Easing the pressure on A&E: Could first aid education help?

Policy, Research and Advocacy

Based on research conducted by

Refusing to ignore people in crisis
Easing the pressure on A&E: Could first aid education help?

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Special thanks to:

> The research team responsible for conducting the research on which this summary is based: Dr Julie Mytton of the University of the West of England, Bristol, and Dr Matthew Booker, Dr Leah Bowen, Dr Ben Davies and Dr Helen Baxter of the University of Bristol.

> All the participants who kindly gave their time and took part in the research.

> Our project sponsor, Anne McColl, and the all members of our project advisory group – especially Emily Oliver and Joe Mulligan whose enthusiasm for this research was invaluable.

> Thanks to Hardeep Aiden and Scott Davis for their work on this project.
The pressures affecting the National Health Service (NHS) across the UK, particularly urgent and emergency healthcare services, often feature prominently in the media. The reasons behind these pressures are complex, not least because of the huge array of urgent and emergency care services available. It is thought that the way people use healthcare, and urgent and emergency care in particular, is changing, but it is unclear whether these changes contribute to the pressures on NHS services.

The British Red Cross currently provides first aid education through a range of formats and resources, including face-to-face first aid courses, web-based content and mobile apps. The aim is to support people to feel more confident and willing to administer first aid in the event of an emergency. The Red Cross wants to ensure that “for those with an increased risk of experiencing a crisis … our education offer will ensure all those reached are better equipped to understand, cope and take action” (British Red Cross 2014, p4). As such, the Red Cross is keen to explore ways to reduce the prevalence of crisis and/or increase the resilience of those who are experiencing a crisis.
1.1 Aim

In December 2015, the Red Cross commissioned the University of the West of England, Bristol, and the University of Bristol to undertake a study to explore how, when and why people use accident and emergency (A&E) departments, and whether any groups could be supported in their decision to attend A&E through first aid education.

The overall aim of Mytton et al.’s research was to explore the potential of developing a first aid education intervention for those people most likely to attend A&E.

This summary presents an overview of the study1 by Mytton et al. (2017) and its findings, accompanied by our own discussion of what the results mean to the Red Cross as a first aid education provider.

1.2 Methods

Mytton et al.’s study was conducted in Bristol, south-west England, and involved four urgent care service providers (three A&E departments and one walk-in centre). Urgent care services include the full range of urgent and emergency care services that are available to people who need medical advice, diagnosis and/or treatment quickly and unexpectedly, including emergency departments/A&E, urgent care centres, minor injuries units and walk-in centres. In this summary we use ‘A&E’ to encompass all these types of urgent care services.

Their research combined the following qualitative and quantitative methods:

> Analysis of 61 publicly available documents, including guidelines, policies, public messages and social media records to understand the factors influencing the delivery of urgent care services and explore how people make decisions about using these services.

> Interviews with people who use urgent care services, through:
  − a survey of 176 people waiting for treatment, investigation or discharge to explore their reasons for attending that day and their expectations of what might happen during their visit.
  − follow-up telephone interviews with 11 survey participants to better understand their decisions about using A&E.

> Two focus groups with potential users of A&E to help identify the patient groups that could be supported by first aid education.

> Interviews with 23 healthcare staff to gather their views on the types of people using A&E frequently and whether first aid education could support them. Participants included healthcare staff working in A&E and walk-in centres, and healthcare staff who refer people to these settings (e.g. GPs, community nurses and paramedics).

1.3 Findings

**What factors appear to influence use of urgent care services?**

Mytton et al.’s document analysis used publicly available sources of information to explore the context in which urgent care services are provided and used. Their analysis highlights the following factors which may contribute to the pressures on these services:

> **Public messages:** Inconsistent advice on how and when the public should use urgent care services, alongside public messages that assume people are able to confidently and correctly assess their own medical needs and the severity of their condition.

> **Health seeking behaviours:** Social media sources reveal that A&E is seen as reliable, safe, the place to go for expert care, and a place where patients will not be turned away. Social media also suggest that the public find it difficult to assess their own or others’ health conditions and struggle to decide where and when they should go for care.

> **Managing patient risk:** Clinical policies and guidelines highlight the delicate balancing act in the decisions that healthcare staff make every day – the responsibility to keep patients safe versus being encouraged to avoid unnecessary hospital referrals.

