Reducing inappropriate A&E attendances

Ismail et al clearly show that interventions in primary care do not decrease the number of inappropriate attendances at A&E, as most attendances are for out-of-hours emergency departments (A&E), nor increase patient self-care. In Barcelona (Spain), a group of doctors (with peer support) working with young children at primary care centres in Barcelona, invented a protocol for self-care that was implemented in the Spring of 2008. This protocol is still being used today.

The protocol consists of a simple algorithm that helps parents identify the most common conditions that lead to A&E attendances and provides guidance on how to treat them at home. The protocol has been shown to be effective in reducing the number of A&E attendances, while also improving the quality of care for patients.

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Predictive validity of selection for entry into postgraduate training in general practice

The recent paper by Patterson et al reports the encouraging and considerable predictive validity of MG3 (CPS: clinical problem solving) and situational judgment test (SJT) selection system for appointments which we had for over 10 years but were not performing well, on access because of a high number of patients who did not attend DNA. We often had over 100 DNs per month and many appointments were being wasted. I noticed that another local practice which performed a forward booking system was clearly scoring better 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 appointments and nurse appointments per 1000 patients per week. The Local Medical Committee had advised 180 appointments per 1000 patients per week. We are an average practice of 6400 patients.

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

The audit of DNs in October 2013 showed that 75% of patients who DNA had booked more than 3 days ahead so we have just changed to a similar 3-day booking system from 1 March 2014. This has reduced our DNs and reduced stress within the practice. Other practices in the UK may wish to consider these ideas. I have concluded that a 2-3 day advance booking system is the right one for our practice and will probably be optimal for most practices.

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Why study? In November’s Out of Hours, Trisha Greenhalgh asked the rhetorical question ‘why do we do research?’. The answer is clear. It was prompted by one of her self-funded, mature students completing his PhD while studying part-time and working as a full-time clinical doctor. He asked his question by suggesting academic study resulted in both a public good and a benefit to the individual deserving of some sort of recognition. If the student referred to in her article, perhaps I can provide a perspective on the personal benefits of academic study.

After approximately 25 years of non-academic full-time clinical practice, I felt at a crossroads. I wondered what I should do to re-direct the rest of my life. Clinical practice can be immensely fulfilling but it can also become mind-numbing under the pressure to care for a seemingly unending stream of patients.

Academic study provided an opportunity for me to pause, reflect on, and understand my experience within a larger context than my own practice. I found it immensely satisfying to think about ‘big ideas’ and academic study provided an opportunity to do so.

I always had a passion for academic study, but this third academic study produced many side benefits. It increased my self-confidence and self-esteem. My writing skills improved, my research skills, improved. My ability to write coherently without resorting to wild hyperbole continues to improve. My presentation skills improved. Academic study changed both my way of thinking and approach to problems. I learned to question conventions and consider evidence used to justify assertions, recognise rhetoric, and most importantly I learned to be sceptical and not to accept conclusions at face-value.

Academic study requires considerable investment of time, energy and money. Having the opportunity to observe full-time academics for the past decade made me realise I do not want to be one. For me, the main reason for prolonged academic study was personal fulfilment. So, for the time being I plan to continue my clinical practice and remain a hobbyist researcher. I now realise there are many opportunities to do meaningful research on a shoestring budget or no budget at all. I look forward to many more years having more fun doing this.

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