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11 Use of health and care services

11.1 Introduction

The focus of this chapter is on use of primary and secondary healthcare and social care services among adults (aged 18+) in Hackney and the City of London.

Use of health and care services is often used as a proxy for how accessible services are to a population. [1] Accessibility can be described as ‘the timely use of services based upon need’, and also relates to the ease and convenience of obtaining or using services. [2] More detail is provided in Section 11.2.

The primary healthcare services covered in this section include general practice only. Information on use of other local health services can be found elsewhere, as follows:

- community pharmacy – Hackney and the City of London pharmaceutical needs assessment reports [3]
- optometry services – ‘Sensory impairment’ section of the ‘Adult health’ JSNA chapter
- dental services – ‘Oral health’ section of the ‘Adult health’ JSNA chapter.

The data presented on use of secondary care services in this section focuses on hospital admissions and accident and emergency (A&E) attendances.

Use of local health services by under-18s is described in the ‘Children and young people’ chapter of the JSNA.

11.2 Factors affecting access to health and care services

Table 1 describes a number of different domains of service accessibility – availability, appropriateness, acceptability, affordability and awareness. The themes described are applicable to all service users. However, there are known demographic groups who are more likely to experience barriers to access (such as people from minority ethnic backgrounds, recent migrants to the UK and disabled people). [4]

Table 1: Domains of service accessibility [1] [5]

Domain	Description
Availability	'Availability' relates to whether a service exists, as well as the adequacy of supply (including staff, equipment and medication) in the areas it is most needed.
Appropriateness	<p>'Appropriateness' refers to the context of the service in relation to the target population (i.e. the level of need). This can include:</p> <ul style="list-style-type: none"> • societal acceptability of services • cultural acceptability in relation to the target population • communication and interpersonal skills of people involved in delivering the service • stigma around types of service use.
Acceptability	As with 'appropriateness', this domain refers to contextual factors related to the target population. However, 'acceptability' refers more specifically to people's cultural acceptance of using a particular service. The degree to which this affects people's use of local services depends on how closely people's cultural beliefs and values are seen to align with that of the service.
Affordability	<p>'Affordability' can refer both to the costs to the individual service user as well as the financial viability of the service provider in delivering the service.</p> <p>In the UK, individual healthcare services are free at the point of use dependent on 'need'. The costs of providing these services (via taxation) are direct costs. Direct costs of social care are means tested – i.e. they are paid for by those who are judged to be able to afford to pay. For some, these direct costs can be a barrier to using services.</p> <p>The indirect costs of accessing health and social care services (such as time off work, or cost of travel) also influence whether or not people use them.</p> <p>Individual affordability relates to a person's willingness and ability to pay for services. For providers of health and care services, the level of funding available plays a key role in the adequate supply of these services.</p>
Awareness	'Awareness' relates to whether or not adequate information about services is available to enable people to use them.

11.3 Local data and unmet need

11.3.1 Numbers affected – known to health services

Primary care services (general practice)

GP-registered populations are typically larger than resident populations, as a result of delays in updating patient records when a patient moves. This effect is likely to be greater in areas such as Hackney and the City, where there is high population turnover (particularly in people in their 20s and 30s).

Local estimates suggest that around 5–10% of residents (all ages) of Hackney and the City are not registered with a GP.

Of all patients registered with a local GP, 90.3% live in Hackney and 1.8% live in the City of London. The remaining 6% of patients live mainly in Islington or Haringey, with less than 1% living in Tower Hamlets, Waltham Forest or other areas. [6]

There are 43 GP practices located in Hackney and the City (42 based in Hackney and one in the City). In total, 243,524 adult (aged 18+) patients are registered at these practices – 235,034 in Hackney and 8,490 in the City. The number of registered adult patients varies considerably between practices, from 974 to 14,979 people. [7]

During 2016/17, adults in Hackney and the City had an average of three face-to-face GP or nurse consultations each. In total, 742,035 face-to-face consultations (with a GP or nurse) were delivered over this period, the majority of which (82%) were delivered by GPs.

Data on telephone consultations were not available at the time of writing.

Secondary care (hospital inpatient and A&E) services

There is one acute hospital based within Hackney (Homerton Hospital) and one within the City of London (St Bartholomew's), and the Royal London Hospital sits very close to the border of the City and Tower Hamlets. Residents of Hackney or the City of London may be treated in other hospitals in other areas depending on a number of factors, including the nature/severity of their condition, geographic proximity to services, whether treatment is emergency or elective (planned) in nature, and personal choice.

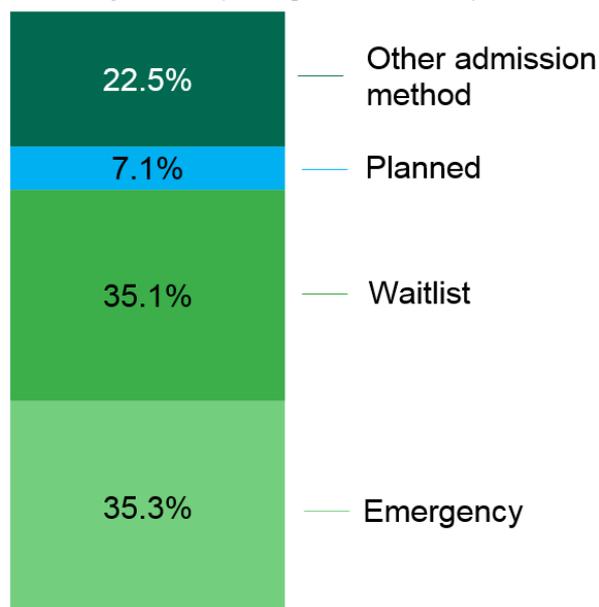
City and Hackney Clinical Commissioning Group (CCG) funded around 84,740 adult admissions to secondary care in in 2016/17.¹ This equates to a crude rate of 0.4 admissions per person aged 18+ in the resident population.²

Over a third of all admissions (all ages) are classified as 'emergency' in nature (Figure 1).

