Solving the A&E crisis using GP lead triage and redirection

Evaluation of GP-lead service to identify and re-direct patients from A&E to primary care services

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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 safely in primary care- indeed many of these patients may receive better care from primary care services (eg with respect to long-term multidisciplinary continuity and bespoke chronic disease care). (Ward et al, 1996)

This project looked at an innovative new system devised by Care UK and St Georges 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 conditions/symptoms at presentation**
- **Patient satisfaction with the re-direction service**
- **Which primary-care services patients are directed to**

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 (Rajpar et al, 2000).

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

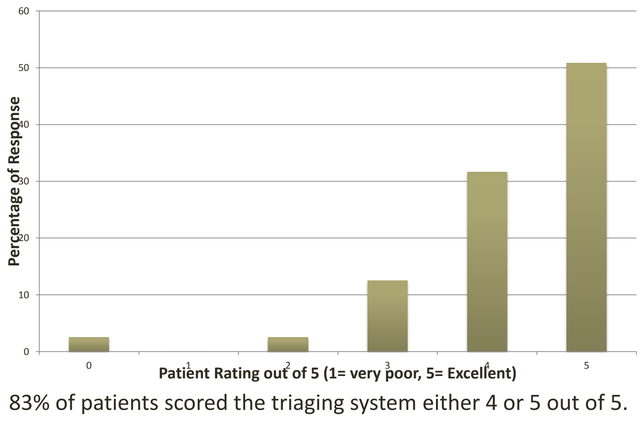
The service operates between 9am and 5pm on weekdays. The total number of patients we navigated at that time (9th June- 10th July) was 277.

Results

Key findings:

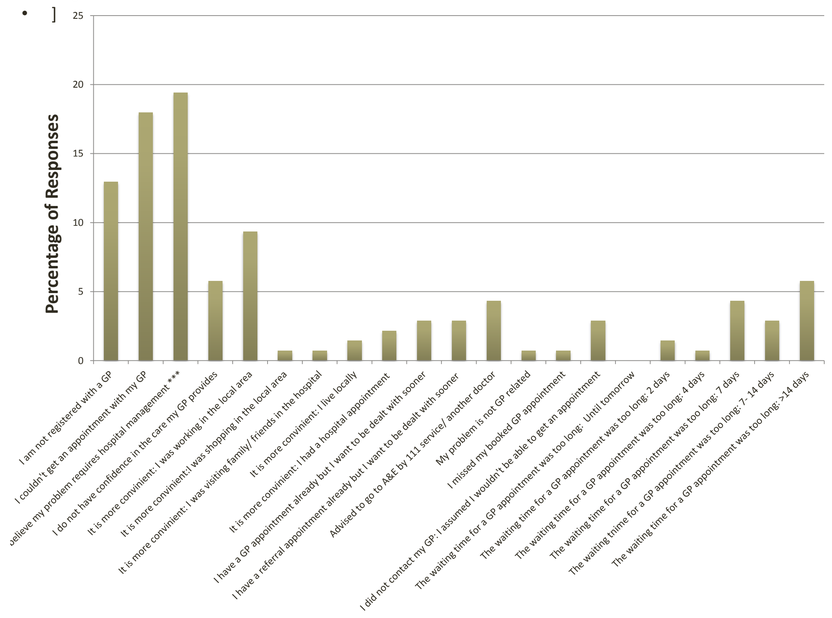
- **83% of patients were satisfied with their outcome and rated the redirection service as 'good' or 'excellent'.**
- **The most common reasons for patients attending A&E were as follows:**
  1) **They felt that their condition was serious and needed A&E treatment (19%)**
  2) **They could not get a 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%). Within musculoskeletal, 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.**

- **Chart 1: Patient satisfaction**



83% of patients scored the triaging system either 4 or 5 out of 5.

- **Chart 2: Reasons for why patient choose to present to A&E rather than their GPs**



The top two most common reasons for attending A&E were 'I believe my problem requires hospital management' (19%) and 'I could not get an appointment with my GP' (18%). From these results one can see that the nature of these reasons require two very different strategies for lowering the inflow of non-urgent patients. One involves patient education and managing expectations, the other involves GP access.

