Asking about Adverse Childhood Experiences (ACEs) among adult general practice patients

An initial exploration of the feasibility and acceptability of asking about a history of ACEs in a large multi-site GP practice in North West England. Findings explore practitioner experiences of delivery and potential impacts on patients.

The Routine ACE Enquiry Pathway[a]

- Eligible patient provided with information sheet and ACE questionnaire at reception
- Completes questionnaire in waiting area prior to appointment
- Hands questionnaire to clinician at start of appointment
- Clinician discusses presenting problems then invites patient to discuss ACEs
- Opportunity for further support or onward referral. Patient provided with information on local and national support services

Who delivered ACE enquiries in this study? (% of enquiries)

3 GPs (36.4%)

2 Nurse practitioners (42.5%)

1 Healthcare assistant (20.6%)

Patients participating = 218

Patients declining = 16

Consultation type in which ACE enquiry occurred:

- General (5.1%)
- Acute physical (34.1%)
- Mental health (5.6%)
- Sexual heath (11.2%)
- Investigative (10.3%)
- Chronic condition (33.2%)

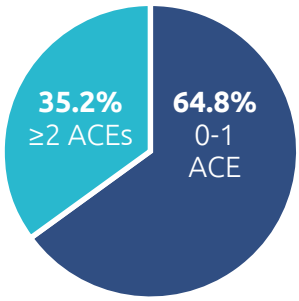
ACEs included growing up with:

- Verbal, physical, sexual abuse
- Parental separation
- Witnessing domestic violence

Or a household member experiencing:

- Mental illness
- Drug use
- Alcohol abuse
- Incarceration

In this GP practice pilot[d]:



People with ≥2 ACEs[b] had higher levels of health problems

2.5x more likely to have **asthma**

3x more likely to be living with **multiple long-term conditions**[c]

3.5x more likely to have experienced **mental health problems**

For **67%** of patients with ACEs this was the **first time** they had told a professional about them

[a]Routine Enquiry About Childhood adversity (REACh) approach developed and delivered by Lancashire Care NHS Foundation Trust. [b]When compared with those with 0-1 ACE; adjusted odds ratios controlling for socio-demographic confounders. [c]Patients on the Quality Outcomes Framework register for ≥2 of the following chronic health conditions: cardiovascular disease, type II diabetes, asthma, mental health condition, atrial fibrillation, hypertension, respiratory disease, cancer, chronic kidney disease, osteoarthritis and rheumatoid arthritis. [d]N=214; 4 patients were excluded from analyses due to incomplete data.

What did patients say? (N=123)[e]

94%
agreed that the ACE questions were understandable and clear

86%
felt that their GP surgery was a suitable place to be asked about ACEs

84%
thought it was important for health professionals to understand what happened in their childhood

70%
said their appointment was improved because the GP/ nurse understood their childhood better

87%
agreed that providing information to a health professional about ACEs was acceptable

Limitations:

ACE enquiry was not directly observed and fidelity to model of delivery not assessed - Low patient feedback response rate (56% of those who completed ACE enquiry provided feedback)- Reasons for decline were not recorded and the practice were unable to quantify if all eligible patients were offered ACE enquiry – The small sample size increases the risk of type II errors in analyses.

What did practitioners say? (N=9)[f]

Positive impact on the **patient-practitioner relationship**; increases in **empathy**; holistic approach to understanding patients; and helping to structure support

Increased patient **understanding** of impact of early life and trauma; some indication of changes in **help seeking behaviours**

No evidence of increased **service demand** (as a result of ACE enquiry)

Patients generally **happy to complete**

Limited by **time pressures** and high patient demand

Lack of staff **engagement** limiting **culture change**

Difficulties **coordinating** implementation across a large multi-site practice

Conclusion:

This study provides initial support for the acceptability of ACE enquiry in general practice among both patients and practitioners. However, further research and evaluation is required before any wider implementation is considered.

[e]Short anonymous patient feedback surveys completed by patients immediately following appointment and placed in secure collection boxes. Responses provide on likert scale from strongly agree to strongly disagree. Percentages given are total patients who agreed or strongly agreed for each item. [f]Qualitative findings from focus group with participating practitioners.

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