¹ Number based upon number of 'finished consultant episodes' funded by City and Hackney CCG in 2016/17. This may not include patients whose episodes of care were ongoing as of 31 March 2016 and may include multiple admissions for single patients. Data quality notes available here: <https://digital.nhs.uk/catalogue/PUB30098>

² Crude rate refers to the total number of cases divided by the total number in the population.

Figure 1: Routes to admitted patient care among patients funded by* City and Hackney CCG (all ages, 2015/16)



Source: NHS Digital hospital episode statistics. [8]

Note: Confidence intervals not available.

* the City and Hackney CCG may fund the care of people who do not live locally depending on the nature of treatment and personal circumstance of the patient. [9]

In 2016/17, City and Hackney CCG paid for 98,531 adult attendances at A&E departments.³ Around two out of every three of these A&E attendances were at Homerton Hospital. [10]

11.3.2 Numbers affected – known to social care services

Adult social care services can be provided or commissioned by a local authority or NHS partner (under section 75 agreements⁴) and must be part of a care or support plan following a formal assessment. Eligibility for services varies depending on the level and type of need that a person is experiencing.

Hackney

New contacts with adult social care

In total, 9,125 contacts were made by 'new clients' to Hackney adult social care services during 2016/17.⁵ Over a third of contacts (38.8%) were subsequently given advice and signposted to universally accessible or other support services, and

³ Figure is based upon number of attendances, which may include patients who present at A&E on more than one occasion within the reporting period.

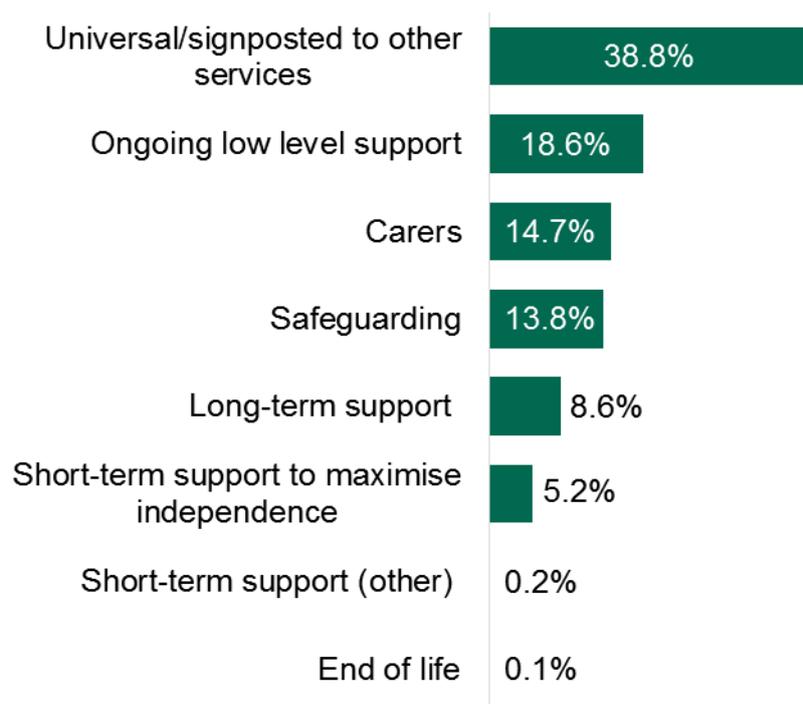
⁴ A section 75 agreement is a legal framework for sharing responsibility of risk and duties relating to the provision of health and social care services between the CCG and local authority.

⁵ A 'new client' is a person who is not yet in receipt of long-term support from the local authority at the time of application.

almost one in five (18.6%) was provided with ongoing low-level support.⁶ Nearly 10% of these contacts resulted in the provision of long-term support (see Figure 2).

A 2018 report by the Hackney Performance Team cites 21% of social care referrals originating from hospital discharge, 3% being diverted from hospital and 76% from the community. [11]

Figure 2: Percentage of 'new client' contacts to Hackney adult social care, by type of support provided (age 18+, 2016/17)



Source: Hackney Performance Team. [12]

Long-term support clients

Long-term support encompasses services provided with the intention of maintaining quality of life for an individual on an ongoing basis, and which have been allocated on the basis of eligibility criteria/policies (i.e. an assessment of need has taken place) and are subject to regular review. [13]

In 2016/17, 2,779 'usual residents' of Hackney received 'long-term support', including 786 new clients⁷. [12] In total, 1.3% of the estimated adult resident population of Hackney are receiving a long-term support package. [14]

⁶ All equipment and adaptations that require minimal management from social care teams, but reflect a demand on services (for example, ongoing maintenance or safety checks of equipment, such as a community alarm system).

⁷ The term 'usual resident' refers to an individual whose base of residence is within a particular geographical boundary.

The 'primary support reason' for an individual receiving adult social care can relate to a particular group of conditions (such as learning disability or mental health support) and/or general areas of need (such as mobility or personal care). The most common reasons for receiving long-term support in Hackney are listed in Table 2, the most common being physical (personal care and support) and mental health support.

