



Social Deprivation and Its Relationship with Primary Care Referrals to Secondary Care in Colorectal Patients: An Observational Study

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Abstract

Objectives: To determine the relationship between referral from primary to secondary care in colorectal patients based on social deprivation category and to examine the effect of Faecal Immunochemical Tests (FIT) on GP referrals.

Design: Observational study using data from colorectal clinic referrals examining social deprivation category and rate of referral over a two year period between 2012 and 2014.

The relationship between patient age and referral rates and the use of the FIT by GPs and rates of referral across all socioeconomic categories and ages was also examined.

Participants: 8,402 patients referred from primary care to colorectal clinic were included in the initial study between 2012 and 2014 and 3250 patients were included in the post FIT analysis between January 2016 and September 2016.

Results: Referral rates for those in the most affluent social category were higher compared to those in the most socially deprived areas. Regardless of social deprivation category older patients were more likely to be referred to secondary care.

Following introduction of FIT, GP referral numbers to secondary care were increased amongst all patient ages and social deprivation categories.

Conclusions: Inequalities were demonstrated in rates of referral from primary care to colorectal clinic between those patients from the most affluent and most deprived areas.

After introduction of FIT, rates of referral from primary to secondary care were increased amongst all ages and social deprivation categories.

Introduction

The primary aim of the UK National Health Service is to provide universal healthcare to all patients in need, irrespective of their social characteristics. Despite this, inequalities in healthcare exist. Healthcare inequality contributes to thousands of unnecessary premature deaths in Scotland each year [1]. Men from the most socially deprived areas can expect nearly 24 fewer years spent in good health [1].

Within the NHS, general practitioners play a pivotal role in controlling access to specialist care, and so factors explaining variations in referral rates have long been a focus of attention. Although socially disadvantaged, older people (>74 years), and women are more likely to consult their general practitioner [2]. The more socially advantaged, men, and younger people (<65 years) are more likely to be referred to secondary care [2].

The effectiveness of reforms such as the NHS cancer plan and national service frameworks in reducing inequalities in health partly depends on the ability of all patients to access high quality specialist care without delay [3].

It is unclear whether inequalities occur once patients are within the secondary sector or at the point of entry to specialist care.

The aim of this study was to understand the extent to which factors related to the patient, general practitioner, and general practitioner's practice explain the wide variations in referral rates (ranging

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The European Study Of Referrals From Primary To Secondary Care

**Irvine Loudon, John Horder, Charles
Webster**



The European Study Of Referrals From Primary To Secondary Care:

