



Use of emergency care by vulnerable groups

September 2019

Interventions to manage use of the emergency and urgent care system by people from vulnerable groups: a mapping review

The NHS currently faces increasing demand on accident and emergency departments and within the wider system of urgent and emergency care. This has led to questions about whether the needs of specific populations are best met within this system. This review sought to look at whether the needs of vulnerable groups are being handled appropriately or whether alternative methods of service delivery may provide more appropriate emergency and urgent care (EUC) services for these populations.

We aimed to identify

- whether any interventions exist to manage use of the EUC
- core characteristics of interventions
- whether these interventions reported any outcomes relevant to changes in health service use.

The methods utilised were an initial mapping review of published research evidence and identification of interventions and initiatives undertaken in the UK. These were followed by a detailed intervention analysis using the TIDieR¹ framework.

Nine intervention types were identified - case management, care planning, urgent care clinics, case finding, outreach services and teams, migrant support programme, (non-clinical) care navigators, front of A&E general practice, and rapid access doctor/paramedic/urgent visiting services

For further information contact Louise Preston l.r.preston@sheffield.ac.uk

Background

Our objective was to identify what interventions exist to manage use of the emergency and urgent care system by people from a pre-specified list of vulnerable groups. We aimed to describe the characteristics of these interventions, and examine service delivery outcomes (for patients and the health service) resulting from these interventions.

Using definitions from the EU VulnerABLE² project we identified the following groups as being vulnerable and that there was a lack evidence on their use of the EUC.

Box 1: Vulnerable groups

- Socioeconomically deprived people and families
- Migrants
- Ethnic minority groups
- Long term unemployed/inactive
- People with unstable housing situations
- People living in rural/isolated areas
- People with substance use disorders

Methods

1. The first stage of the review was a mapping review to assess the quantity and nature of published evidence. All study designs and evidence from within and outside the UK was included.

2. The second stage was a review of UK interventions and initiatives identified via non-peer reviewed/grey literature sources.

3. The final stage was a review of interventions using the TIDieR framework.

Key findings

There was limited evidence on interventions targeted at any of our population groups of interest.

Interventions were targeted at frequent attenders of the Emergency Department or frequent users of EUC. Frequent attenders may overlap with vulnerable

groups but there are multiple and complex reasons for their frequent attendance.

Nine different types of interventions were identified which may have promise for managing use of the EUC system.

Box 2: Promising interventions

- Targeted case management
- Care planning
- Urgent care clinics
- Case finding
- Outreach services and teams
- Migrant support programme, (non-clinical)
- Care navigators
- Front of A&E general practice
- Rapid access doctor/ paramedic/ urgent visiting services

Implications

Most evidence identified tended to look at frequent attenders – a group who could also be considered vulnerable.

Vulnerable populations cannot be looked at in isolation and vulnerability may be time and context specific. Interventions developed need to consider this.

Alternative service provision needs to consider context – realist methods may be appropriate for designing and evaluating interventions.

Reference to report

Booth, A et al (2019) Managing use of the emergency and urgent care system by people from vulnerable groups: Review of interventions and UK initiatives <https://www.journalslibrary.nihr.ac.uk/programmes/hsdr/164717/#/>

Supporting references

1. Hoffmann TC, et al. Better reporting of interventions: template for intervention description and replication (TIDieR) checklist and guide. *Brit Med J* 2014;348 doi: 10.1136/bmj.g1687.
2. Balfour R, et al. EU VulnerABLE: Pilot project related to the development of evidence based strategies to improve the health of isolated and vulnerable persons, 2017

