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

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Plain English summary

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mergency and urgent care services (such as accident and emergency departments) face great pressure from increasing numbers of patients. People who are labelled as 'vulnerable' sometimes use emergency services more than other people. Vulnerable people include those who are socioeconomically deprived, are unemployed and homeless or have substance misuse problems. It is not completely understood why vulnerable people use emergency services instead of other parts of the health service.

The National Institute for Health Research asked us to summarise research that has already been carried out. We wanted to find out how the NHS might reduce the number of vulnerable people using emergency services if they could be seen elsewhere. Help could be offered in different ways or in different places.

Few researchers had tested out approaches targeting vulnerable people. Instead, most research had looked at people who frequently attend emergency departments. There are many reasons why some people go more often than expected to emergency departments. They could be from a vulnerable group with a particular health condition requiring emergency attention or they may struggle to use other health and social services, such as their local general practitioner. Research on frequent attenders therefore may not tell us much about people in vulnerable groups, and different types of people can be described as 'vulnerable'.

Currently, little research is available to help us understand how best to meet the health needs of people from vulnerable groups and to reduce demands on emergency care. Reasons why vulnerable groups use emergency departments are complicated and may include the burden of disease, how easy it is to access primary care and what patients prefer. It is more helpful to target the specific needs of and barriers for each vulnerable group in turn, rather than treating them as a single user group, and then to evaluate their effects carefully. With a limited number of suggested approaches, particularly outside a community setting, it becomes even more important to evaluate their effects using different types of data. Future research would benefit from basing interventions on a good understanding of vulnerability and how it affects emergency department use and from understanding how interventions work either better or worse based on their context.

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