Management of minor medical problems and trauma: general practice or hospital?[1]

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Summary: An assessment of the problems for which 1000 consecutive patients attended an accident and emergency department of a district general hospital showed that 54.2% could have been treated by a general practitioner. Amongst 150 patients attending hospital for minor problems between the hours of 09:00 and 19:00 on weekdays, the main reason given for not going to a GP was their impression that only in hospital could the required treatment be provided. A postal survey of 50 GPs found that they tended to avoid regularly handling certain specified minor problems which often present to hospital. The current trend away from the community management of such problems is discussed. It is suggested that improving patient education and GPs' incentives, while decreasing list sizes and expanding the primary care team, may encourage the management by GPs of trivial trauma and minor medical problems.

Introduction

Many acute minor problems in clinical practice are dealt with in hospital emergency departments without referral from general practice, even though the majority of these could adequately be managed by the primary health care team (Morris & Heard 1979).

In the present study an attempt was made to establish what proportion of a suburban accident and emergency department's workload was devoted to handling such problems, patients' reasons for not seeking attention from their GP, and GPs' attitudes to undertaking the minor procedures involved when patients do present.

Methods

A retrospective study was made of the clinical notes of 1000 consecutive attenders at an accident and emergency department of a district general hospital, including all cases except those referred directly by general practitioners. Diagnoses were recorded, and in those cases with more than one problem the more serious one determined the allocated diagnostic category. Each case was then reviewed with respect to the necessity for hospital rather than GP attendance. This assessment was made on the basis of experience working in both general practice and a hospital accident department; although subjective, it was not difficult to judge whether a given clinical problem would have warranted hospital attention. The few equivocal cases (36 out of 1000) were placed in the 'hospital attendance justified' group.

In the second part of the study, 150 consecutive patients attending the same accident department between the hours of 09:00 and 19:00 on weekdays (i.e. GPs' office hours) were asked why they attended hospital rather than their GP. It was considered that at these times patients could usually contact their GP relatively easily. Patients referred directly by GPs were excluded, as were those suffering from collapse, abdominal and chest pains, acute gynaecological problems, overdose and major medical problems, where the reason for hospital attendance was generally self-evident. The 150 patients were matched against the 1000 cases from the earlier survey for age, sex and diagnostic problem and were found to be representative of the range of patients seen in the department, although selected by their time of attendance.

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In the third part of the study, questionnaires were distributed by post (with reply paid envelopes) on a random basis from the Family Practitioner Committee to 50 local GPs who worked predominantly in suburban group practices, practising in health centres. They were asked to indicate which of several minor procedures they performed 'often', 'occasionally' or 'never'; the procedures involved had been selected to represent common minor problems which could be managed by GPs but also present to accident departments.

Results

Table 1 shows the 1000 hospital attenders divided into ten arbitrary diagnostic categories. The most common problems were minor injuries and lacerations comprising over one-third of all cases. More serious medical and surgical problems including collapses, chest and abdominal pains, etc., accounted for less than 10% of cases.

Table 1 also shows the proportion of patients in each diagnostic category who were thought to have actually needed hospital rather than GP attention ('hospital attendance justified'). As expected, there were certain groups of more serious problems, including major surgical and medical problems, burns, etc., where in the majority of cases (83%) hospital treatment had been necessary. Of the remaining 814 patients with less serious problems, 509 (63%) could have been managed adequately by a GP. Problems more suitable for assessment and management by a GP included minor injuries and lacerations, acute infections, most eye problems and bites. Of the 1000 cases reviewed, only 458 were considered to have required hospital attention (Figure 1).

Amongst the 150 patients questioned about their reasons for seeking hospital rather than GP attention, a high proportion (47%) felt that their GP could not provide the treatment or investigation required (Table 2); this often related to the necessity (or imagined necessity) for X-rays. Some patients considered their problems to be too serious to have to wait for a GP appointment (normally this would include patients attending during out-of-hours periods, e.g. Sundays, but such patients were excluded from this study). Other patients had been directed to hospital by their employers, works medical and nursing staff, or GPs' receptionists or nurses (but not referred directly by GPs, such patients having been excluded). A few patients, nearly 5%, attended for a second opinion; and 3%, including temporary residents, did not have a GP. Assorted reasons were given by the remainder: for example, that they happened to be in the hospital anyway; that they had failed to contact their GP despite attempts to do so; that their GP had refused to see them; or that they had not wanted to trouble their GP.