> **Changes in health and social care service delivery models:** There have been many changes to health and care services in recent years. For example, changes in the delivery and funding of social care services have resulted in the reduced ability of community-based care services to support patients on discharge from hospital.
> An ageing population: Improvements in healthcare mean that people are living longer, with many having complex, long-term conditions. These groups are more likely to need urgent care.

Why and how do people decide to go to A&E?

Their survey of people using A&E found that the most common reasons for attending were falls, pain and other types of accident. In addition, the management of fever in children was a common reason for seeking help.

Over a third of all survey participants (34.1 per cent) said they attended A&E because they were 'worried and didn’t know what to do’. However, the findings also highlight that people do try and consider their options when seeking urgent advice and care. Many patients (58.5 per cent) had sought advice before attending A&E, mostly from their general practitioner (GP) surgery (18.2 per cent) or from friends and relatives (11.9 per cent). Many adult patients (79 per cent) had not attended previously with the current problem.

Despite a desire to use A&E services appropriately, the interviews and focus groups highlighted the difficulty people have when deciding whether a health problem is severe enough to require urgent care. Knowing what options are available for advice and care and how to access them appeared to be equally problematic.

What role could first aid education play?

Mytton et al.’s interviews with healthcare professionals identified the following seven groups of patients who use A&E frequently and who could potentially benefit from first aid education interventions, whether directly or via carers:

> patients with long-term conditions, including mental illness
> children, particularly young children
> older people, especially those who are frail or have multiple health needs
> people who use substances
> people referred to A&E by their employer or a first-aider at work
> people receiving health or social care at home or in community settings
> the general public experiencing self-limiting infections and minor injuries.

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2 Of the 176 people surveyed, 148 were in A&E and 28 were in a walk-in centre. We use ‘A&E’ here to encompass both urgent care settings.
For each of the groups identified, their research suggests how first aid education could be tailored to the needs of the individual learners. For example, parents of young children may benefit from first aid learning related to common conditions, particularly managing fever, head injuries, and diarrhoea and vomiting. People with long-term conditions may be helped to stay healthy, including how to recognise exacerbations and respond accordingly. Designated first-aiders could be given the skills to feel confident to manage minor problems at their place of work; and it may be helpful for people who use substances to be able to spot, and respond to, complications arising from their drug use.

Healthcare professionals suggested first aid education could help people make better use of over-the-counter medication for illnesses, injuries and pain. Professionals specifically reported that parents are often reluctant to give medication, such as paracetamol and ibuprofen, to their child prior to attending A&E. Healthcare staff felt this was due to a misconception that A&E staff need to witness the child's temperature to be able to work out what is wrong and make a diagnosis. Information promoting the use of appropriate medication to reduce pain and fever could be offered to parents so that they have greater understanding of how these medicines can reduce distress in children, as well as reducing temperature.

Their research suggests that members of the public can lack confidence and knowledge when managing minor illnesses and injuries themselves, including a lack of knowledge regarding the natural duration of common ailments. Furthermore, some healthcare professionals working in A&E felt that first aid was a ‘lost skill’, and that there was increasing expectation among patients that common injuries such as sprains, lacerations and burns should receive urgent care, with first aid seldom being attempted before attending. As learning about minor illness and injuries has a wide audience – the general public – it was suggested that first aid should be taught in schools, and that this should include information about managing illness as well as injury.

Healthcare professionals expressed sympathy for the public’s struggle to assess the severity of illness or injury, and then navigate a complex healthcare system and access support at the right point. Healthcare professionals reported that first aid education could provide information to help people understand what services were available and, importantly, when to use them. Helping the public understand what the various care providers can offer was seen as particularly valuable.
1.4 Conclusion

Mytton et al.’s research found that first aid education has a role to play in supporting people using A&E, particularly around issues such as deciding whether a condition is ‘minor’ or ‘serious’. In addition, first aid education could give the general public greater knowledge and confidence to use over-the-counter medicines to self-manage minor illnesses and injuries at home, and to successfully navigate the complex range of urgent care services available. The study notes seven key groups of people who could benefit from first aid education and some of the tailored learning they require.

1.5 Recommendations

Mytton et al. noted four key recommendations from their study.

1. **Help the public understand when and where to seek urgent health advice and care:** First aid educators could play a role in supporting public understanding of the complexity of the urgent care system and enable people to access the right type of care at the right point in time. This would provide people with a thorough understanding of the full range of support options available, including where there are local arrangements that provide alternatives to A&E.

