

Differentiated Services for Emergency Health Care

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Emergency care is an important part of the National Health Service. In England, emergency care is provided by a network of providers differentiated by specialty, levels of capacity and expertise, from major Accident and Emergency (A&E) departments to Children's Emergency departments, Minor Injury Units, Urgent Care Centres, Older Persons Rapid Access Clinics, and Walk-in Centres. These alternative services differ by their staffing (eg led by emergency medicine consultants, general practitioners, or nurses), specialism (general or specialised on particular patients such as children or the elderly) and in their ability to respond to life-threatening emergencies. There is a lack of evidence on how these services complement each other or substitute for each other in local areas where other factors such as travel distance, waiting times and the availability of general practitioner services and other NHS services also impact on demand.

This PhD thesis will use econometric analysis underpinned by economic theory to study the impact of changes in the composition of the emergency services network in local areas on the volume and casemix of attendances to major A&E departments. For example, in an area where a local hospital has had its emergency services changed from a major A&E Department to a minor injury unit, how does this affect the patient casemix at other nearby A&E departments?