Health Services Research G. N. Fracchia, M. Theofilatou, 1993 Research on prevention Research on care delivery systems Research on health care organization Health technology assessment **The European Study of Referrals from Primary to Secondary Care** D. M. Fleming, 1992 The European Study of Referrals from Primary to Secondary Care Douglas Munro Fleming, 1993 *Telematics in Primary Care in Europe* Jan De Maeseneer, J. De Maeseneer, L. Beolchi, 1995 Title Page Table of Contents Chapter 1 A PICTURE OF PRIMARY HEALTH CARE IN EUROPE Chapter 2 THE MISSING LINK Chapter 3 A SNAPSHOT OF PRIMARY CARE Chapter 4 THE EPIDEMIOLOGICAL BRIDGE Role of telematics in the collection of epidemiological data from general practice Chapter 5 TOWARD A DIFFERENT APPROACH OF THE ASSESSMENT OF INFORMATION TECHNOLOGY AND TELEMATICS IN PRIMARY CARE Chapter 6 CONCLUSIONS AND RECOMMENDATIONS Appendices Appendix 1 The Funen Conference september 9 11 1994 List of Participants Appendix 2 Description of six communication projects see chapter 2 H B Jensen Denmark Appendix 3 List of National Projects Neill Jones United Kingdom Author Index The OECD Health Project Towards High-Performing Health Systems Policy Studies OECD, 2004-08-20 This series of seven policy studies cover lessons from experience in health system reform improving the technical quality of health care income related inequality in health care matching supply with demand for physicians and nurses excessive waiting times private health insurance and more *Comparison and Harmonisation of Denominator Data for Primary Health Care Research in Countries of the European Community* Martin Schlaud, 1999 Used extensively in North America and Europe seminal practice networks also referred to as practice research networks recruit office based physicians to monitor defined events among their patients such as influenza mumps and asthma attacks at regional county and even national levels After adequate analysis these data indicate spatial and temporal trends in event frequencies comparability of national results is however limited partly due to the different national health systems influencing the demand of medical care More importantly the lack of comparable data on the population from which the cases arise denominator data obstructs the comparison of data from primary care research between different regions or countries **Oxford Textbook of Primary Medical Care** Roger Jones (Prof.), 2005 *McWhinney's Textbook of Family Medicine*, 2016-02-05 Highly acclaimed in its first three editions McWhinney's Textbook of Family Medicine is one of the seminal texts in the field While many family medicine texts simply cover the disorders a practitioner might see in clinical practice McWhinney's defines the principles and practices of family medicine as a separate and distinct field of practice The fourth edition presents six new clinical chapters of common problems in family medicine respiratory illness musculoskeletal pain depression diabetes obesity and multimorbidity This new edition also provides information on stewardship of resources patient information and data delivery of care in the home and consultation and referral The volume also covers continuing advances in the research base of family medicine Readers will come away with a deeper appreciation for the role of the generalist in healthcare *EBOOK: Primary*

Care in the Driver's Seat? Richard Saltman, Vaida Bankauskaite, Karsten Vrangbaek, 2005-12-16 Decentralization has become a popular management strategy in many European health care systems. The term describes a wide variety of power transfer arrangements and accountability systems. The logic of decentralization is grounded in an intrinsically powerful idea that smaller organizations properly structured and steered are inherently more agile and accountable than larger organizations. In a world where large organizations control wide swathes of both public and private sector activity, the possibility of establishing more locally operated, locally responsible institutions holds out great attraction. This text explores the capacity and impact of decentralization within European health care systems. It examines both the theoretical underpinnings as well as recent practical experiences drawing upon both published literature and evidence collected directly from the field. The book also assesses the appropriateness of management processes within health systems for implementing a successful decentralization strategy. Decentralization in Health Care will appeal to health policy makers, postgraduates taking courses in health services management, HR, health policy and health economics, and human resource professionals. Health Systems in the European Union: Diversity, Convergence, and Integration Guenter Lueschen, Jouke van der Zee, William Cockerham u.a., 2016-09-26 This comparative social analysis represents the results of the West European Study of Health (WESH). It is one of a few systematically comparative social science analyses of such national health systems as Belgium, France, Germany, the Netherlands, and Spain. Based on a total of 2500 cases, the project analyses problems like health culture, social stratification, its impact on health, health life style, and the motivations of people that shape health policies. This book meets both the expectation of descriptive information as well as comprehensive analysis by statistical means and on the background of practical as well as theoretical concerns. The policy implications of the results are eminent. The comparative design is of exemplary importance for health and social science. The book is of interest for public health, health professionals, health policymakers, psychologists, social scientists, and political representatives from the community up to the European level. *Aus dem Inhalt:* Statement and Significance of the Problem, Theoretical, Historical Context and Comparative Methodology, Organization, Present problems and Efficiency of West European Health Care Systems, WESH Method, Fieldwork and Selected Indicators of the Study, A Descriptive Overview, Concerning Results for Health Behavior in the 5 Nation Study of WESH, Health Culture in Europe, an Exploration of National and Social Differences in Health Related Values, Health and Social Stratification, Health Life Style and Social Stratification, Public and Private Responsibility for Health, A Comparative Analysis towards Financing and the Right for Health Care, From Utilization to Evaluation, Euregional Health Culture, An Exploration.

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quantitative and qualitative approaches to identifying and remedying deficiencies in health care *Essential Primary Care*
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