
7

Use of services

SUMMARY

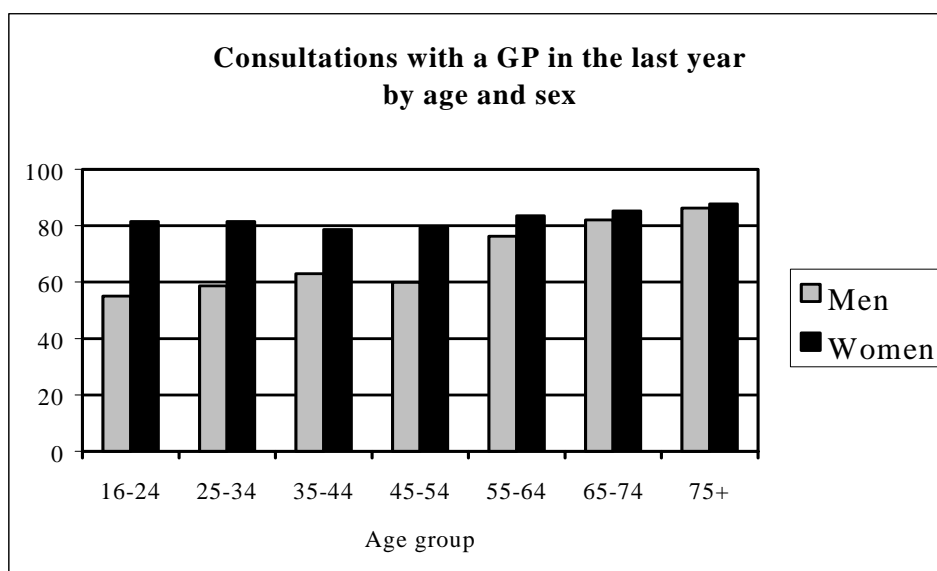
- 65.6% of men and 81.9% of women had consulted their GP in the previous year. Consultation rates for women were higher than those for men and were fairly constant throughout the age range. Consultation rates for men increased from the age of 55 approximating those of females at the oldest ages.
- 28.9% of men and 32.5% of women had attended a casualty department, been a day patient or visited an outpatient department in the previous year. Attendance rates at younger ages were higher for women especially in 25-34 age group and probably related to maternity or gynaecological conditions. Between middle and old age attendance rates increased gradually for both men and women.
- 9.5% of men and 13.7% of women had been an inpatient in the year preceding the survey. The relationship between inpatient use and age mirrored that of outpatient attendances with higher use by women at younger ages and increased use by both sexes at older ages.
- Generally those with lower socio-economic status had higher rates of GP consultation and outpatient and inpatient attendance than those who were materially better off, though the relationship varied by type of service use and the age and sex of respondent.
- The logistic regression model suggested that physical health status was the primary determinant of the use of health services and that the variations in use according to age and socio-economic status generally arose due to their association with poor health. However age may still, in part, influence service use. For example, higher use of GP services in older men (possibly due to health checks), greater attendance at outpatient or casualty in younger men, and more frequent inpatient use in younger women (probably related to maternity admissions).
- Socio-economic status also influenced GP consultation rates and outpatient use independently of health status and *lower* socio-economic status was associated with *lower* levels of uptake of services once health and other factors had been adjusted for. This may represent unmet need in the less well off or a higher level of a met demand in the better off. Use of GP services were also affected by levels of psychological wellbeing and, for men, GP use declined with increasing distance between home and practice surgery especially where travel times exceeded 30 minutes. Women who perceived a severe lack of social support, where, other things being equal, less likely to have attended as an outpatient or to have been an inpatient in the previous year.

7.1 Introduction

GP Consultation

Respondents were asked ‘apart from any visit to a hospital, when was the last time you talked to a doctor on your own behalf, either face to face or on the telephone’. Almost three-quarters (74.6%) of all respondents had consulted a GP in the last year. This represented 65.6% of all men and 81.9% of all women.

For women, consultation rates remained at approximately the same level throughout the age range. Rates for men were lower from 16-54 and increased from 55 years onwards.

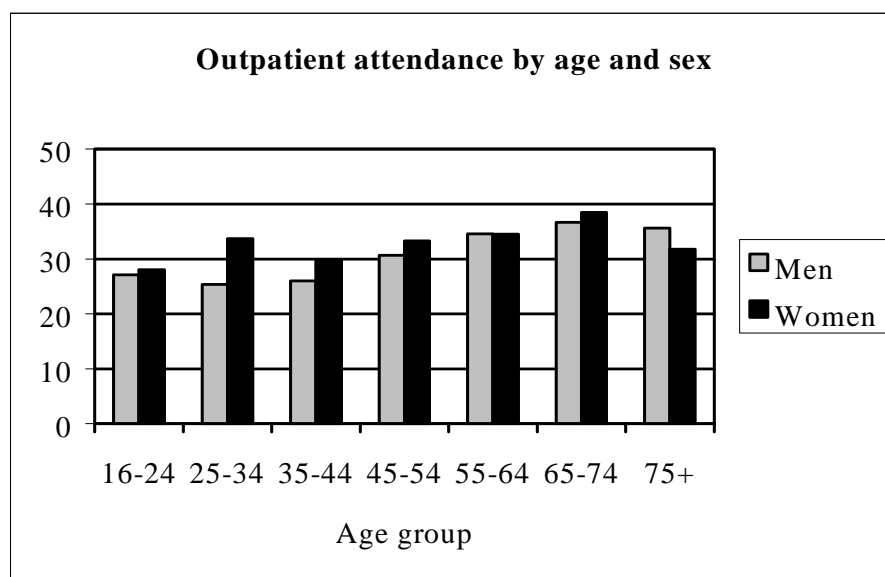


Out of the total number of respondents who consulted their GP in the last year 60.7% were women compared to 39.3% who were men. Higher consultation rates for women were evident at all ages, though the difference between the sexes was greatest for those aged under 55. This is a common finding and it is probable that much of the higher consultations in younger women are related to pregnancy and birth control, though perhaps greater access to GPs, a greater self awareness of health and readiness to consult amongst women also contributes.

Table 7.1

Outpatient attendance

In this study an attendance at an A&E department, being a day patient or visiting an outpatient department, was classified as an outpatient visit and it was not possible to separate out these different types of service uptake. Almost one third (31.2%) of the survey respondents (29.8% of men and 32.5% of women) had attended hospital as an outpatient in the twelve months preceding the interviews.



Male outpatient attendance rates were relatively constant for those under 45 years of age, after which rates of attendance increased with increasing age. Outpatient attendance in women also showed an age-related increase, however attendance rates were higher for women than men especially in those under the age of 45. The greatest sex related difference in attendance rates was for those aged 25 to 34 years. The slight decrease in attendance rates amongst the over 75 population was surprising but may be due to the small number of over 75s surveyed.