Table 2: Percentage of Hackney adults receiving long-term support, by primary support reason (age 18+, 2016/17)

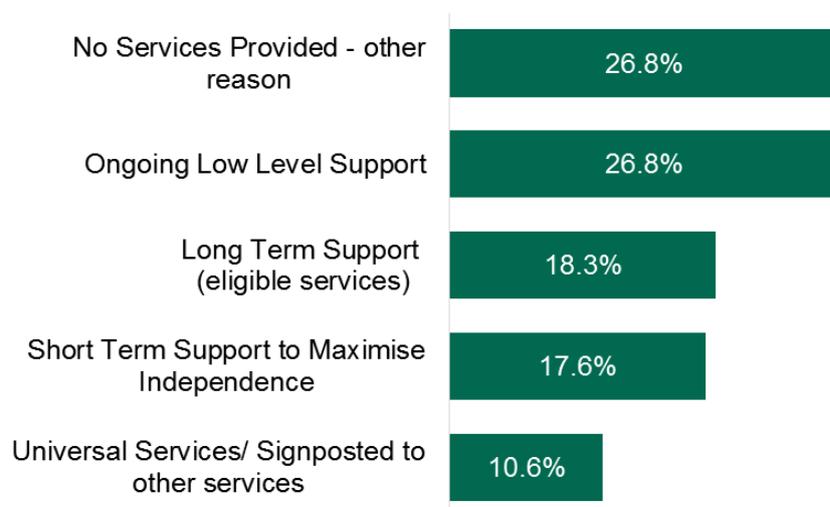
Primary reason for long-term support	Percentage (%)	Number
Physical support Personal care and support	28.9%	802
Mental health support	28.2%	784
Learning disability support	16.9%	470
Support with memory and cognition	16.5%	458
Physical support Access and mobility only	7.7%	213
Sensory support Support for visual impairment	1.1%	31
Sensory support Support for hearing impairment	0.3%	Number suppressed
Sensory support Support for dual impairment	0.3%	Number suppressed
Social support Support for social inclusion / other	0.2%	Number suppressed

Source: Hackney Performance Team. [12]

City of London

During 2016/17, there were 146 new requests for social care support made to the City of London Corporation. Just over a quarter of new requests resulted in the provision of ongoing low-level support (see Figure 3). One in 10 contacts was signposted to universal/other services.

Figure 3: Percentage of 'new client' contacts to City of London adult social care, by type of support provided (age 18+, 2016/17)



Source: City of London Performance Team. [15]

11.3.3 Unmet need

Estimating population need for health and social care services requires a complex analysis of supply and demand that falls beyond the scope of the JSNA.

The most recent 'Hackney infrastructure assessment and delivery plan (HIADP), published in 2016, uses a model designed by the London Healthy Urban Development Unit (HUDU) to indicate the future need for primary healthcare infrastructure. The population is expected to grow considerably over the next 20 years (outlined in Table 3), while the supply of GPs is expected to plateau. The HIADP concludes that there is a significant need to recruit more GPs and develop additional health infrastructure (property and premises) in Hackney over the coming years. [16] [17]

Table 3: Projection of GP demand in Hackney

	2018	2025	2032	2041
Hackney resident population	276,356	298,114	315,569	336,112
Hackney GP-registered population	301,073	324,777	343,794	366,174
Number of GPs (full-time equivalent)	196	196	196	196
Registered patients per GP	1,536	1,657	1,754	1,868

Source: Hackney infrastructure assessment and delivery plan (HIADP).

Notes: Table taken directly from the HIADP where the following assumptions have been made: that the number of GPs will remain the same and that GP registration will grow in line with resident population.

11.4 Inequalities

For the purpose of the analysis below, data have been combined for Hackney and the City of London.

Further to the known inequalities in service use described below, several other (potentially vulnerable) population groups are not fully identified in routinely collated data - including travellers, homeless people, carers, undocumented migrants, those in the prison system. It has therefore not been possible to quantify inequalities in service use in these groups.

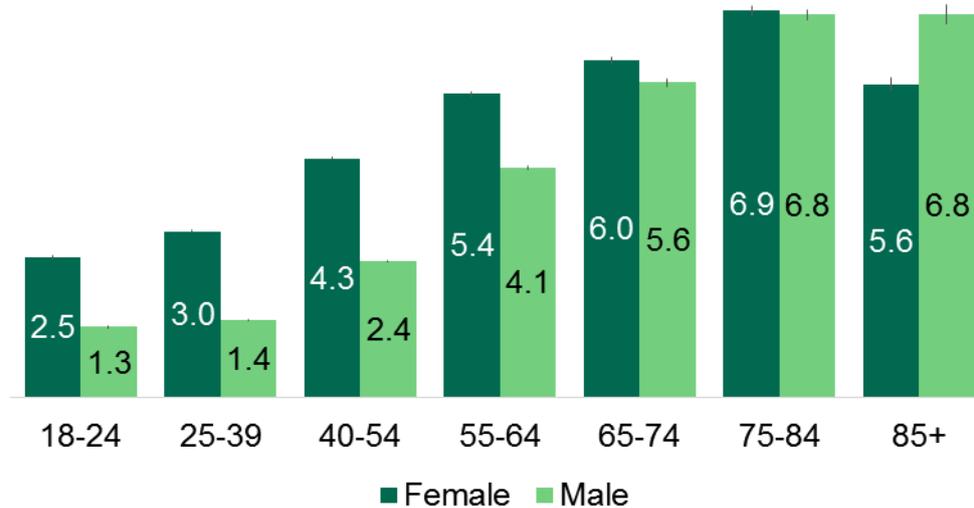
11.4.1 Age

In GP practices locally, the average number of face-to-face (GP and nurse) appointments per person per year increases with age (see

