

# General Practitioners and Emergency Departments (GPED)

<b>Submission date</b> 06/11/2017	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 04/01/2018	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 14/02/2024	<b>Condition category</b> Other	<input type="checkbox"/> 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

## Contact information

**Type(s)**

Scientific

**Contact name**

Prof Jonathan Benger

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## Additional identifiers

**Protocol serial number**

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

### **Study type(s)**

Treatment

### **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(s)**

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

**Key secondary outcome(s)**

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)

**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

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

All

**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**

United Kingdom

England

### **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

### 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

### 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?
<a href="#">Results article</a>		01/10/2022	14/02/2024	Yes	No
<a href="#">Protocol article</a>	protocol	03/10/2018		Yes	No
<a href="#">HRA research summary</a>			28/06/2023	No	No
<a href="#">Other publications</a>	initial qualitative findings	24/05/2021	26/05/2021	Yes	No
<a href="#">Other publications</a>	qualitative analysis	01/08/2021	10/06/2021	Yes	No
<a href="#">Other publications</a>	Qualitative results	20/04/2022	14/02/2024	Yes	No
<a href="#">Study website</a>	Study website	11/11/2025	11/11/2025	No	Yes