Aims & Introduction

Emergency Departments across Britain are facing unprecedented pressures, with NHS England patient waiting time targets consistently missed over the course of the last year. It is also well documented that a large proportion of patients attending Emergency Departments could be managed in safer primary care—indeed many of these patients may receive better care from primary care services (eg with respect to long-term multidisciplinary continuity and bespeak chronic disease care). (Ward et al, 1996)

This project looked at an innovative new system devised by Care UK and St George’s Hospital where GPs and nurses based in triage identify patients who could be managed more appropriately in primary care as soon as they enter the Emergency Department, and re-direct them back to primary care services such as their usual GP, OOH GPs, dentists or opticians. Together with GPs and nurses, the redirection team also has an administrator who ensures that the patient has an appointment booked for the appropriate primary care service on that day.

The rationale behind this is that GPs are best placed to lead such a system for a number of reasons. GPs are perhaps the only specialists specifically trained in seeing and stratifying unfiltered patients quickly (in 10 min appointments) and with minimal diagnostic investigations at hand. In addition GPs have a better understanding of the remit, facilities and capacity of primary care compared to many secondary care colleagues—particularly those who have no experience of working in primary care.

In this project we analysed and evaluated this service, and aimed to answer the following questions:

• Reasons for patients attending A&E rather than their GP
• Types of condition/symptoms and presentation
• Patient satisfaction with the re-direction service
Which primary-care services patients are directed to

Results

Key findings:

• 83% of patients were satisfied with their outcome and rated the redirection service as ‘good’ or ‘excellent’.

• The most common reasons for patients attending A&E were as follows:
  1) They felt that their condition was serious and needed A&E treatment (19%)
  2) They could not get a GP appointment (18%)
  3) Waiting time for a GP appointment was too long (15%)
  4) Convenience (14%)

• The biggest category of presenting complaints was ‘musculoskeletal’ (22%) followed by ‘dermatological’ (14%). Musculoskeletal pain, back pain was the most common symptom

• 56% of patients were re-directed to their usual GPs, 32% to OOH services and 10% to walk-in centres.

Discussion

Arguably the most important conclusion of this study was that the vast majority of patients were very positive about their experience of the GP lead redirection service, and the outcome of being re-directed to a primary care service. Speaking to the GPs, it seems like a big factor in this for patients is that there is much more of a focus on their primary care, and they usually do not have to wait long periods of time to be seen. This is because in both OOH GP services and with their own GPs they are usually given appointments (rather than told to wait in a queue). Even if these appointments are late, patients can carry on with their normal daily activities before and after their appointment. This demonstrates that the public at large may well be more supportive of the stratification of patients in A&E into those who can be seen in primary care settings, and re-direction. This should encourage policy makers, particularly with respect to the recent proposals by NHS England for ‘vanguard’ sites where GPs will be based in A&E departments.

The analysis of the reasons for patients (with primary care problems) attending A&E rather than GP services was a primary aim of the study.

Methods

The project was done as a prospective study of 150 patients over 5 weeks using a structured questionnaire. A similar design was used in a previous study which had similar aims (Rajapur et al, 2006). The project was conducted at St George’s Hospital.

Of the 150 responses, 129 were from direct interviews and data from 21 patients had to be collected from their patient notes.

The service operates between 9am and 5pm on weekdays. The total number of patients we navigated at that time (9th June-10th July) was 277.

Conclusion

This study raises lots of important points which will be of interest to policymakers trying to reduce burdens on Emergency Departments—particularly those in NHS England working on the Vanguard sites. The key points were as follows:

• Patients satisfaction with the GP lead redirection service at St George’s Hospital is very high, with over 83% rating it as ‘good’ or ‘excellent’. This should be encouraging news to policymakers trying to find ways of lowering patient expectation at a time when the NHS is under unprecedented strain.

• Access to GPs is the biggest contributory factor in patients with primary care problems attending A&E, followed by patient perception that their problem needs A&E input.

• The proportion of patients with primary care problems attending A&E’s due to lack of access is significant, and raises questions about patient perceptions and expectation at a time when the NHS is under unprecedented strain.

• Ways of improving patient education about the full extent of services available in primary care, and alternative primary care services (such as walk in centres and OOH GPs) needs to be looked at.

• Musculoskeletal and dermatological problems constituted the biggest categories of symptoms in our patients.

The GP lead redirection service is the product of a collaborative effort between Care UK (who fund and organise this service), St George’s Hospital, and Wandsworth CCG. This study was facilitated by St Georges, University of London.

REFERENCES