

ShowCase

Getting the Right Treatment

Topic: Misuse of A&E

Organisation: Tower Hamlets PCT

Location: Tower Hamlets (London)

Dates: 2005 to 2008

Budget: Phase 1 – £60,000; Phase 2 –
Approximately £40,000

Website: www.towerhamlets.nhs.uk



Overview

Getting the Right Treatment was a comprehensive social marketing programme to address misuse of Accident and Emergency (A&E) services in Tower Hamlets, specifically amongst the Bangladeshi community.

Phase 1 (December 2005 to September 2006) involved a 'Local Heroes' campaign, to raise awareness and promote use of alternative local health services.

Phase 2 (October 2006 to April 2008) involved a complete assessment of care pathways and reconfiguration of access systems to improve alternative health services.

Phase 1 results:

- 6.4 per cent decline in attendances at the Royal London Hospital A&E department between September to January 2005/06 and September to January 2006/07
- Spike in Pharmacy First consultations
- Increase in number of males aged 20 to 29 accessing local GP surgeries

Phase 2 results:

- Increase in case management from 393 in 2007 to over 1000 in 2008
- 2,245 patients per month treated by GP Out-of-Hours service
- Significant increase in attendance at walk-in centres

1. BEHAVIOUR

Phase 1

- Encourage patients to self-care or seek local, community-based alternatives for urgent care, to relieve pressure on A&E departments

Phase 2

- Develop better integrated, more localised services with improved accessibility

2. CUSTOMER ORIENTATION

Phase 1

- Analysis and profiling of A&E attendance records
- Two focus groups with target audience
- Eight in-depth interviews with A&E staff

Phase 2

- Telephone survey of 500 local people
- Review of all local urgent care providers
- User questionnaires and analysis of complaints
- Ipsos MORI's GP Access Survey
- Quantitative and qualitative review of paediatric A&E

3. THEORY

- **Social Norms Theory:** Behaviour is strongly influenced by perceptions of how a social group behaves and desire for conformity with this group

4. INSIGHT

Phase 1

- Target audience confident they would receive best diagnosis and treatment at A&E, guaranteed to be seen by a doctor – Cultural preference for doctors

Phase 2

- If given reliable and accessible community services, people would prefer these to A&E
- Complexity and confusion over services
- Difficult to gain fast access to GPs
- Over 40 per cent of A&E attendances were for health problems that could have been dealt with in primary care

5. EXCHANGE

Barriers:

- Lack of access to, knowledge of and satisfaction with other health services
- Cultural preference for seeing a doctor

Individual benefits:

- Local access minimises travel time and inconvenience
- Better customer care from less over-stretched services
- Improved self-efficacy

Professional benefits:

- Most effective use of skills
- Reduced pressure on A&E

6. COMPETITION

- Need to create and promote community health services that can compete with A&E
- Long term external competing factors:
 - Population growth
 - Population diversity
 - Relative poverty

7. SEGMENTATION

- Highest A&E attendances by:
 - Age – 0- to 4-year-olds; 20- to 29-year-olds
 - Ethnicity – Bangladeshi
- Targeted communications plan for parents and young children
- Used trained health guides from local Bangladeshi community as outreach workers

8. METHODS MIX

Phase 1

- 'Local Heroes' campaign to raise awareness of alternative local healthcare services – Street presence; 'Find-a-Doc' scheme; Assisted registration for Pharmacy First scheme; Direct mail; Posters

Phase 2

- Training for frontline staff to direct to appropriate services
- Directory of Local Services and interactive care website
- Urgent care education pack
- Direct mail of 'Out Of Hours' phone number fridge magnets
- Urgent Care Strategy to improve pathways from A&E – Case management; Extended GP hours; Improved out-of-hours and walk in facilities