

Lay Summary

A review of published research into the different ways GPs work within or alongside Emergency Departments in hospitals

Hospital emergency departments (EDs) are under increasing, sometimes extreme, pressure. Patients can wait for hours before they are seen. This situation has arisen partly because people attend EDs with problems that GPs could deal with. Finding better ways to assess and treat patients coming to EDs could have a major impact on the experience and care of the millions of people attending EDs and on all NHS services by providing evidence of how best to manage resources.

In England £100 M was allocated to fund GPs to work in EDs and help free up the ED staff to deal with the sickest patients. No guidance was given about how the GPs should be used in EDs and differences have evolved over time.

This research reviews and summarises what has been written on the different ways that GPs work in EDs. By looking at what works, for whom and in what circumstances, it helps us understand the possible effects when GPs provide care in EDs - for example, the difference to:

- the patient's journey through the ED
- the patient's experience of emergency care
- patient safety when receiving emergency care
- the wider healthcare system.

We used what is already published to develop some theories on how and why the different ways that GPs work in EDs can produce different outcomes.

We found that many factors influence the different ways that GPs work in EDs. Further research is needed on cost and safety before any recommendations could be made on which ways might be the best ones to adopt.