

# Health equity in High Intensity Use

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# Nowhere else to turn

In 2020, British Red Cross published their groundbreaking research into High Intensity Use “**Nowhere else to turn**” based on data from Blackpool. It found deprivation and inequality were driving repeat emergency visits.

Frequent attendance was more concentrated in more deprived areas in England

People who frequently attend A&E more likely to be experiencing a range of other disadvantages

In 2024, we have been working on a follow up research project, based in Dorset.





# Why does HIU matter

There is a huge **human cost** - people **feel unheard**, leading to **dissatisfaction** and **disengagement**, professionals can feel **helpless and frustrated**.

## People who frequently attend A&E account for...

**29%**

of all  
**Ambulance**  
arrivals at A&E



**26%**

of all  
**Emergency**  
admissions



**16%**

of all  
**Visits to**  
A&E



**2%**

of all  
**Inpatient**  
bed days



Based on their ambulance journeys, A&E attendances, and inpatient stays, we

estimate that this group of people cost the NHS **£2.5 billion** pounds per year.



## How does it feel?



Except for the carer and family group, all respondents were deeply dissatisfied with the way they were treated and that the emergency issue remained unresolved.

They said they felt ignored, judged, brutalised, rejected, dehumanised and threatened by the emergency services and clinicians who dealt with them. Instead of feeling flagged for tailored and coordinated support by health professionals, they felt labelled as troublemakers and nuisance callers.

Even though some individuals received support—from clinical specialists, mental health teams, a third-sector organisation or a GP— respondents felt isolated and powerless.

