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Community Insights into Avoidable Emergency Department Attendances at Basildon Hospital

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Project Overview

This research explores the underlying causes of avoidable Emergency Department (ED) attendances at Basildon Hospital.

Objectives

- Identify behavioural, systemic, and social drivers of non-urgent ED use.
- Understand barriers to accessing timely and appropriate care.
- Inform the development of preventative, community-led healthcare solutions.

Research Aims and Objectives

This project aims to investigate the underlying causes of avoidable attendances at Basildon Emergency Department, offering community insights to reduce non-urgent visits and promote effective, patient-centred alternatives.

Research Question:
How does Emergency Department data and community insights help explain avoidable attendances at Basildon Hospital? How can this evidence inform community-led solutions to reduce non-urgent attendances?

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What do we already know about Basildon ED usage?

In May 2025, the Emergency Care Improvement Support Team conducted a missed opportunity audit at Basildon Hospital, examining a cross-section of patients who attended the Emergency Department.

Of the 210 patients audited at Basildon Emergency Department, 114 presented with a condition that did NOT require an emergency doctor.

25% of patients were correct to attend an emergency department for their needs

10% of patients, once assessed, had a presenting condition which required an emergency doctor

60% of the activity in A&E could be diverted to services that already exist

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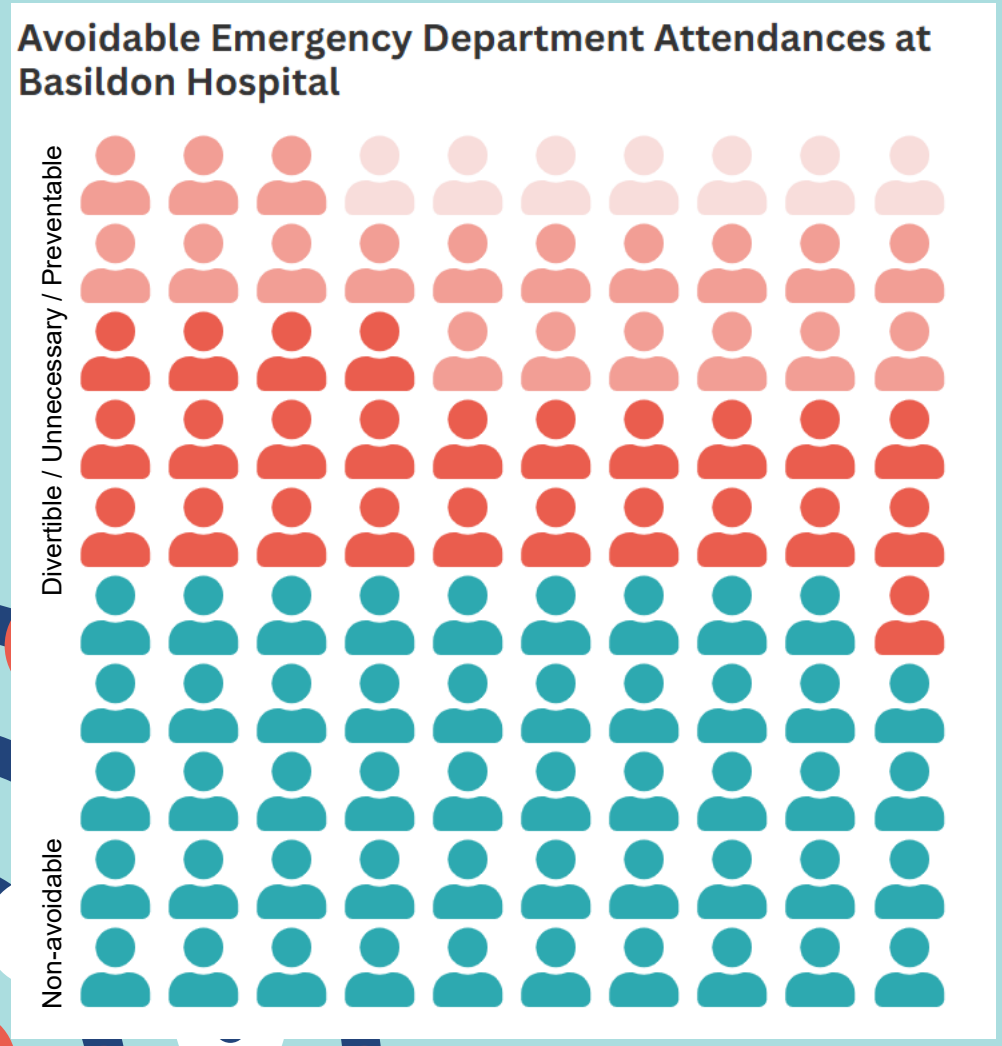
Analysis of Data from Basildon ED



Minor Injuries 46,208

Gastrointestinal Complaints 18,221

Ear, Nose and Throat 29,484

Dental Issues 1,743

Anxiety / Panic Symptoms 4,413

Minor Skin Conditions 1,731

If just 10% of these identified avoidable emergency department attendances were re-directed the hospital could save*:

£1,275,000

* According to NHS England's National Tariff Workbook, the proxy cost per Emergency Department attendance is estimated at £200 per attendance