Figure 4). A similar trend by age is seen in the rate of hospital inpatient admissions (see Figure 5). A&E data show that people in the youngest (18–24) and oldest (75+) age groups have the highest rates of attendance (see

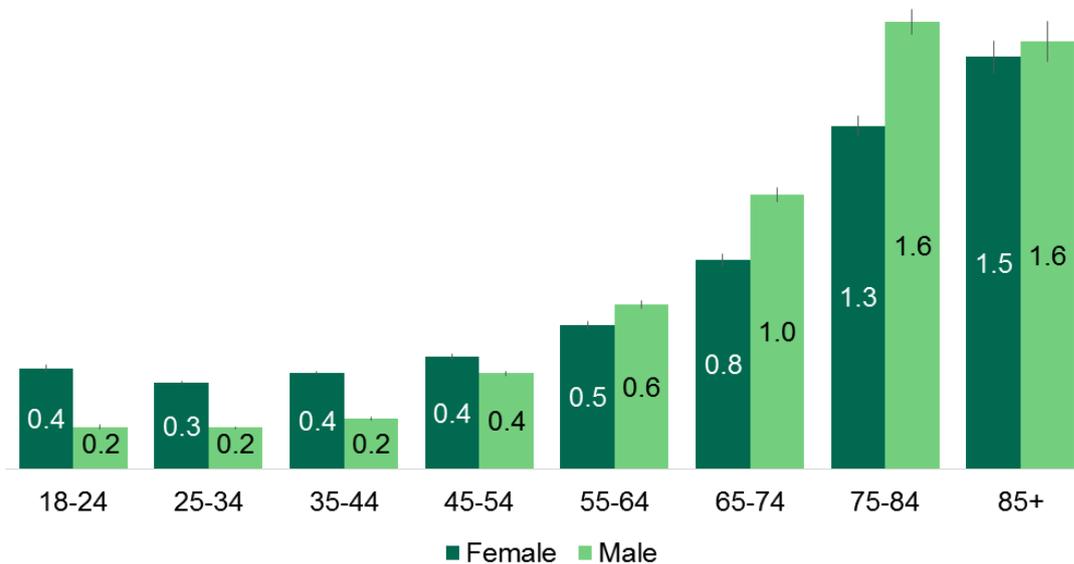
Figure 76). Reflecting the relatively young age of the local population of Hackney and the City, the highest absolute number of primary care attendances and hospital admissions are in younger adults. Around 80% of adult GP attendances, 70% of adult hospital admissions and 85% of adult A&E attendances are among people under the age of 65. [10]

Figure 4: Face-to-face primary care (GP and non-GP) consultation rate in Hackney and the City, by age group and gender (per GP-registered patient, age 18+, 2016/17)



Source: Extracted from the local GP register by Clinical Effectiveness Group (CEG), Blizard Institute, April 2017. [7] Data cover residents of Hackney and the City registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.

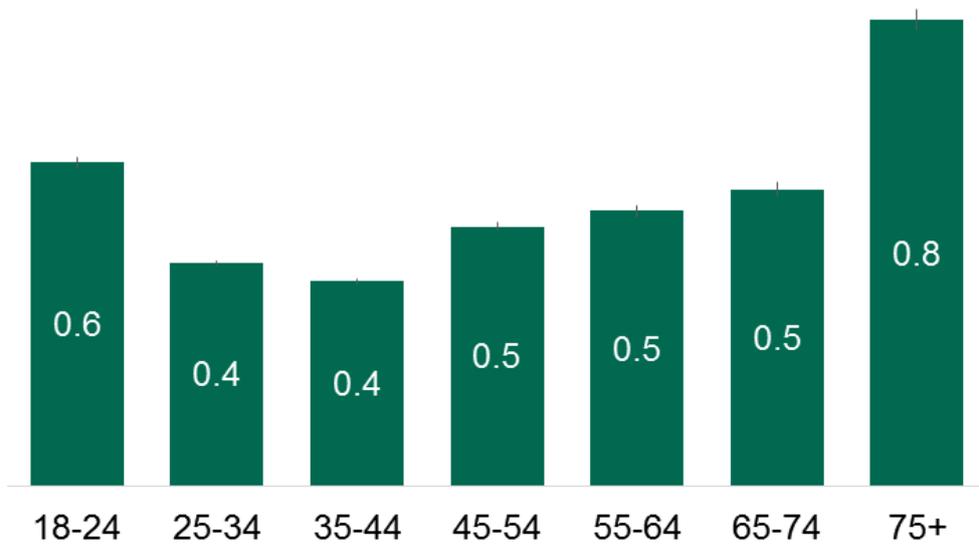
Figure 5: Age-specific rate (per person) of adult inpatient admissions in Hackney and the City residents (age 18+, 2016/17)



Source: Hospital Data Interrogation System (HDIS) and the Greater London Authority (GLA) population estimates 2017.

Note: Includes 'all admissions' including maternity. The numerator covers patients with a residential address within the City and Hackney CCG boundary, they may have received treatment elsewhere. Denominator is the projected City and Hackney adult (18+) population in 2018)

Figure 6: Age-specific rate (per person) of adult attendances at A&E in Hackney and the City residents (age 18+, 2016/17)

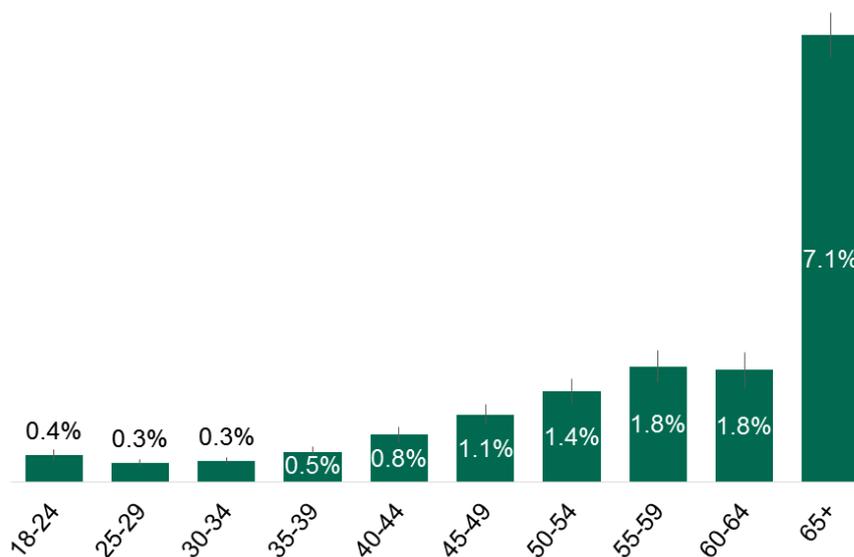


Source: Hospital Data Interrogation System and Greater London Authority.

Note: Includes 'all attendances' by patients with a residential address within the City and Hackney CCG boundary, they may have received treatment elsewhere.

Of the adults receiving a long-term social care support package from Hackney Council in 2017, half (49%) were aged 65 or over. Using local population estimates, this equates to 7.1% of the Hackney resident population over the age of 65 who are receiving some form of long-term support (see Figure 7).

Figure 7: Estimated percentage of the Hackney adult resident population receiving a long-term support package, by age group (age 18+, 2017)

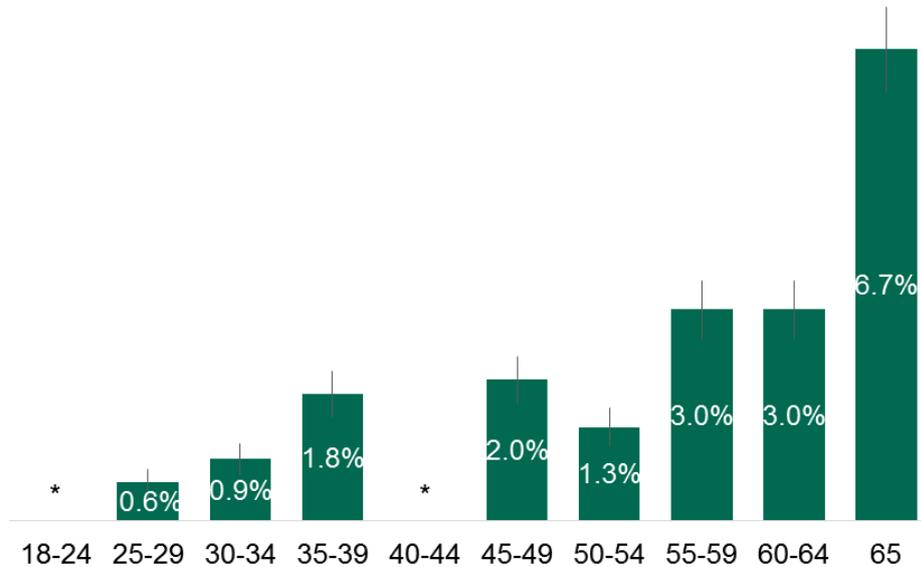


Source: Hackney Performance Team [12]; GLA custom age tool. [14]

Of the adults receiving a long-term support package from the City of London Corporation, again just over half (56%) are aged 65+. There appears to be a younger age distribution of social care service users in the City (see Figure 8) compared with Hackney (

Figure 7), but it is difficult to draw any firm conclusions due to the small numbers in the City (which make the data less reliable).

Figure 8: Estimated percentage of the City of London adult resident population receiving a long-term support package, by age group (age 18+, 2017)



Source: City of London Performance Team; GLA population estimates.

11.4.2 Gender

Females record a higher rate of face-to-face (GP and practice nurse) consultations than males across all age groups up until the age of 74 (Figure 4 in Section 11.4.1).

Figure 5 (Section 11.4.1) shows that the age-specific rate of hospital admissions is also higher in females than males up to the age of 54; for every one male under 55 admitted to secondary care, there are on average 1.7 admissions in females. For adults over the age of 55, males have a higher rate of admission than females – the male:female ratio is 1:0.9 in this age group.

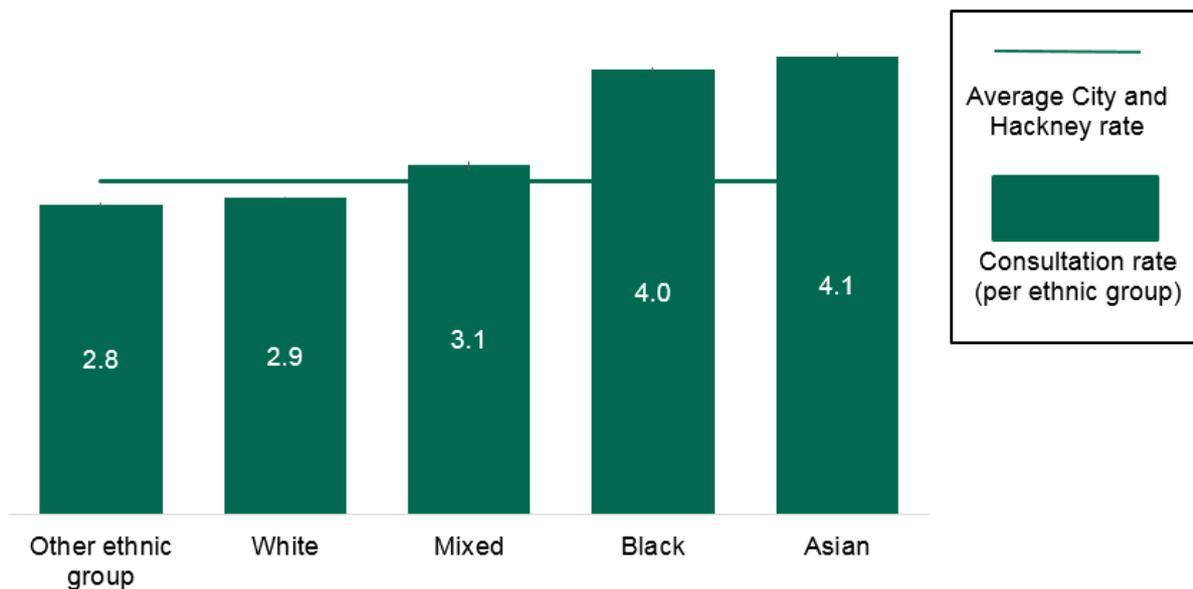
Of those adults receiving a long-term support package from Hackney Council in 2017, 48% were male and 52% were female (total n = 2779). [12] There was a similarly equal gender divide in people receiving City of London social care services. [15]

11.4.3 Ethnicity

At a national level, people from certain minority ethnic groups have been reported to experience greater dissatisfaction with NHS services than average. [4]

Locally, people of Black and Asian heritage are more likely to have a face-to-face consultation at a GP practice than people from other ethnic backgrounds (see Figure 9), and these findings are true across all age bands from 25 to 84 years. As discussed in the relevant sections of this JSNA chapter, these findings are likely to reflect relatively higher rates of common long-term conditions (especially diabetes and cardiovascular disease) in these groups, which are largely managed in primary care.

Figure 9: Face-to-face primary care (GP or nurse) consultation rates in Hackney and the City, by ethnicity (per GP-registered patient, age 18+, 2016/17)

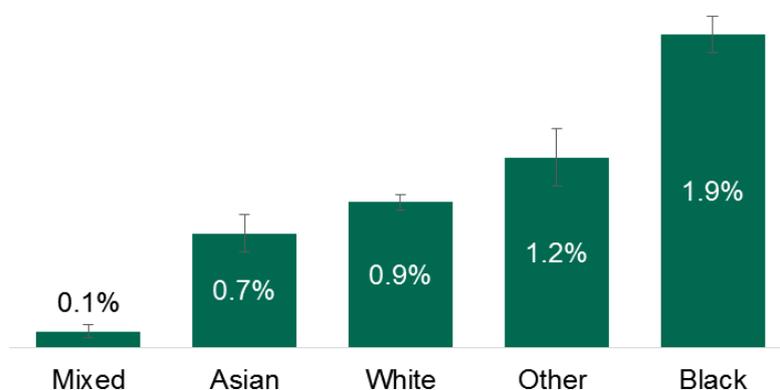


Source: Extracted from the local GP register by CEG, Blizard Institute, April 2017. [7] Data cover residents of Hackney and the City registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.

Published research on the topic of A&E attendances in east London (including data from Hackney and the City) show that younger Black adults (aged 20–39) are more likely to attend than people from other age/ethnic groups. [18] At a national level, people from Black Other, Other ethnic group and Asian (Pakistani) backgrounds are more likely to require an emergency or elective admission to secondary care than people from other backgrounds. [19]

Half of the adults receiving long-term support from Hackney Council in 2017 identified as White. Applying the number of adults receiving long-term support to the local adult resident population, Figure 10 shows that an estimated 1.9% of the Black population are in receipt of long-term support compared to just 0.1% of the Mixed ethnicity population. The majority of those receiving long-term support from the City of London Corporation (83.5%) describe themselves as White (74% of adults living in the City of London are White).

Figure 10: Estimated percentage of the Hackney adult resident population who are receiving a long-term support package, by ethnicity (age 18+, 2017)



Source: Hackney Performance Team [12]; GLA custom age tool. [14]

11.4.4 Disability

Due to the under-reporting and inconsistency of recording disability across services, the true reflection of service utilisation is not possible at a local level. However, national evidence suggests that people with physical disabilities experience significantly higher unmet need in accessing healthcare and rehabilitation services (as discussed in the 'Physical disabilities' section of the JSNA 'Vulnerable people' chapter).

In addition, local social care data show that, since March 2010, the number of adults with learning disability receiving a care package has decreased by almost 30% (see 'Learning disability section of the JSNA 'Vulnerable people' chapter). [12]

11.4.5 Socio-economic disadvantage

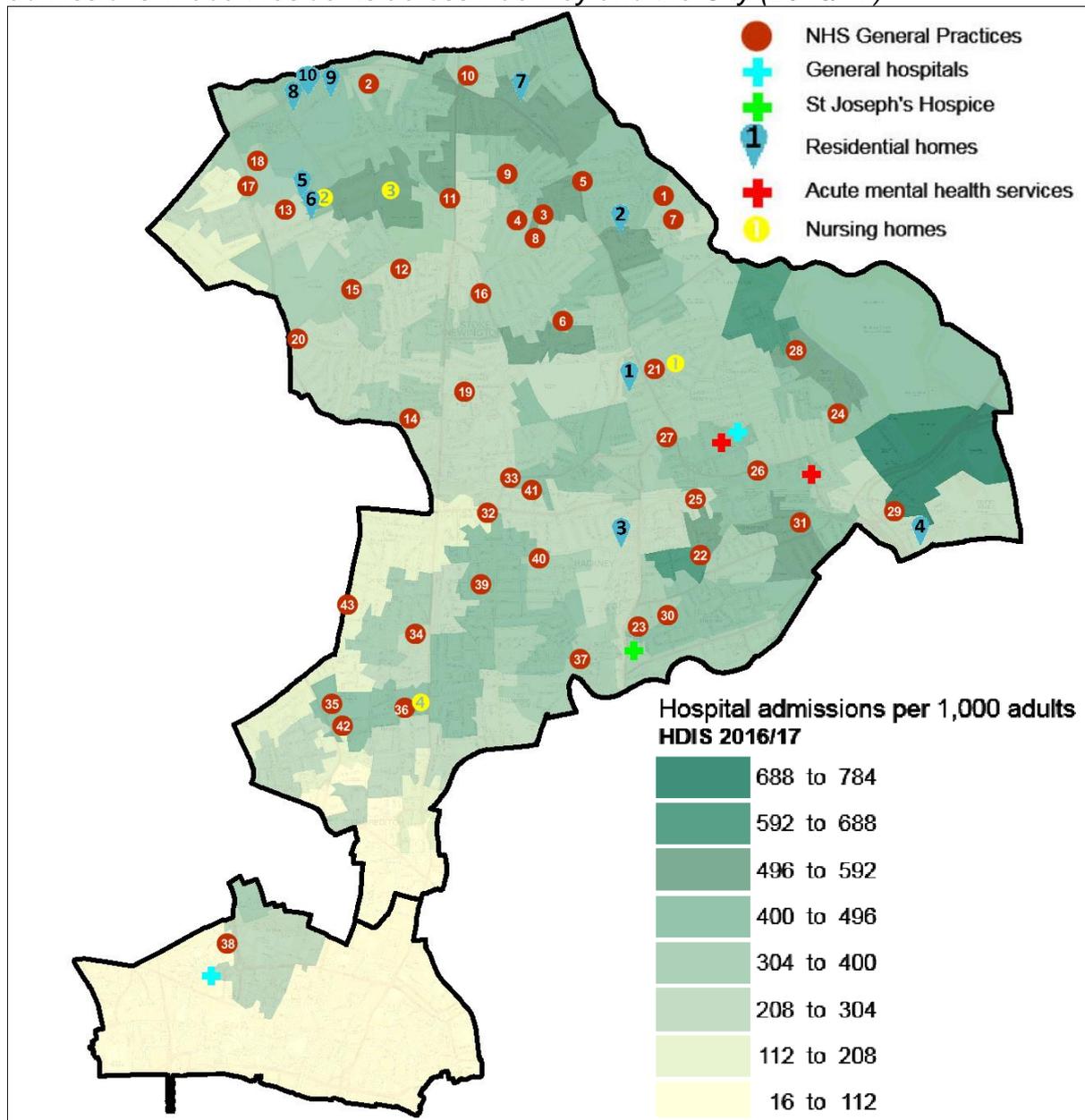
There is a small weak relationship between the use of primary and social care services and deprivation locally (deprivation score explains only 13% of the variation in average consultation rate by GP practice, $R^2=0.13$). This suggests that people who live in more deprived areas use health care services slightly more than people living in more affluent areas. There is a slightly stronger relationship between use of secondary care (inpatient admissions) and deprivation.

There is a contradictory view of deprivation and use of healthcare services called the 'inverse care law', which explains some of the complexity when describing socio-economic deprivation and use of services. [20]

11.4.6 Location within Hackney and the City

Figure 11 highlights the location of all GP practices, hospitals, hospices, residential and nursing homes, and acute mental health services in the local area. The background of the map reflects variation in the rate of hospital admissions in different localities across Hackney and the City.

Figure 11: Location of key health services and background rate of hospital admissions in adult residents across Hackney and the City (2016/17)



Source: Hospital Data Interrogation System (HDIS); Care Quality Commission (CQC).

