

6 Use of clinical services

6.1 Introduction

In this section, data are presented on the use of primary and secondary healthcare services by children and young people in Hackney and the City. Please note that this section does not include community or universal services (e.g. Health Visiting (see Section 1.7), young people's health services (see Section 2.7)), nor does it include mental health services (see 'Mental health and substance misuse' chapter of the JSNA) or disability services.

Box 1: Definitions used in this section

Primary care – healthcare provided in the community, predominantly through general practice, but also via dental practices, community pharmacies and high street optometrists

Secondary care – healthcare provided by a medical specialist, usually following referral from primary care, or attendance at an accident and emergency (A&E) department

6.2 Local data on service use

Primary care

Registrations

In total, there were 297,085 people (all ages) registered with a GP in Hackney and the City as of November 2015, which is larger than the estimated resident population of 273,500. [1] This phenomenon holds true for all ages up to 24 years, and is attributed at least in part to high levels of population mobility and delays in removing patients from lists after they have left the area. At the same time, it is estimated that approximately 4-5% of Hackney and the City's residents are not registered with a GP (in Hackney and the City or elsewhere). [2]

Attendance

On average, children and young people in Hackney and the City (aged up to and including 19 years of age) attend 2.2 primary care appointments a year (with GPs and other clinical staff). The majority of these appointments are with GPs – an average of 1.8 appointments each year locally.

Secondary care

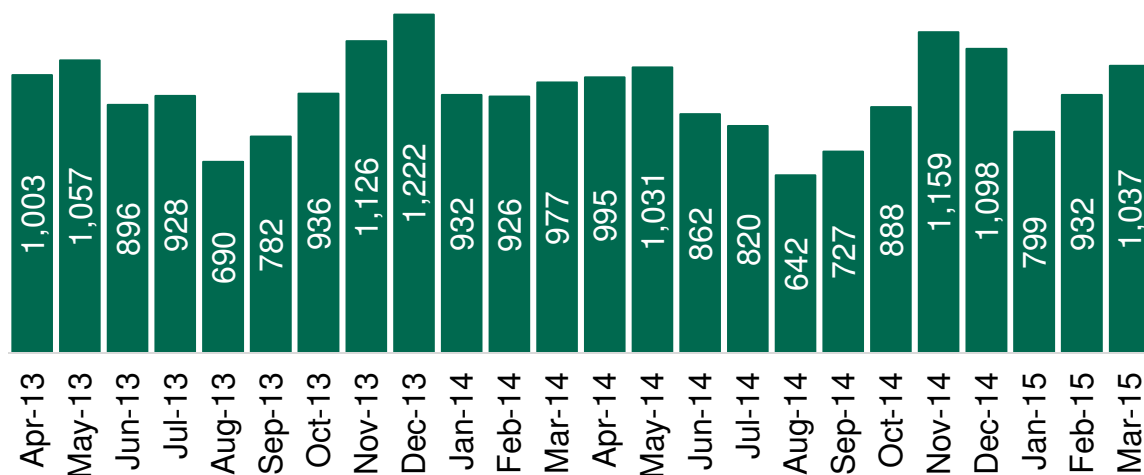
Accident and emergency attendance

The rate of attendance at A&E tends to decrease with age. Over the two-year period 2013/14 to 2014/15, there were 22,465 A&E attendances at Homerton University Hospital NHS Foundation Trust (HUHFT) in Hackney and City residents aged four

and under. This equates to approximately 1.1 visits per child per year. Data were not available for older children at the time of writing.

There is a clear seasonal pattern in A&E attendances by children aged four years and under, with a peak in November/December, and a trough in August (Figure 1). Comparable data for all ages at HUHFT is not available at this time, but nationally the same pattern is not seen for all ages. [3]

Figure 1: Number of visits to HUHFT A&E by 0-4 year olds each month (2013/14-2014/15)



Source: Homerton University Hospital NHS Foundation Trust (HUHFT)

Across children and young people of all ages, two common groups of presentations to A&E are injuries (including both unintentional and deliberate injuries) and lower respiratory tract infections. Unintentional injuries are the major cause of morbidity and premature mortality for children and young people. [4]

Children, young people and young adults are most likely to present to A&E for self-treatable conditions (STCs) nationally. In total, over one quarter of all emergency presentations for those aged 6-20 years are for STCs, peaking in those aged 11-15 in whom one third of presentations are for STCs. The most common STC in young people presenting to A&E is sprains – comprising 40% of STCs in those aged 6-20 years, and 65% of STCs in those aged 11-15. [5]

Hospital admissions

Detailed admissions data at HUHFT are again available for Hackney and City residents aged four years and under over the two-year period 2013/14 to 2014/15. There were 3,560 admissions over this period in this age group, which equates to 173 per 1,000 children over two years.

