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Can a targeted letter and leaflet sent to households living in areas with high rates of non-urgent A&E attendance reduce A&E attendance rates in these areas?

Submission date
18/03/2015

Recruitment status
No longer recruiting

Registration date
21/05/2015

Overall study status
Completed

Last Edited
01/06/2018

Condition category
Other

[ ] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[ ] Results
[ ] Individual participant data
[ ] Record updated in last year

Plain English summary of protocol

Background and study aims
Emergency (A&E) Departments have been under particular pressure this winter. We know that there are many factors causing A&E pressure. One reason is the demand on A&E from patients with minor ailments that could have been treated elsewhere. An audit by the National Audit Office reports that one in five A&E attendances could have been treated by GPs or by other professionals outside of hospitals. This study aims to test whether a letter intervention can reduce demand on A&E by patients coming with minor problems that could be treated elsewhere. We are sending a letter and leaflet to households in Medway in areas where people use A&E much more than average. These areas tend to be closer to the hospital. We will look at whether the areas that are sent the letter have lower use of A&E for minor reasons, compared to similar areas that did not get sent the letters. We will look at the effect of the letters 1, 3 and 6 months after the letters are sent.

Who can participate?
50,000 households with the highest use of A&E in Medway. These households are located in 73 target areas close to the hospital.

What does the study involve?
The target areas will be divided into two groups: the intervention group (who are sent the letter) and the control group (who are not sent the letter). We will study the effect of the intervention by comparing the intervention and control areas. People living in the target areas will not know that they are joining the study. Letters will be sent on or around 4 April. The letter includes a leaflet and map giving information on all the local health services that can help with urgent medical problems.

What are the possible benefits and risks of participating?
The benefits of participating in this study include the fact that patients who receive the intervention letter and leaflet will be better informed about the many local healthcare options

available when they next have an urgent health problem. The results of the study will help improve the information and communication for patients about NHS services. We anticipate no risks to the people included in the study, either those receiving the letter (intervention group) or those who do not (control group). In the past, a range of letters that have intermittently been sent to local residents and no adverse events have resulted previously. The letter is a small part of a larger communications campaign run by the local NHS trying to reduce pressure on Medway Hospital's A&E. An ethics panel has looked at the study design and agreed that it is not necessary for patients to give consent to this study because of this.

Where is the study run from?
Medway Foundation Trust (UK).

When is the study starting and how long is it expected to run for?
From April 2015 to April 2016.

Who is funding the study?
Department of Health (UK).

Who is the main contact?
Ms Laura Freeman

Contact information

Type(s)
Public

Contact name
Ms Laura Freeman

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Additional identifiers

Study information

Scientific Title
Can a letter and leaflet sent to households in Medway neighbourhoods identified as having high A&E use for minor ailments reduce Category D (i.e. minor) A&E attendance rates in those areas?

Acronym
Medway A&E - CCG letter

Study objectives
A letter based on behavioural insights sent to areas with high baseline A&E attendance for non-urgent reasons can reduce attendance rates for non-urgent reasons in these areas.

Ethics approval required
Old ethics approval format

Ethics approval(s)
IRAS project ID 174817, REC number 15/WM/0119

Primary study design
Interventional

Study design
Single-centre interventional cluster randomised controlled trial

Study type(s)
Other

Health condition(s) or problem(s) studied
Non-urgent attendance at A&E

Interventions
The treatment arm will receive a targeted letter and leaflet highlighting local alternatives to A&E which can be used in non-urgent situations. The control group will receive no letter or leaflet.

Intervention Type
Other

Primary outcome(s)
Attendance rates at Medway Maritime Hospital from the intervention neighbourhoods compared to the control neighbourhoods. Attendance rates for minor ailments (Category D as defined in our protocol) per capita at baseline, 1, 3 and 6 months after the letter is sent. Attendance rates are routinely available from the Hospital Episode Statistics data available to DH via HSCIC.

Key secondary outcome(s)
Overall A&E attendance rates per capita at baseline, 1, 3 and 6 months after the letter is sent. This data is also available via HSCIC. Both primary and secondary outcomes will be analysed for any interaction with deprivation using postcodes as proxy.

Completion date
04/04/2016

Eligibility

Key inclusion criteria

Live in a neighbourhood with high levels of non-urgent attendance at Medway Hospital A&E based on HES statistics

Participant type(s)
All

Healthy volunteers allowed
No

Age group
All

Sex
All

Key exclusion criteria
Those not living in target neighbourhoods

Date of first enrolment
02/03/2015

Date of final enrolment
06/04/2015

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
Medway Foundation Trust (Medway Maritime Hospital)
Gillingham
United Kingdom
ME7 5NY

Sponsor information

Organisation
Department of Health

ROR
https://ror.org/03sbpja79

Funder(s)

Funder type
Government

Funder Name
Department of Health (UK)

Funder Name
Medway Clinical Commissioning Group

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
HRA research summary			28/06/2023	No	No