The results of the GP survey are shown in Table 3. There were 27 completed replies, a 54% response. The majority of practitioners undertook the selected procedures occasionally (44%)

Table 1. One thousand accident department attendances according to diagnostic category

Clinical problem	No. of patients	Hospital attendance justified No.	(%)
Limb injuries (including 49 fractures)	233	94	(40.3)
Lacerations and abrasions	184	42	(22.8)
Miscellaneous injuries	152	93	(61.1)
Miscellaneous surgical problems (including head injuries)	101	78	(77.2)
Puncture wounds, bites, stings, etc	78	23	(29.5)
Minor medical problems	68	29	(42.6)
Major medical problems	66	59	(89.3)
Soft tissue infections (including abscess, paronychia, etc)	55	17	(31.0)
Eye problems	44	7	(15.9)
Burns and scalds	19	16	(84.2)
Total	1000	458	(45.8)

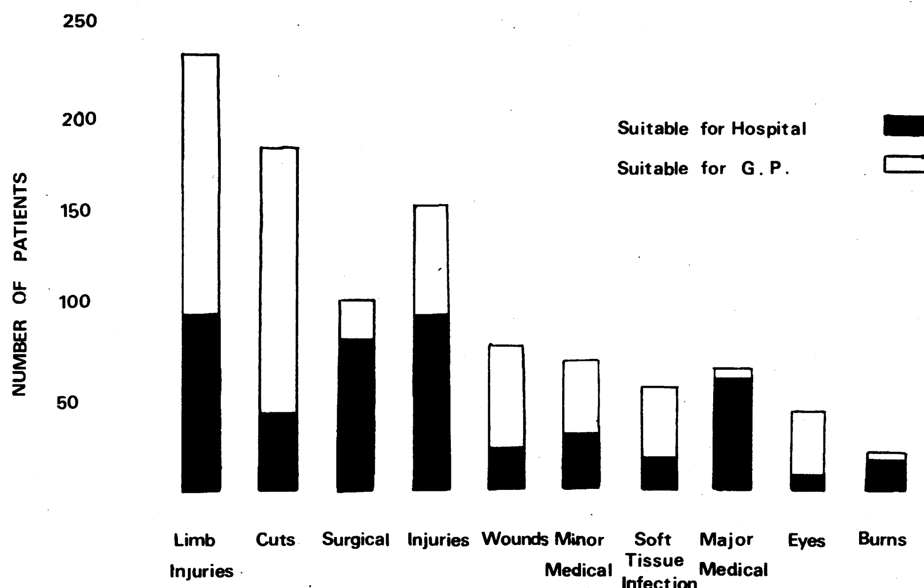

Figure 1. Analysis of 1000 accident department attenders

or not at all (41%), with only a minority (14%) undertaking them often. The most common procedures were abscess drainage, suture of lacerations and removal of foreign bodies from eyes.

Discussion

When the problems of patients who attended the hospital accident and emergency department are assessed, it is apparent that a minority were 'serious' (e.g. chest pains, collapses, haemorrhage); some of these were subsequently found to be less serious, but overall about 83% justified hospital attendance. Of the remainder, however, nearly two-thirds could have been assessed and managed by a GP.

Most injuries do not result in fractures and can be assessed and managed by GPs. Less than one-fifth of the injuries seen in hospital were found subsequently to involve bone injury and almost all of these could have been diagnosed clinically, although the medicolegal indication for radiological investigation must be considered. Similarly, the majority of lacerations seen in the accident department could have been treated adequately by a GP equipped with simple facilities.

