VIEWS AND REVIEWS

ACUTE PERSPECTIVE

David Oliver: Can apps relieve pressure on emergency departments?

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The recent announcement of a new “NHS waiting time app” prompted headlines in national print and broadcast media, with claims that it could “help patients find hospitals with the shortest A&E queue.”^{1 2}

The current context makes this a compelling story. Performance against emergency departments’ waiting time goals has declined over several years, with targets serially missed.³ Bed occupancy in our acute hospitals is hovering around 90%.⁴ Media stories describe overcrowded departments, long trolley waits, and ambulances stacked outside. NHS England is piloting some new waiting time metrics.

Reading past the headlines, the story concerns the “WaitLess” app currently in use in Kent,⁵ where it was developed and piloted.⁶ The app, which uses data from SHREWD (Single Health Resilience Early Warning Database), allows patients to book GP appointments and order prescriptions.⁷ Users can compare current waiting times in local emergency departments or minor injury units in real time, to pick one with a shorter wait. On the face of it this may look like a win-win for patients and stretched departments, allowing people with a minor injury or illness to be assessed away from their main acute hospital.

NHS England, which also advertises the app for use in Northamptonshire and Dorset,⁸ now plans to extend it to other regions alongside an expansion of urgent walk-in treatment centres, extended GP opening times, and greater use of NHS 111.⁹

What hasn’t been reported much is an independent evaluation of the WaitLess app carried out in east Kent by the University of Greenwich, as part of the NHS Innovation Accelerator programme.⁶ This showed a 5% reduction in the number of people using levels 3 and 4 emergency departments and an 11% increase in the number with minor injuries or illnesses using urgent treatment centres.⁶ But Kent has a range of those types of units, in close proximity. Things won’t be so easy if the nearest such centres are miles away and only one local hospital emergency department is within reasonable travelling range.

The flavour of the media stories was misleading, as we’d still want anyone with a genuine emergency to go to the nearest

acute hospital emergency department as soon as possible. Even for patients with several hospitals fairly close, travel time would have to be factored in, and a small shift towards a unit with a shorter wait time would soon overwhelm that department too. Perhaps some users of walk-in treatment centres could have been supported perfectly well non-urgently, rather than by “unit shopping.”

While I realise the appeal of *Tomorrow’s World*-type stories, it would be good to see some realism, caution, and tempered expectations below the attention grabbing headlines, the endorsements by an enthused health secretary,¹⁰ and unsubstantiated claims by the Taxpayers’ Alliance that the app would “save lives.”¹¹

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