2. **Target first aid education to the needs of specific groups:** The research identified seven groups of patients (as outlined above) who use A&E frequently. Further research may be required to develop first aid education content specific to the needs of some groups (e.g. head injury guidance for parents).

3. **Explore the opportunities for first aid education:** For example, developing the content of first aid education to address the management of minor illnesses and promote the practice of taking, or administering, painkillers before attending A&E. This is especially relevant for parents who attend because of pain and fever in children.

4. **Promote self-care, resilience and prevention:** In collaboration with the relevant health professional groups and bodies, first aid educators have the opportunity to play a role in supporting the public to stay healthy and independent for longer, by helping them to manage long-term conditions and enabling them to provide self-care at home for minor illnesses and injuries.
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As a first aid provider, the Red Cross is hugely encouraged by the finding that first aid could help support those attending A&E at their time of need, and thus help take some of the strain off A&E departments.

Mytton et al.’s research identified seven target groups, including parents and older people, who could benefit from specific aspects of first aid learning, as well as key skills specific to each group, such as dealing with fevers in children and falls for older people.

For the most part, these groups are people the Red Cross already interacts with, be that through providing a service or through our existing first aid education offer. However, there is also an opportunity, in responding to the research findings, to explore whether there is more that we can do to meet their needs.


2.1 Implications for the British Red Cross

This section is structured around the four key recommendations made by Mytton et al., outlined in section 1.5, with each recommendation discussed in the context of the Red Cross’ current first aid education offer and other services provided. Also captured throughout this section are the actions and commitments already made by the Red Cross as a direct response to Mytton et al.’s research as well as from other evidence. These actions are noted in bold font.

Helping the public to navigate services

With an underlying rhetoric that the pressures on A&E are due to the public attending unnecessarily, it is welcome that this research clearly indicates that people attend A&E because they are confused as to when and where to seek help.

Mytton et al.’s research found that the routes into healthcare and the array of services can be confusing. This echoes the Keogh report which stated:

“We know that many people are struggling to navigate and access a confusing and inconsistent array of urgent care services provided outside of hospital, so they default to A&E (...) millions of patients every year seek or receive help for their urgent care needs in hospital who could have been helped much closer to home.” (NHS England 2013, p5)

So while public services do exist to meet the needs of those experiencing urgent and non-urgent health situations, their availability and what is offered by these services varies – as does the public’s knowledge of what is available.

We believe there is work to be done to address the on-going challenges to provision of and access to information. However, it is important to note that while access to good quality information is hugely valued, people often need more than just information; they also need guidance and support (Dunning 2005; Horton 2009).

Previous research conducted by the Red Cross found that people’s capacity to act on advice or information received is dependent upon a wide range of factors, including their own confidence and expertise and the nature and complexity of their needs (Loveless et al. 2015). The same research suggests that, while information may represent an important starting point in enablement, more is required to empower people to stay in control. There is a need for effective signposting to enable people to access the services that best meet their needs. From a first aid and health perspective, enabling signposting relies heavily on local knowledge.

The Red Cross will work to clarify what the services are that people can use in their local area, e.g. the role of pharmacists and location/opening times of pharmacies, and impart this information in our first aid education.

Confusion as to where to seek help is further compounded by public health messages which require the public to adequately assess their situation in terms of urgency and severity. Of course there are sources of information and advice available when it comes to assessing urgency. The majority of participants in Mytton et al.’s survey had indeed tried to help themselves in this way, with 58.5 per cent having sought advice before attending A&E. What we don’t know is whether, when contacting healthcare providers such as 999, first aid advice is given and what this advice consists of.

In previous Red Cross research - ‘Don’t Stop at 999’, Oliver et al. (2016) note that in 93 per cent of cases when people had died prior to arriving at hospital, 999 had been called, but a first aid intervention of any kind was not so frequent. So despite a bystander being at the scene and the majority calling 999, when we excluded those found dead, only between 43 and 57 per cent of those who died were given first aid. This is not only a missed opportunity to try to save a life, but also poses the question of the content of the telephone call to 999.

The Red Cross will explore, through research, the provision of first aid advice when calling 999 and the extent to which call handlers are able to provide such information in light of the behaviours of the bystander (prevalence of hanging up, asking questions, accuracy of details given etc.)

