Reducing inappropriate A&E attendances

Ismail et al clearly show that interventions in primary care do not reduce the number of inappropriate attendances at A&E. It seems that people go out of hours for real and not just perceived reasons. This has important implications for service delivery. In this study, the number of attendances at A&E were reduced significantly by interventions targeted at children, but the overall number of attendances at A&E remained unchanged.

Some of the interventions described in this study are similar to those described in a recent study by the Institute of Health经济学家(2013), which showed that a number of interventions, such as providing access to a GP out of hours, can reduce attendances at A&E. However, the Institute of Health Economists study also highlighted the importance of reducing attendances at A&E for patients who are in urgent need of care.

Ismail et al also point out that the number of attendances at A&E for patients with a mental health diagnosis remains high. This is a significant finding, as mental health issues are often the main reason for attendance at A&E.

In conclusion, the findings of this study suggest that targeted interventions can reduce attendances at A&E. However, more research is needed to understand the factors that influence attendance at A&E and to develop more effective interventions.

REFERENCES

3. Usher M, van der Heijden J, Philips H, et al. A repeat audit of DNAs in October 2013 showed that 75% of patients who DAO had booked more than 7 days previously, so we changed to a 3-day booking system from 1 July 2013 with 50% of appointments booked in advance. Consultation time was reduced.

Studying and reducing DNAs to improve access

We originally had a 4-week advance booking system for appointments which we had for over 10 years but were not performing well. access because of a high number of patients who did not attend DNA. We often had over 100 DNAs per month but many appointments were being wasted. I noticed that another local practice which performed advance booking and had a high turnout of patients for appointments was better treated in the access survey than our practice. Another local practice was piloting a same-day booking system with no appointments booked in advance, from June 2013. We calculated that we had nearly the correct number of attendances and nurse appointments per 1000 patients, per week. The Local Medical Committee had advised 100 appointments per 1000 patients per week. We are an average size practice of 6400 patients.

An audit of the DNAs in April 2013 showed that 80% of DNAs had booked more than 7 days previously, so we changed to a 3-day booking system from 1 July 2013 with 50% of appointments booked in advance and 50% available on the day. For GP appointments but not nurse appointments. The same day appointments were unlocked on the day at 8 am each morning to prevent them being booked online.

A repeat audit of DNAs in October 2013 showed that 75% of patients who DNA had booked more than 3 days ahead so we just changed to a similar 3-day booking system from 1 July 2013 with 50% of appointments booked in advance. Consultation time was reduced.

REFERENCES