Further analysis has been undertaken of the most common causes of admissions in children aged four and under nationally – namely gastroenteritis, lower respiratory tract conditions and accidents and injuries. These are detailed in Table 1.

Table 1: Number and rate of emergency hospital admissions in 0-4 year old residents of Hackney and the City over two years at HUHFT, by reason (pooled data 2013/14-2014/15)

Cause of admission	Number of admissions	Rate per 1,000 population
Gastroenteritis	156	7.6
Lower respiratory tract conditions	475	23.1
Accidents or injuries	219	10.6

Source: HUHFT

The rate of emergency admissions for children aged 0-18 years with a lower respiratory tract condition in Hackney and the City is 80 per 100,000 (2013/14). [6] Local rates of hospital admissions for children aged 0-14 years with an unintentional or deliberate injury is 97 per 10,000; and for 15-24 year olds it is 101 per 10,000 (2013/14). [6]

6.3 Inequalities

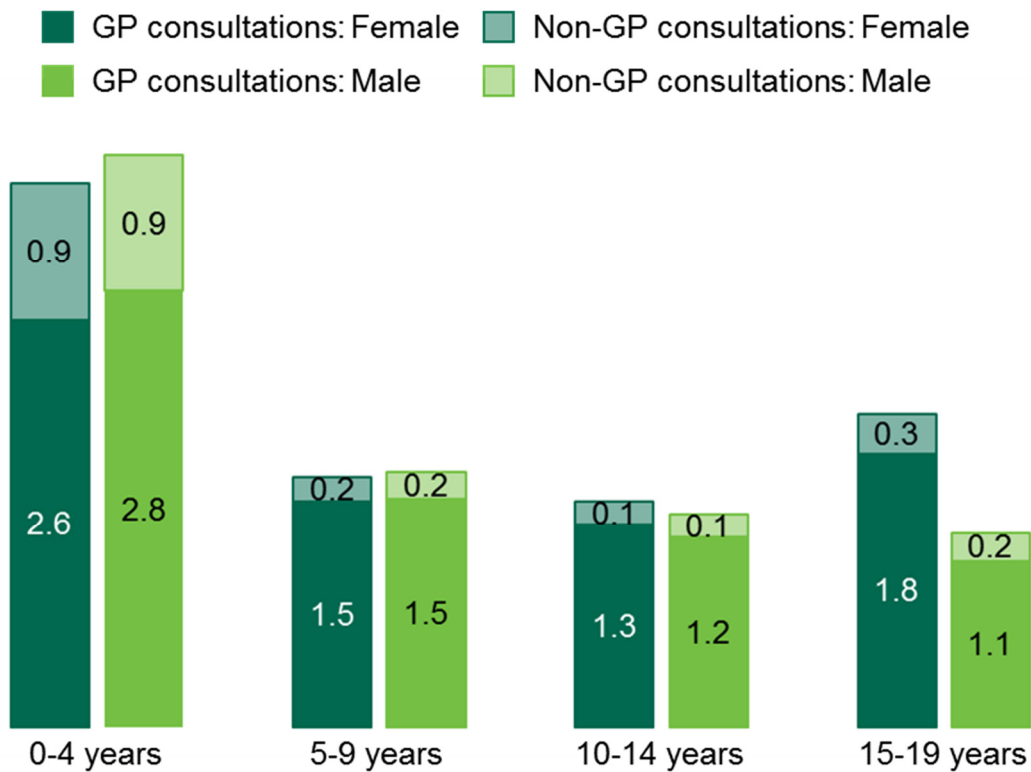
6.3.1. Age and gender

Primary care attendance

Primary care attendance rates drop when children reach school age (Figure 2) – 5-19 year olds have an average of 1.6 primary care appointments each year (in comparison to 3.6 in 0-4 year olds), 1.4 of these being with a GP (in comparison to 2.7 in 0-4 year olds).

