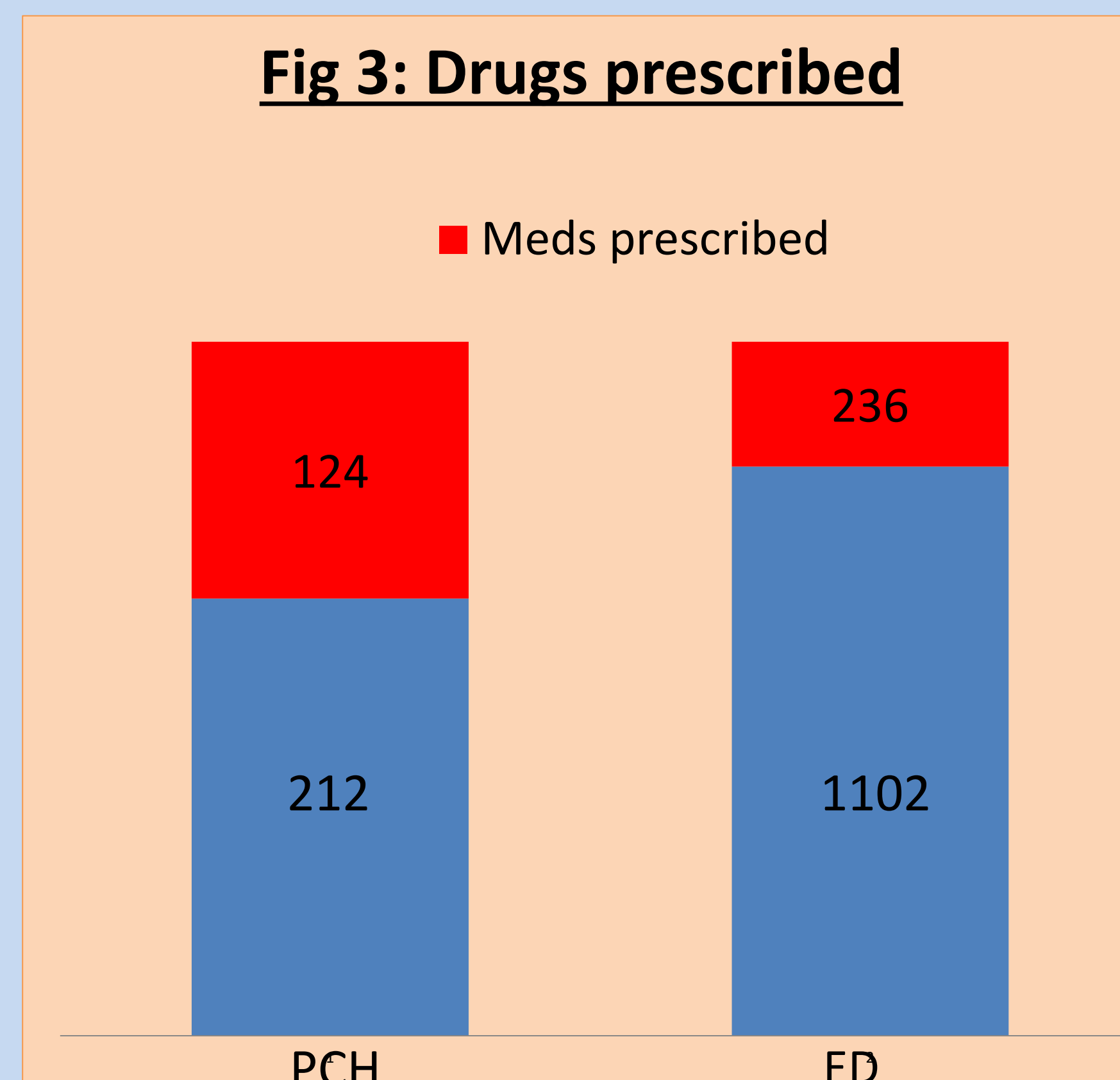
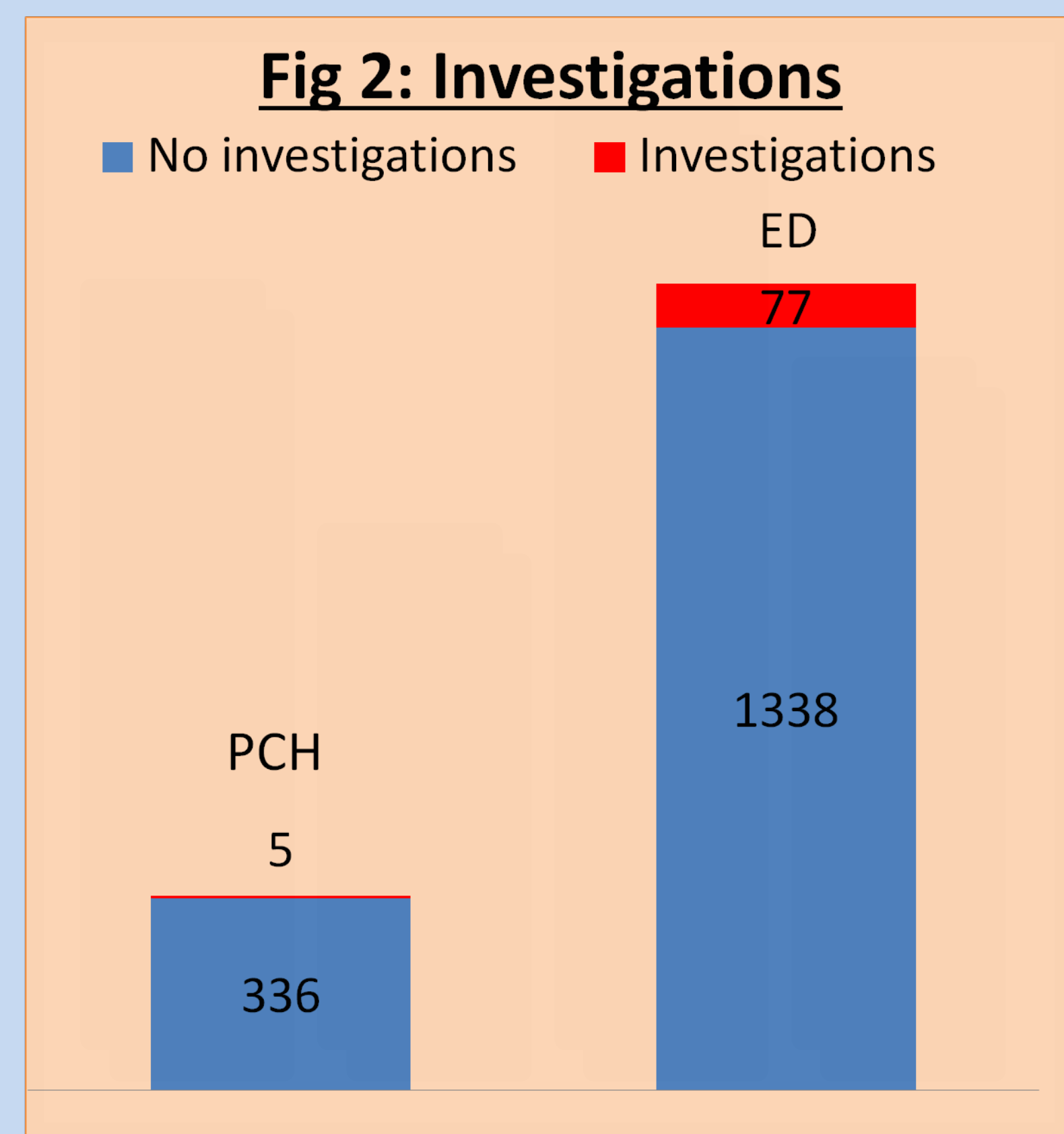
