

The Future Hospital at Wexham Park: a new model for GP and A&E referrals to medicine

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Introduction

Emergency department (ED) attendances are increasing at 5–6% per year and medical admissions are also on the increase (Department of Health statistics 2015). Increased patient volume may result in delayed review and admission of patients who could otherwise be discharged if appropriate decision making resources were accessible (within the 4-hour admission target). Ambulatory care provision has helped relieve some of this pressure but has also grown significantly in our Trust.

Aims

We proposed a model in which an acute physician and chief registrar worked directly on the ED floor alongside ED consultants to identify and stream suitable patients for either discharge home, early transfer to ambulatory care (AECU), or early referral to ITU/HDU (of critically unwell patients). GP calls were received by the medical registrar instead of administrative staff. We aimed to reduce unnecessary admissions via the ED.

Methods

This model was piloted on randomly selected days in a 2-week period each month over a 3-month period. Key measurement outcomes included:

- > conversion to admission percentage for ED patients referred to medicine
- > % patients sent to AECU/day

- > % of medical take seen by AECU/day
- > % admission avoidance from GPs (re-directing referral to appropriate speciality, rapid access clinics or to AECU).

Results

We demonstrated a statistically significant 35% increase in the number of patients triaged to AECU with no balancing increase in admissions from AECU when this model was employed. Furthermore there was a corresponding 37% reduction in the conversion rate to admission for the ED patients referred to medicine. There was a statistical improvement in the triage of GP calls away from emergency presentation in the ED. The results are summarised in Table 1.

Conclusion

These results support switching to a new model of working whereby senior medical trainees/a chief registrar, ED and medical consultants share the management of acute work to reduce admissions and triage patients more efficiently. ■

Table 1. Summary of results

	Normal practice	Pilot programme active	Difference (95% CI)	p-value
Mean number of medical patients in AECU/day (SD)	15 (4)	23 (4)	8 (4–11)	<0.01
% medical take triaged to AECU (SD)	20.4 (6.5)	27.6 (7.0)	7.2 (0.3–8.7)	0.04
% GP calls triaged away from ED to clinic or AECU (SD)	20.4 (12.2)	32.6 (9.3)	12 (2.7–21.8)	0.01
Admission conversion rate (%) of ED patients referred to medicine	40%	25%	15%	<0.01

SD = standard deviation.

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