Nationally, those aged under 25 have been shown to use community pharmacists less often than older age groups when seeking medical advice. [7]

Figure 2: Primary care consultations per child in Hackney and the City by age group, gender and type of consultation (Dec 2014-Dec 2015)

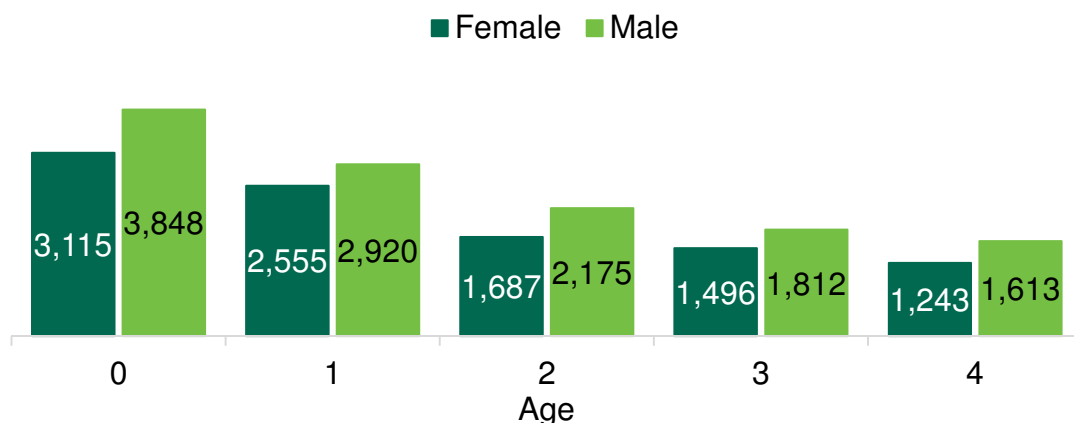


Source: Clinical Effectiveness Group

Accident and emergency attendances

Attendance at HUHFT A&E department among 0-4 year olds decreases with age, and boys attend more frequently than girls at each age within this range (Figure 3).

Figure 3: Number of A&E attendances in 0-4 year olds over two years by age and gender (pooled data 2013/14-2014/15)

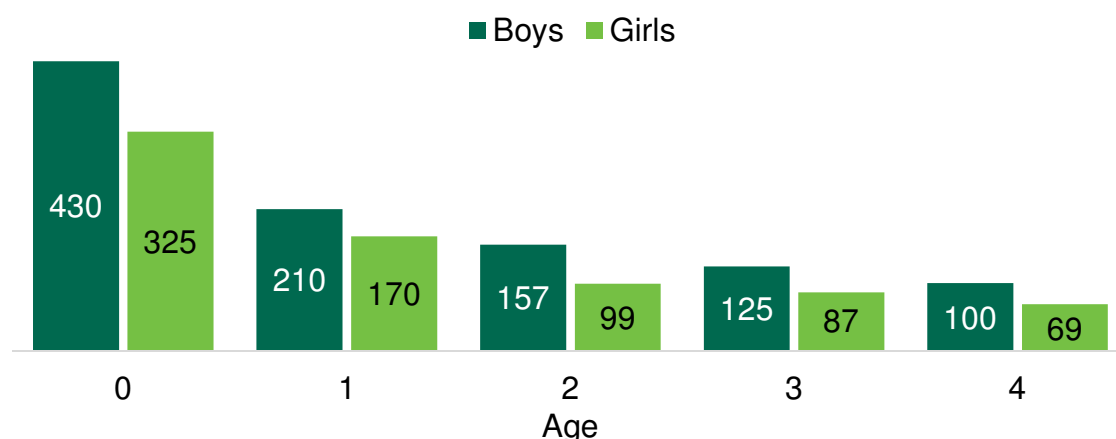


Source: Homerton University Hospital NHS Foundation Trust

Hospital admissions

Just under half (45%) of all emergency hospital admissions in 0-4 year olds at HUHFT are for children under one year of age. Boys account for more than half of 0-4 year old admissions (55%) (Figure 4).

Figure 4: Hospital admissions by age and gender over two years (pooled data 2013/14-2014/15)



Source: Homerton University Hospital NHS Foundation Trust

This general decrease in hospital admissions with increasing age (up to age four) is held across the three most common admission reasons of gastroenteritis, lower respiratory tract conditions and accidents or injuries (Table 2).