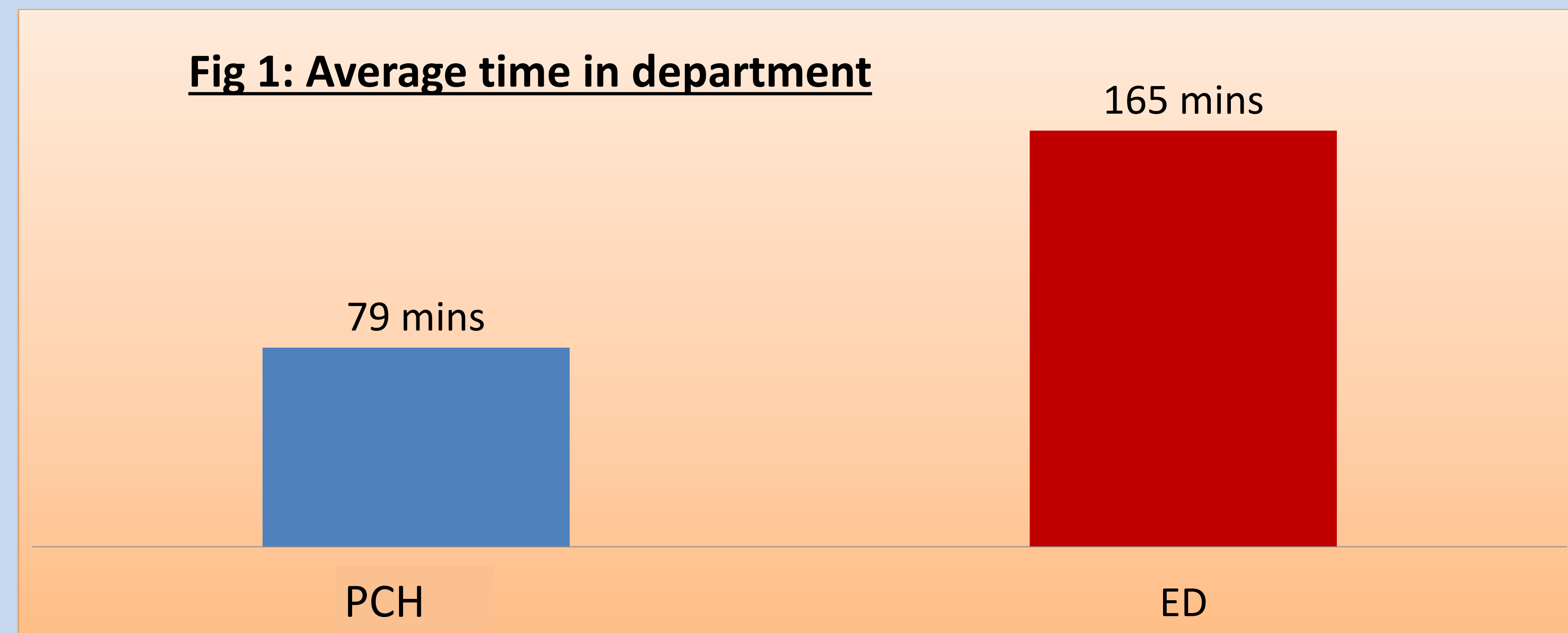


