

## GP initiated emergency admissions between 9am and 6pm

---

### Introduction

General practice is often the starting point of a patient's journey on the urgent care pathway and the care that they access at this crucial point will often determine whether they are admitted to secondary care as an emergency or if their care can be managed within community based resources.

### Map of Medicine

[Map of Medicine](#) offers evidence-based patient care journeys, providing clinicians with guidelines, references and clinical information. There are currently over 390 NICE compliant, regularly reviewed national pathways. There are also a number of 'localised' pathways which have been approved for use across the Wirral local health community.

### **National Policy Guidance**

The Primary Care Foundation report (May 2009) ***Urgent Care - a practical guide to transforming same-day care in general practice*** reviewed how general practice manages urgent care and considered the practical steps that GP's can take to improve patient care and reduce pressure on the wider healthcare system. The report identified that high quality urgent care depends upon four factors:

- Access,
- Speed of initial response,
- Capacity and
- Assessment.

It maintained that better management of urgent requests in general practice can lead to a substantial reduction in attendance at A&E and emergency hospital admissions. For example, they suggest that any patient requiring a home visit should be offered a rapid assessment by a clinician, normally by phone or early visit, as if practices can manage urgent care as early as possible in the patient's journey, the workload and costs for the rest of the NHS will be reduced.

[http://www.primarycarefoundation.co.uk/images/PrimaryCareFoundation/Downloading\\_Reports/Reports\\_and\\_Articles/Urgent\\_Care\\_Centres/Urgent\\_Care\\_May\\_09.pdf](http://www.primarycarefoundation.co.uk/images/PrimaryCareFoundation/Downloading_Reports/Reports_and_Articles/Urgent_Care_Centres/Urgent_Care_May_09.pdf)

Along with the NHS Alliance, in 2011, the Primary Care Foundation produced a further report offering ideas and inspiration for an integrated urgent care system. ***Breaking the Mould without Breaking the System: New Ideas and Resources for Clinical Commissioners on the Journey towards Integrated 24/7 Urgent Care*** (Nov 2011) includes useful case study examples and again seeks support from general practice and clinical commissioners to simplify and integrate the system, building care around the patient, ensuring the urgent care system works together and acknowledging prompt care is good care. There is clear evidence that patients with acute needs have better outcomes if treated rapidly, and that patients associate rapid care with good care.

It is explained that many of the most urgent requests for care are received as calls for home visits in general practice. The report urges clinical commissioners to ensure that all practices rapidly call back any request for a home visit so that those few cases requiring an immediate response are dealt with within a few minutes, allowing a community based response to be put in place as soon as possible or a rapid transfer to hospital for a specialist opinion, potentially avoiding a hospital admission.

It maintains that if all practices improved the speed and effectiveness in responding to same day requests, there would be a substantial beneficial effect on the wider healthcare system, good acute care by GPs in the community, combined with early assessment of the severity of an episode by the GP, has been shown to reduce admissions and therefore all commissioning strategies for urgent care should start by addressing the key role of general practice.

<http://www.primarycarefoundation.co.uk/commissioning-urgent-care.html>

<http://www.nhsalliance.org/publication/breaking-the-mould-without-breaking-the-system-3/>

The Primary Care Foundation is also currently developing a web based tool, which is being piloted in 200 Practices, to support GP's with practical suggestions of how they can make improvements to the way they deal with urgent care needs and to enable them to operate more effectively.

<http://www.primarycarefoundation.co.uk/what-we-do/urgent-care-in-general-practice>

NHS Interim management and Support have also produced a practical toolkit, ***Urgent Care in General Practice Toolkit*** (2012), to help GP Practices and GP Consortia improve patient experience and surgery workload. The toolkit explains that varying working practices mean access to urgent care can vary from surgery to surgery, resulting in inequitable access, which can put pressure on secondary care and affect patient safety.

The Toolkit is designed to offer a flexible approach to help GP Practices and GP Consortia assess their systems and processes for managing urgent care.

<http://ebookbrowse.com/introduction-and-user-guide-urgent-care-in-general-practice-toolkit-doc-d295852005>

## Relevant articles

Health Service Journal article ***Hanging on the telephone*** (June 2009) highlights the issue of general practices not having sufficient processes in place to deal with the demand from their patients and the knock on effect this has on urgent care. The article includes reference to two models of practice where patients have access to immediate telephone assessment and prompt telephone call backs and home visits which are felt to have had an impact on emergency admissions.

<http://ebookbrowse.com/gdoc.php?id=229013635&url=170fb76f92b36405676b180763c81c57>

***Avoiding Emergency Admissions*** in Pulsetoday (July 2011) by Martyn Diaper, outlines some key evidence based steps GPs can take to avoid emergency admissions. The article identifies things GPs are doing or can do to reduce avoidable admissions. The articles suggest GPs work with data to identify patients with risk factors associated with high risk of emergency admission and employ case management of complex patients. It also advocates encouraging self management in patients, use of telemedicine, use of community resources and collaboration with care homes. [http://www.pulsetoday.co.uk/main-content/-/article\\_display\\_list/13466532/keeping-people-out-of-hospital-avoiding-emergency-admissions-1-cpd-hour?\\_article\\_display\\_list\\_groupId=4585159](http://www.pulsetoday.co.uk/main-content/-/article_display_list/13466532/keeping-people-out-of-hospital-avoiding-emergency-admissions-1-cpd-hour?_article_display_list_groupId=4585159)

The work of the Primary Care Foundation on improving urgent care through general practice is reviewed in an HSJ article ***Improving urgent care: The beast of many heads*** (Health Service Journal supplement 24 November 2011). The article also reiterates that improving urgent care and reducing unnecessary hospital admissions is routed at the start of the urgent care pathway, in general practice and it is noted that if patients are seen quickly and effectively, it has a positive effect on urgent care whereas if general practice is not working well, patients go elsewhere and secondary care feels the impact.

The article also reiterates the key issue of home visits, detailing the PCF suggestion that practices consider altering their approach to home visits. This is felt to be the area of general practice that would have the highest impact on emergency admissions. PCF advocates that every person phoning to request a home visit should receive a call back within 20 minutes and, if needed, be seen within an hour.

This is in contrast to the typical set-up where home visits are left to early afternoon, which means patients needing to attend hospital arrive as staff leave at the end of the day. Keeping the access system simple for patients, offering telephone consultation and exploring means of maintaining continuity of care are also advocated in the article as measures that would impact on urgent care.

<http://www.primarycarefoundation.co.uk/overview.html>

## **Further advice**

For further information about evidence based methods, evaluation and research, please visit the Wirral Council Performance & Intelligence team evidence fact sheets on the JSNA website:

<http://info.wirral.nhs.uk/intelligencehub/howtofact-sheetsonevidence&research.html>.

These fact sheets will be particularly useful if you are considering carrying out an evaluation of your current practice.

For more information on Wirral JSNA please contact John Highton at [johnhighton@wirral.gov.uk](mailto:johnhighton@wirral.gov.uk) or 0151 666 5151.