ISRCTN51780222 https://doi.org/10.1186/ISRCTN51780222

General Practitioners and Emergency Departments (GPED)

Submission date
06/11/2017

Recruitment status
No longer recruiting

Registration date
04/01/2018

Overall study status
Completed

Last Edited
14/02/2024

Condition category
Other

[_] Prospectively registered
[X] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol

Background and study aims
Pressure continues to grow on Emergency Departments (EDs) in the United Kingdom, with declining performance and adverse effects on patient outcome, safety and experience. One proposed solution is to locate general practitioner (GPs) in or alongside the ED, with a number of models introduced. Currently 40% of Beds report primary care co-location, however evidence of effectiveness is weak. There is no consensus regarding the most efficient model of care, or ever whether GPs should be employed in this way. The aims of this study are to examine the impact of GP's working in or alongside the ED (GPED) on patient care, the primary care and acute hospital team and the wider urgent care system and the differential impact of alternative service models of GPED.

Who can participate?
Adult ED patients, their cares and staff working in ED.

What does the study involve?
This study contains three parts. The first two parts of the study builds on previous work on the current models of GPED and the impact of those models using Hospital Episode Statistics (HES) data. The third part of the study analyses study sites who are about to implement and who have already implemented a GPED model of care. Patient/Carer participants who take part in the study take part in a short interview (up to 30 minutes) with a researcher about their views and experiences of ED, with permission they may also have their care in ED observed. This takes place for a period of 1-2 weeks. Those sites who have not yet implemented the GPED model of care, these interviews and observations are done before the model of care is implemented and 12 months after. Surveys are also administered to ED staff to assess their perspectives on the models of care. For established sites this is administered once, for prospective sites this are administered before GPED implementation, and 12 months later.

What are the possible benefits and risks of participating?
There are no direct benefits to participation. Interviewing patients about their views and experiences of the Emergency Department will help to understand the effect of GPs working in

the Emergency Department on patient care. It will give a more detailed understanding of the challenges and benefits of such care, and ways that it could be improved. There are no risks with participation.

Where is the study run from?
This study is being run by University of the West of England (UK) and takes place in hospitals in the UK.

When is the study starting and how long is it expected to run for?
October 2017 to May 2020

Who is funding the study?
National Institute for Health Research (UK)

Who is the main contact?
Prof Jonathan Benger, Jonathan.Benger@uwe.ac.uk

Study website
http://www1.uwe.ac.uk/hls/research/gpedproject.aspx

Contact information

Type(s)
Scientific

Contact name
Prof Jonathan Benger

ORCID ID
http://orcid.org/0000-0001-6131-0916

Contact details
University of the West of England
Glenside Campus
Blackberry Hill
Bristol
United Kingdom
BS16 1DD
+44 117 328 2942
Jonathan.Benger@uwe.ac.uk

Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

35646

Study information

Scientific Title
General Practitioners and Emergency Departments (GPED): Efficient Models of Care

Study objectives
The study will address the following research questions :
1. What is the impact of GP's working in or alongside the ED (GPED) on patient care, the primary care and acute hospital team and the wider urgent care system?
2. What is the differential impact of alternative service models of GPED?

Ethics approval required
Old ethics approval format

Ethics approval(s)
East Midlands- Leicester South Research Ethics Committee, 23/08/2017, ref: 17/EM/0312

Study design
Observational; Design type: Qualitative

Primary study design
Observational

Secondary study design
Case-control study

Study setting(s)
Hospital

Study type(s)
Treatment

Participant information sheet
Not available in web format, please use the contact details below to request a patient information sheet

Health condition(s) or problem(s) studied
Health services and delivery research

Interventions
This is a mixed-methods study, comprising three work packages:

Work Package A: Mapping, Taxonomy and Interviews
This work package maps, describes and classifies current models of GPED in all EDs in England, building on previous work. Through interviews with key informant, this part of the study examines the hypotheses that underpin GPED and its anticipated benefits.

Work Package B: Quantitative Analysis of National Data
This work package measures the impact of the models of GPED identified in WP-A, compared to a no-GPED model, using routinely available Hospital Episode Statistics (HES) data. It also calculates costs and consequences of the different GPED models.