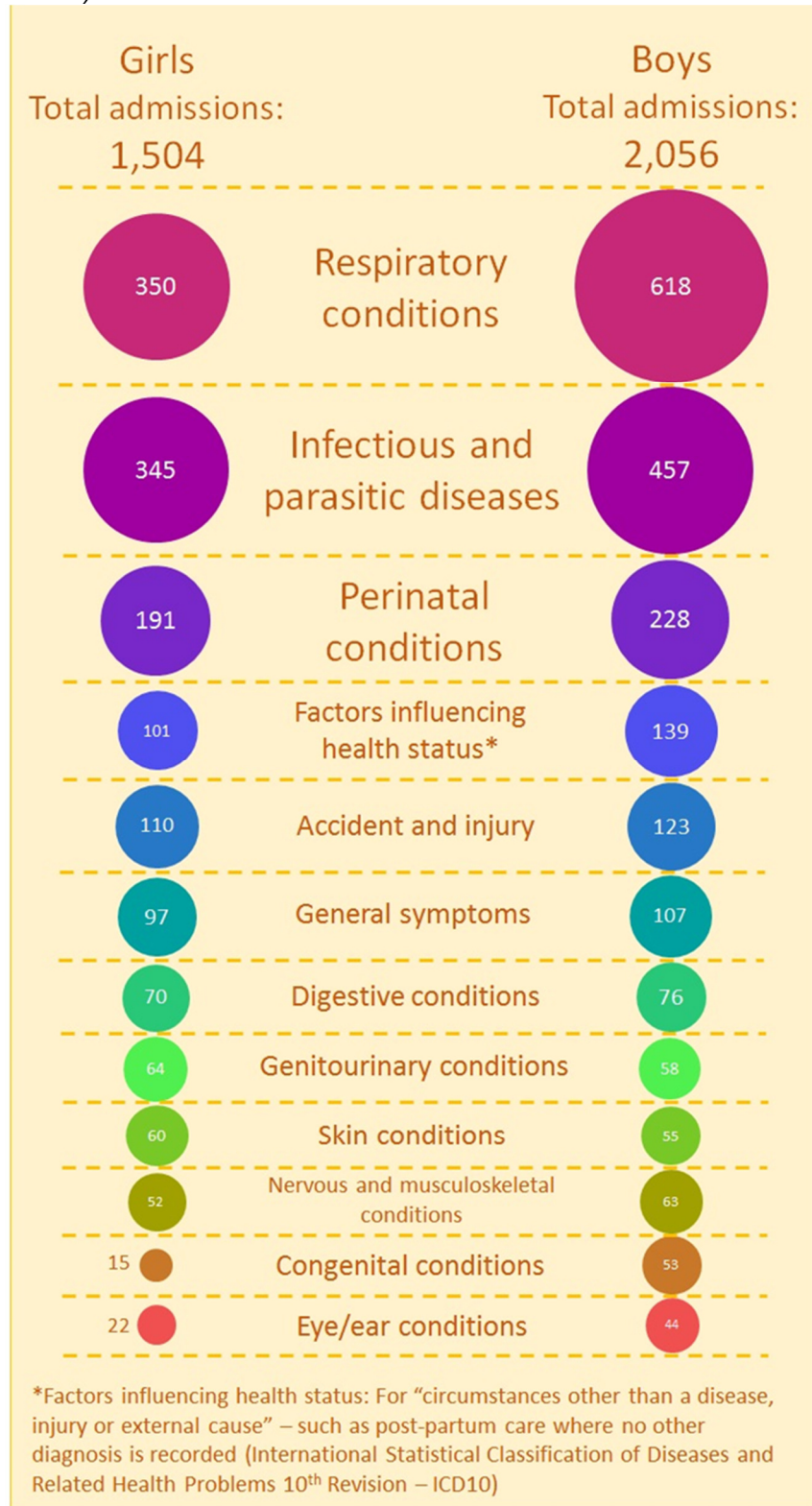
Table 2: Rates of emergency hospital admissions in 0-4 year old residents of Hackney and the City at HUHFT over two years, by reason and age (2013-14-2014/15)

Cause of admission	Overall rate in 0-4 year olds (per two years)	Highest rate (per two years)	Lowest rate (per two years)
Gastroenteritis	7.6 per 1,000	15 per 1,000 infants under one year	2.5 per 1,000 3 year olds
Lower respiratory tract conditions	23.1 per 1,000	48.6 per 1,000 infants under one year	10.8 per 1,000 3 year olds
Accidents or injuries	10.6 per 1,000	18.9 per 1,000 infants under one year	4.9 per 1,000 4 year olds

Source: Homerton University Hospital NHS Foundation Trust

The higher admission rates for boys appear to be spread across a range of conditions (Figure 5).