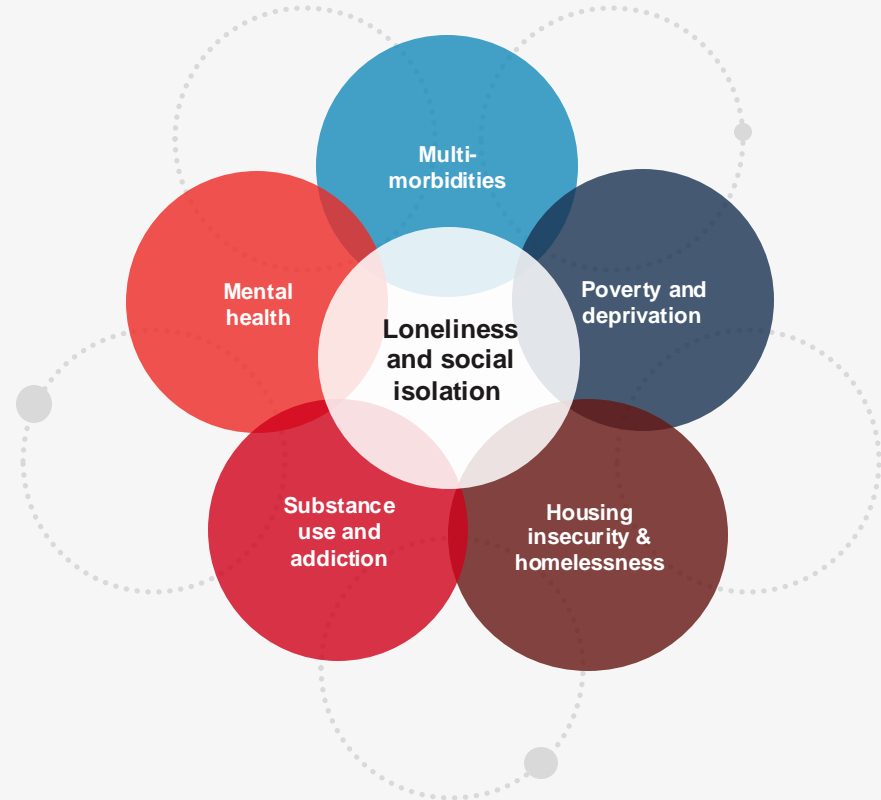


# What triggers frequent attendance?

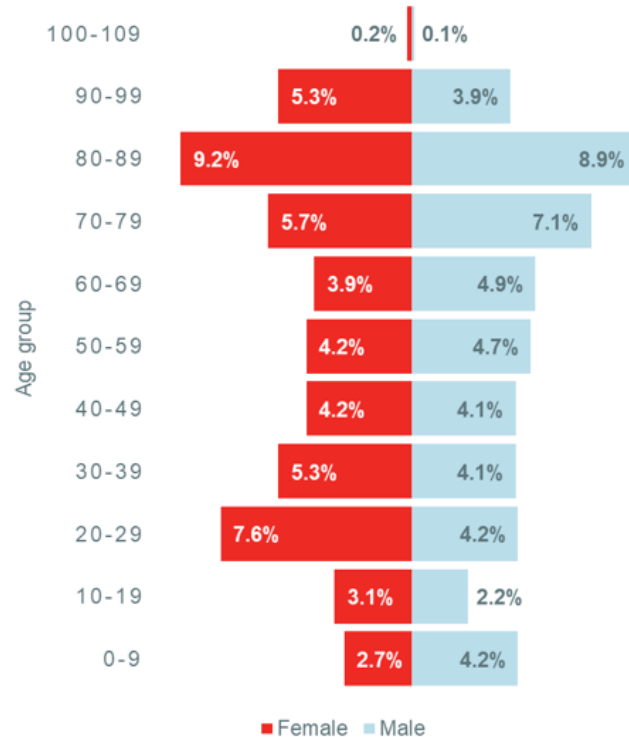
People repeatedly attending the Emergency Department (ED) often have **intersecting** and **complex issues**.



Common experiences include:



# Dorset research

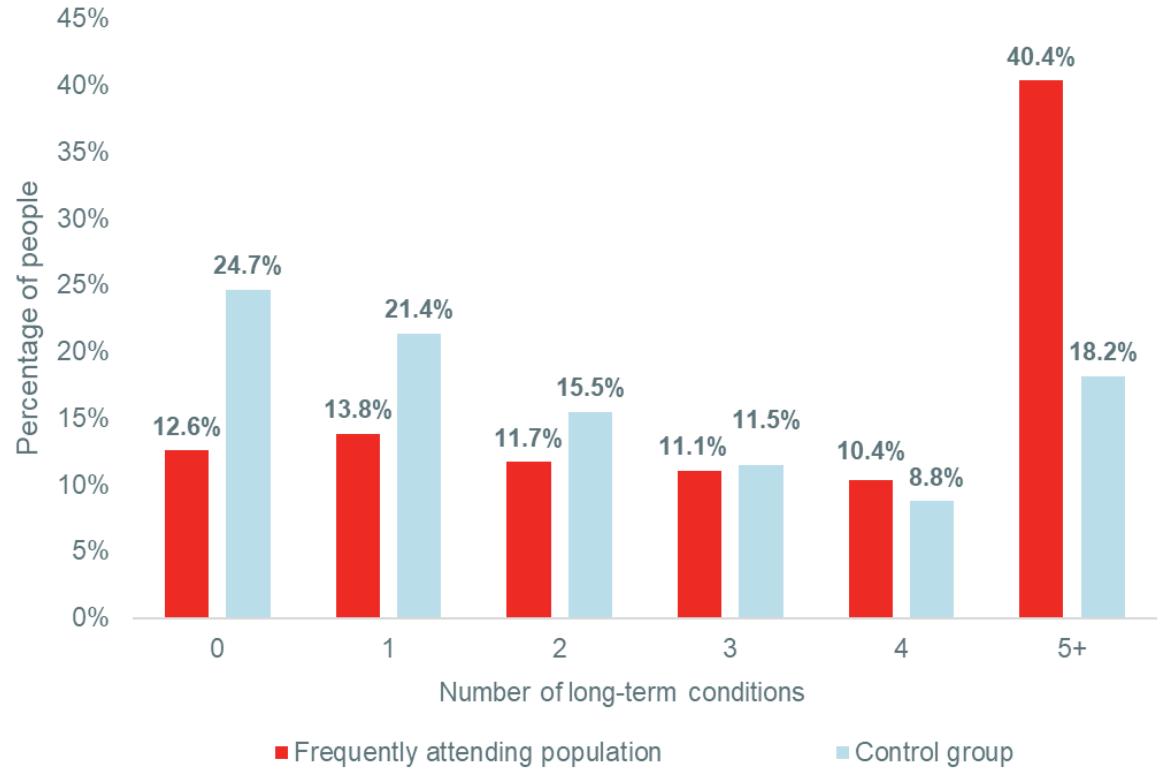


Two groups are more likely to attend A&E frequently in Dorset:

- **people aged 20-49.** Females between the ages of 20-29 are particularly prominent within this group, accounting for one in four of the cohort (25.7 per cent)
- **people over 70** (high percentage with MLTCs; and on a palliative care register)

# Dorset research cont

People who frequently attend A&E are **more than twice as likely to have five or more LTCs** than those who do not frequently attend





# Dorset research cont.



Long-term condition	Percentage of patients with condition on primary care record		Difference between groups (no. times higher)
	Frequently attending population (Base = 13,335 people)	Control group (Base = 13,335 people)	
Depression	37.3%	16.4%	2.3
Hypertension	34.5%	27.8%	1.2
Asthma	21.3%	11.5%	1.9
Palliative Care	21.2%	7.4%	2.9
Coronary Heart Disease	20.3%	9.4%	2.2
Diabetes	19.3%	9.7%	2.0
Chronic Kidney Disease (Stage 3-5)	19.3%	13.2%	1.5
Atrial Fibrillation	18.2%	8.5%	2.1
Cancer	18.0%	13.8%	1.3
Heart Failure	13.1%	4.5%	2.9
Stroke	12.9%	4.7%	2.7
COPD	11.8%	3.8%	3.1
Dementia	10.3%	5.6%	1.8
Osteoporosis	10.1%	5.7%	1.8
Transient Ischaemic Attack	8.6%	3.3%	2.6
Epilepsy	5.4%	1.4%	3.8
SMI	5.1%	1.0%	5.2
Peripheral Arterial Disease	3.6%	1.5%	2.5
Learning Disability	2.1%	0.5%	4.0
Rheumatoid Arthritis	2.1%	1.1%	1.9

CORE20PLUS5

CORE20PLUS5

# Our service



The British Red Cross HIU Programme holds **fidelity to the NHS England High Intensity Use model**, first developed in Blackpool by Rhian Monteith (High Intensity Use Programme Founder and Specialist Advisor for HIU Programmes, NHS England).

As the UK's **leading provider** of HIU services, working with Acute, Mental Health and Ambulance Trusts across the UK, our evidence shows that **unmet social needs often cause a decline in health**.

Commissioned to achieve 40% reductions in activity across HIU cohorts:



Attendances



Admissions



Conveyances

Seeking to achieve the following outcomes:



Increased activation



Improved wellbeing



Feel more in control

# Service principles for high intensity programme



## Data led patient identification

- ED attendance
- Emergency Admissions
- Psychiatric Liaison referral or MH admissions
- Ambulance calls and conveys
- GP visits



