



VIEWS & REVIEWS

ACUTE PERSPECTIVE

David Oliver: Stop blaming patients for emergency visits

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The NHS Wales chief is urging patients “not to clog up accident and emergency units,” the BBC recently reported.¹ The story? Four fifths of patients using emergency departments didn’t need hospital admission or treatment. The inference? Such attendances were frivolous, entirely avoidable, or irresponsible.

The Welsh “Choose Well” programme, reasonably enough, aims to steer patients to appropriate services.² But the message that stuck from the BBC’s story was one of blaming patients.

NHS England’s review of urgent care also described alternative options for patients, from “self care” upwards.³ But the mass media focused on Bruce Keogh, medical director of NHS England, saying that 40% of patients leave emergency departments without treatment.⁴

Several local service leaders have mirrored this line. For instance, Barnsley Hospital reported a survey of 951 such patients. Only 22% considered their condition to be an emergency, and many admitted that attendance was merely the quickest route to assessment.⁵ But how representative were the respondents? Numerous hospitals have mounted local campaigns encouraging people to stay away.

Activity in UK emergency departments is at a record high.⁶ Overcrowding is a serious risk to patients.⁷ Departments are understaffed and the workforce stretched. Acute hospitals are being hammered from government and regulators about four hour performance that they only partly control.

A report from the Royal College of Emergency Medicine and the Patients Association, *Time to Act*, surveyed 924 emergency patients.⁸ It concluded, “The judgement of urgent and emergency is made by the patient and not by the clinician.” Patients’ highest preference was still the hospital emergency department: as one said, “When in doubt, frightened or worried, I’d use A&E.”

Many patients attended the emergency department through personal choice, but 40% had been advised to attend by a healthcare provider such as a GP. One third had already consulted another service before resorting to an emergency department. About two thirds were well aware of other services such as general practice, out of hours, or pharmacists.

The Department of Health is pushing an agenda of choice.⁹ The public are intelligent. They know that they’re likely to be seen and treated within four hours in emergency departments, 24/7. Many have less confidence in alternative community services, often from personal experience. And many people, frightened that they are seriously ill, want reassurance—also known as leaving with no medical treatment. The College of Emergency Medicine has now called for co-location of urgent primary care centres with emergency departments.¹⁰

Blaming the public for using a service that they value, when they think it’s needed, is the antithesis of patient centredness. Punishing emergency departments for demand is unhelpful.

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