Figure 5: Reasons for admission to HUHFT in 0-4 year olds, Hackney and City (2013/14-2014/15)



Source: Homerton University Hospital NHS Foundation Trust

Note: Analysis of the three major causes for admission by age, gender and ethnicity in all other parts of this sub-chapter relate to gastroenteritis, lower respiratory tract conditions and accidents/injuries. However, this figure has grouped upper and lower respiratory tract conditions together under ‘respiratory conditions’ and therefore these data are not comparable.

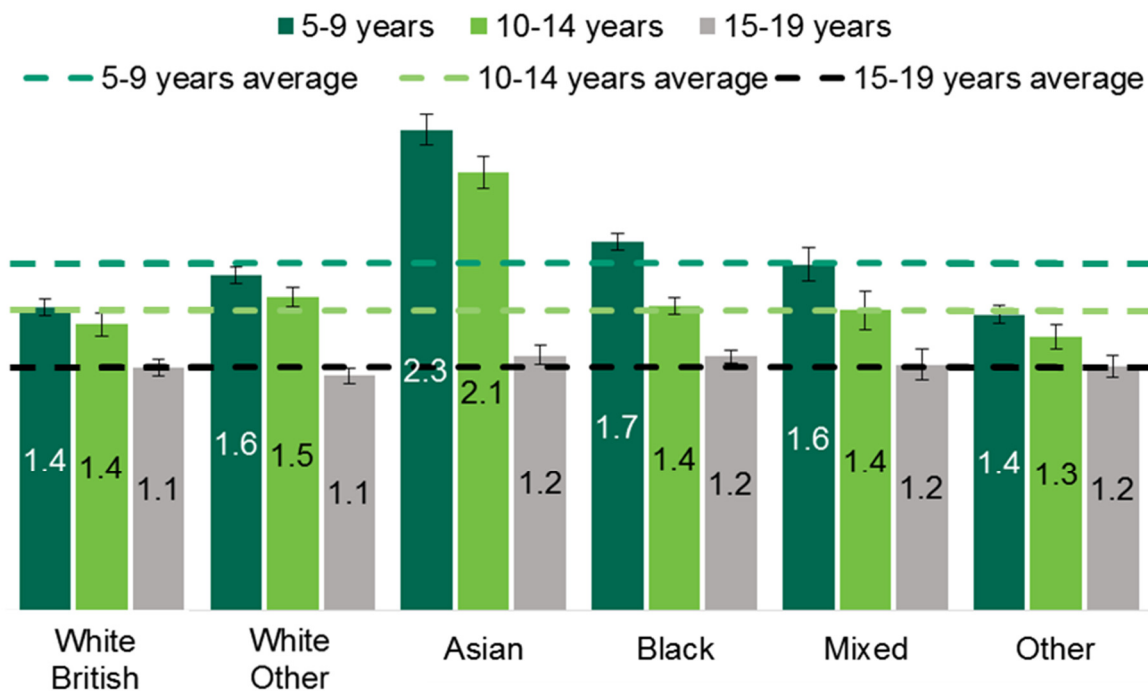
This pattern of a higher rate of admissions in boys holds true for children and young people aged up to and including 18 for lower respiratory tract conditions – with a rate in Hackney and the City of 122 per 100,000 in boys and 95 per 100,000 in girls (2014/15). [6]

6.3.2. Ethnicity

Primary care attendance

Figure 6 shows that, in Hackney and the City, the rate of primary care attendance across the different age groups is similar in most ethnic groups, with the exception of British or Mixed British children (where rates are relatively higher among 15-19 year olds) and Asian children (where attendance rates decrease with increasing age). Overall, Asian children have the highest rate of GP consultations locally.