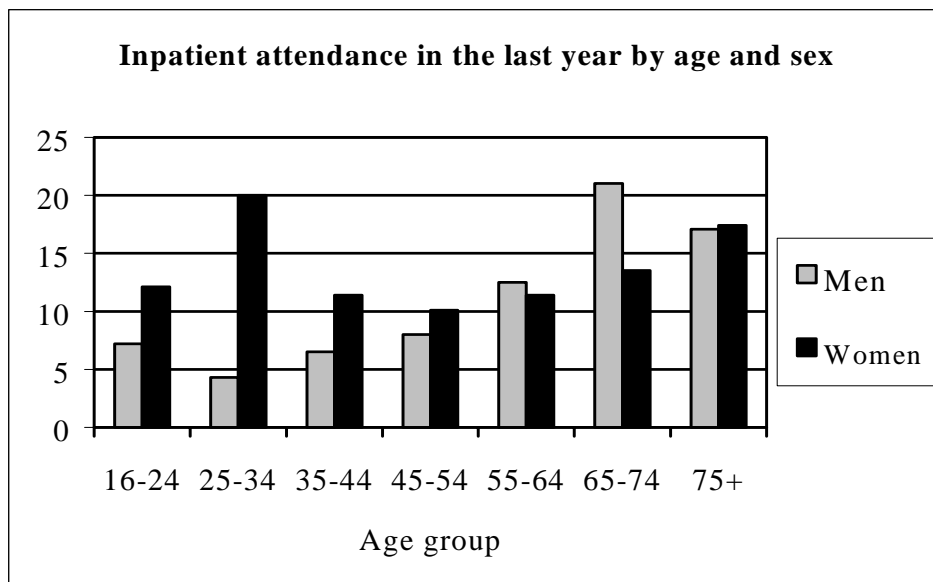
Table 7.2

Inpatient attendance

An inpatient stay was described in the Northern Ireland Health & Wellbeing survey as a stay in hospital overnight or longer. Approximately 11% of all respondents had been an inpatient in the preceding 12 months (9.5% of men and 13.7% of women).

Amongst women, inpatient stays were highest in the 25-34 age group, and over the age of 55 these increased steadily with age. For men, rates generally increased with more

advancing years though a substantial increase was noted for the 65-74 age group. Interestingly the 65-74 'peak' for men was not reflected in higher attendance at outpatients.



Women had significantly higher rates of inpatient stays than men, especially in the 16-44 age group; thereafter the gender differences diminished so that at the oldest ages nearly equal proportions of men and women had been in hospital in the preceding year.

Table 7.3

7.2 Social and economic factors

Marital Status

Generally those respondents who were separated, widowed or divorced were more likely to have attended their GP in the last year. Amongst those under 65, single adults were least likely to have attended their GP. Differences according to marital status were most evident at the youngest ages, there being little difference for those aged over 65. Interestingly most of the variations in attendance rates according to marital status were accounted for by differences amongst the men. Women overall had high rates of GP attendance which varied little by marital status. Conversely single men tended to see their GP least frequently while those who were separated, widowed or divorced attended their GP most frequently.

It was difficult to discern any overall pattern in the association between outpatient attendance and marital status. Among youngest age group (for both men and women) those who were separated, widowed or divorced were most likely to have attended outpatients. While at age 45-64 it was single men and women who were more likely to have attended outpatients. Among the oldest age group married men more commonly attended outpatients whereas attendance was greater among separated, widowed or divorced women.

It was also difficult to discern a relationship between marital status and inpatient attendance due to the smaller number of inpatient events. In general those who were separated, widowed or divorced were more likely to have been inpatients. Those married men who were aged less than 65 had the lowest frequency of inpatient stays, among women those who were married and aged 16-44 had the highest rates. At the oldest ages single men had the lowest rates; there was little difference in admission rates according to marital status for women.

Table 7.4 to 7.6

Denomination

Catholics were more likely to have consulted their GP in the last year although the differences between the two denominations were small. The difference was greatest for men at the youngest age group though there was no difference in GP consultation rates between the denominations for women at this age. At age 45-64 the difference increased for women and decreased for men, this pattern was maintained at the oldest age group for both sexes. For outpatient attendance, the differences between denominations were again minimal. Generally though for men, Catholics in the 16-44 and 45-64 age groups were slightly more likely to attend outpatients than their Protestant peers, while amongst the oldest age group it was Protestants who were more likely to attend. Catholics were slightly more likely to have been an inpatient in the last year, especially among younger respondents. The differences between religious groupings were larger among men than for women.

Table 7.7 to 7.9

Social Class

Generally adults in the manual social classes (III_m to V) were more likely to have consulted their GP in the last year than those in the non-manual social classes (I to

IIIInm). The differences between social class groupings for men and women were small, but perhaps increased at older ages.

Those in manual social classes were more likely to have been to a casualty or outpatient department in the previous year, though again the differences were not marked. There was little difference in outpatient attendance rates by social class for women. For men differences between the social classes were more marked at younger ages (in contrast to findings for GP consultation and inpatient stays). The difference may be explained by the higher use of casualty services by young men, though this cannot be confirmed in the current dataset.

Similarly adults in manual social classes were also more likely to have been admitted as an inpatient compared to those in the non-manual social classes. At the youngest age group the difference between the social classes was minimal for both sexes. The difference in inpatient attendance was most clearly seen amongst women in the 45-64 age group where there was a two-fold difference between the non-manual and manual social classes; at the oldest age group the difference was attenuated. For men the difference though small was more obvious at the oldest age group.

Table 7.10 to 7.12

Qualifications

Generally those who had no formal educational qualification were more likely to have attended their GP in the last year than those who have some type of formal educational qualification. However, there was little difference between those respondents with and without a qualification at the youngest age group for women and no difference for men. Again greatest difference was evident for both sexes at the 45-64 age group. At age 65 years and over the difference in GP attendance between those with and without a qualification were reduced for both men and women.

A similar pattern was evident for both outpatient and inpatient attendance. Rates were very similar between social class at the youngest ages, most marked at 45-64 and attenuated at the oldest ages.

Tables 7.13 to 7.15

Tenure

At all ages and for both sexes adults living in rented accommodation reported more GP attendance in the preceding year than those living in owner occupied accommodation. There were larger differences in GP consultation rates according to tenure than according to level of academic attainment or social class. The difference in GP consultation rates was greatest for men at the 45-64 age group while the difference was least for women at this age. The lowest difference between categories for GP attendance for both sexes was at the oldest age group.

Generally respondents living in rented accommodation were also more likely to have attended as outpatients than those living in owner occupied houses, the differences being marked at the younger ages. The pattern for inpatients was slightly different. For men there was little or no difference in inpatient attendance according to types of tenure at the 16-44 and 45-64 age groups, the difference was greatest at the oldest age group. For women the differences were fairly constant across the age spectrum.

