

Referral for specialist care varies by age, sex and social deprivation

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In the UK, the likelihood of being referred for specialist care varies according to age, sex and socio-economic circumstances, finds a study published in the British Medical Journal today.

The research, which looked at referral rates for three common conditions, shows that older patients are less likely to be referred than younger patients, women are less likely to be referred for hip pain, and referrals fall with increasing deprivation for patients with hip pain and younger patients with indigestion (dyspepsia).

It is well known that inequalities in health care use exist within the NHS, but it is unclear whether inequalities occur once patients are within the secondary care sector or at the point of entry to specialist care.

So a team of London-based researchers from UCL and the King's Fund analysed referral data for nearly 130,000 patients from 326 [general practices](#) across the UK from 2001 to 2007 with postmenopausal bleeding, hip pain or dyspepsia.

Information on age, gender and socio-economic circumstances was recorded. Other factors which could influence a doctor's decision to refer, such as smoking, [body mass index](#), [alcohol intake](#), and existing conditions (co-morbidity) were also taken into account.

For all three conditions, older patients were less likely to be referred than younger patients. This age gradient was particularly noticeable for

postmenopausal bleeding.

Women were less likely than men to be referred for hip pain. Rates of referral also fell with increasing deprivation for patients with hip pain and for those aged under 55 with dyspepsia.

Inequalities in referral were more likely to occur in the absence of both explicit guidance and potentially life threatening conditions.

The researchers suggest several explanations for their findings, including the possibility that GPs serving more deprived communities being in general less likely to refer, or patient preference.

These referral inequalities could lead to delays in treatment and poorer outcomes, warn the authors. They call for more research "to understand the complex determinants of inequalities in referral from primary care."

An accompanying editorial warns that, although research using databases is attractive, it "cannot provide information to help understand patterns that arise from human interactions." Moyez Jiwa, Professor of Health Innovation in Perth, Australia, says: "Research is needed on the interaction between doctors and patients in the primary care consultation, which ultimately determines who is referred and who is not.

Provided by British Medical Journal

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