- **Chart 3: Patient symptoms and specialties they fall under**

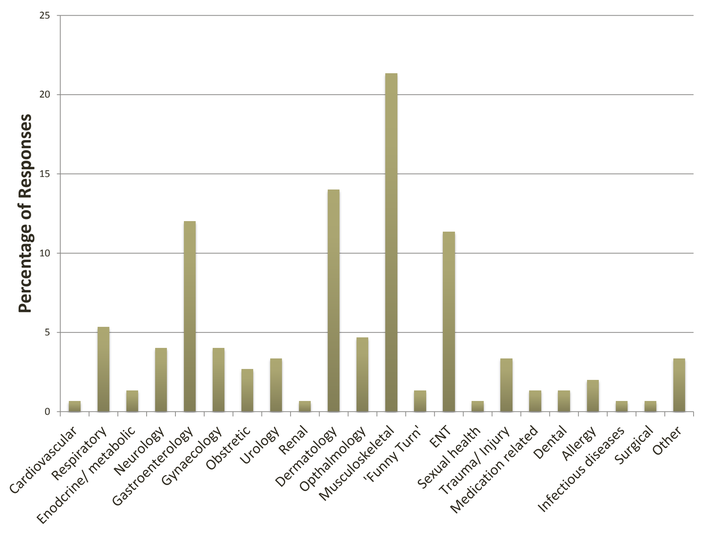
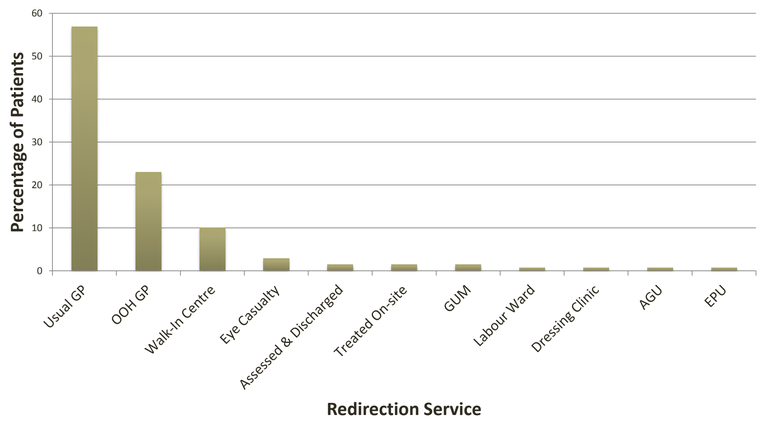


Chart 3 shows there is a wide range of presenting symptoms of those that are triaged as non-urgent, the largest category was musculoskeletal (22%): of which the majority were chronic.

- **Chart 4: Primary care services patients are re-directed to**



This shows the largest primary care service patients were re-directed to was their usual GP (56.8%).

- **Chart 5: Patient demographics- age and sex**

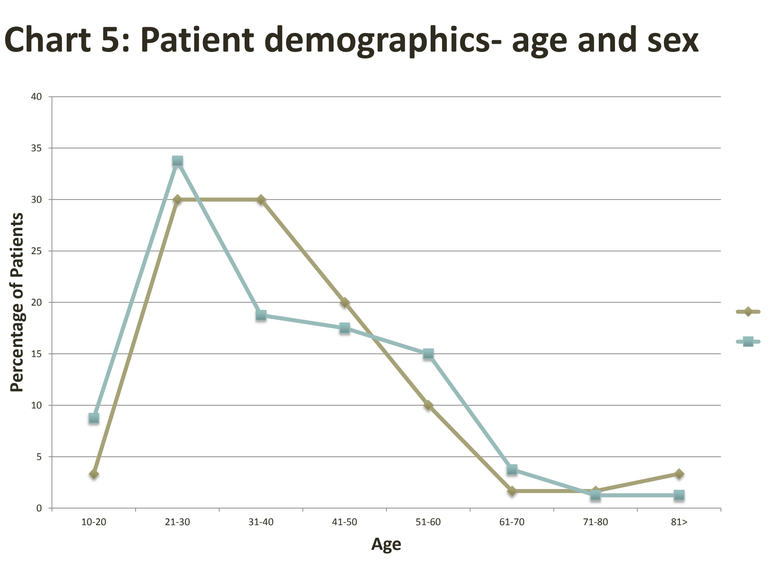


Chart 5 represents the age and gender of the patients re-directed. With the exception of the age category 31-40 and >81, there were more females than males in 6 of the 8 age categories, peaking in the 21- 30 age category.

Charts 2 and 3 have been recorded as 'number of responses' rather than number of patients as they were allowed to have their responses to fall under two categories.

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 redirected to a primary care service. Speaking to the GPs, it seems like a big factor in this for patients is that that there is much less certainty about when they will be seen in 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 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 also provides an important insight.

Access to GPs ('could not get a GP appointment ' and 'had to wait too long for a GP appointment') together constituted by far the biggest reason for attendance to the Emergency Department. This confirms that the GP crisis and the strain placed on primary care services is having a deep impact on Emergency Departments- and that to solve the A&E crisis, policy makers will have to address and solve the GP crisis.

It is perhaps unsurprising that one of the biggest reasons cited by patients for attending A&E is that they perceive that their symptoms need A&E input, which cannot be provided in primary care. Perhaps policy-makers should consider ways of enhancing patient education, both with respect to stratifying symptoms between those which need primary care input versus those which need A&E, as well as helping patients appreciate the full extent of services and facilities available both through their own GPs, as well as other primary care services- such as walk-in centres and OOH GPs. Speaking to the GPs it seemed like many patients lacked awareness of alternative primary care services beyond their own GPs.

The fact that 'convenience' was one of the most common reasons for patients attending A&E rather than their GP perhaps confirms the fears that many in the service have about the increasing consumerist ethos that is encroaching on expectations from the health service. This is deeply worrying as the NHS enters a period of unprecedented challenges, with an aging population, worsening financial pressures, and massive staff recruitment and retention problems. Politicians who use the NHS as a 'political football' and prioritise populist initiatives geared towards convenience rather than need, must also be held to account for their contribution to this.

It was also of interest that the biggest categories of symptoms in patients redirected to primary care were musculoskeletal and dermatological. Policymakers, particularly those working on the 'vanguard' sites should be mindful of this when designing services where GPs see patients in A&E.

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 Georges 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 stratifying patients who present to A&E.**
- **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 convenience was 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 Georges Hospital and Wandsworth CCG. This study was facilitated by St Georges, University of London.

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