Figure 6: Rates of primary care consultations in Hackney and the City by age group and ethnicity (Dec 2014-Dec 2015)

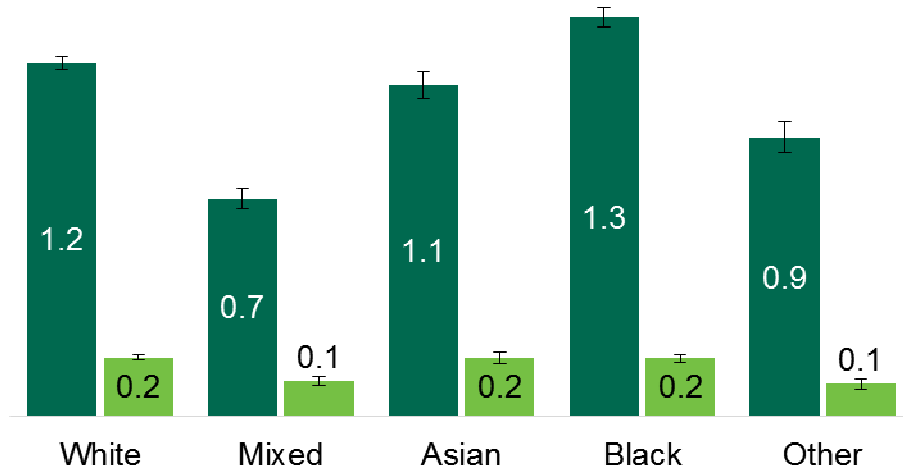


Source: Clinical Effectiveness Group

Hospital admissions

Among children aged four and under in Hackney and the City, those of White or Black ethnicities have the highest rates of emergency admission and those of Mixed or Other backgrounds the lowest rates of admission (Figure 7).

Figure 7: Emergency attendances and emergency admissions in Hackney and City 0-4 year olds at HUHFT per head of population per two years by ethnicity (2013/14-2014/15)

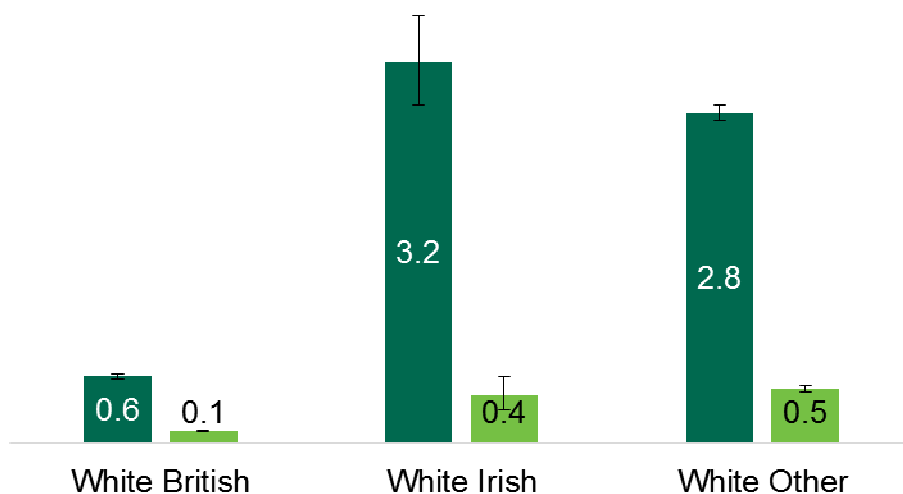


Source: Homerton University Hospital NHS Foundation Trust

Note: In order to allow sub-group analysis by ethnicity, rates per head of population have been calculated according to 2011 Census data.

Examining these broad ethnicity categories in more detail reveals that those from a White background have the greatest variation in attendance and admission rates by ethnic sub-group. Children aged 0-4 who are White Irish or of White Other origin have higher rates of both A&E attendance and emergency hospital admission than White British children (Figure 8).

Figure 8: Emergency attendances and emergency admissions in Hackney and City 0-4 year olds at HUHFT per head of population per two years by White ethnicity sub-group (2013/14-2014/15)