We are conscious that we can be part of the solution, but also should avoid being part of the problem by defaulting in our first aid education content to advising people to always attend A&E.
Targeting first aid education to the needs of specific groups

Mytton et al.’s research found that, among others, older people (especially those at risk of falls) and people with long-term health conditions could benefit from learning first aid. It is not surprising that older people are highlighted as frequent attendees to A&E. The Keogh review (NHS England 2013) found that pressures on A&E reflected the ageing population and the increasing complexities of need. However, healthcare professionals’ view that older people could benefit from learning first aid presents an opportunity for the Red Cross to better support older people prior to attending A&E.

The Red Cross already provides services to predominantly older people who attend A&E but do not need to be admitted, as well as to those who are discharged from a hospital stay. We can, therefore, capitalise on our ability to identify older people who are particularly vulnerable. We can both support older people with first aid learning, and also ensure those around them, who may need to use first aid skills should the older person be in need, have the skills and confidence to act.

Our own commissioned research, ‘Don’t Stop at 999’ (Oliver et al. 2016; McNulty 2016), also found falls were the main mechanism for injury resulting in death (39 per cent), and that these deaths are more likely to occur in older people. We can assume therefore that a large, increasing elderly population means an increase in the number of accidental injuries from slips, trips and falls (Oliver 2013).

Clearly, falls prevention is paramount. Where contracts stipulate, we offer falls assessments to our current independent living service users on discharge from hospital. However, while these assessments may prevent future falls, they haven’t prevented the initial hospital attendance which may have been because of a fall. Mytton et al. note the problems associated with providing post-fall assessments as these interventions are ultimately reactive not proactive, so there is clearly a challenge to the Red Cross to understand our space in supporting prevention.

What we can do right now is ensure that those who support people who fall are able to respond confidently and appropriately. Oliver et al.’s finding that only a quarter of those who fell and died at scene or on arrival at hospital had a bystander present within minutes might seem bleak – but there is still an opportunity to ensure that the quarter of people who do have a bystander present have someone who is confident and able to act.

It is likely that a bystander is known to the person who needs first aid and in some cases may be an informal carer. However, we must be cognisant of the situation of informal carers. Our previous research examining the crises faced by our independent living service users found that carers themselves are likely to be elderly and, therefore, experiencing similar issues to the cared-for person (Blanchard and Brittain 2016). For example, of the 31 carers of independent living service users we surveyed, 83 per cent had difficulty lifting and carrying a heavy object (compared to 84 per cent of service users), 52 per cent had difficulty walking up one flight of stairs (compared to 57 per cent of service users) and 48 per cent had difficulty getting around indoors (compared to 51 per cent of service users). Any first aid education intervention aimed at such carers must recognise that the carer may well face similar risks to the service user.

The Red Cross will work to understand which situations are understood by the public to be urgent/not urgent and how people make this distinction. We will use the findings to refine our own messaging around when it is appropriate to call 999 as well as how to spot signs of concern.

The Red Cross is currently designing a pilot service which will see the embedding of first aid education within an independent living service.

Mytton et al. note that older people at risk of falls could especially benefit from learning first aid, and this corroborates falls among older people being a particularly salient issue. According to Kehoe et al. (2015) the most common cause of injury, in an audit of all major traumas between 1990 and 2013, has shifted to low-level falls (39 per cent).
the urgency of need for the person they care for. However, where they lack the confidence or knowledge to do so they may well feel compelled to seek urgent care for minor conditions.

Currently, professional carers are required by the Care Quality Commission (CQC) to undertake first aid training, but only in basic life support. Mytton et al.’s research shows that the scope for professional, and informal, carers to support those experiencing a crisis is broader than basic life support and includes minor injuries and illnesses.

We are concerned that this research shows that those tasked with being a designated first-aider in the workplace are presenting with their colleagues at urgent care facilities when the needs might not be urgent. We recognise that this is likely due to the responsibility they carry to ensure their colleagues receive appropriate care.

**The Red Cross is committed to conducting research to ascertain whether first-aiders feel equipped to deal with the various first aid situations they face at work.**

**The Red Cross will commission research to explore the reasons why the public, especially parents, do not take or give pain medication before presenting at A&E.**

**The Red Cross will work in partnership with first aid partners, will review first aid guidance to ensure there is clarity on when people should take pain relief and why.**

**The Red Cross will work in partnership with clinical and public health experts to develop myth-busting messages around pain medication.**

**Promoting self-care, resilience and prevention**

Mytton et al.’s research suggests a potential role for expanding existing first aid education content to include more information on the management and understanding of minor illnesses and injuries, such as their normal duration and symptoms. They recommend the need to promote self-care, resilience and prevention.