11.5 Comparisons with other areas and over time

11.5.1 Primary care (general practice)

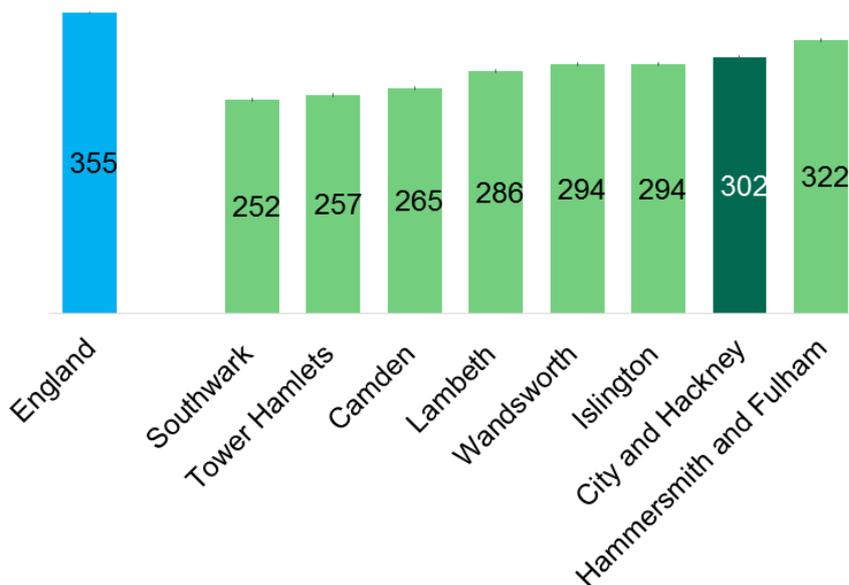
No comparable data are available on the use of primary care services.

11.5.2 Secondary care

During 2016/17, there were around 300 admissions to secondary care for every 1,000 people in Hackney and the City (all ages). This rate is towards the upper end of Hackney's statistical peers⁸ (see Figure 12).

As discussed in Section 11.3.1, more than one third of inpatient admissions are admitted as 'emergency' cases. Compared to similar local areas, Hackney and the City has one of the highest rates of emergency admissions (see Figure 13).

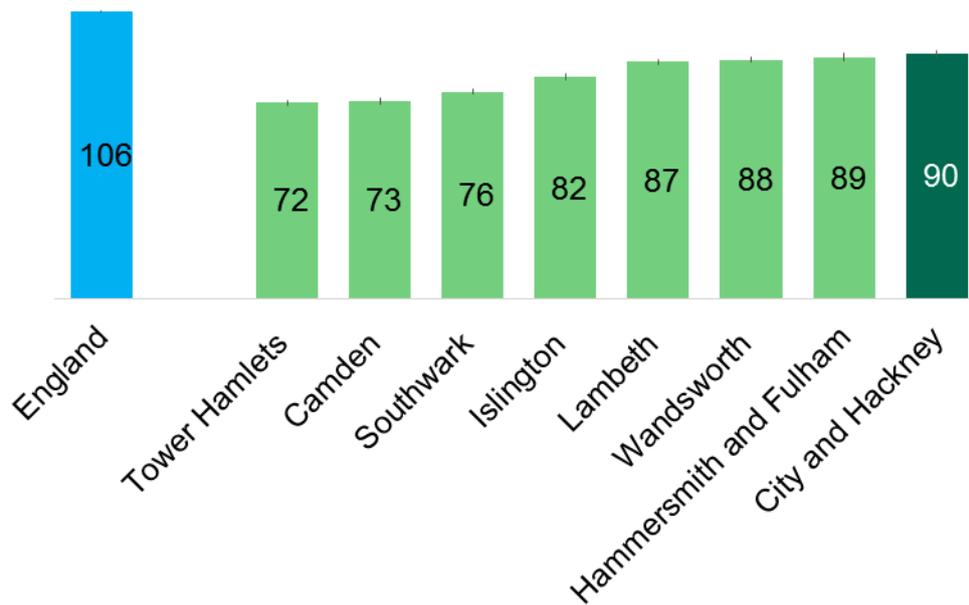
Figure 12: Crude rate of inpatient admissions (all ages, per 1,000 population, 2016/17)



Source: NHS Digital hospital episode statistics. [8]
Note: London rate not available.

⁸ Statistical peers refers to local areas that are demographically similar to the City and Hackney.

Figure 13: Crude rate of emergency inpatient admissions (all ages, per 1,000 population, 2016/17)

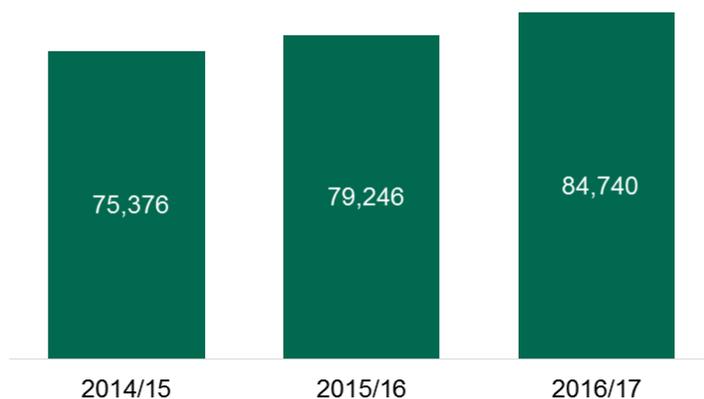


Source: NHS Digital hospital episode statistics. [8]

Note: This figure describes the rate of inpatient admissions to secondary care with the admission route classified as 'emergency'. This is not the same as the rate of A&E attendances. London value not available.

Figure 14 shows that the number of admissions to secondary care funded by City and Hackney CCG has been increasing in recent years.

Figure 14: Number of secondary care admissions funded by City and Hackney CCG (age 18+, 2014 — 2017)



Source: Hospital Data Interrogation System.

11.5.3 Social care

The number of 'requests for support' (per 100,000 population) made to Hackney Council in 2015/16 was high compared to similar areas, but comparable to the rate for England. This area of social care reporting is known to be weak across local authorities nationally, as the indicator is open to interpretation. [12] A provisional report into the 2017/18 social care data indicates potential under-referral to reablement services (reported under the service category named 'Short Term Support to Maximise Independence'). Reablement services are mostly provided by the Integrated Independence Team in the local area. [11]

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