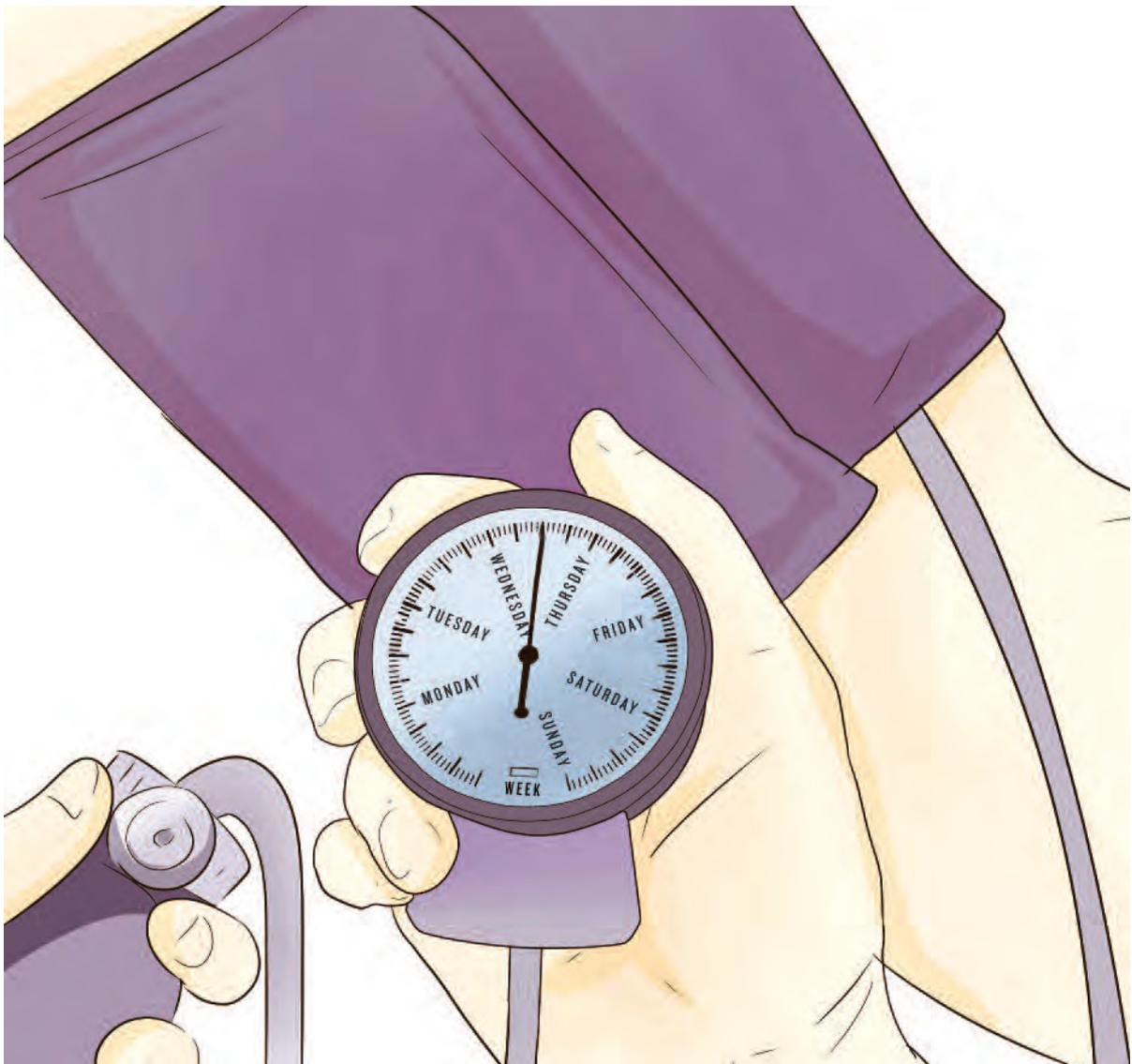


in brief...

Weekend opening of GP practices: the impact on A&E attendance

Can increased access to GPs reduce overcrowding in hospitals' Accidents & Emergency departments? Research by **Peter Dolton** and **Vikram Pathania** assesses whether weekend GP opening hours introduced in 2013 in four surgeries in London made patients less likely to use A&E services.



Opening GP surgeries at weekends shows promise in reducing the strain on overloaded A&E departments

Weekend opening of GP surgeries reduces the number of elderly patients admitted to hospital

In many hospitals across the UK, Accident and Emergency (A&E) departments are being stretched to breaking point by heavy caseloads. At the same time, there is growing concern about patients lacking ready access to their GPs. The two issues are intertwined: patients who are unable to get prompt GP appointments might be turning in desperation to A&E for medical care.

One potential solution to both problems is to extend GP surgery opening hours. Having GP surgeries open at weekends would be a big step in this direction and it would be popular: in a survey of GP patients conducted in 2014, among those who found GP opening hours inconvenient, 74% wanted surgeries to be open on Saturdays and 37% wanted them open on Sundays.

Under the £50 million Challenge Fund initiative launched in 2013, several surgeries have been piloting weekend opening. We investigate whether patients registered at four such GP surgeries in central London were less likely to use A&E services after those surgeries started opening at weekends.

We use rich administrative patient-level data from the Secondary Uses Service to compare the four 'treatment' surgeries with a 'control' group of 30 other GP practices also located in central London. These two sets of GP practices are part of the same Clinical Commissioning Group, they have similar characteristics and they shared a common time trend in the main outcome variable – weekly A&E attendances – in the period preceding the pilots.

Our analysis reveals a 9.9% fall in the flow of cases to A&E among those patients registered at the four treatment surgeries compared with the control group that were not open at weekends. Unsurprisingly, this reduction was largest at weekends – at around 18%. This suggests that a sizeable fraction of the patients who were earlier deciding to go to A&E at the weekend were opting to go to their GP instead.

There was also a (smaller) fall in A&E use at the treatment surgeries on weekdays. It could be that the extra hours at the weekend took some of the pressure off the surgeries on weekdays, making it easier to get a GP appointment. This in turn would have had a knock-on effect of reducing the number of patients turning to A&E for care.

We find that it was only the non-urgent (moderate severity) cases that were being diverted away from A&E to the GPs. There was a 19.9% drop in the number of such cases showing up at A&E from the registered patients of the four pilot surgeries. There was no change in the flow of urgent cases to A&E, which is reassuring. One would expect such cases to

go directly to A&E or, if they did show up at the surgery, to be referred immediately to A&E.

Being able to see their GP urgently can be especially important for elderly patients. If elderly patients have to turn to A&E instead, the medical staff there will typically err on the side of caution and admit them. GPs, on the other hand, are familiar with the case history and medical records of elderly patients, and would have more accurately assessed whether hospital admission is indeed warranted.

Weekend surgery opening appears to have benefitted both elderly patients and hospitals: there was an 8% drop in the number who were admitted to hospital after an A&E visit.

Opening surgeries at weekends clearly shows promise in reducing the strain on overloaded A&E departments. In addition, there could be significant cost savings. An A&E visit is much more expensive than a GP visit: the former costs roughly £114 while the latter costs about £25. Not all surgeries have to open every weekend: a cost-effective solution would be to rotate the weekend opening across surgeries.

This article summarises 'Can Increased Primary Care Access Reduce Demand for Emergency Care? Evidence from England's Seven-day GP Opening' by Peter Dolton and Vikram Pathania, forthcoming in the *Journal of Health Economics*.

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