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Different approaches are needed to manage ED demand among different age groups

Background / Objectives

A variety of interventions have been proposed to manage the rising demand for Emergency and Urgent Care, described by an NHS England review as unsustainable in the long term. However it is unlikely that any suggested approach will be equally suitable for the diverse population of ED users.

We aimed to understand the different patterns of demand amongst different types of patients attending ED. We also sought to understand the intended and unintended effects of initiatives to manage demand. Our study combined insights from routine data, a survey of 486 ED patients, and qualitative interviews with ED staff. This paper describes the results of our analysis of the interviews.

Methods

We conducted semi-structured interviews with 25 ED and Urgent Care Centre staff across 7 hospital sites in Yorkshire and Humber between 25th April 2016 and 11th July 2016. The interview topic guide asked about 4 broad areas; job role, description of patients attending ED and their impact on demand, description of inappropriate attendance, and current/future initiatives to deal with rising demand. We analysed the results to identify groups of patients with different patterns of use of ED services. We also explored ED staff experiences of demand management initiatives, and their suggestions for future initiatives.

Results

Although we did not ask specifically about patients' age, our analysis revealed that ED staff spoke differently about children and young people, working age people, and older people as patients. They described different reasons for attendance, different routes to the ED, and different issues driving demand. Staff also described variation in the time taken to treat patients of different ages, with the oldest and youngest patients described as requiring the most time.

There was no consensus amongst staff about the effectiveness of initiatives for managing demand. A strikingly wide variety of initiatives were mentioned. These included patient education, co-location of other services with ED ("ED hubs"), and extending community-based services.

Conclusion

ED staff attribute distinctly different patterns of ED attendance to patients of different age groups, including reasons for attending ED, the route to the ED, and the rate of unnecessary attendance. Given this variation, proposed demand management interventions are likely to impact differently on different age groups, and one solution is unlikely to be optimal for all ages. Therefore a number of different approaches will be needed to manage ED demand among different age groups.