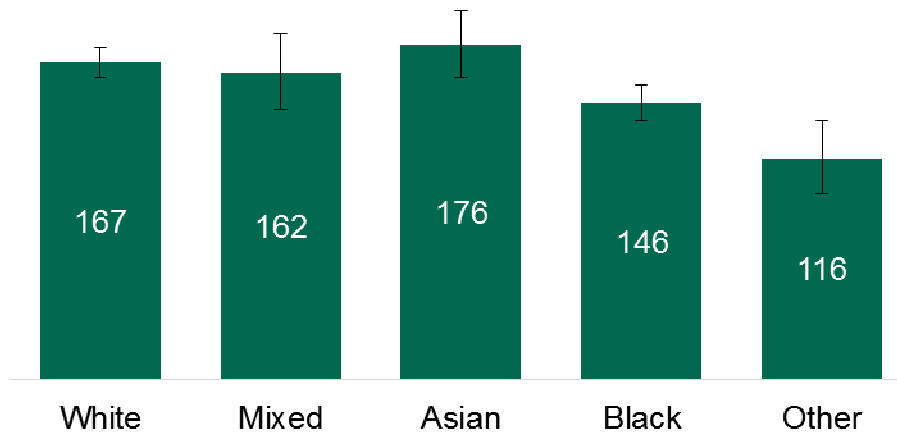


Source: Homerton University Hospital NHS Foundation Trust

Note: In order to allow sub-group analysis by ethnicity, rates per head of population have been calculated according to 2011 Census data.

From these data, it is possible to calculate the average number of emergency attendances per admission for each ethnic group (Figure 9). Those children of Other ethnicity had the greatest number of A&E attendances per admission, at 8.6. This may indicate that these children have a lower threshold for visiting A&E.

Figure 9: Rate of A&E attendances per emergency admission in Hackney and City 0-4 year olds at HUHFT by ethnicity (2013/14-2014/15)



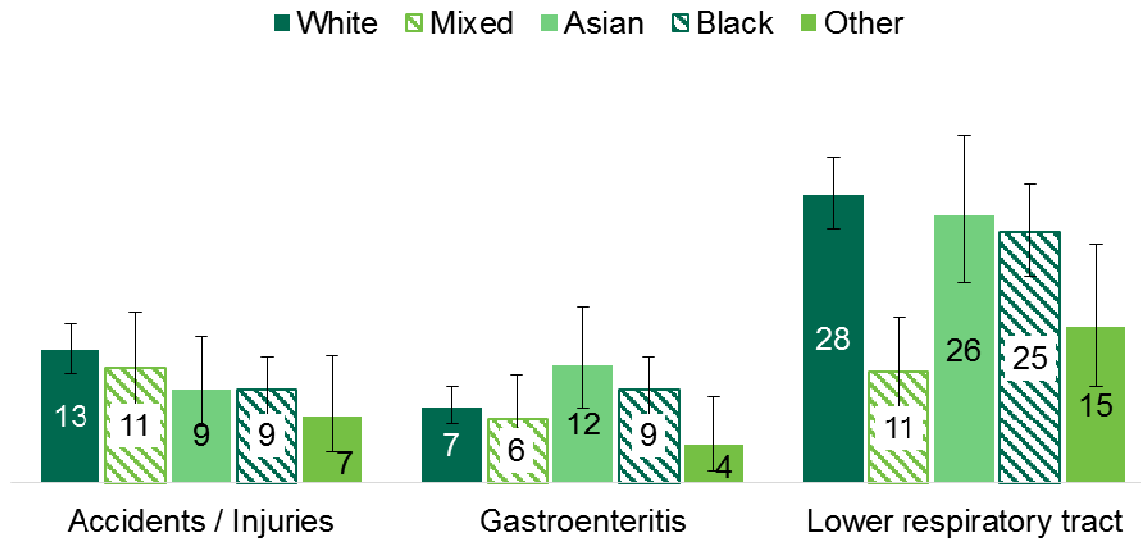
Source: Homerton University Hospital NHS Foundation Trust

Note: In order to allow sub-group analysis by ethnicity, rates per head of population have been calculated according to 2011 Census data.

There is also variation in the number of attendances per admission *within* broad ethnic groups, with the largest variation again being among those of White ethnicity. At 7.9 attendances per admission, White Irish children have the highest number and White British children have the lowest (at 5.6).

Figure 10 demonstrates that there are very few statistically significant differences in admission rates by ethnicity for accidents and injuries, gastroenteritis or lower respiratory tract cases. Young children of Mixed ethnicity have a lower rate of lower respiratory tract admissions, but rates were more comparable to other ethnicities for gastroenteritis and accidents/injuries. Further breakdown is not available by ethnicity sub-group due to the low numbers involved.