## Programme delivery approach

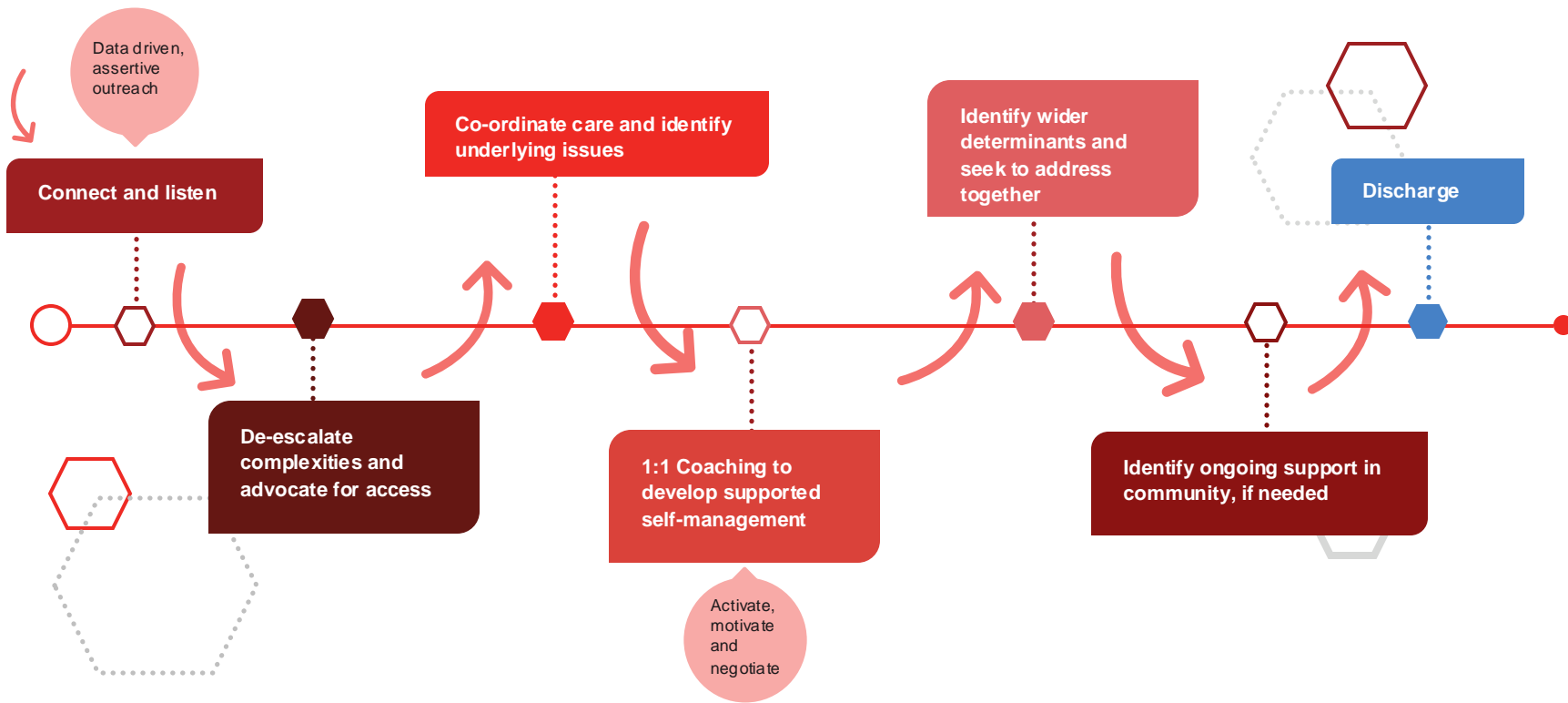
- 1:1 casework approach
- De-medicalised and de-criminalised approach
- Supported self-management
- Health coaching



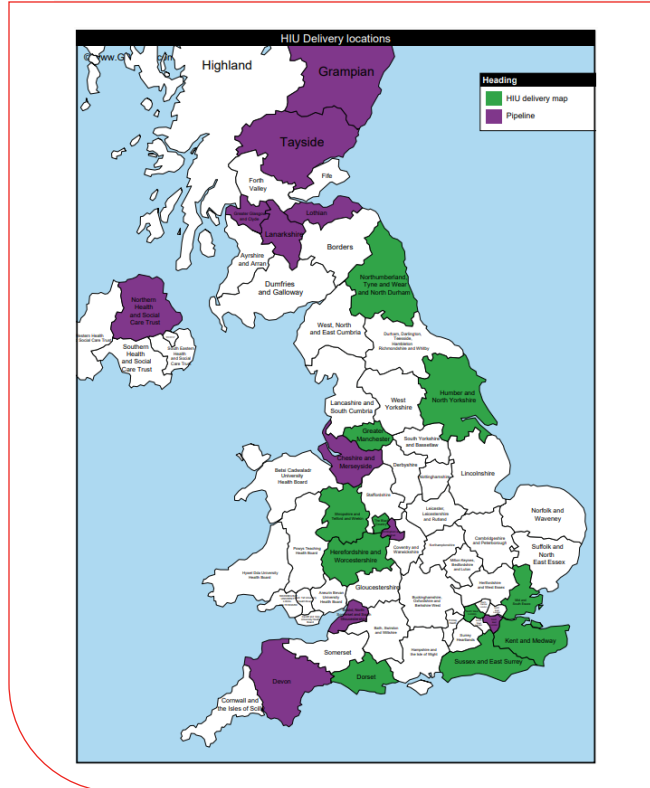
## Holistic person-centred support

- Improve access to services
- Care co-ordinate
- Identify unmet social needs
- Reconnect individuals with friends, purpose and community