Background:

- Over 22 million visits to Emergency Departments (ED) in England in 2014–2015
- 35% increase over the previous decade
- Over 30% could potentially be managed in primary care
- One proposed solution is the creation of co-located primary care services in or alongside EDs
- Since October 2017 University Hospital Southampton has worked with a local primary care provider to run a co-located primary care hub (PCH)
- Patients presenting to ED are streamed to the hub provided they do not meet any of the set age/clinically defined exclusion criteria.
- We aimed to evaluate its effect on Children and Young People (<18y)

Methods:

- Data collected 1/10 – 31/12/17
- Retrospective case note analysis using “System One” IT system for all <18y seen in the PCH (Monday-Friday 1800-2200, Saturday-Sunday 1100-2200)
- Compared with <18 seen in ED outside these times using “Symphony” IT system
- ED group searched using the same PCH exclusion criteria (<3 months old with fever, accidental poisoning, injuries, mental illness, previous ED within last 72 hours, suspected sepsis)



Results:

- 336 children and young people were seen in the primary care hub with 1438 matched patients seen in ED
- Mean time in the department lower in primary care hub (1 hour 19 minutes v 2 hours 45 minutes  $p<0.01$ )
- Investigation rate lower in primary care hub (5/336 (1.48%) v 77/1338 (5.75%)  $p\ 0.01$ )
- Prescription of drugs to take home higher in primary care hub ( 124/336 (36.80%) v 236/1338 (17.64%)  $p<0.01$ )
- Most frequently prescribed three groups of drugs for both groups: antibiotics, bronchodilators and analgesia.

Conclusion:

- Co-located primary care hub model demonstrated significant benefits in waiting times as well as demonstrating a lower rate of investigation.
- Significantly higher prescribing rate, similar to that seen in previous work, though more work is needed to understand the exact prescribing patterns involved.
- Demonstrates the potential for shared learning across both services.
- While this work demonstrates the model’s promise, further work is needed to study patient experience before recommending its wider expansion and implementation