Tables 7.16 to 7.18

Car Availability

Across all age groups, respondents without access to a car were more likely to have attended their GP in the last year than those with access to a car. Differences generally diminished with increasing age. The greatest difference was for men at the 45-64 age group but at this age the difference between car availability and GP attendance for women was small.

The attendance pattern for outpatients was somewhat different. Outpatient attendance rates were relatively constant across age bands for those without access to a car but rose steadily with increasing age in those who had a car so that attendance rates among the oldest age group were higher for those with a car. For men the higher attendance rates amongst car owners started earlier in the 45-64 age group.

Respondents without access to a car were generally more likely to have been an inpatient in the previous year. The difference in admission rates increased at the older ages but was greatest for women among the youngest age group. **Tables 7.19 to 7.21**

Household Income

GP attendance rates were also related to household income, such that those in the lower income categories were more likely to have attended their GP in the last year. The difference in attendance rates were generally more marked for men than for women and most evident in the 45-64 age group. At the oldest ages, the usual pattern of increasing poverty and increasing attendance was lost amongst women.

Rates of casualty and outpatient attendance did not vary across the bands of household income, indeed the usual gradient for both men and women was only evident at the middle ages. Those in the lowest income band also tended to have higher rates of inpatient attendance, though a clear gradient across income bands was only evident in the middle ages. **Tables 7.22 to 7.24**

Urban/Rural Areas

It was difficult to discern any clear and consistent pattern in the use of health services according to the nature of where respondents lived. Only in the use of inpatient services was there evidence of a trend, which suggested a higher rate of use in the urban and most urban areas. Note, rather than a linear relationship there was a suggestion that the rates increased again for those in the most rural areas. **Table 7.25 to 7.27**

Deprivation at area level

The rates for use of health services tended to be higher among respondents who lived in more deprived areas, though there was little evidence of a clear gradient across the affluent/deprived spectrum, except in the use of inpatient services. Differences between areas were most marked for those in the 45-64 age bands and slightly more so for men. Some anomalies were also evident, such as, higher use of outpatient services among women from more affluent areas **Tables 7.28 to 7.30**

7.3 Logistic Regression

Use of General Practitioners Services

Tables 7.31 (a) and 7.31 (b) show the results of the models generated in trying to understand more clearly the variation in GP consultation rates. It was considered, a priori, that age and health status would be the main determinants of whether someone

had visited their GP in the last year and so these models were generated first. Additional groups of variables were added in successive models to see if consultation rates were further modified by the respondents socio-economic status or other social attributes (e.g. marital status, degree of social support, denomination etc) or by area factors (such as area deprivation, urban/rural or Board of residence). The respondents estimated travel time from their home to the practice surgery was also included to see if proximity influenced the rates of consultation. Finally a measure of psychological wellbeing (a GHQ12 score of 3 or more) was included. This was only included in the final model and not with the other health measures as the GHQ 12 was only asked of half of the respondents and the smaller numbers in the analysis may have made the estimates of the effects of the other variables unreliable.

The first model was age only, and showed that women had a greater propensity than men to consult their GP but that there was a steeper age-related gradient in men than in women. Consultation rates increased markedly according to health status and especially for those who reported their general health as “not good”. The addition of health factors completely eliminated the association between age and GP consultation rates for women and attenuated the association for men. That older men were still more likely (than younger men) to visit their GP after differences in health had been controlled for may reflect the increased health checks and screening at older ages.

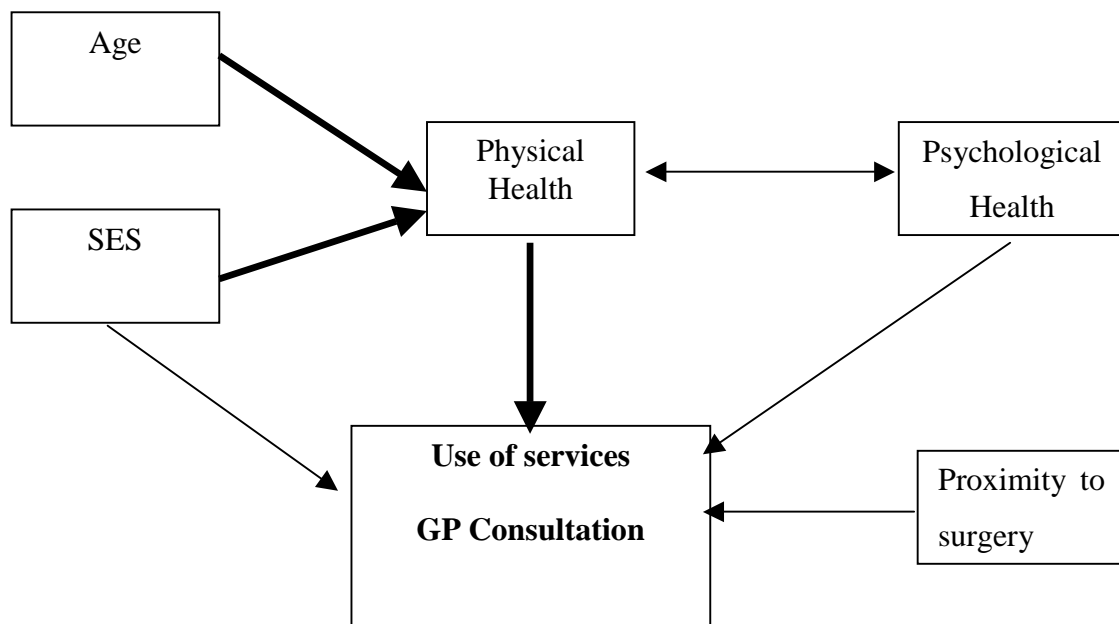
Once age and health factors had been controlled for there was little evidence that either social factors or socio-economic factors added to the models though men in manual social classes were, for a given age and level of health, less likely to attend their GP than those in the non manual classes. This may represent either unmet need in the former or relatively higher levels of met demand in the latter.

Neither the area deprivation factors, the urban/rural nature of the area nor the Health and Social Services Board of residence were significantly associated with GP consultation rates. However, the proximity to the practice surgery was directly associated with GP contact rates such that those who were more than thirty minutes away were only approximately one third as likely to have consulted their GP in the last year as similar patients living less than five minutes away. The relationship between

proximity and use was not influenced by car availability or the usual mode of transport (private vs. public) to the surgery.

The final model shows the effects of having significant psychological ill health on GP consultation rates. Other things being equal, patients with a GHQ12 score of 3 or more had an increased likelihood of having consulted their GP in the last year. The addition of this variable to the model reduced the association between consultation rates and other measures of ill health, notably general health perception. The relationship between social class and consultation rates was now non significant, though this may have been due to smaller numbers as the odds ratios were much the same.

