

## **Lay Summary**

### **Learning from problems in diagnosis to improve patient safety when GPs work in or alongside emergency departments**

GP services have been introduced in or alongside Emergency Departments (EDs) to help cope with increased patient attendance in recent years. However, we need to have evidence that these models of service are effective and safe.

We identified very few problems in diagnosis from GP services in or alongside emergency departments from patient safety incident reports and Coroners' reports on patient deaths. However, from the reports we were able to describe common factors that contributed to errors. This information was combined with earlier research findings to produce theories to explain how and why these problems occurred.

Initial priority areas identified for potential improvement included:

- Difficulty in identifying which patients should see GPs rather than ED doctors
- Being unclear which diagnostic tests should be used by GPs
- Misinterpreting results from diagnostic tests by GPs
- Poor communication and referral pathways between the emergency and GP services.

Some conditions were described more often in these reports and therefore perceived as higher risk. These were musculoskeletal injury, chest pain, headache, calf pain and unwell children.

We identified ways to minimise problems with diagnosis when GPs work in EDs:

- When seeing a patient for the first time, use a standard initial patient assessment process tailored to the individual ED, so that patients are sent to the most appropriate clinician
- Provide more information to help those doctors who make clinical decisions in the high-risk conditions mentioned above
- Make sure that computer systems throughout emergency and GP services are compatible to improve communication
- Improve communication and referral pathways between emergency and GP services

These theories will need to be tested and evaluated by further research in EDs before they can be issued as firm guidance for good practice.