

Drivers of ‘clinically unnecessary’ use of emergency and urgent care: the DEUCE mixed-methods study

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Plain English summary

The DEUCE mixed-methods study

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Plain English summary

The pressure on emergency and urgent care services has led to concern that some patients use these services for problems that could be treated by a less urgent service (known as 'clinically unnecessary' use).

We wanted to understand why people make 'clinically unnecessary' use of ambulances, emergency departments and same-day general practitioner appointments, and what might help them make different decisions. We did this in three ways:

1. We reviewed previous research.
2. We carried out interviews and focus groups with 53 patients whom health professionals thought were 'clinically unnecessary' users of their service. We focused on parents of young children, young adults and people in socially deprived areas.
3. We used a national survey of attitudes to seeking care for health problems. This also identified those people most likely to be 'clinically unnecessary' users of these services.

We found that people used services for a complex range of reasons that were often connected. Some reasons related to people's symptoms. These included worrying about how serious symptoms were and wanting reassurance, feeling unable to get on with daily life, needing immediate relief and not wanting to wait any longer for things to get better. Patients' circumstances also influenced their decisions. Poor mental health, stress or isolation could make it difficult to cope with physical symptoms. Some people felt responsible for someone else, particularly children, or were advised by family or friends to attend services. People's experiences and perceptions of health services also affected their decisions; these included having difficulty getting a general practitioner appointment quickly enough and being attracted by the facilities at emergency departments.

When all of these factors were considered, patients' decisions were often understandable, even if those decisions led to 'clinically unnecessary' use. These issues could be addressed by strengthening general practice, improving public education and reducing the wider social stresses that affect people.

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