Figure 7.1 Diagrammatic representation of the main determinants of consultation rates



The overall set of general relationships probably looks like Figure 7.1¹. The age related gradient in GP use was primarily due to the decline in physical health as people get older though older men may have higher attendance rates for reasons that are not

¹ This model makes a number of assumptions about the sequence of events, for example that a poorer perception of health precedes a GP visit. It is however equally possible that a person may feel that their health is poor because of something their GP has told them. It is not possible to unravel which came first in a cross sectional study.

associated with ill health (such as for health checks). Physical health status was the major driver for GP use.

consultations; psychological and physical health was associated but psychological health status had an independent effect on GP use. Most of the relationship between socio-economic standing and GP usage was mediated through the association between socio-economic status and physical health, though all things being equal, men from manual social classes tended to consult less than those in non manual classes. GP consultation rates for men declined with increasing distance between home and surgery especially where the travel time exceeded thirty minutes.

Outpatient Use Logistic Regression

Tables 7.32(a) and 7.32(b) show the results of models generated in trying to understand the variation in the uptake of outpatient services. (Note, outpatient services include attendance at outpatient department, a visit to an A&E department, or having been a day patient but the term “outpatient services” will be used in the following section as shorthand).

Once again the overall rates of outpatient usage were higher for women than for men, though the age-related gradient was greater for men. All three measures of ill health were associated with increased outpatient attendance. However, once differences in health had been controlled for, both older men and women were seen to have lower outpatient attendance rates than those who were younger. The relatively higher attendance rates in younger men maybe due to greater use of A&E or day hospital services which, arguably, are only marginally associated with levels of chronic ill health or disability. The higher rates for younger women are probably associated with maternity and gynaecological conditions.

Other things being equal, patients of lower socio-economic standing tended to have lower levels of outpatient use, for example, a man in the poorest category was only half as likely to have been an outpatient in the preceding year as an equivalent man in the wealthiest category. For women, academic attainment was the important socio-economic predictor of outpatient use. As with GP attendance, this may reflect either unmet need amongst the least well-off or a higher level of met demand amongst the

more affluent. For example, perhaps those who are more educated, more articulate and better connected, demand and receive a higher level of service.

Neither marital status nor living alone were significantly associated with the use of outpatient services once other demographic, health and socio-economic factors had been considered. However those women who experienced a severe lack of social support were about 30% less likely to have attended an outpatient department or casualty in the previous year. Whilst the relationship between social support and outpatient use in men failed to reach the conventional levels of statistical significance, the overall pattern mirrored that of women which suggests it may be important for both sexes. The effect of social support did not significantly alter the magnitude of the relationship of the other variables suggesting that it was relatively independent of health and socio-economic factors.

Other things being equal, women from different Boards exhibited different rates of outpatient uptake. Compared to the Eastern Board, the Southern Board had lower uptake rates while the Northern and Southern Board had higher rates. Measures of psychological wellbeing did not significantly add to our understanding of outpatient attendance rates of either men or women.

Inpatient Use

Tables 7.33(a) and 7.33 (b) show the results of the models generated in trying to understand the variation in the uptake of in-patient services. As for the uptake of GP and outpatient services, the likelihood of a women having been an inpatient in the previous year was higher than that for men, though the age-related gradient was more pronounced for men. Much of the use of in-patient services was explained by health factors especially the general health perceptions question. The addition of health factors greatly reduced (though didn't eliminate) the age-gradient in men and revealed a significantly higher inpatient rate for younger women which was probably related to maternity-related admissions.

None of the five measures of socio-economic standing significantly added to the explanation of the variation of inpatient rates once age and health factors had been included in the model. When health was not included, being of lower socio-economic

standing was associated with higher inpatient admission rates. Therefore we can conclude that it is most likely that the higher rates amongst those who are least well-off was attributable to the social gradient in health status.

Other things being equal those women who reported a severe lack of social support had significantly lower rates of inpatient service use than those who did not. Admission rates were higher for Catholic men. Neither area characteristics nor measures of psychological wellbeing provided any further influence on inpatient admission rates.

Table 7.1 Proportion of respondents who consulted their GP in the previous year by age and sex

	16-24 %	25-34 %	35-44 %	45-54 %	55-64 %	65-74 %	75+ %
Men	55.0	58.6	63.0	59.9	76.2	82.1	86.2
Women	81.5	81.5	78.6	79.4	83.6	85.2	87.7
Total	69.4	71.5	71.4	70.5	80.1	83.9	87.1

Table 7.2 Proportion of respondents who attended outpatients in the previous year age and sex*

	16-24 %	25-34 %	35-44 %	45-54 %	55-64 %	65-74 %	75+ %
Men	27.1	25.4	26.0	30.7	34.6	36.7	35.6
Women	28.1	33.7	29.7	33.3	34.5	38.5	31.8
Total	27.7	30.1	28.0	32.0	34.5	37.7	33.5

Table 7.3 Proportion of respondents who had been an inpatient in the previous year by age and sex

	16-24 %	25-34 %	35-44 %	45-54 %	55-64 %	65-74 %	75+ %
Men	7.2	4.3	6.5	8.0	12.5	21.0	17.1
Women	12.1	20.0	11.4	10.1	11.4	13.5	17.4
Total	9.8	13.1	9.2	9.1	11.9	16.9	17.3

* Includes day patients and attendance at an A&E department

Table 7.4 Proportion of respondents who consulted their GP in the previous year by age, sex and marital status

	Age		
	16-44	45-64	65+
	%	%	%
Men			
Single	53.9	62.0	83.3
Married/cohabiting	62.2	66.5	84.3
Sep/div/wid	75.8	72.9	81.1
Total	58.9	66.8	83.5
Women			
Single	80.3	81.0	87.5
Married/Cohabiting	79.8	81.0	82.8
Sep/div/wid	84.6	81.8	88.8
Total	80.5	81.1	86.4
All Adults			
Single	67.6	70.7	86.1
Married/Cohabiting	71.9	73.8	83.6
Sep/div/wid	82.8	79.5	86.9
Total	70.8	74.4	85.2

Table 7.5 Proportion of respondents who attended outpatients in the by age, sex and marital status*

	Age		
	16-44	45-64	65+
	%	%	%
Men			
Single	25.1	38.0	33.3
Married/cohabiting	26.2	32.0	39.4
Sep/div/wid	42.4	29.3	29.7
Total	26.2	32.2	36.4
Women			
Single	30.3	40.5	31.5
Married/Cohabiting	29.8	32.5	35.5
Sep/div/wid	36.2	36.4	36.7
Total	30.6	33.7	35.6
All Adults			
Single	27.8	38.7	32.1
Married/Cohabiting	28.2	32.2	37.7
Sep/div/wid	37.4	34.2	35.0
Total	28.6	33.0	36.0

* Includes day patients and attendance at an A&E department

Table 7.6 Proportion of respondents who had been an inpatient in the previous year by age, sex and marital status

