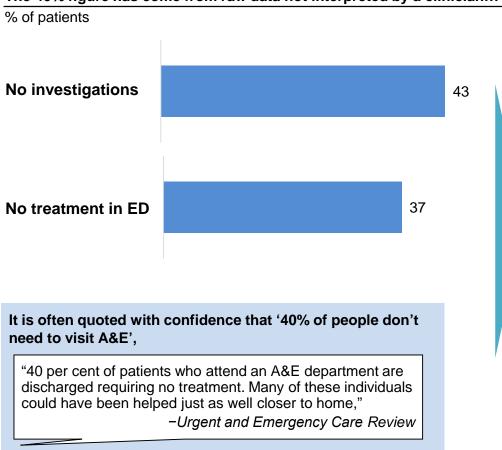
PUBLIC DATA ON A&E ADMISSSIONS

The 40% figure has come from raw data not interpreted by a clinician...



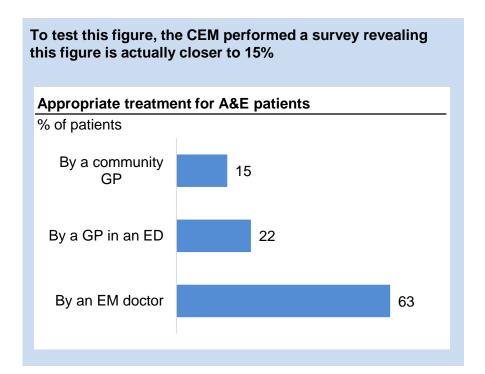
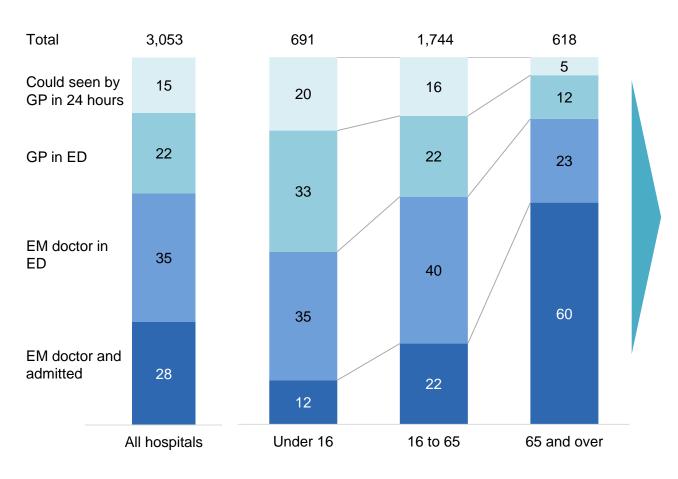


Figure 2: Most patients visiting A&E need to be there and there is an opportunity for GPs to work in A&E departments to deliver urgent care

A&E ATTENDEES WHO COULD BE TREATED BY A GP OR EM DOCTOR

% of attendees



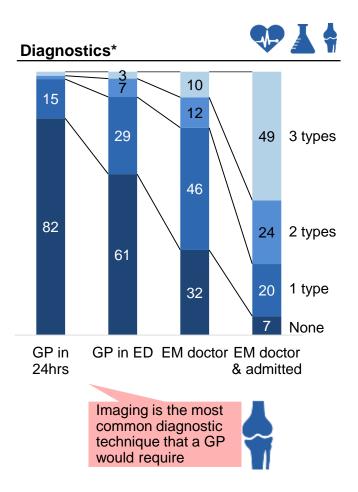
Most people attending A&E are there appropriately.

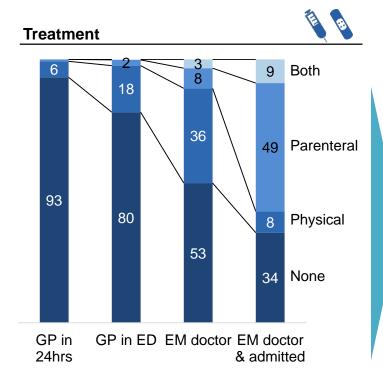
Elderly patients are more likely to require ED facilities,

- 15% of attendees could be sent to a GP surgery at triage, making a booking within 24hrs.
- Excluding the people who could be seen externally, a GP could treat 26% of the remaining patients who have a genuine need to be treated in an ED,
- Older people are unlikely to visit an ED when a GP would suffice,
 - Their medical conditions are often complicated and require hospital medicine or a specialist doctor (e.g. a geriatrician)
 - There is a view that hospitals are not the safest place to be for older people,
- Compared to adults, more children could be treated by GPs, possibly because,
 - Parent's are 'overly' worried about their children,
 - Children do not have the experience to say if they have urgent needs or not.

DIAGNOSTICS & TREATMENT: ALL AGES

%





Those that need to be seen in an ED require more tests and treatment, this could be delivered by an EM doctor or a GP,

- A GP could treat 22% of people if they were in an ED, where they would have access to a wide range of diagnostic techniques,
- Those who needed to be seen by an EM doctor (63%) rather than a GP in an ED, require more extensive investigation and treatment.