USE OF HEALTHCARE SERVICES

What’s the issue?

It is important to examine and assess the use of healthcare services. It can help determine the current health needs of the population, predict future health care needs, and determine if specific groups are using health care inappropriately such as attending A&E when they should be seeing their GP.

It is also useful to examine usage by different groups to determine if there is an inequalities gap, for instance, if the prevalence of a disease is 50% higher among people living in the most deprived fifth of areas of Hull compared to people living in the least deprived fifth of areas of Hull, then one might expect that hospital admissions would similarly be approximately higher, but if admissions were only 20% higher it could signify health inequality and/or problems with access to healthcare.

What’s our situation?

From the local adult Health and Lifestyle Survey 2011-12 [63], three-quarters of respondents reported their last dental visit was to an NHS dentist, 15% had seen a private dentist while 6% did not know whether their dentist was NHS or private, and 2.5% said they had never been to a dentist. From the local Young Persons Health and Lifestyle Survey 2012 [74], two thirds of boys and almost three-quarters of girls had seen their GP in the past year; 38% of boys and 33% of girls had attended A&E in the past year; 12% of boys and 10% of girls had had an inpatient hospital stay over the past year.

Over the period 2008/09 and 2010/11, Hull residents had an average of 74,800 hospital stays each year [97]. Over this three year period, annual age-standardised admission rates were 312 admissions per 1,000 residents in the most deprived fifth of areas of Hull compared to 229 admissions per 1,000 residents in the least deprived fifth of areas of Hull. Further information on hospital admission rates and emergency re-admission rates within 30 days of discharge is given in the JSNA section on secondary care, www.hullpublichealth.org/jsna2017.html#c25.

For more detailed information, see the JSNA Toolkit: General Health, Disabilities and Caring report.

What are the strategic needs?

There is a need to work with partners to ensure that there is a shared understanding of people’s needs and that services are integrated, high quality and accessible in ways that offer people appropriate choices such as care organised locally. There is a need to work together to promote self-care, reablement or mutual support in community settings so this is viewed as the norm and reduce reliance on residential or home care. The most vulnerable citizens should be identified so their specific needs are addressed in the way they wish. There is a need to work with individuals and communities to ensure they know where to go for medical help, and are not accessing A&E inappropriately.

The local Humber, Coast and Vale “Start Well, Live Well and Age Well” Sustainability and Transformation Plans (STP) [3] aims to move towards place-based provision of services which are good quality and safe as well as operationally and financially sustainable. The vision is to support everyone to manage their own care better, reduce dependence on hospitals and use resources more efficiently. The six priorities are to help people stay well, place-based care, creating the best hospital care, supporting people with mental health problems, helping people through cancer and strategic commissioning. To achieve the aims of the STP, it is necessary that communities and public and voluntary sector organisations work together. Processes are being put in place which involve finance, governance, workforce, the local estate, communication and engagement, and technology (see the JSNA glossary www.hullpublichealth.org/jsna2017.html#c82 for more information).
References