Figure 10: Emergency admissions at HUHFT in 0-4 year olds per 1,000 children per two years by ethnicity and diagnosis (2013/14-2014/15)



Source: Homerton University Hospital NHS Foundation Trust

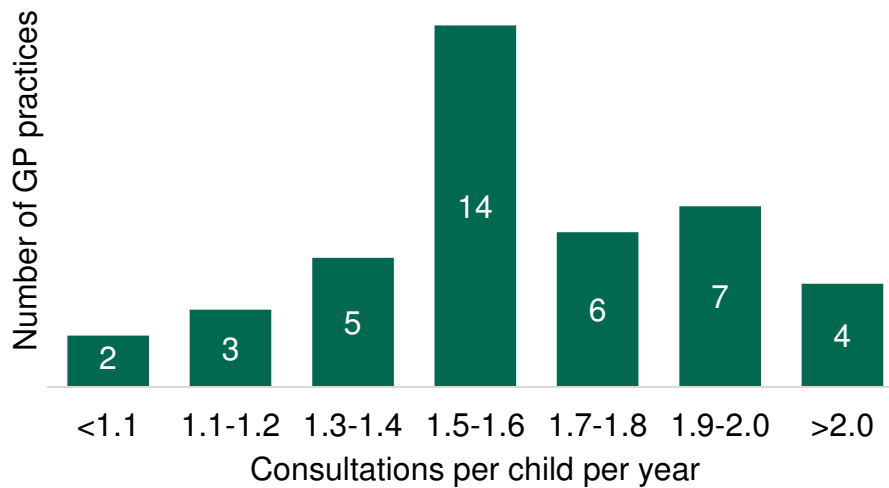
6.3.3. Socio-economic disadvantage

Nationally, deprivation is associated with an increased risk of childhood unintentional injury. Children from socio-economically disadvantaged families have been shown to have an increased rate of accidents and injuries than those from more affluent families. Death rates for injury and poisoning have fallen for all social groups except the poorest, and children in these families are now 13 times more likely to die from these causes than those in the most affluent families. [4]

6.3.4. Variation by GP practice

Comparing the overall rate of primary care consultations in 5-19 year olds by GP practice reveals a spread of results around an average figure of 1.6 per year (Figure 11). The data expose a greater than two-fold difference in primary care consultation rates between the 'lowest' and 'highest' practices. Further examination does not reveal any clear geographical or demographic pattern to explain this variation.

Figure 11: Distribution of rates of primary care consultations for children and young people aged 5-19 by GP practices in Hackney and the City of London (Dec 2014-Dec 2015)



Source: Local service data extracted from the GP register by Clinical Effectiveness Group (CEG), Blizard Institute, 2016

Data covers all patients registered with a GP in Hackney and the City of London, including those not resident in either local authority.

6.4 Comparisons with other areas and over time

Primary care

As described above, children and young people aged 5-19 registered with a Hackney or City of London GP attend, on average, 1.4 appointments with a GP per year. The average number of GP appointments in England among school-aged children is between two and three per year, which is higher than in Hackney and the City. [4]

Secondary care

Nationally, around half of children under one year of age will visit A&E each year. [4] Directly comparable data are not available locally, but the number of attendances of infants under one to HUHFT A&E is equivalent to 1.6 per child per year.

As described previously, nationally the most common causes of attendance at A&E or emergency hospital admission in children aged four and under are gastroenteritis, lower respiratory tract infections and injuries. Emergency admissions of Hackney and City children aged four and under at HUHFT also most commonly involve respiratory conditions and then infectious diseases, but accidents and injuries are relatively less common, with perinatal conditions being the third most important reason locally (see Figure 5).

6.5 References

- [1] “GLA Population Projections - Custom Age Tables: GLA 2014 Round SHLAA Capped Household Size Model Short Term Migration Scenario Population Projections (April 2015),” Greater London Authority, 2015. [Online]. Available: <http://data.london.gov.uk/dataset/gla-population-projections-custom-age-tables>. [Accessed July 2016].
- [2] “Residents' views of health services 2010, NHS City and Hackney,” Ipsos MORI, 2010.
- [3] NHS England, “A&E Attendance and Emergency Admissions,” [Online]. Available: <https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/>. [Accessed 3 November 2016].
- [4] Public Health England, “Early Years High Impact Area 5 - Managing minor illness and reducing accidents (reducing hospital attendance / admissions),” [Online]. Available: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413133/2902452_Early_Years_Impact_5_V0_1W.pdf. [Accessed July 2016].
- [5] “Presentation of self treatable conditions (STCs) in A&E units in England,” Study carried out by IMS Health for PAGB (Proprietary Association of Great Britain), 2015.
- [6] “Public Health Profiles ('Fingertips'),” Public Health England, 2015.
- [7] “A Picture of Health,” PAGB (Proprietary Association of Great Britain), 2005.