

Access to Health Care

***Report of a Scoping Exercise
for the
National Co-ordinating Centre for NHS Service
Delivery and Organisation R & D (NCCSDO)***

26 February 2001

(with minor amendments August 2001)

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Introduction and aims

This report summarises the findings of a scoping exercise commissioned by the newly established NHS Service Delivery and Organisation (SDO) R & D Programme. The report aims to provide a 'conceptual map' of key issues in access to health care.

Methods

The work was carried out by a multidisciplinary team. We searched electronic databases, consulted with researchers in relevant fields, and contacted key stakeholders in the NHS and in patient, professional and charitable organisations. The findings were synthesised into a narrative review which first discussed a definition of 'access to health care' and then identified seven key areas for future research. Research recommendations are divided into those for methodological, secondary and primary research. The priorities to which we attach greater importance are identified in bold type.

The scoping exercise was completed in three months and it therefore provides only a brief overview of some of the most relevant issues. There are large volumes of literature in many of the key areas which need to be reviewed more systematically.

Definition of access to health care

Facilitating access is concerned with helping people to command appropriate health care resources in order to preserve or improve their health. There are at least four aspects.

- 1 If services are available, in terms of an adequate supply of services, then a population may 'have access' to health care.
- 2 The extent to which a population 'gains access' to health care also depends on financial, organisational and social or cultural barriers that limit utilisation. Thus utilisation is dependent on the affordability, physical accessibility and acceptability of services and not merely the adequacy of supply.
- 3 The services available must be relevant and effective if the population is to 'gain access to satisfactory health outcomes'.
- 4 The availability of services, and barriers to utilisation, have to be evaluated in the context of the differing perspectives, health needs and the material and cultural settings of diverse groups in society.

Patients' help-seeking behaviours

There is evidence of a significant mismatch between professional expectations, patients' needs and patterns of uptake of services. This is exemplified by the low uptake of preventive services by some groups, the delays in accessing care for serious conditions, or over-utilisation of emergency services for what is deemed medical 'trivia'. Current policy responses have shifted from trying to change people's behaviour, to trying to address users' concerns more appropriately through new forms of service provision. However, there is fairly limited evidence of the influence of psychosocial factors and health beliefs on consumers' patterns of service use, and more information is needed to inform the delivery of care. There are particular problems in gaining access to health care for marginalised groups, including homeless people, new immigrant groups and institutionalised populations. The needs and concerns of these groups need to be studied more thoroughly and locally based initiatives require reviewing to develop transferable models of care.

Methodological research

- **There is a need to develop better methodologies and instruments for eliciting patients' views of services.**

Secondary research

- **There is a need for systematic reviews of the content and significance of barriers to patients' access to services including variations among different social and ethnic groups, leading to longer-term primary research.**

Primary research

- **More information is needed about health beliefs and patients' worries in relation to common medical conditions and for this to inform provider–patient communication, thus increasing the acceptability and effectiveness of new forms of primary care services.**
- **Evidence is needed on registration with primary care and the uptake of preventive services by mobile populations (including refugee and asylum seekers, homeless and new immigrants) in inner city areas to establish rates of utilisation and thus assess the extent of unmet need more accurately.**
- **Information is needed on the perceived acceptability and accessibility of health care by institutional populations, especially elderly people in residential accommodation, and for the evaluation of different models of primary care delivery.**
- **There is a need to conduct second-wave evaluations of new forms of primary care services (e.g. nurse-run clinics and NHS Direct) focusing on groups with particular needs, such as parents of young children, older people, or marginalised groups, to examine issues of uptake and satisfaction with services and outcomes of care.**
- **There is a need for the audit of the appropriateness of use of accident and emergency departments using common criteria as a basis for planning the development of primary care services within A & E departments.**

Financial incentives to patients and providers

Financial factors may encourage or inhibit patients' use of services, and may also encourage or discourage the provision of services. There is evidence to show that prescription charges are negatively associated with the uptake of prescription medicines but there is little evidence for effects of user charges on access to primary care services more generally. The indirect costs of utilising health care may act as a barrier to access, especially for more

deprived groups and in rural areas (see next section). Some evidence suggests that different payment systems affect the provision of services (in particular target payments and per-item fees), but the evidence is limited and it is difficult to generalise from these results. There is little evidence from the UK on the impact of different reimbursement methods on provision and utilisation of hospital services.

