

Lay Summary:

What do those in charge of Emergency Departments say about their experience of introducing GPs to work in or alongside them at the hospital.

To manage pressure on Emergency Departments (EDs), hospitals have been encouraged by NHS England to set up services where patients coming to the ED with non-urgent problems are sent to see GPs working in or alongside the ED. Hospitals have set up different arrangements for this. This study describes what the people in charge of the EDs said about these different arrangements.

We interviewed 21 leaders of ED's in England and Wales.

Where there was a clearly separate primary care team, waiting times and time to be treated were improved for all patients. This was done by the primary care team seeing non-urgent patients quickly, using fewer investigations and enabling ED doctors to focus on more seriously unwell patients.

Difficulties in providing this service included:

- low or varying demand for primary care
- difficulties in recruiting GPs
- lack of space
- lack of funding
- how easy it was to see a GP in the community
- agreeing how everyone would work together
- ensuring the right decisions were made about who a patient needed to see.

Where GPs worked as part of the ED team, there were successes in managing demand for both emergency and primary care and in reducing admissions to hospital.

Taking a 'one size fits all' approach to how the service should run was not useful for all EDs. Policy makers and funders of services should consider the different ways GPs can be used to manage local demand. They should also take into account other local factors such as:

- ability to recruit and retain GPs
- year on year funding
- the need for clear working arrangements and procedures
- space
- training, support and guidance for all staff
- how many people come to the ED with non-urgent problems.