

Seeing the same GP at every visit will reduce emergency department attendance

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Image courtesy of David Castillo Dominici. Credit: FreeDigitalPhotos.net

Attendances at emergency departments can be reduced by enabling patients to see the same GP every time they visit their doctor's surgery, a new study shows. This is just one of several recommendations made in a report published today by researchers at the Universities of Manchester, Bristol, UCL and Oxford.

Called 'Primary care factors and unscheduled secondary care: a series of systematic reviews', the report looked at evidence from studies around the world. They found that patients who saw the same GP every time they attended their GP surgery were less likely to require emergency care.

The research, published in the open access journal *BMJ Open*, shows other factors that also affect admission and attendances at emergency departments are: how easy it is for patients to access GP surgeries and primary care providers; the distance the patients live away from the emergency department; and the number of confusing options patients had for accessing emergency care.

Dr Alyson Huntley, Research Fellow at the University of Bristol and lead author of the report, said: "A recent report by the King's Fund suggested that admissions among people with long-term conditions that could have been managed in primary care cost the NHS £1.42 billion per year. This could be reduced by up to 18 per cent through investment in primary and community-based services. "Our work has shown that providing continuity of care and making it easier for patients to get access to their GP can help achieve this reduction in unplanned admissions and emergency department attendance."

Dr Kath Checkland, from the Centre for Primary Care at The University of Manchester who took part in the research, said: "The report recommends that, for patients in high-risk group, there should be a targeted increase in continuity of care with GPs. These include older patients, those from poorer backgrounds and those suffering from multiple conditions."

Dr Sarah Purdy, from the University of Bristol who led the research, added: "GP Practices serving the most deprived populations have emergency admission rates that are around 60 per cent higher than those serving the least deprived populations. Our research has highlighted key issues that commissioners of primary care in the UK can tackle in order to bring down unscheduled secondary care use."

The report is based on research funded by the National Institute for Health Research School for Primary Care Research (NIHR SPCR). It is

the most comprehensive review of its kind in which the researchers analysed 44 different studies from developed countries around the world in order to identify which features of [primary care](#) affect unscheduled secondary care use.

Professor Jonathan Benger, National Clinical Director for Urgent Care for NHS England, said: "There is a well-recognised need to improve urgent care in England. This report will help to inform both commissioners and providers of care regarding the relationship between general practice, accident and [emergency department](#) attendance and emergency hospital admission. The report's findings are reflected in the changes proposed by the ongoing review of urgent and [emergency care](#), led by NHS England's Medical Director Professor Sir Bruce Keogh."

More information: "Which features of primary care affect unscheduled secondary care use? A systematic review." Alyson Huntley, Daniel Lasserson, Lesley Wye, Richard Morris, Kath Checkland, Helen England, Chris Salisbury, Sarah Purdy. *BMJ Open* 2014;4:5 e004746 [DOI: 10.1136/bmjopen-2013-004746](https://doi.org/10.1136/bmjopen-2013-004746)

Provided by University of Manchester

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