The research notes that healthcare professionals referred to first aid as a ‘lost skill’, evidenced by people presenting at A&E with minor injuries which the patient believed required urgent care, and they had not applied first aid beforehand. Not having applied first aid prior to attendance at A&E was evidenced in previous research by Mason et al. (2013) where first aid was applied in just 37.1 per cent of the 242 cases examined.

Minor illness is also evidenced in Mytton et al.’s research as an indicator that a person may be unable to cope at home. Most worryingly, their...
research suggests that for some people who are just about managing in normal circumstances, a minor illness may be a tipping point into a larger crisis, especially for those with a long-term condition. Indeed this struggle, noted in the research as being exacerbated by social isolation and inadequate provision of social support or care either at home or in community settings, could escalate into an urgent care episode.

Understanding how to manage minor illness and injury is also about preventing deterioration for those with both physical and/or mental long-term conditions. Patients living with physical conditions such as chronic obstructive pulmonary disease, diabetes and heart disease were highlighted as examples in Mytton et al.’s research. For these patients the opportunity was identified to support them to stay well and know how to respond if their condition deteriorated – including recognising symptoms, adjusting medication and knowing when to seek help from whom.

This challenges the Red Cross as a first aid provider to consider what we mean by first aid more broadly – incorporating preventative messages as well as the more traditional definition of first aid as responding to a situation.

2.2 Implications for wider policy

Clearly, there is an opportunity at policy level to support the public and specific groups through first aid education and, in doing so, possibly reduce the strain on A&E. The Red Cross has developed some policy recommendations stemming from this research which cover the navigation of services, ensuring the greatest reach for first aid education and targeted learning.

In 2015, we commissioned a study to explore the practice of signposting in our independent living support at home services (Loveless et al. 2015), within the wider policy context. The study found that there is a favourable policy context for signposting to support services, which includes a statutory duty on local authorities, through the Care Act 2014, to ensure the provision of preventative services. These services should not only be aimed at preventing a condition or illness arising, but also seek to reduce and delay associated needs. This provision sits alongside a commitment in the NHS Five-Year Forward View (NHS England 2014).
to empower patients by providing better access to information, supporting self-management and improving choice, and a continuation to focus on prevention, particularly related to public health education (NHS England 2017).

However, local authority cuts mean preventative budgets have actually reduced, therefore new, additional resources are required. Furthermore while the Care Act’s definition of prevention incorporates interventions aimed at preventing further deterioration or minimising the effects of long-term conditions and mobility issues, the NHS’s understanding seems to be more limited. For the most part, the NHS Five-Year Forward View and its recent Next Steps on NHS Five Year Forward View only emphasise the importance of preventing a condition or illness arising in the first place as well as early intervention. With over 15 million people already living with a long-term condition in England (Department of Health 2015) and an ageing population, it is essential that prevention is defined more broadly.

In addition, Mytton et al. found that the policy ambition does not appear to translate into practice and that there are ongoing challenges in ensuring people have access to reliable information and advice. This is clear when we consider that their research identified confusion as to when to seek help and from where.

We call on the NHS to recognise that prevention extends to services aimed at minimising the effects of disability and of deterioration for people with established or complex health conditions, as well as services aimed at preventing the reoccurrence of a crisis.

Public Health England and other relevant healthcare bodies and professionals (GPs, nurses, ambulance services etc.) should work with first aid providers to develop messages on use of urgent care services to help ensure advice is comprehensive and consistent.

As a first aid provider we recognise, and have long championed, the opportunity for everyone to learn first aid, and Mytton et al.’s research supports how important it is to provide the public and the target groups identified with the skills to ensure they are confident and able to act in a first aid situation. However, not everyone is currently being reached with first aid education.

The Red Cross continues to call for more opportunities for people to learn first aid throughout their lives, including at school, through the driving licensing system and public health initiatives.
Calling for a whole generation to be trained in first aid helps to ensure that, through reaching a wide audience, bystanders will be confident and able to act. However, the research also clearly highlights target groups and specific first aid situations that require a targeted approach, including through public health initiatives.

Following the results of our pilot initiative to embed first aid into an independent living service, the Red Cross will share the findings with Clinical Commissioning Groups to ensure those most likely to attend urgent care services, and their support networks (family, friends, carers and neighbours), have targeted first aid education and are taught how to navigate the healthcare system.

We also recognise that professional carers are a target group for first aid learning.

The Red Cross would welcome an expansion of professional carer training requirements to cover a wider range of first aid situations.
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