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Reducing reattendance at a GP surgery co-located with an A&E

Submission date
18/03/2015

Recruitment status
No longer recruiting

Registration date
21/05/2015

Overall study status
Completed

Last Edited
31/05/2018

Condition category
Other

[ ] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[ ] Results
[ ] Individual participant data
[ ] Record updated in last year

Plain English summary of protocol

Background and study aims
Emergency (A&E) Departments have been under particular pressure this winter. We know that there are many factors causing A&E pressure. One reason is the demand on A&E from patients with minor ailments that could have been treated elsewhere. An audit by the National Audit Office reports that one in five A&E attendances could have been treated by GPs or other professionals outside of hospitals. This study aims to test whether a letter intervention can reduce the demand on A&E by patients coming with minor problems that could be treated elsewhere. We are sending a letter and leaflet to patients attending A&E who were sent to an on-site GP because their condition was not serious enough to need A&E care. We will look at whether patients who are sent the letter are more or less likely to re-attend at the on-site GP within the 6 months after first coming to A&E, compared to patients who were not sent the letter.

Who can participate?
All patients sent by A&E to the on-site GP starting in April 2015.

What does the study involve?
Patients will be randomly divided into two groups: the intervention group (who are sent the letter) and the control group (who are not sent the letter). We will study the effect of sending the letter by comparing the intervention and control groups. Patients will not know that they are joining the study. Patients who are put into the intervention group will receive a letter shortly after they come to Medway Community Health Care (MedOCC). Adults will receive letters personally addressed to them. For children under 12, we will address letters to their parents and carers. We are not including 13-17 year-olds in the study as they are minors but may have come to A&E alone and we do not want to break their right to confidentiality by writing to their parent/guardian. The letter includes a leaflet and map giving information on all the local health services that can help with urgent medical problems.

What are the possible benefits and risks of participating?
The benefits of participating in this study include the fact that patients who receive the intervention letter and leaflet will be better informed about the many local healthcare options available when they next have an urgent health problem. The results of the study will help

improve the information and communication for patients about NHS services. We anticipate no risks to patients included in the study, either those receiving the letter (intervention group) or those who do not (control group). In the past, a range of letters that have intermittently been sent to patients following an attendance at MedOCC and no adverse events have resulted previously. The letter is a small part of a larger communications campaign run by the local NHS trying to reduce pressure on Medway Hospital's A&E. An ethics panel has looked at the study design and agreed that it is not necessary for patient's to give consent to this study because of this.

Where is the study run from?
Medway Community Health Care (MedOCC) (UK).

When is the study starting and how long is it expected to run for?
From October 2014 to March 2016.

Who is funding the study?
Department of Health (UK).

Who is the main contact?
Ms Laura Freeman

Contact information

Type(s)
Public

Contact name
Ms Laura Freeman

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Additional identifiers

Protocol serial number
N/A

Study information

Scientific Title
A randomised controlled trial investigating whether a letter and leaflet based on behavioural insights can reduce re-attendance rates at a GP surgery co-located within an A&E department

Acronym
A&E - MedOCC

Study objectives
Whether sending out letters based on behavioural insight to recent, non-urgent attenders at an out-of-hours GP service based at an A&E in Gillingham can reduce levels of re-attendance at this GP service within 6 months following the intervention.

Ethics approval required
Old ethics approval format

Ethics approval(s)
National Ethics Research Service, 26/03/2015, REC ref: 15/WM/0119

Study design
Single-centre interventional quasi-randomised controlled trial

Primary study design
Interventional

Study type(s)
Other

Health condition(s) or problem(s) studied
Non-urgent re-attendance at an on-site GP at an A&E in Medway

Interventions
Control arm: no letter
Intervention arm: a letter and leaflet sent from the A&E-sited GP service to the patient shortly after attendance suggesting alternative local services which may be more appropriate in the future

Intervention Type
Other

Primary outcome(s)
Re-attendance (yes/no binary outcome) within the 6 months following their initial attendance. This data will be extracted from routine healthcare data collected by the GP surgery MedOCC. Data collectors will look at individual patient records and count the number of attendances recorded at MedOCC in the 6 months following each patient's initial attendance (i.e., when they were recruited into the study). Data will be extracted for each patient individually by running manual searches once per patient at the 6-month point (182 days after initial admission). A binary outcome (reattended? Yes/no) will be derived from the number of attendances in this 6-month period.

Key secondary outcome(s))
1. Mean number of re-attendances within the 6 months following initial attendance, comparing control and intervention groups (data extracted in the same way as above)
2. Primary and secondary outcomes will be analysed for an interaction with sex, deprivation (using first half of postcode as proxy) and age

Completion date
01/03/2016

Eligibility

Key inclusion criteria
1. All ages
2. All genders
3. Referred to MedOCC (on-site GP) from A&E only during period of intervention

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
All

Sex
All

Key exclusion criteria
1. Did not get referred back to A&E by MedOCC
2. Did not die during the admission
3. Was not referred to MedOCC (on-site GP) for investigation of DVT

Date of first enrolment
30/03/2015

Date of final enrolment
30/05/2015

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
Medway Community Health Care (MedOCC)
United Kingdom
ME8 0NJ

Sponsor information

Organisation
Department of Health

ROR
https://ror.org/03sbpja79

Funder(s)

Funder type
Government

Funder Name
Department of Health (UK)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
HRA research summary			28/06/2023	No	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes