient
- **Expectations** of A&E
- **Expectations of professionals** they would see
- **Tests and treatments** expected
- How they **travelled** to A&E
- What they **knew about A&E** and how they'd **learnt this**
- Knowledge of **alternative services** and methods of treatment
- **Who** they had **sought** and **taken advice** from prior to attending A&E
- Demographic information such as **gender, age and ethnicity.**

# A&E Behavioural Insight Project

## What we learnt....



**Convenience and ease of access** was a key enabler for patients to attend the A&E department they had attended.

A&E was their 'local' service.

69% of patients were travelling less than 20 minutes to the A&E

The **age of those attending** and who were willing to be interviewed showed that the largest age group was 25 – 34 years making up 26% of those interviewed, and 11.4% aged 20 – 24 years.

- **Confidence** in treating themselves i.e. self care was low
- 74% scored themselves at 4 or lower on the confidence tracker
- Patients are attending because they don't think they can manage the symptoms/ treatment themselves and wanted to be reassured

### What's wrong with them?

60.18% of attendees are certain or reasonably certain of what is wrong with them

It came across in interviews that those who attend A&E feel that they are in the *right place*, they have made a *logical decision* based upon information available, *skill/expertise* that they have and *access and ability to get to services*

**Worried:**  
43.58% of those asked claimed to be 7 or above on the worried scale

**'Really worried** - blood test is more serious service, I'm guaranteed to be seen. GP would send here anyway. Always go to A&E if worried' Female, 25 – 34, Northwick Park



### What are they doing pre A&E?

**55.6%** of those answering got advice from someone else before attending A&E.

**40%** of those interviewed had *sought advice* from other *health professionals* before they attended A&E.

**20%** had attempted self-care prior to attending A&E.

Many had sought professional and non-professional advice before attending. Key influencers are family and friends and anecdotal stories that someone in the NHS advised them to attend.

# A&E Behavioural Insight Project

## What we learnt....



### Why are patients in A&E?

*'Purely because I knew to get a GP appointment would be nearly impossible'. Male, 25 – 34, St George's*

*This is the only option available and I want to be seen today'*

Female, 45 – 60, St George's

*'It's near to work - wouldn't get appointment with GP' Female, 25 – 34, St Thomas'*



### Who do people expect to see?

37.32% of attendees expect to see a nurse and 56.88% a doctor.

There didn't seem to be an expectation of specific types of healthcare professionals, only 10.9% expected to see a specialist.

This could indicate that patients are using A&E to access traditional healthcare roles.

They believe that A&E is the route to accessing nurses and doctors, which is confirmed by their experience at A&E.

### How long do they expect to wait?

- 8.67% - less than 30 mins
- 11.68% - 30 mins – 1 hour
- 28.69% - 1 -2 hours
- 20.12% - 2 – 3 hours
- 13.97% - 3 – 4 hours
- 7.94% - longer than 4 hours

**48.81%** expecting to wait between 1 – 3 hours,  
**21.91%** expecting to wait more than 3 hours.

### Expectations of what is going to happen:

Type of treatment and care that patients expected included:

- Getting reassurance 5%
- *Diagnosis/checked out* 24%
- 35% expecting some kind of *medicine/prescription*
- First aid/deal with the injury 16%

### How do we know what we know?

60% of patients are basing their expectations and stating that their *past experiences* have guided them to attend A&E.



*'I have a couple of Dr friends so shared experience from their stories about working in hospitals'*

*'My mum told me'*

*'On TV, 24 hours at A&E'*



The type of tests thought needed appears key to why patients attend the A&E.

29% expect an x-ray, ECG, scan, ultrasound.

While 10.47% are hoping for these tests.

40% are looking for a test that would reasonably be expected to be found in A&E departments.



# A&E Behavioural Insight Project

## What did employees tell us?

### How many patients could be treated elsewhere?

- 1 to 5: 35.4%
- 6 to 10: 20.8%
- 11 to 20: 4.2%
- More than 20: 31.5%
- Refused: 2.1%



### How many patients were advised they could be treated elsewhere?

- 1 to 5: 56.3%
- 6 to 10: 20.8%
- 11 to 20: 6.3%
- More than 20: 14.6%
- Refused: 2.1%



*'Patients vote with their feet. They constantly tell me they can't get GP appointments'*

*'If they come to an ED they know they are likely to get seen promptly at an hour that suits them and will get prompt tests etc.'*

## Advising patients about other options for treatment



**68.8%** said they had a *knowledge* level of 7 or higher about alternative methods of treatment

**54.2%** have a 4 or lower level of *being worried* about the patients response, though **29.2%** have a level of 7 of higher to this question



### What role do A&E employees feel they have in advising patients of alternative treatment options?

- 'Not our role': 8.33%
- 'Part of our role': 29.17%
- 'Somewhat part of role, but not main': 29.17%
- 'Very important part of our role': 16.67%
- 'Educating patient of options, they just don't know': 14.58%
- 'Waste of time': 8.33%



### What role do A&E employees feel they have in advising patients of self-care options

- 'Not our role' 8%
- 'Part of our role' 38.5%
- 'Somewhat part of role, but not main' 22%
- 'Very important part of our role' 20%
- 'Educating patient of options, they just don't know' 22%
- 'Waste of time' 2%
- 'Should be done by GP' 8%

### What are the opportunities to help patients access appropriate care

- NHS111- 14.58%
- Public education - 20.83%
- Improving GP & UCC - 8.33%
- Role of GP & UCC - 12.5%
- On site help - 20.83%
- 'NHS 111, posters etc. The system is confusing and patients commonly come to the ED just to be on the safe side'

### What challenges does the system face ensuring patients are accessing appropriate care?

*'Lack of access to GP services in a timely fashion'.*

*GPs not referring patients appropriately to secondary services. Patients not willing to wait' - Consultant*

*'Every health care provider should play a role in promoting self-care and should educate the patients for self-care'*