	Age		
	16-44	45-64	65+
	%	%	%
Men			
Single	7.0	14.0	8.3
Married/cohabiting	4.3	9.1	19.3
Sep/div/wid	18.2	12.1	24.4
Total	5.9	9.8	19.5
Women			
Single	11.4	2.3	17.8
Married/Cohabiting	17.2	10.3	13.6
Sep/div/wid	13.8	15.2	15.9
Total	14.6	10.7	15.3
All Adults			
Single	9.3	8.7	14.7
Married/Cohabiting	11.3	9.7	16.8
Sep/div/wid	14.7	14.2	18.1
Total	10.7	10.3	17.0

Table 7.7 Proportion of respondents who consulted their GP in the previous year by age, sex and denomination

	Age		
	16-44	45-64	65+
	%	%	%
Men			
Catholic	61.4	67.5	85.7
Protestant	57.4	66.1	83.2
Total	59.1	66.7	83.8
Women			
Catholic	79.9	84.4	89.4
Protestant	80.9	79.4	85.1
Total	80.5	81.3	86.4
All Adults			
Catholic	72.0	76.5	88.0
Protestant	70.0	73.3	84.3
Total	70.9	74.5	85.3

Table 7.8 Proportion of respondents who attended outpatients in the last year by age, sex and denomination*

	Age		
	16-44	45-64	65+
	%	%	%
Men			
Catholic	27.8	33.9	35.2
Protestant	25.3	31.9	36.2
Total	26.3	32.7	35.9
Women			
Catholic	28.9	35.0	32.5
Protestant	31.5	33.3	36.9
Total	30.3	33.9	35.6
All Adults			
Catholic	28.4	34.5	33.5
Protestant	28.7	32.6	36.7
Total	28.6	33.4	35.8

Table 7.9 Proportion of respondents who had been an inpatient in the previous year by age, sex and denomination

	Age		
	16-44	45-64	65+
	%	%	%
Men			
Catholic	7.6	12.7	23.1
Protestant	4.9	8.1	17.9
Total	6.0	9.9	19.2
Women			
Catholic	16.4	10.3	12.6
Protestant	13.2	10.9	16.4
Total	14.7	10.7	15.2
All Adults			
Catholic	12.5	11.6	16.7
Protestant	9.4	9.6	17.0
Total	10.7	10.4	16.9

* Includes day patients and attendance at an A&E department

Table 7.10 Proportion of respondents who consulted their GP in the previous year by age, sex and social class

	Age		
	16-44	45-64	65+
	%	%	%
Men			
SC non-manual	60.6	65.2	81.8
SC manual	60.0	68.2	85.4
Total	60.3	67.0	84.1
Women			
SC non-manual	80.0	79.3	84.0
SC manual	81.8	83.1	88.4
Total	80.7	81.1	86.4
All Adults			
SC non-manual	73.2	73.4	83.1
SC manual	69.8	75.1	87.0
Total	71.5	74.3	85.4

Table 7.11 Proportion of respondents who attended outpatients in the previous year by age, sex and social class*

	Age		
	16-44	45-64	65+
	%	%	%
Men			
SC non-manual	20.9	28.9	39.9
SC manual	30.2	34.7	34.3
Total	26.5	32.4	36.4
Women			
SC non-manual	31.6	33.4	36.8
SC manual	29.5	33.5	33.3
Total	30.7	33.5	34.9
All Adults			
SC non-manual	27.8	31.6	38.0
SC manual	29.8	34.3	34.0
Total	28.8	33.1	35.7

* Includes day patients and attendance at an A&E department

Table 7.12 Proportion of respondents who had been an inpatient in the previous year by age, sex and social class

	Age		
	16-44	45-64	65+
	%	%	%
Men			
SC non-manual	5.5	7.7	16.7
SC manual	6.2	11.5	21.5
Total	6.0	9.9	19.7
Women			
SC non-manual	13.7	6.8	12.7
SC manual	15.4	14.7	17.6
Total	14.4	10.7	15.4
All Adults			
SC non-manual	10.9	7.0	14.3
SC manual	10.3	13.0	19.4
Total	10.6	10.3	17.3

Table 7.13 Proportion of respondents who consulted their GP in the previous year by age, sex and academic qualification

	Age		
	16-44	45-64	65+
	%	%	%
Men			
Any	59.0	63.7	81.0
None	59.0	70.5	85.1
Total	59.0	66.8	83.4
Women			
Any	79.5	78.5	85.2
None	83.9	83.9	86.5
Total	80.5	81.4	86.2
All Adults			
Any	70.4	71.0	83.0
None	72.4	78.1	86.2
Total	70.9	74.5	85.2

Table 7.14 Proportion of respondents who attended outpatients in the previous year by age, sex and academic qualification*

	Age		
	16-44	45-64	65+
	%	%	%
Men			
Any	25.6	30.6	34.4
None	27.6	34.4	37.6
Total	26.1	32.3	36.3
Women			
Any	30.4	31.6	39.3
None	31.6	35.6	34.5
Total	30.7	33.7	35.6
All Adults			
Any	28.2	31.1	36.6
None	29.8	35.1	35.6
Total	28.6	33.1	35.9

Table 7.15 Proportion of respondents who had been an inpatient in the previous year by age, sex and academic qualification

	Age		
	16-44	45-64	65+
	%	%	%
Men			
Any	5.2	7.9	17.5
None	8.2	12.3	20.8
Total	5.9	9.9	19.5
Women			
Any	14.6	7.6	11.5
None	14.9	13.1	16.5
Total	14.6	10.5	15.4
All Adults			
Any	10.4	7.7	14.9
None	12.0	12.7	18.0
Total	10.8	10.2	17.0

* Includes day patients and attendance at an A&E department

Table 7.16 Proportion of respondents who consulted their GP in the previous year by age, sex and tenure

	Age		
	16-44	45-64	65+
	%	%	%
Men			
Owner occupied	56.6	63.9	82.0
Renting	65.4	81.0	86.6
Total	58.9	66.8	83.4
Women			
Owner occupied	77.4	80.6	84.8
Renting	86.5	83.2	89.7
Total	80.5	81.1	86.4
All Adults			
Owner occupied	67.5	72.5	83.7
Renting	78.2	82.6	88.4
Total	70.8	74.5	85.2

Table 7.17 Proportion of respondents who attended outpatients in the previous year by age, sex and tenure*

	Age		
	16-44	45-64	65+
	%	%	%
Men			
Owner occupied	25.1	32.3	36.9
Renting	29.3	32.4	35.8
Total	26.2	32.3	36.5
Women			
Owner occupied	29.6	32.6	34.8
Renting	32.7	37.6	37.3
Total	30.7	33.7	35.6
All Adults			
Owner occupied	27.5	32.5	35.6
Renting	31.3	35.4	36.7
Total	28.6	33.1	36.0

* Includes day patients and attendance at an A&E department

Table 7.18 Proportion of respondents who had been an inpatient in the previous year by age, sex and tenure

	Age		
	16-44	45-64	65+
	%	%	%
Men			
Owner occupied	5.3	9.8	16.1
Renting	7.7	9.6	26.7
Total	5.9	9.8	19.5
Women			
Owner occupied	13.6	9.4	14.0
Renting	16.8	14.8	18.1
Total	14.7	10.6	15.4
All Adults			
Owner occupied	9.6	9.6	14.9
Renting	13.2	12.6	21.5
Total	10.7	10.2	17.1

