

Study examines increase in calls to emergency services

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As calls to emergency services increase, there is an urgent need for a reliable and consistent method of measuring whether or not these calls are appropriate. These are the findings from a University of Bristol study, published in *BMJ Open*, which explored ambulance use among patients with problems that could potentially be managed by their GP or other primary care health services.

Using data from 30 years of research evidence on ambulance services around the world, Dr Matthew Booker and colleagues from Bristol's Centre for Academic Primary Care carried out a systematic literature review to explore why patients with '[primary care](#) sensitive' problems seek help from ambulance services.

They found that, while there is evidence that the total number of calls to emergency services is increasing, they could not clearly conclude whether there is an increase in 'inappropriate' calls because these calls had not been measured and recorded in a consistent way.

Dr Booker said: "When people call the emergency services they are usually genuinely worried. It can be difficult for the public to know exactly how urgently their medical problem needs attention.

"In many research studies, calls are labelled as 'inappropriate' only after a clinician has made an assessment. For example, someone calling emergency services with symptoms of an infection may be very anxious and in distress when they call, but their problem may turn out to be relatively minor after a full assessment. Labelling this call as 'inappropriate' may misunderstand the reasons behind the call in the first place."

The team believe that research and policy need to acknowledge the frustrations of healthcare providers about so-called 'unnecessary' ambulance use, but be sensitive to the idea that patients and carers often do not know exactly what type of help they need when they contact urgent care services.

Dr Booker added: "While the public have a responsibility to try and use emergency services appropriately, we need to accept that there will be uncertainty. We need to give [emergency services](#) the tools and resources to mitigate the situation when the problem turns out to be less urgent.

Future work needs to focus on more precisely defining 'primary care sensitive' problems within the specific context of ambulance services, and on understanding how to respond to the complex psychosocial perception of urgency that appears to be driving increasing ambulance use. At present, it is unclear if seven-day GP opening will impact on calls to the ambulance services."

More information: "Why do patients with 'primary care sensitive' problems access ambulance services? A systematic mapping review of the literature." *BMJ Open* 2015;5:5 e007726 [DOI: 10.1136/bmjopen-2015-007726](https://doi.org/10.1136/bmjopen-2015-007726)

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