Work Package C: Case Studies
Completes a detailed mixed-methods analysis in ten case study sites that are about to implement (six sites), or have already implemented (four sites) a GPED model of care. Work Package C consists of semi-structured interviews and non-participant observation of consenting staff, patients and carers in ED. They are interviewed for up to 30 minutes, and also have their care/clinical practice observed for up to two hours. For established sites this data collection takes place once over a period of 1-2 weeks. For prospective sites this takes place for 1-2 weeks prior to GPED implementation, and repeated 12 months later.

A workforce survey is also be administered to the ED staff to access perspectives on current and proposed models of care. For established sites this is administered once, for prospective sites this are administered longitudinally; before GPED implementation, and 12 months later.

Intervention Type
Other

Primary outcome measure
The number of ED attendances measured before and after GPED implementation.

Secondary outcome measures
The following are assessed using routinely collected HES data:
1. 4 hour performance
2. Unplanned ED re-attendance within 7 days
3. Mortality within 28 days after attendance
4. Emergency hospital admission
5. Zero day admission (subject to an examination of coding behaviour by hospital Trusts)

Overall study start date
11/10/2017

Completion date
31/05/2020

Eligibility

Key inclusion criteria
1. Adult patients presenting at ED
2. Carers of patients presenting at ED
3. Staff working in ED

Participant type(s)
Patient

Age group
Adult

Sex
Both

Target number of participants
Planned Sample Size: 1048; UK Sample Size: 1048

Total final enrolment
1081

Key exclusion criteria
Work Package C (Qualitative)
1. Patients aged under 18 years
2. Critically ill patients. (We will be led by NHS staff who will identify patients not appropriate for inclusion in study)
3. Non-English speakers
4. Patients who lack capacity (e.g. due to cognitive impairment)

Date of first enrolment
11/10/2017

Date of final enrolment
31/12/2019

Locations

Countries of recruitment
England

United Kingdom

Study participating centre
Luton & Dunstable University Hospital
Lewsey Road
Luton
United Kingdom
LU4 0DZ

Study participating centre
Harrogate District Hospital
Lancaster Park Road
Harrogate
United Kingdom
HG2 7SX

Study participating centre

St Peter’s Hospital
Guildford Road
Chertsey
Lyne
United Kingdom
KT16 0PZ

Study participating centre
John Radcliffe Hospital
Headley Way
Headington
Oxford
United Kingdom
OX3 9DU

Study participating centre
Royal Victoria Infirmary
Queen Victoria Road
Newcastle upon Tyne
United Kingdom
NE1 4LP

Sponsor information

Organisation
University of the West of England

Sponsor details
Coldharbour Lane
Bristol
England
United Kingdom
BS16 1QY

Sponsor type
Hospital/treatment centre

ROR
https://ror.org/02nwg5t34

Funder(s)

Funder type
Government

Funder Name
National Institute for Health Research

Alternative Name(s)
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Publication and dissemination plan
Academic outputs will include a minimum of three papers, submitted to high-impact peer reviewed journals, and at least four conference presentations or workshops.

Intention to publish date
31/05/2021

Individual participant data (IPD) sharing plan
The deidentified patient-level data used for the quantitative component of this study, including information on mortality, were released by the data holders (NHS Digital, Office for National Statistics) under specific data sharing agreements and only for the purpose of this study. The data sharing agreements do not permit further sharing or publication of the data. Interested parties may seek to obtain data directly from the relevant data holders. Hospital Episode Statistics (HES) data are copyright 2018-2019, reused with the permission of NHS Digital through Data Sharing Agreement NIC-84254-J2G1Q. The data about the hours a general practitioner services was operating in emergency departments was collected by the authors specifically for this project. The authors are not able to place the original data into the public domain. The qualitative data we have acquired will not be available as our ethical approval does not permit the sharing of the entire data set.

IPD sharing plan summary
Not expected to be made available

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article	protocol	03/10/2018		Yes	No

Other publications	initial qualitative findings	24/05/2021	26/05/2021	Yes	No
Other publications	qualitative analysis	01/08/2021	10/06/2021	Yes	No
HRA research summary	Qualitative results		28/06/2023	No	No
Other publications		20/04/2022	14/02/2024	Yes	No
Results article		01/10/2022	14/02/2024	Yes	No