# How does it work



# Our reach



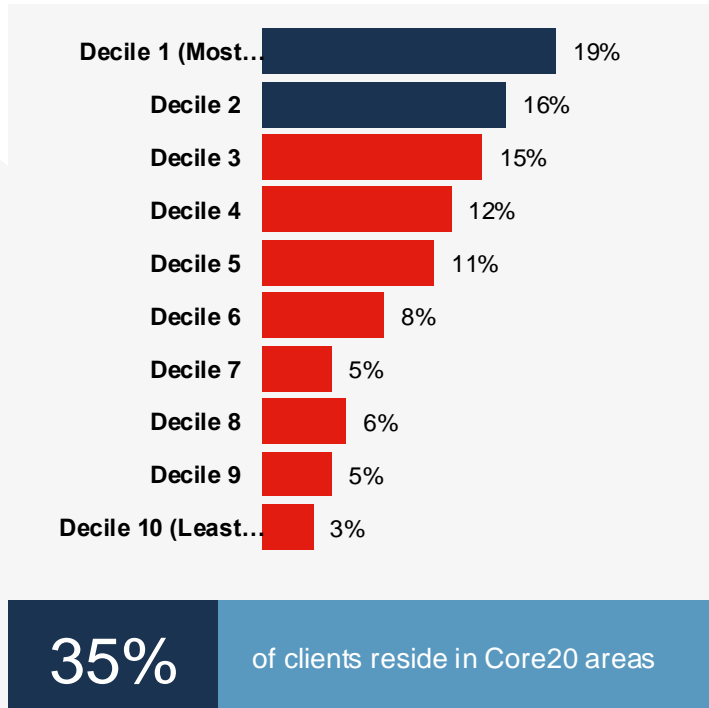
## Working with data from:

- 37 Acute Hospitals
- 10 x Liaison Psychiatry Departments
- 2 x MH Trusts
- 6 x Primary Care Networks
- 2 x Local Authorities
- 1 x Ambulance Trust