Table 7.19 Proportion of respondents who consulted their GP in the previous year by age, sex and car availability

	Age		
	16-44	45-64	65+
	%	%	%
Men			
One or more	58.6	65.5	82.9
None	60.9	75.0	84.4
Total	58.9	66.9	83.4
Women			
One or more	79.9	80.8	84.7
None	82.6	82.5	87.9
Total	80.5	81.1	86.3
All Adults			
One or more	69.9	73.3	84.0
None	74.8	79.9	86.8
Total	70.8	74.5	85.2

Table 7.20 Proportion of respondents who attended outpatients in the previous year by age, sex and car availability*

	Age		
	16-44	45-64	65+
	%	%	%
Men			
One or more	24.5	32.9	36.8
None	35.3	28.4	35.2
Total	26.2	32.2	36.3
Women			
One or more	30.0	33.0	37.0
None	32.8	36.5	34.1
Total	30.6	33.7	35.6
All Adults			
One or more	27.5	33.0	36.9
None	33.7	33.3	34.4
Total	28.6	33.0	35.8

Table 7.21 Proportion of respondents who had been an inpatient in the previous year by age, sex and car availability

	Age		
	16-44	45-64	65+
	%	%	%
Men			
One or more	5.6	9.1	17.0
None	8.2	14.8	24.6
Total	6.0	9.9	19.5
Women			
One or more	13.1	9.8	12.8
None	20.4	13.9	17.6
Total	14.7	10.6	15.2
All Adults			
One or more	9.5	9.4	14.8
None	15.8	14.2	20.1
Total	10.7	10.3	17.0

* Includes day patients and attendance at an A&E department

Table 7.22 Proportion of respondents who consulted their GP in the previous year by age, sex and household income category

	Age		
	16-44	45-64	65+
	%	%	%
Men			
More wealthy	57.1	61.0	81.8
Average	58.5	63.7	83.1
More poor	62.4	77.5	84.1
Total	59.3	66.8	83.5
Women			
More wealthy	80.7	75.7	86.7
Average	79.5	82.0	90.5
More poor	81.7	83.9	82.6
Total	80.5	81.1	86.6
All Adults			
More wealthy	68.8	68.3	86.3
Average	70.0	73.2	87.2
More poor	73.7	80.9	83.5
Total	71.0	74.3	85.4

Table 7.23 Proportion of respondents who attended outpatients in the previous year by age, sex and household income category*

	Age		
	16-44	45-64	65+
	%	%	%
Men			
More wealthy	27.2	23.9	47.6
Average	25.7	33.1	33.8
More poor	27.2	37.3	36.1
Total	26.5	31.8	35.7
Women			
More wealthy	30.5	30.6	20.0
Average	30.7	33.7	42.3
More poor	31.7	39.0	32.2
Total	31.0	34.7	36.2
All Adults			
More wealthy	28.8	27.2	30.8
Average	28.5	33.3	38.8
More poor	29.9	38.1	33.8
Total	29.0	33.2	36.0

* Includes day patients and attendance at an A&E department

Table 7.24 Proportion of respondents who had been an inpatient in the previous year by age, sex and household income category

	Age		
	16-44	45-64	65+
	%	%	%
Men			
More wealthy	6	3.9	18.2
Average	5.4	10.5	17.5
More poor	6.6	15.5	22.2
Total	5.9	10.1	19.7
Women			
More wealthy	15.9	6.8	3.2
Average	12.4	11.2	23.9
More poor	16.6	13.5	10.9
Total	14.7	10.9	16.6
All Adults			
More wealthy	10.9	5.3	7.7
Average	9.2	10.9	21.3
More poor	12.5	14.4	15.5
Total	10.7	10.5	17.7

Table 7.25 Proportion of respondents who consulted their GP in the previous year by age, sex and urban/rural nature of area of residence

	Age		
	16-44	45-64	65+
	%	%	%
Men			
Most urban	62.8	66.7	76.7
Urban	56.3	70.8	84.0
Average	54.8	65.4	88.0
Rural	58.6	63.0	83.1
Most rural	62.1	68.5	84.1
Total	58.9	66.7	83.4
Women			
Most urban	83.5	82.4	86.2
Urban	80.5	83.2	86.4
Average	81.2	79.5	83.1
Rural	77.2	78.2	86.5
Most rural	80.2	83.1	91.3
Total	80.4	81.1	86.6
All Adults			
Most urban	74.7	76.0	82.5
Urban	70.1	77.3	85.8
Average	68.9	72.9	84.9
Rural	69.0	70.7	85.1
Most rural	71.5	76.2	87.9
Total	70.8	74.4	85.2

Table 7.26 Proportion of respondents who attended outpatients in the previous year by age, sex and urban/rural nature of area of residence*

	Age		
	16-44	45-64	65+
	%	%	%
Men			
Most urban	29.2	34.4	34.6
Urban	30.1	37.2	39.3
Average	29.9	31.2	34.1
Rural	28.9	28.8	35.1
Most rural	24.9	34.6	35.8
Total	28.6	33.0	35.8
Women			
Most urban	30.2	33.6	31.6
Urban	31.3	36.8	34.5
Average	35.4	34.4	37.8
Rural	31.9	28.9	36.0
Most rural	24.1	35.6	37.5
Total	30.7	33.8	35.4
All Adults			
Most urban	29.2	34.4	34.6
Urban	30.1	37.2	39.3
Average	29.9	31.2	34.1
Rural	28.9	28.8	35.1
Most rural	24.9	34.6	35.8
Total	28.6	33.0	35.8

* Includes day patients and attendance at an A&E department

Table 7.27 Proportion of respondents who had been an inpatient in the previous year by age, sex and urban/rural nature of area of residence

	Age		
	16-44	45-64	65+
	%	%	%
Men			
Most urban	8.1	13.5	15.1
Urban	6.3	8.8	28.4
Average	4.4	11.2	18.3
Rural	4.2	6.5	17.2
Most rural	6.9	11.2	15.9
Total	5.9	10.0	19.3
Women			
Most urban	15.8	11.2	22.2
Urban	16.9	16.8	11.8
Average	15.0	4.6	10.9
Rural	13.6	9.2	13.5
Most rural	12.0	12.5	15.5
Total	14.7	10.6	14.9
All Adults			
Most urban	12.5	12.2	19.9
Urban	12.4	13.0	18.8
Average	10.0	7.7	14.2
Rural	9.3	7.9	15.5
Most rural	9.6	11.5	16.2
Total	10.7	10.3	16.9

Table 7.28 Proportion of respondents who consulted their GP in the previous year by age, sex and area deprivation category

