

Self referral to accident and emergency department: patients' perceptions

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Abstract

A study was conducted (a) to assess the number of patients registered with a south London general practice who over 11 weeks referred themselves to an accident and emergency department, (b) to identify the characteristics of those patients, and (c) to determine their perceptions of the services and resources available within their general practices and of the role of accident and emergency departments. Two hundred and thirty four patients referred themselves to a casualty department during the study period, of whom 217 (93%) were interviewed by means of a semistructured questionnaire.

Of the 217 patients interviewed, only 15 had tried to contact their general practitioner before attending the casualty department. Eighty nine patients considered that their problem was urgent and required immediate attention and many that they would need an x ray examination. A substantial minority of patients thought that their doctor would not be available.

It is concluded that patients' perceptions of their problems and of access to their doctors are the main determinants of self referral to a casualty department. These findings have important implications for patient education.

Introduction

A substantial proportion of patients attending accident and emergency departments have conditions that could adequately be managed by their general practitioner.^{1,2} In the South East Thames region between 1968 and 1981 the number of new attendances per 100 000 resident population rose by 36% and cost an estimated £18m a year.³ Why are increasing numbers of patients still going to the casualty department? Most studies have examined patients' stated reasons for attendance.^{1,2,4} Only one has tried to identify their perceptions of their condition and of the role of their general practitioner.⁵ I hypothesised that the most important factor was the patients' perceptions of their illness and of the service provided by their general practitioner.

This paper reports the results of a research project aimed at (a) assessing the number of patients registered with a south London practice who over 11 weeks attended a casualty department, (b) identifying the characteristics of those who referred themselves, and (c) defining patients' perceptions of services and resources within their general practice and of the role of accident and emergency departments.

Patients and methods

The patients studied were registered with a practice having a list size of 12 000. The surgery was open continuously from 8 30 am to 7 pm Mondays to Fridays

and from 8 30 am to 12 noon on Saturdays. The doctors did their own night calls. An appointments system was in operation, but even when a surgery was fully booked patients with "emergencies" (as defined by themselves) were seen during that surgery session.

The practice population was served by three accident and emergency departments in the district. The study was undertaken over 11 weeks in the summer of 1986. The sample population consisted of all self referred patients who attended any of the three casualty departments during the study period. The general practitioner was notified of all attendances by a brief discharge summary, and no patients were referred back to their general practitioner without prior assessment. Patients were interviewed by means of a semi-structured questionnaire.

Results

Of the 234 patients who referred themselves to accident and emergency departments during the study period, 217 (93%) were interviewed.

Age and sex—A total of 102 of all patients in the series were under 16 and 78 were aged 16-30. Of the younger group, 46 were under 5s brought to the casualty department by a parent and 56 were aged 5-16. Twelve patients were over 60. The sexes were equally represented in all age groups.

Time of day—One hundred and fifty seven patients attended the casualty department during the hours that the health centre was open—that is, between 8 30 am and 7 pm and on Saturday mornings (table). Twenty five patients attended after midnight. The single largest number of patients who attended an accident and emergency department did so in the three hours before the health centre closed, corresponding almost exactly to the doctors' surgery times.

Perceptions—Eighty nine patients cited urgency as a factor in their decision to bypass the general practitioner and go direct to the casualty department. Fifty three patients thought that they would need an x ray examination and gave this as the reason for self referral. Thirty nine patients thought that their doctor was not available after surgery hours and 16 that it would be quicker going to the casualty department. Other responses included advice from friends and relatives (15 patients) and being out of the practice area at the time of the emergency (14). Twelve patients specifically cited not wanting to bother their doctor as their reason for attendance.

Comment and conclusions

This study was undertaken over 11 weeks in the summer, when workload tended to be lighter. Extrapolated over 12 months the attendances represented the equivalent of 70 surgeries being held in an accident and emergency department.

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| Time of day: | 0830- | 1100- | 1330- | 1600- | 1900- | 2130- | 2400- | 0230- | 0500-0829 |
| No of patients: | 23 | 34 | 44 | 56 | 28 | 17 | 20 | 7 | 5 |

Of the patients who were interviewed, only 15 (6% of the whole series) had tried to contact their doctor before attending the casualty department. This supports the hypothesis that the factors influencing patients' decisions to seek emergency treatment relate to perceptions both of their problem and of the primary care services available to deal with it. Patient education could reduce inappropriate hospital attendance, but this is difficult to provide in a busy casualty department. Practice information leaflets⁶⁻⁸ could be used to ask patients to contact their general practitioner before going to a casualty department. Alternatively, the doctor could discuss the reasons for going to hospital when the patient attends for follow up in the surgery. Hopefully this would alter the future health seeking behaviour.⁹ Finally, the nurse practitioner may be in the best position to provide an emergency service and advise on the management of minor injuries and self limiting disorders.^{6,7}

This study has shown that in a practice providing 24 hour accessibility patients' perceptions of their problem and of the availability of their general practitioner

are the main reasons for attending a casualty department. This problem can be dealt with satisfactorily only by educating patients in the most appropriate use of available resources. This responsibility must be shared between the two services concerned.

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