Based on Basildon Hospital Emergency Department primary diagnosis data 2022/23 – 2023/24

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Limitations of Emergency Department Data

1. **Challenges with Presenting Complaint Data**
   Presenting complaints are self-reported by patients on arrival, which means terms are often non-specific. This makes it difficult to categorise complaints reliably and limits analysis.
2. **Use of Primary Diagnosis Data**
   To improve accuracy, we used primary diagnosis, which is recorded by a healthcare professional after assessment. This provides more reliable information but comes with its own constraints.
3. **Missing Primary Diagnosis Records**
   Approximately 26% of primary diagnosis fields are blank, meaning these cases could not be included in the analysis and as a result may not reflect the full picture.
4. **Variation in Clinical Coding Practices**
   Primary diagnoses rely on individual clinicians' judgement and coding habits, which can vary significantly. Different clinicians may classify similar presentations differently, reducing consistency across records.
5. **Single Diagnosis Captured**
   Many ED attendances involve multiple symptoms, but the dataset often only captures one primary diagnosis. This can oversimplify complex presentations and under-represent factors that contribute to avoidable attendances.

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Community Listening Sessions

- We worked in partnership with three established local community groups based in Basildon, enabling us to engage residents in trusted, familiar settings
- Each session lasted approximately 60–90 minutes, allowing sufficient time for discussion while remaining accessible for participants
- Groups consisted of 6–8 participants per session, supporting meaningful conversation and participation from all attendees
- Participants were drawn from a range of demographic backgrounds, including different age groups and genders, reflecting the diversity of the local community
- Sessions were facilitated using a semi-structured discussion format, with open questions to encourage reflection and dialogue rather than predefined answers
- The primary focus was to gain insight into behaviours and decision-making processes influencing when and why individuals choose to attend the Emergency Department, including perceptions of urgency, awareness of alternative services, and previous experiences of care

TrustLinks

Signpost resource centres

Mother's Kitchen

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Feedback from Community Listening Sessions

Access & Decision Making

Fast-track expectations and need for second opinion

Social media causing health anxiety

Decisions often influenced by professionals (GPs, 111, employers)

Experiences of Community Health Services

Pharmacists – accessible and knowledgeable

Outreach / Health Events - convenient and quick results

Barriers & Gaps

Digital exclusion is a barrier to primary care access

There is a clear gap between self-care and emergency care

Transport – poor public transport links at weekends/evenings

Trust & Confidence

Despite ED being busy there is a high-level of confidence in staff

Problems in the system are well known but nothing seems to change

Remote monitoring devices provided reassurance

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Limitations of Community Listening Sessions

1. **Reach and Representation**
   Although efforts were made to engage a broad and diverse range of residents, it is likely that not all demographic groups were reached. As a result, the views captured do not necessarily represent all patients attending Basildon Emergency Department.
2. **Geographical Scope**
   Basildon Hospital also serves Thurrock, but Thurrock residents were not included in these sessions as this was out of scope. This limits the geographical representativeness of the findings.
3. **Demographic Gaps**
   Some population groups may be under-represented, including:
   - Younger and older age groups
   - Residents from all wards served by the hospital
   - LGBTQ+ communities
   - Traveller communities
   - Other seldom-heard groups
4. **Future Considerations**
   Further research should ensure participation from a wider cross-section of the population. Broader engagement would strengthen the validity, inclusivity and generalisability of the insights.

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Recommendations

Access & Decision Making

Clearer access pathways

Co-produced health education sessions to counter social media mis-information

Experiences of Community Health Services

Strengthen pharmacy roles by offering a wider set of services

Provide services in the locations people already use and trust

Barriers & Gaps

Face-to-face drop-in sessions to support access to NHS App

Develop an integrated, easy-to access community alternative for non-emergency urgent care

Trust & Confidence

Real time updates on Emergency Department waiting times

Demonstrate visible, ongoing action on known issues (including listening to patients and staff)

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What this means for Anchor Institutions

1. Prevention happens in communities, not hospitals
    - Many avoidable ED attendances are driven by anxiety, access barriers, digital exclusion - not clinical need
2. VCSE organisations are critical system partners
    - Community and voluntary groups provide trusted spaces for health education and navigation
3. Access is about confidence as much as availability
    - Anchors can support face-to-face help, digital inclusion, and clearer “where to go” support
4. Place-based solutions deliver shared value
    - Consider using existing community venues (pharmacies, hubs, libraries, community cafés)
5. Visible action builds trust and reduces pressure
    - Communities want to see that their feedback leads to change

Reducing avoidable ED attendances is not a healthcare problem alone, it is a place-based challenge that anchor institutions are uniquely positioned to address.

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Next Steps

1. **Disseminate findings**
   Presentation of findings at Social Spark Steering Group and Research Engagement Network, and Anchor Institutions Group. Poster to be displayed on-site at Social Spark Hub.

2. **Report to be shared with stakeholders**
   A report will be circulated to all stakeholders.

3. **ARC Impact Fellowship**
   Build on the findings of this research by co-designing a community led health intervention through the ARC Impact Fellowship.

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Reducing unnecessary Emergency Department attendances isn't about discouraging use; it's about strengthening the trusted routes people can turn to before a situation escalates.

For further information about this research, please contact:

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