Conclusions

0.23% incidence of suboptimal care and no episode of harm suggesting a safe system.
We believe this redirection policy to be in the patient’s best interest as ED clinicians are not specifically trained to manage Primary Care issues but can discriminate as to who needs ED-level care.
The majority of patients attend due to “patient factors” rather than accessibility of GP practices.
The numbers redirected are small but the authors believe the message to the public is important.
Separate work has shown that the local public is aware of redirection. This has contributed to consistent success in the 98% 4-hour waiting time target over 10 years as well as an annual attendance increase significantly lower than the national average.5

REFERENCES