and developed overweight through adulthood had an increased risk of overall (OR 1.27, [0.99–1.62]) and aggressive (OR 1.57, [1.03–2.39]) PCa risk compared to men who maintained a normal BMI. Increased risk of aggressive PCa was also observed among never smokers who developed overweight (OR 3.32, [1.29–8.53]) or obesity (OR 4.19, [1.30–13.51]), but interaction was not significant.

Conclusion Our results suggest that BMI trajectories resulting in overweight or obesity during adulthood are associated with an increased risk of PCa, emphasizing the importance of maintaining a normal BMI throughout adulthood for cancer prevention.

Health Services Research

OP68 PRIVATE HEALTH INSURANCE STATUS AS A PREDICTOR OF PATIENT EXPERIENCE IN PUBLIC ACUTE HOSPITALS: EVIDENCE FROM A NATIONAL HEALTHCARE SURVEY IN THE REPUBLIC OF IRELAND

T Huss, C Foley*, T Boland, T O'Carroll, D O'Ceallaigh, R Flynn. *National Care Experience Programme, Health Information and Quality Authority, Dublin, Ireland*

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Background In Ireland, patients with private health insurance often receive treatment in publicly-funded hospitals. In the United Kingdom and Australia, a smaller but growing cohort of private patients are also receiving treatment in public hospitals. Surveys have shown that patients with private health insurance (PHI) expect higher standards of care, however, little research has been conducted to examine the association between PHI status and patient experience in public hospitals. This study draws on quantitative and qualitative evidence from the largest healthcare survey in Ireland to examine differences in experience between patients with PHI and those without.

Methods A cross-sectional survey design was used. 27,100 participants in the National Patient Experience Survey who were admitted to a public acute hospital during May 2017 and 2018 responded to a 61-item questionnaire about their journey in hospital. Scales were constructed corresponding to the stages of care: admissions; care on the ward; examinations, diagnosis and treatment; discharge or transfer and overall experience. Multivariate regressions were used to explore differences in patient experience. Qualitative data related to PHI was gathered from three open-ended questions and analysed to explain differences in experience.

Results Controlling for sex, age, length of stay and route of admission, patients with PHI reported more negative experiences across four stages of care and overall experience compared to people without PHI ($p<0.05$). 210 free-text responses related to PHI. The qualitative analysis highlights that participants' expectations of their PHI benefits were not always fulfilled. Furthermore, a number of patients said that they felt pressured to sign private insurance forms when they were in fact entitled to free public care.

Conclusion In Ireland people with PHI are routinely treated in public hospitals. This study shows that having PHI is a negative predictor of patient experience in public hospitals. Patients expect preferential treatment due to their PHI status and may be disappointed if they do not receive it. The perceived gap between patients' expectations and actual experiences of care influences assessments of satisfaction with a service. Our findings contribute to a greater understanding of the expectations and implications of providing private care in public hospitals, both in Ireland and beyond. The learnings from our study should inform policymakers, service providers and frontline staff in managing patients' expectations in public hospitals.

OP69 IS THERE SOME DEGREE OF UNMET NEED IN PRIMARY CARE?: ANALYSIS OF A PATIENT COHORT ACCESSING A NEW OUT OF HOURS UNITS

[1]SJ Kelly*, [2]R Ibbotson, [3]H Piercy, [2]S Fowler Davis. *[1]Department of Social Work, Social Care and Community Studies, Sheffield Hallam University, Sheffield, UK; [2]Department of Allied Health Professions, Sheffield Hallam University, Sheffield, UK; [3]Department of Nursing and Midwifery, Sheffield Hallam University, Sheffield, UK*

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Background The increasing demands on Emergency Departments has led to considerable rhetoric on the availability of general practitioner (GP) appointments of which one perceived solution is to offer more out of hours (OOH) care. In England, OOH healthcare provision is regarded as urgent care only and offered as a mixture of telephone triage, drop-in centres, emergency departments (ED), and triaged appointments. This evaluation describes the patients who used new OOH appointments offered through the

UK Prime Minister's Challenge Fund scheme which was intended to extend patient access to primary care. The aim of this paper is to report on the demographic profile of attendees and to offer some indication of the impact on ED.

Methods The study used de-identifiable cohort data from 14 months of OOH appointments offered in 4 units in Sheffield and the responses to the standard NHS patient-opinion questionnaire modified for this programme. Descriptive analysis of the appointment data was conducted. Multivariate logistic regression analysis of the survey data examined the characteristics of the patients who would have gone to the Emergency Department (ED) had the OOH appointments not been available.

Results There were 24,448 appointments for 19,701 different patients resulting in 29,629 service outcomes (i.e. clinical advice, prescription issued). Six percent of appointments were deemed urgent and two-thirds were non-urgent but needed follow-up. Less than 1% of appointments were judged inappropriate by the consulting GP. The non-attendance rate was 1.8%. Females accounted for 60% of all attendances and 70% in the under 35 age group. The patients from the poorest 5th of the population used nearly 40% of the appointments. The patient survey found OOH appointments were extremely popular - 93% selecting 'extremely likely' or 'likely' to recommend the service. Regression analysis of patient opinion survey data on whether ED would have been an alternative to the OOH service found that males, young children, people of Asian heritage and the most deprived were more likely to have gone to ED without this service.

Conclusion Similar to the published literature, the users of the OOH service were substantially different from in-hours service users; consisting of young adults and children as opposed to the elderly. The findings of this analysis also support the idea that there may be unmet need in the poorest fifth of the population. Future analysis of access to primary care services needs to incorporate patient perceptions and not just statistical data.