	Age		
	16-44	45-64	65+
	%	%	%
Men			
More affluent	57.5	62.1	80.3
Average	61.6	65.1	90.5
More deprived	59.1	73.7	84.4
Total	58.8	66.9	83.7
Women			
More affluent	77.9	78.0	85.3
Average	83.6	81.8	83.6
More deprived	81.4	84.5	89.2
Total	80.5	81.2	86.4
All Adults			
More affluent	68.2	70.7	83.2
Average	74.5	73.7	86.3
More deprived	71.9	79.4	87.1
Total	70.8	74.5	85.2

Table 7.29 Proportion of respondents who attended outpatients in the previous year by age, sex and area deprivation category*

	Age		
	16-44	45-64	65+
	%	%	%
Men			
More affluent	22.6	32.1	36.0
Average	33.0	28.2	39.7
More deprived	27.2	35.2	34.7
Total	26.2	32.2	36.3
Women			
More affluent	31.6	34.8	39.5
Average	29.9	32.9	29.1
More deprived	30.0	33.2	34.2
Total	30.6	33.8	35.4
All Adults			
More affluent	27.2	33.5	38.0
Average	31.3	30.5	33.3
More deprived	28.8	34.1	34.4
Total	28.6	33.0	35.8

Table 7.30 Proportion of respondents who had been an inpatient in the previous year by age, sex and area deprivation category*

	Age		
	16-44	45-64	65+
	%	%	%
Men			
More affluent	4.0	5.8	20.1
Average	7.9	12.0	13.5
More deprived	7.4	13.1	22.6
Total	5.9	9.9	19.6
Women			
More affluent	12.4	7.1	15.9
Average	12.8	13.3	11.8
More deprived	17.9	13.0	15.8
Total	14.6	10.6	15.0
All Adults			
More affluent	8.4	6.5	17.8
Average	10.8	12.7	12.0
More deprived	13.3	13.1	18.4
Total	10.7	10.3	16.8

* Includes day patients and attendance at an A&E department

Table 7.31(a) Final logistic regression model for GP attendance for men and women

	Men		Women	
	Odds ratio (95% Confidence Intervals)	P-value	Odds ratio (95% Confidence Intervals)	P-value
<i>Demographic Factors</i>				
<i>Age (p=0.01)</i>			<i>Age (p=0.93)</i>	
16-44	1.00		16-44	1.00
45-64	0.91 (0.62 – 1.34)	0.64	45-64	0.94 (0.65 – 1.34) 0.72
65+	2.22 (1.30 – 3.78)	0.00	65+	0.95 (0.57 – 1.58) 0.84
Health Factors				
LLSI	1.53 (0.92 – 2.54)	0.10	LLSI	3.82 (1.99 – 7.33) 0.00
General Health (p<0.001)				
Good	1.00		Good	1.00
Fairly Good	3.06 (2.09 – 4.49)	0.00	Fairly Good	1.95 (1.34 – 2.84) 0.00
Not Good	14.87 (4.93 – 44.88)	0.00	Not Good	2.74 (1.29 – 5.86) 0.01
Socio-economic Factors				
<i>Social Class – manual</i>	0.83 (0.58 – 1.17)	0.28	<i>Social Class – manual</i>	0.89 (0.65 – 1.22) 0.48
Area Characteristics				
<i>GP Travel Time (p<0.01)</i>				
Less than 5 minutes	1.00		<i>GP Travel Time (p=0.49)</i>	
5 – 9 minutes	0.67 (0.39 – 1.14)	0.14	Less than 5 minutes	1.00
10 – 14 minutes	0.42 (0.24 – 0.75)	0.00	5 – 9 minutes	0.60 (0.32 – 1.12) 0.11
15 – 29 minutes	0.52 (0.29 – 0.94)	0.03	10 – 14 minutes	0.71 (0.37 – 1.35) 0.29
More than 30 minutes	0.24 (0.09 – 0.60)	0.00	15 – 29 minutes	0.60 (0.31 – 1.15) 0.12
			More than 30 minutes	0.55 (0.22 – 1.38) 0.20
Mental Health Factors				
<i>GHQ 3Case</i>	2.34 (1.41 – 3.89)	0.00	GHQ 3Case	1.79 (1.18 – 2.71) 0.01
Baseline Odds	1.825			3.518

Table 7.31(b) Logistic regression models for GP attendance for men and women*

	Men					Women				
	Model 1	Model 2	Model 3	Model 4	Model 5	Model 1	Model 2	Model 3	Model 4	Model 5
<i>Demographic Factors</i>										
<i>Age</i>										
16-44	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
45-64	1.41	0.91	0.86	0.83	0.91	1.10	0.80	0.80	0.81	0.94
65+	3.55	1.69	1.62	1.65	2.22	1.67	0.77	0.77	0.77	0.95
Health Factors										
LLSI		2.31	2.22	2.17	1.53		2.43	2.73	2.82	3.82
General Health										
Good		1.00	1.00	1.00	1.00		1.00	1.00	1.00	1.00
Fairly Good		3.03	3.31	3.43	3.06		2.73	2.78	2.77	1.95
Not Good		20.9	21.5	23.4	14.87		7.50	6.26	6.48	2.74
Socio-economic Factors										
<i>Social Class - manual</i>			0.78	0.80	0.83			0.96	0.94	0.89
Area Characteristics										
<i>GP Travel Time</i>										
Less than 5 minutes				1.00	1.00				1.00	1.00
5 – 9 minutes				0.90	0.67				0.78	0.60
10 – 14 minutes				0.71	0.42				0.92	0.71
15 – 29 minutes				0.85	0.52				0.82	0.60
More than 30 minutes				0.32	0.24				0.80	0.55
Mental Health Factors										
<i>GHQ 3Case</i>					2.34					1.79
Baseline Odds	1.411	0.370	1.010	1.348	1.825	3.889	2.514	2.565	3.068	3.518

* Numbers in bold represent odds which are significant at p<0.05

Table 7.32(a) Final logistic regression model for outpatient attendance for men and women