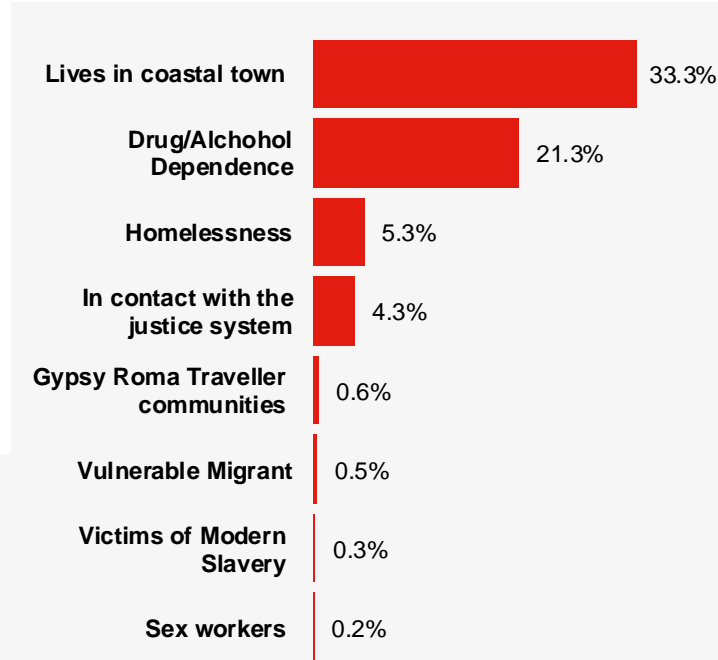
# Health inequalities



Clients according to IMD Decile



Clients by inclusion health group\*



\*Based on data available

Jan - Dec 2023



# Insights – pre support

1,734

people supported

83%

of clients had a disability

94%

reported low activation levels

65%

of people didn't feel in control of their health

43%

of people live alone

21%

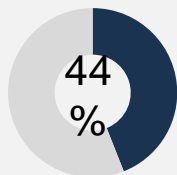
Had a significant financial need

25%

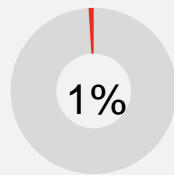
Had a significant housing need

81%

Reported low wellbeing

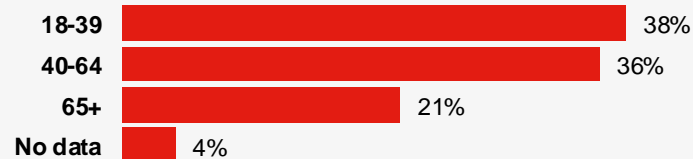


Male

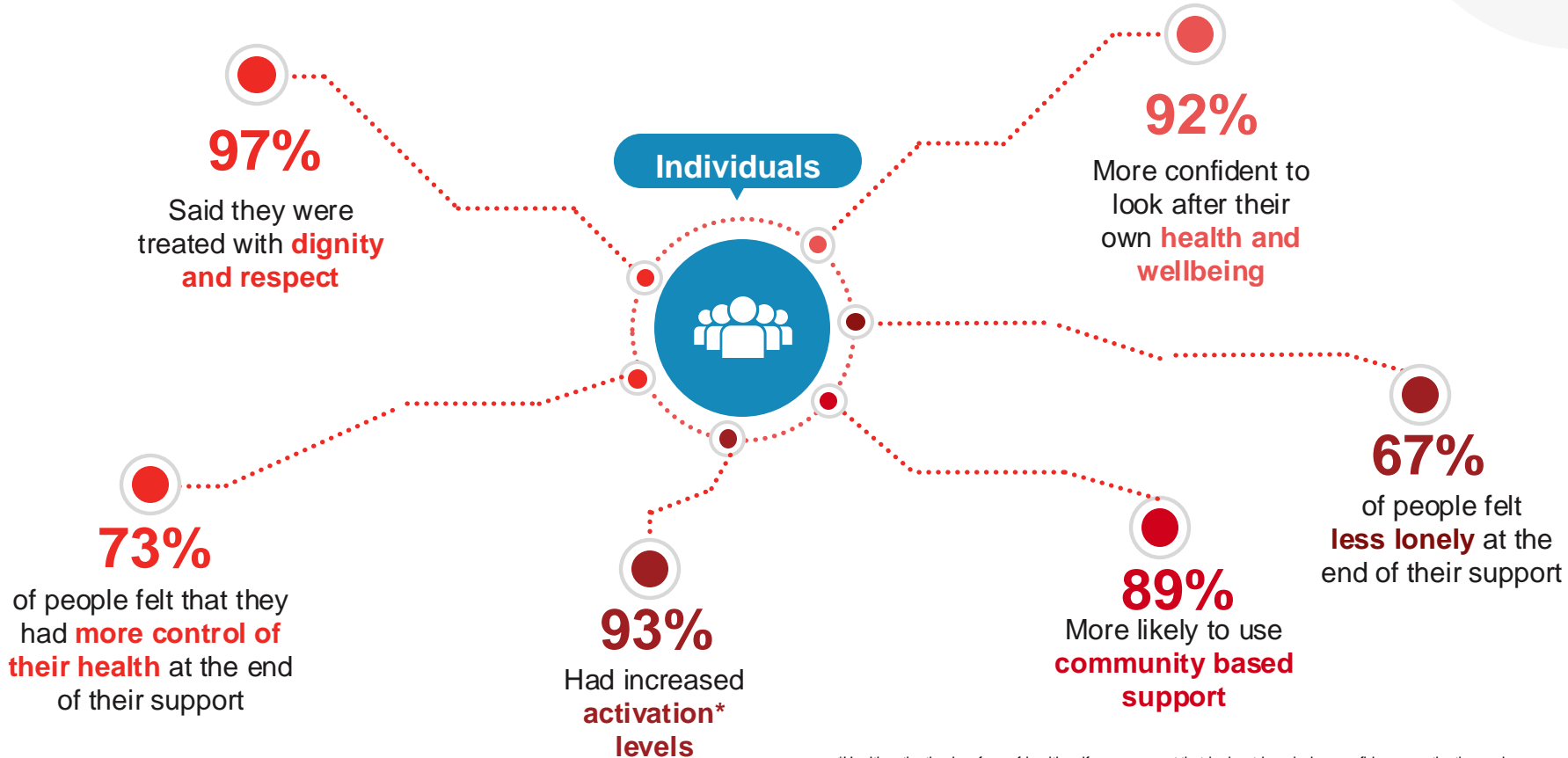


Other/Prefer not to say

Age range of clients



# Our positive impact



\*Health activation is a form of health self-management that looks at knowledge, confidence, motivation and beliefs, actions, and feelings of control. We use the Consumer Health Activation Index (CHA) to measure this.

