

An Analysis of Geographical Patterns in the Utilisation of Secondary Health Care Services

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ABSTRACT

The advent of new 'primary care groups' (PCGs) in the UK NHS has provided health care planners with an opportunity to reassess the issues of morbidity and mortality at small area levels. This is particularly important as this change is accompanied by a major reassessment of the resource allocation procedure. To enable planners to assess whether each PCG has sufficient resources (within an overall regional health budget which is fixed in total) there is an urgent need to disentangle 'need' from 'utilisation', the traditional indicator used to channel resources. To measure need, it would be useful to examine, and then understand, small-area variations in hospital treatment. The key question is then given the set of local conditions (see below) which areas would we expect to have higher hospital rates than we actually see. Although hospital admissions patient data have been analysed in a number of case studies, detailed small area studies are less common. In particular, although there has been much work on the influences of age and socio-economic status in shaping the demand for health care, less is known about the influences of individual lifestyles, GP referrals and geographical accessibility. The aim of this paper is to analyse recent admission data in the City of Leeds, UK, and to explore the influence each of the latter variables has in 'explaining' small area variations in hospital stays. The end results will be a new model of small area need that can be used in a variety of policy scenarios.