	Men		Women		
	Final Model	P-value	Final Model	P-value	
<i>Demographic Factors</i>			<i>Demographic Factors</i>		
Age (<i>p=0.04</i>)			Age (<i>p=0.02</i>)		
16-44	1.00		16-44	1.00	
45-64	0.86 (0.66 – 1.13)	0.28	45-64	0.89 (0.70 – 1.12)	0.31
65+	0.63 (0.45 – 0.90)	0.01	65+	0.67 (0.50 – 0.89)	0.00
Health Factors			Health Factors		
LLSI	2.02 (1.47 – 2.76)	0.00	LLSI	1.47 (1.13 – 1.92)	0.00
<i>Any disability</i>	1.30 (0.87 – 1.94)	0.20	<i>Any disability</i>	1.41 (1.03 – 1.94)	0.03
<i>General Health (p<0.001)</i>			<i>General Health (p<0.001)</i>		
Good	1.00		Good	1.00	
Fairly Good	2.04 (1.58 – 2.63)	0.00	Fairly Good	1.97 (1.58 – 2.46)	0.00
Not Good	3.70 (2.48 – 5.53)	0.00	Not Good	3.87 (2.84 – 5.28)	0.00
Socio-economic Factors			Socio-economic Factors		
No Qualification	1.04 (0.81 – 1.33)	0.77	No Qualification	0.74 (0.59 – 0.93)	0.01
<i>Household Income (p=0.04)</i>			<i>Household Income (p=0.80)</i>		
Wealthier	1.00		Wealthier	1.00	
Wealthy	1.02 (0.74 – 1.41)	0.89	Wealthy	0.96 (0.71 – 1.29)	0.78
Average	0.82 (0.58 – 1.16)	0.25	Average	0.99 (0.74 – 1.34)	0.95
Poor	0.74 (0.52 – 1.06)	0.10	Poor	0.93 (0.68 – 1.26)	0.63
Poorer	0.55 (0.35 – 0.86)	0.01	Poorer	0.82 (0.57 – 1.16)	0.26
Social Factors			Social Factors		
<i>Perceived social support (p=0.44)</i>			<i>Perceived social support (p=0.07)</i>		
No lack	1.00		No lack	1.00	
Some lack	1.04 (0.81 – 1.33)	0.76	Some lack	0.96 (0.77 – 1.18)	0.68
Severe lack	0.85 (0.63 – 1.15)	0.29	Severe lack	0.71 (0.53 – 0.95)	0.02
Area Characteristics			Area Characteristics		
<i>Board (p=0.91)</i>			<i>Board (p=0.01)</i>		
EHSSB	1.00		EHSSB	1.00	
NHSSB	0.91 (0.67 – 1.24)	0.55	NHSSB	1.14 (0.88 – 1.49)	0.31
SHSSB	0.95 (0.70 – 1.28)	0.72	SHSSB	1.18 (0.92 – 1.53)	0.19
WHSSB	0.90 (0.66 – 1.24)	0.53	WHSSB	0.77 (0.59– 1.00)	0.05
Baseline Odds	0.315		0.341		

Table 7.32(b) Logistic regression models for Outpatient attendance for men and women*

		Men					Women				
		Model 1	Model 2	Model 3	Model 4	Model 5	Model 1	Model 2	Model 3	Model 4	Model 5
<i>Demographic Factors</i>											
	<i>Age</i>										
	16-44	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	45-64	1.33	0.87	0.84	0.86	0.86	1.17	0.87	0.95	0.90	0.89
	65+	1.50	0.72	0.69	0.64	0.63	1.27	0.66	0.74	0.69	0.67
Health Factors											
	LLSI		1.92	2.12	2.02	2.02		1.32	1.39	1.49	1.47
	Any disability		1.30	1.24	1.30	1.30		1.51	1.48	1.39	1.41
	General Health										
	Good		1.00	1.00	1.00	1.00		1.00	1.00	1.00	1.00
	Fairly Good		1.93	2.03	2.04	2.04		1.82	1.96	1.94	1.97
	Not Good		3.46	3.69	3.71	3.70		3.30	3.77	3.75	3.87
Socio-economic Factors											
	<i>No Qualification</i>			0.99	1.03	1.04			0.73	0.73	0.74
	<i>Household Income</i>										
	Wealthier			1.00	1.00	1.00			1.00	1.00	1.00
	Wealthy			0.89	1.02	1.02			0.95	0.96	0.96
	Average			0.78	0.81	0.82			0.94	0.99	0.99
	Poor			0.66	0.74	0.74			0.85	0.91	0.93
	Poorer			0.54	0.55	0.55			0.77	0.79	0.82
Social Factors											
	<i>Perceived social support</i>										
	No lack				1.00	1.00				1.00	1.00
	Some lack				1.04	1.04				0.95	0.96
	Severe lack				0.85	0.85				0.71	0.71
Area Characteristics											
	<i>Board</i>										
	EHSSB					1.00					1.00
	NHSSB					0.91					1.14
	SHSSB					0.95					1.18
	WHSSB					0.90					0.77
	Baseline Odds	0.351	0.237	0.289	0.297	0.315	0.431	0.287	0.330	0.351	0.341

* Numbers in bold represent odds which are significant at p<0.05

Table 7.33(a) Final logistic regression model for being an inpatient for men and women

	Men		Women	
	Odds ratio (95% Confidence Intervals)	P-value	Odds ratio (95% Confidence Intervals)	P-value
<i>Demographic Factors</i>				
<i>Age (p<0.01)</i>				
16-44	1.00		16-44	1.00
45-64	1.07 (0.70 – 1.64)	0.74	45-64	0.46 (0.34 – 0.64) 0.00
65+	1.94 (1.24 – 3.02)	0.00	65+	0.53 (0.38 – 0.75) 0.00
<i>Denomination (p=0.02)</i>				
Protestant	1.00		Protestant	1.00
Catholic	1.51 (1.07 – 2.12)		Catholic	1.06 (0.83 – 1.35)
Health Factors				
Any disability	1.56 (1.00 – 2.43)	0.05	Any disability	1.41 (0.99 – 2.00) 0.06
<i>General Health (p<0.01)</i>				
Good	1.00		Good	1.00
Fairly Good	2.13 (1.37 – 3.02)	0.00	Fairly Good	1.44 (1.06 – 1.95) 0.02
Not Good	7.39 (4.52 – 12.08)	0.00	Not Good	4.57 (3.23 – 6.46) 0.00
Social Factors				
<i>Perceived social support (p=0.14)</i>				
No lack	1.00		No lack	1.00
Some lack	1.15 (0.79 – 1.67)	0.46	Some lack	0.92 (0.70 – 1.21) 0.54
Severe lack	0.68 (0.42 – 1.10)	0.12	Severe lack	0.57 (0.38 – 0.86) 0.01
Baseline Odds	0.033			0.129

Table 7.33(b) Logistic regression models for being an inpatient for men and women*

	Men			Women		
	Model 1	Model 2	Model 3	Model 1	Model 2	Model 3
<i>Demographic Factors</i>						
<i>Age</i>						
16-44	1.00	1.00	1.00	1.00	1.00	1.00
45-64	1.78	1.06	1.07	0.70	0.50	0.46
65+	3.87	1.88	1.94	1.05	0.57	0.53
<i>Denomination</i>						
Protestant			1.00			1.00
Catholic			1.51			1.06
Health Factors						
Any disability		1.45	1.56		1.40	1.41
<i>General Health</i>						
Good		1.00	1.00		1.00	1.00
Fairly Good		2.15	2.13		1.41	1.44
Not Good		7.42	7.39		4.43	4.57
Social Factors						
<i>Perceived social support</i>						
No lack			1.00			1.00
Some lack			1.15			0.92
Severe lack			0.68			0.57
Baseline Odds	0.061	0.037	0.033	0.170	0.117	0.129

* Numbers in bold represent odds which are significant at p<0.05