

General practitioners working in or alongside the emergency department: the GPED mixed-methods study

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Declared competing interests of authors: Jonathan Benger reports that, during the early stages of the project, he was the National Clinical Director for Urgent and Emergency Care at NHS England (London, UK) (2013–19) and that, during the final stages of the project, he was the Interim Chief Medical Officer at NHS Digital (Leeds, UK) (2019–present). Sarah Purdy is a member of the National Institute for Health and Care Research (NIHR) Health and Social Care Delivery Research (HSDR) Funding Committee (2019–present). Joy Adamson is a member of the NIHR Health Technology Assessment (HTA) Commissioned Calls Funding Committee (2019–present). Helen Baxter reports employment by the NIHR Centre for Dissemination and Engagement outside the submitted work. Rose Watson reports employment by Medialis Ltd (Banbury, UK) outside the submitted work.

Disclaimer: This report contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.

Published October 2022

DOI: 10.3310/HEPB9808

Plain English summary

The GPED mixed-methods study

Health and Social Care Delivery Research 2022; Vol. 10: No. 30

DOI: 10.3310/HEPB9808

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Plain English summary

Background

Demand for emergency care is rising steadily. In response, hospitals have implemented services that place general practitioners in or alongside the emergency department.

Research aims

We aimed to determine the effects of general practitioners working in or alongside the emergency department on patient care, staff and the wider health-care system.

Research design

We combined a range of research techniques. First, we found out what type of general practitioner service was present in each hospital in England. We interviewed health-care leaders, staff and patients to find out what effects they expected these services to have. We then analysed national data and combined the data with visits to 10 hospitals over a 12-month period to look, in detail, at the services they were providing. Patients and members of the public were involved throughout the research.

Results

The general practitioners working in or alongside the emergency department study very slightly reduced the chances that a patient would need to reattend the emergency department within 7 days; however, this would have no noticeable effect in practice. For everything else that we measured, the service had no effect. However, we found a lot of variation between different hospitals, which is likely to be because of local factors and differences in the way the services are set up and run.

Patients and carers understood these services. We found no evidence that staff concerns regarding the potential to create additional demand were justified.

Any possible cost savings due to the reduced rate of reattendances were much smaller than the cost of providing the service itself.

Conclusions

Implementation of general practitioners working in or alongside the emergency department study was highly variable because of local conditions and influences. Our patient and public group concluded that these services 'are not effective, and should only be used where specific circumstances indicate that they may play a positive role'.

Health and Social Care Delivery Research

ISSN 2755-0060 (Print)

ISSN 2755-0079 (Online)

Health and Social Care Delivery Research (HSDR) was launched in 2013 and is indexed by Europe PMC, DOAJ, INAHTA, Ulrichsweb™ (ProQuest LLC, Ann Arbor, MI, USA) and NCBI Bookshelf.

This journal is a member of and subscribes to the principles of the Committee on Publication Ethics (COPE) (www.publicationethics.org/).

Editorial contact: journals.library@nihr.ac.uk

This journal was previously published as *Health Services and Delivery Research* (Volumes 1–9); ISSN 2050-4349 (print), ISSN 2050-4357 (online)

The full HSDR archive is freely available to view online at www.journalslibrary.nihr.ac.uk/hsdr.

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This report

The research reported in this issue of the journal was funded by the HSDR programme or one of its preceding programmes as project number 15/145/06. The contractual start date was in June 2017. The final report began editorial review in November 2020 and was accepted for publication in June 2021. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HSDR editors and production house have tried to ensure the accuracy of the authors' report and would like to thank the reviewers for their constructive comments on the final report document. However, they do not accept liability for damages or losses arising from material published in this report.

This report presents independent research funded by the National Institute for Health and Care Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, the HSDR programme or the Department of Health and Social Care. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, the HSDR programme or the Department of Health and Social Care.

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