Other reports assessing the severity of illness and trauma in patients attending casualty

Table 2. Reasons for hospital rather than GP attendance (150 consecutive patients)

Reason	Patients No.	(%)
Problem thought to need hospital tests or treatment	71	(47)
Could not wait for GP appointment	32	(21)
Referred to hospital by employer, nurse, etc	13	(9)
Miscellaneous (e.g. hospital nearer, is open all night, dislike of GP, don't know)	19	(13)
Requesting second opinion	7	(5)
Happened to be in hospital anyway	3	(2)
Does not have GP	5	(3)
	150	

Table 3. Results of GP survey: frequency of performing various procedures in general practice (27 respondents; percentages in parentheses)

Procedure	Often	Occasionally	Never
Foreign bodies in eye	7 (26.0)	16 (59.2)	4 (14.8)
Wart cautery	6 (22.2)	6 (22.2)	15 (55.6)
Abscess drainage	3 (11.1)	20 (74.1)	4 (14.8)
Excision of cysts, etc	3 (11.1)	8 (29.7)	16 (59.2)
Suture lacerations	2 (7.4)	19 (70.4)	6 (22.2)
Resection of toenails	2 (7.4)	3 (11.1)	22 (81.5)
Total	23 (14.2)	72 (44.4)	67 (41.4)

departments confirm the high proportion of minor problems encountered. Morris & Heard (1979) found that almost 58% of patients who received treatment at an accident and emergency department in Scotland could have been treated by GPs in health centres. This compares with the 54.2% of cases in the present survey which were within the capability of a GP.

The 150 patients questioned about their reasons for attending hospital rather than their GP were all attending casualty at times (09:00–19:00 weekdays) when most GPs would have been available at their surgeries and could have been contacted easily. Patients responses may therefore be considered in relation to this. The reasons given for hospital attendance reflected a combination of patient ignorance and apparent GP inaccessibility, together with other factors. Of patients who attended hospital in the first instance for acute problems, the majority did so because they thought that only the hospital had access to the specialized personnel or equipment necessary in their case. For example, GPs were widely considered to be unable to suture lacerations or give tetanus injections. Many patients said that they could not wait until the time offered by the GP to see them, which perhaps reflects the disadvantages of an inflexible appointments system. A number of patients questioned gave the impression that in their view hospital doctors were in some way superior to GPs, but only 5% admitted to having attended hospital for a second opinion. Previous studies have shown the main reasons for self referral to be hospital accessibility, 24-hour-a-day availability and the hospital being the 'more appropriate place to go' (Morgan *et al.* 1974).

The GPs who responded to the questionnaire showed a tendency to avoid undertaking the specified minor procedures on a regular basis. Less than one in eight 'often' drained abscesses, excised cysts or sutured lacerations, and over 80% 'never' performed wedge resections of ingrowing toenails. Whilst lacerations, for example, can usually be sutured by a motivated GP, very few of the respondents confirmed doing this 'often'. The disappointingly low response rate (54%) may have affected the results obtained, but the findings are in agreement with those of Cartwright & Anderson (1979) who showed a definite trend away from GPs suturing lacerations themselves.

There appears, therefore, to be a situation where patients are tending to go to hospital rather than their GP for treatment of the minor conditions discussed here, and where GPs are tending not to manage such patients themselves when they do present.

A recent report (General Medical Services Committee 1979) has suggested extending the list of procedures for which payments should be made to GPs – thus encouraging, by specific payments, certain items of service which are within the competence of a properly trained and equipped GP. It is suggested that such incentives will result in a better service to patients and greater job satisfaction for the practitioner. The main factors which would influence the decision of whether or not to attempt the minor procedures considered here include lack of time, clinical experience, job satisfaction, the presence of ancillary staff, and remuneration. By reducing list sizes, encouraging vocational training and extending the primary health care team, it may be that the trend away from undertaking these procedures will be reversed. By

introducing item of service payments too, it may be that a shift towards community care would be further encouraged.

Thus, encouragement of patients requiring treatment for minor conditions to seek their GPs' help in the first instance is dependent upon not only patient education but also the provision of an accessible, motivated practitioner.

References

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