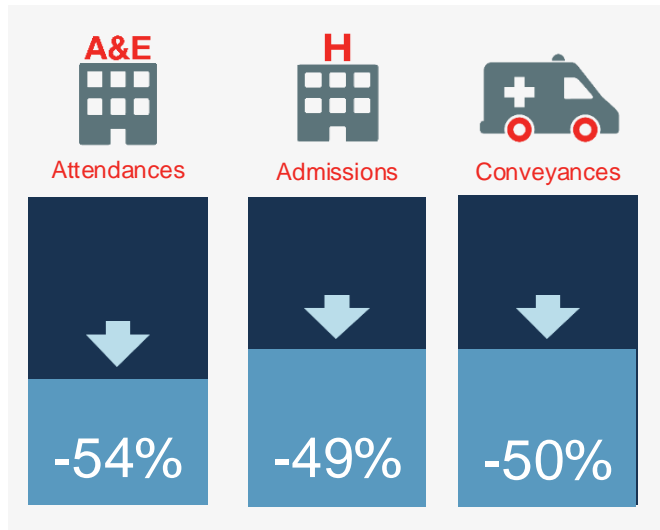


# System impact: Hospital activity reductions

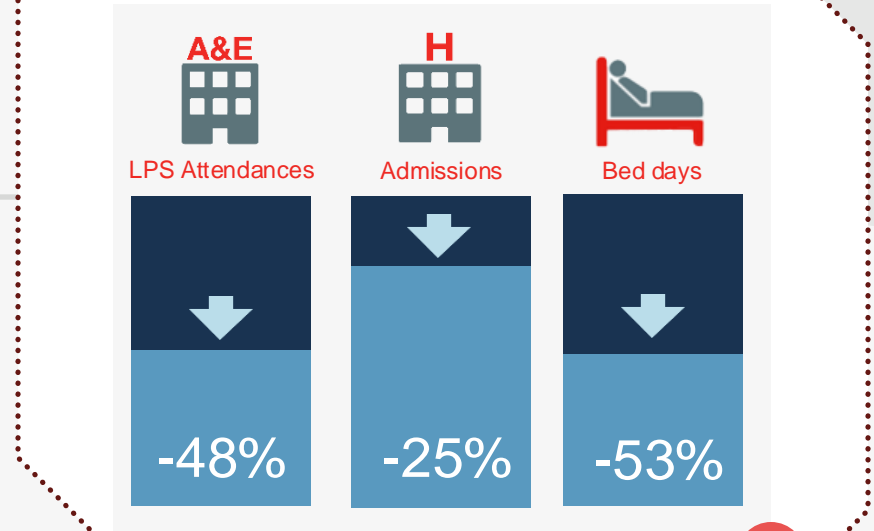


Jan - Dec 2023

## ED Services



## Mental Health Services





Our **HIU** programme  
**delivers over £7,000**  
in social value  
for **each individual**  
**supported**

# Positive feedback



“Louise was very, very good. She was absolutely wonderful. I take some persuading to work with people but she was so easy to get along with. She was there if I needed her. Nothing was too much trouble.

She got me in touch with people who could help, such as decluttering my house following regular hospital visits, which has been a massive help for my mental and physical health.

“[The HIU Lead] really helped me to talk through my issues and the support I received helped me a lot. I am in a much better place now and feel able to manage the things much more positively.”

“Chelsea was amazing, she has so much knowledge of mental health and autism. I really connected with her, she took me to a support group and sensory place. I really enjoyed meeting her and having coffee and a chat. She really helped me and made me feel like a valued person, she has so much to offer to someone like me.”

I have never felt more listened to. My support worker took the time to meet with me when and where it was convenient for me. They didn't make me feel guilty if I couldn't attend a meeting or punish me which some services seem to do. I understand myself and my problems so much better now and have so many more options for where I can turn if I need help. A weight has been lifted off me now my money problems are less. I don't know what I would have done if the Red Cross had not come into my life when they did.”