Primary care services and emergency medicine

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To the Editor: I agree with the claim by Richardson that "the overlap between [primary care and emergency department (ED)] services is not as important as many have claimed" and that "'primary care patients' and 'ED [Australasian Triage Scale] category 4 and 5' patients are not interchangeable".[1] A review of the literature — especially from New Zealand — would show there are considerable differences between patients who attend the two types of services.

For example, a comparison of patients with asthma attending either a Wellington after-hours medical centre or an ED service located only 800 metres away[2] found that the after-hours medical centre was more likely to see younger patients who live further from the service, are given repeat medications, and are referred back to their general practitioner. In contrast, the ED patients were less likely to be referred by a GP and more likely to be admitted to hospital with asthma than patients attending the after-hours centre. Thus, the two services differed in terms of their clinical policies (repeat prescribing and referral) and patients' demographic characteristics (age, place of residence).

I applaud Richardson for highlighting the powerful effects of hospital policies on the behaviour of people outside hospital walls by saying, "it is not the so-called primary care patients who are blocking ambulances from offloading — it is the 'access block' patients waiting for beds on the inpatient wards who are inappropriately occupying ED space and staff time". This claim has nothing to do with the kind of patients who attend primary care services, but more to do with the influence of management policies arising from within hospitals on patient flow from primary care. It confirms research in New Zealand demonstrating how hospital policies (on advertising their services) can have powerful contradictory effects on attendance at EDs. In some cases, people have been subjected to hospitals advertising the clear message that people should attend the ED when they should be seen in primary care instead; and in other cases, people are dissuaded from attending the ED when they are subjected to advertisements about the poor choices people make to attend a hospital. In each case, it is the hospital policy that determines the direction of flow, not the patients in primary care.[3-5]

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