Primary research

- There is a need to research and evaluate whether the evidence from the study of prescription charges also applies to other items of care, especially primary care services.
- More evidence is needed on the general impact of financial incentives in the NHS – for example, whether financial incentives can be used to modify patients' uptake of services. The implications for different socioeconomic groups should be evaluated.
- **More research evidence is needed on how different methods of paying general practitioners influence quality of service and patients' access to care.**
- **Consideration could be given to piloting different payment systems in order to provide incentives to different stakeholders.**

Planning the availability of services

Rationing

Resources are limited and decisions to limit access to services are taken at different levels and in different contexts. Rationing decisions should ideally be explicit and related to the objectives of the health service. In general, there will be a trade-off between equity and efficiency, such that achieving greater equity will be associated with lower efficiency. This is because achieving greater equity will often result in utilisation of services by those with lower capacity to benefit.

Resource allocation

There has been a great deal of work both to develop and evaluate formulae to allocate resources to health authorities but there is a lack of transparency in the allocation of resources to different client groups and services. Geographical inequalities in service provision remain important and this is especially true for primary care services.

Service configuration and organisational change

Problems of access in relation to the location and configuration of services have been the subject of much work, especially for rural areas. In general, the distance from a service is inversely associated with utilisation, especially for specialist services, but travel time, costs and availability of reliable

transport are often more important than physical distance per se. Current policies favour the centralisation of specialist services in order to deliver higher-quality care and better health outcomes, but the evidence to support this approach is limited and inconsistent. There is much activity to reconfigure services but there is little evidence for the impact of organisational changes on access to care.

Methodological research

- **There is a need for a methodological review to provide advice on the use of geographical methods and models in the evaluation of access to health care.**

Secondary research

- There is a need to consider how cost-effectiveness analysis fits with considerations for equity and access.
- Research needs to consider the different values used in health care decisions and the ways public, patient and professional values and views should be elicited and fed into the decision-making process.
- **A review is needed of existing evidence on the effects of distance and geographical configuration of services on access to different levels of care.**

Primary research

- **The consequences for access and quality of different geographical configurations of services need to be evaluated, as do the effects of changes in service configurations brought about by mergers or centralisation of services. There is a need to evaluate the trade-off between geographical equity in access and the efficiency and outcomes of services.**
- The effects of changes on the supply side on demands for services need to be evaluated.

Organisational barriers to access

Organisational barriers are important in determining the timeliness and acceptability of care. At primary care level, problems are experienced in registering with GPs, obtaining a timely appointment, or accessing advice out of normal working hours. At secondary level, there are long waiting lists and waiting times for elective hospital care, but there is less evidence available on the value of reducing waiting times for different conditions, or the effectiveness of strategies to reduce waiting times. There are problems in accessing acute hospital beds, especially during the winter.

Organisational barriers result from lack of capacity and inefficient use of existing capacity. Services are seldom designed from the patient's perspective. Some of these problems are being addressed through initiatives included in the NHS Plan, and through the work of the National Patient Access Team.

Primary research

- **Research is needed to determine whether patient outcomes deteriorate while waiting for treatment for different conditions, and at what rate. Evidence is also needed on optimal times to treatment for different conditions.**
- Information is needed about the factors that determine the success or failure of attempts to reduce waiting times. The contributions of inadequate capacity and inadequate management of existing capacity to long waiting times need to be clarified. We need to know about the generalisability of success stories.
- The ways in which diagnostic and therapeutic procedures can be organised into pathways that will optimise patient flows need to be evaluated.
- Research to define explicit treatment thresholds in different conditions may be useful as an aid to reducing variability in hospital utilisation rates.
- **There is a need for research on the ways that demand for services may be managed so as to reduce queues for treatment. Possible interventions include providing information or guidelines to providers and the public, to inform decisions on utilisation of primary, emergency or specialist services.**

Fairness in access

It is well known that there are substantial inequalities in health and health care utilisation in Britain. Fewer studies have allowed for differences in needs, but there is evidence of inequity in access in relation to place of residence, socioeconomic status, ethnic group, age and gender.

Methodological research

- **Methodological guidelines for evaluating equity in health services are needed.**

Secondary research

- **There is scope for a systematic review to identify potential areas where interventions to improve access may impact on inequalities in health.**
- There is a need to systematically review existing evidence on access to health care for ethnic minority groups. A review needs to address the main health needs of different groups, the available information on access and utilisation of services, and the evidence for different intervention strategies.

Primary research

- **Research is needed to identify interventions through health services that can promote and protect health for deprived social groups. In other words, what can the NHS do to deliver access to better health outcomes in deprived populations?**
- Primary research is required to improve access to culturally appropriate services for ethnic minority groups, particularly high-quality primary care services in inner city areas.
- **There is a need for research to evaluate discrimination and perceptions of discrimination in service delivery in the NHS, from the perspective of both patients and staff.**
- **In view of apparent discrimination against older people, the appropriateness of clinical decisions for older people needs to be examined carefully.**

Current trends in policy and service development

The NHS Plan provides a framework for service development which includes many innovative strategies to improve access to primary care, and across the primary–secondary interface. This innovative work implies a large agenda for evaluation. Evaluations of new services should consider the issues raised in previous sections of the report, and should consider not only measures of clinical and cost-effectiveness but also patients' perceptions of their needs

and the financial, organisational and social/cultural barriers to care. The needs and perspectives of different groups should be evaluated in the context of inequalities in health and health care utilisation. The influence of the availability and configuration of new services on access and utilisation should be considered, especially in areas with special problems such as inner cities and rural settings.

Primary research

- **There is a need to evaluate new strategies to improve access including, for example, community pharmacies, walk-in clinics, or telephone advice lines.**
- **The development of intermediate care requires evaluation.**
- Strategies for information provision need to be informed by evidence on people's information needs and the effectiveness of different ways of presenting information.
- There is a need to provide generalisable evidence on methods of organising primary care services so as to facilitate registration with the GP of choice, with timely scheduling of appointments, and accessible out-of-hours advice.
- Evaluation is also needed at the primary–secondary interface to evaluate methods for improving access to elective and acute hospital services.

Access to dental care

There is an apparent drift away from NHS dentistry leading to a service which is 'patchy and unreliable'. Basic information on office hours, waiting times, cost, quality and availability of services is not available. Only limited evidence is available on the effectiveness of measures to improve uptake, such as the use of reminders of the need for check-ups. There are substantial inequalities with respect to need and uptake, but virtually no information with respect to marginalised groups.

Secondary research

- There is a need to review the evidence in relation to methods for improving access to dental care.

Primary research

- Alternative methods for measuring access to dental services need to be developed.
- The current government strategy has resulted in a number of innovative structures designed to improve access to dental services. There is a need to evaluate the impact of these arrangements on access.
- There is a need to evaluate the implications of innovative information sources for access to dental services.
- **We need to know more about the decision to utilise private dental services. To what extent do services lead demand and what is the role of patients' preferences?**
- **Work is required to evaluate the needs and service perceptions of marginalised groups, and the professional barriers to the development of services for these groups.**
- There is a need to evaluate the uptake of dental care in systems with different payment mechanisms.
- There is a need to develop and evaluate methods to address inequalities in oral health and utilisation of dental services.

Conclusions

A consistent theme running through this report is a concern to ensure that health care resources are mobilised to meet the needs of different groups in the population. Thus equity is a key indicator of 'access', whether access is measured in terms of health service availability, health service utilisation, or health care outcomes. There may be a tension between the desire to provide universal standards, in contrast with the recognition that different groups have different priorities and values in health care. A primary objective for researchers is to make explicit the consequences of different strategies in the provision of health care in order to inform policy decisions.

Disclaimer

This report presents independent research commissioned by the National Institute for Health Research (NIHR). The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the NHS, the NIHR, the SDO programme or the Department of Health

Addendum

This document was published by the National Coordinating Centre for the Service Delivery and Organisation (NCCSDO) research programme, managed by the London School of Hygiene and Tropical Medicine.

The management of the Service Delivery and Organisation (SDO) programme has now transferred to the National Institute for Health Research Evaluations, Trials and Studies Coordinating Centre (NETSCC) based at the University of Southampton. Prior to April 2009, NETSCC had no involvement in the commissioning or production of this document and therefore we may not be able to comment on the background or technical detail of this document. Should you have any queries please contact sdo@southampton.ac.uk