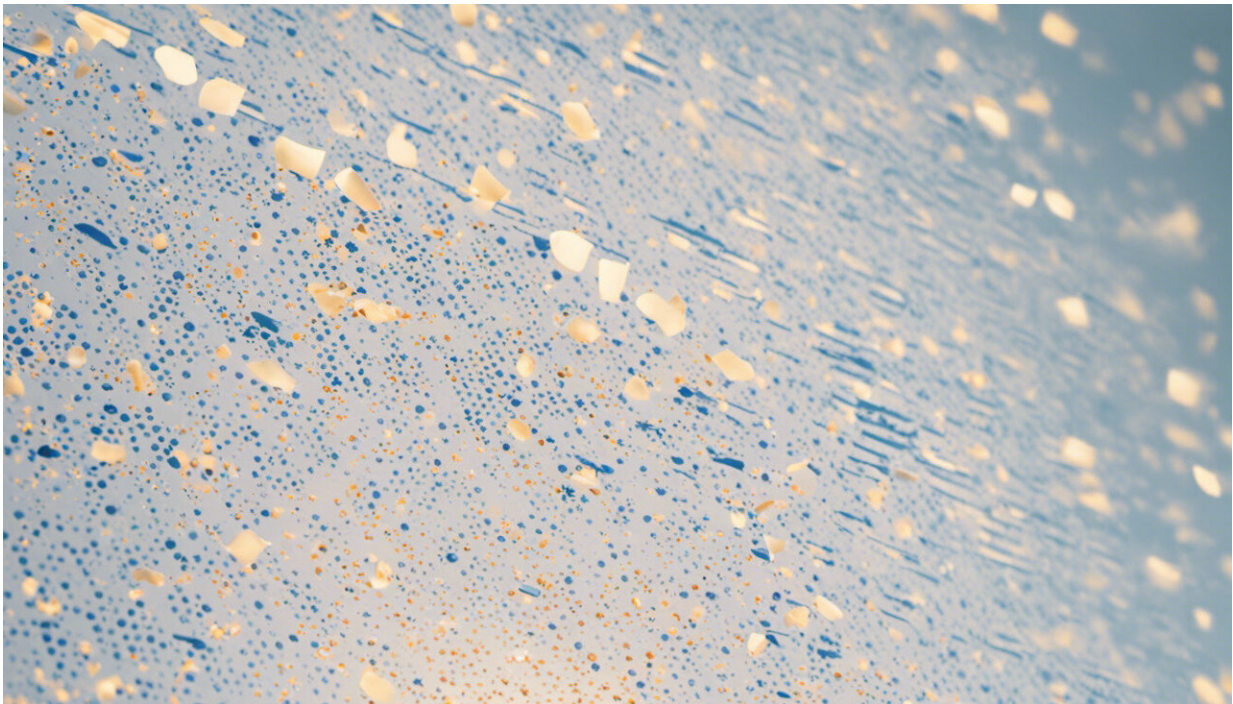


Primary care services ease pressure on crowded emergency rooms

February 21 2020



Credit: AI-generated image ([disclaimer](#))

New research by Dr. Edward Pinchbeck from the Department of Economics at City, University of London provides evidence on the link between primary care and A&E use.

Throughout the world, hospital accident and emergency (A&E)

departments are under strain. This is a serious problem because crowding at A&E is associated with medical errors, high mortality and low staff morale.

Crowded A&E departments can also have knock-on effects by reducing the capacity to perform planned medical treatments.

With as many as 40 percent of attendees at A&E having relatively minor health problems which could be safely treated by GPs, an important part of the policy debate around [emergency care](#) is how to encourage people to go their GP rather than head to A&E.

This is attractive because the same treatment in [primary care](#) is considerably cheaper than at A&E so offers the prospect of reducing A&E pressures while also saving the NHS money. For example, recent figures indicate that a visit to A&E costs £124 while a GP practice consultation costs £32.

The new study from Dr. Pinchbeck, published in the *Journal of Health Economics*, assesses the effectiveness of primary care.

Dr. Pinchbeck studied an NHS policy that led to the opening of around 250 new primary care services between 2008 and 2012.

More than half were 'walk-in clinics': practices with evening and weekend opening hours, and offering walk-in services with no need to register or make an appointment.

The remainder, targeted to administrative districts with the lowest concentration of primary care physicians, were 'extended hours practices': regular services requiring registration but open at least five hours per week more than conventional practices.

By combining details of the new services with hospital visit records and advanced statistical techniques, he provides credible estimates of how localised use of A&E is affected by access to a new walk-in centre—a convenience-oriented [service](#) that can be used by anyone without need to register or make an appointment, or a new regular primary care practice close-by.

Two main findings emerge. The first is that access to primary care does significantly divert patients away from attending A&E and that convenience matters: walk-in centres divert something like three times more patients from A&E than traditional GP practices where patients need to register and book an appointment.

The second, however, is that relative to the number of patients attending walk-in clinics the effects at A&E are quite small. Specifically, calculations suggesting only around five to twenty percent of patients attending a walk-in clinic would otherwise have gone to casualty.

The remainder of visitors to walk-in centres were not diverted from an A&E. These could include patients that would otherwise have gone to a traditional GP practice, and those that would not have attended a healthcare facility if the walk-in clinic was not there.

"This poses a dilemma for policymakers," said Dr. Pinchbeck.

"Easy access walk-in type services are popular, which tells us they are valued by patients, and they do relieve pressure at over-stretched emergency services.

"But on the flip side, low diversion rates from A&E mean that they may be an expensive way to meet this particular goal.

"The cold reality of a chilly funding climate points to hard choices in

allocating scarce NHS resources to best meet local demand," he said.

More information: Edward W. Pinchbeck. Convenient primary care and emergency hospital utilisation, *Journal of Health Economics* (2019). DOI: [10.1016/j.jhealeco.2019.102242](https://doi.org/10.1016/j.jhealeco.2019.102242)

Provided by City University London

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