Methods/Design We compared the number of visits for the last 12 months against the previous 12 months. We obtained data from Wordpress and Podbean platforms for the blog and podcast respectively. We did not add data from other social media platforms such as Twitter and Facebook. Differences are expressed as a ratio to indicate an increase or decrease in the number of engagements from the previous year.

Results/Conclusions The data shows similar levels of between year activity from July 2018 through to February 2019. It then shows a rapid and profound increase in activity from March 2019, coinciding with the rapid spread of the pandemic in Europe and an early blog/podcast with colleagues from Northern Italy. Since then activity has fallen but still remains roughly 1.5 times higher than in previous years. Combined visits to the blog and podcast peaked at 162,019 engagements, representing a near 6.9 fold increase in podcast engagement and a 2.7 increase in blog activity during May 2019.

The COVID-19 pandemic resulted in a rapid and sustained engagement with the St Emlyn’s platform. The reasons for this are unclear from the data presented here, but we believe reflect the superior agility of modern educational tools such as blogs and podcasts to share and disseminate information as compared to traditional academic publishing methods.
non-urgent problems are directed to general practitioners (GPs) and other primary care clinicians working within or alongside EDs to address increasing demand. Our findings describe variation in the ways that these primary care services are implemented and the ways in which GPs work within them. We also highlight successes and challenges in implementing such services.

Methods/Design We conducted interviews with ED clinical leads in England (n=19) and Wales (n=2). We used framework analysis to analyse interview transcripts and explore differences across ‘primary care services’, ‘emergency medicine services’ and emergency departments without primary care services.

Results/Conclusions In EDs with separate primary care services, success was reported with a distinct workforce of primary care clinicians, who improved waiting times and flow by seeing primary care-type patients in a timely way, using fewer investigations, and enabling ED doctors to focus on more acutely unwell patients. Some challenges were: aligning services with the policy guidance, inconsistent demand for primary care, accessible community primary care services, difficulties recruiting GPs, lack of funding, difficulties agreeing governance protocols and establishing effective streaming pathways. Where GPs were integrated into an ED workforce success was reported as managing the demand for both emergency and primary care services.

To support successful and sustainable primary care services in or alongside EDs, policy makers and commissioners should consider varied ways that GPs can be employed to manage local demand and also local contextual factors such as the ability to recruit and retain GPs, sustainable funding, clear governance frameworks, training, support and guidance for all staff.

Aims/Objectives/Background We aim to explain the contexts and mechanisms that influence patients’ motivations and expectations when accessing urgent care at an ED and their acceptability of being streamed to a primary care clinician working in or alongside the ED. Recent healthcare policy has encouraged the implementation of primary care services in or alongside emergency departments whereby patients with low acuity illness are streamed to a primary care clinician after a brief initial assessment. Our findings describe patients’ motivations, expectations, and acceptability of primary care streaming and their level of satisfaction.

Methods/Design We recruited 24 patients to be interviewed after visiting an emergency department for one of five low acuity complaints. 12 patients were streamed to primary care clinicians and were satisfied with their care. Understanding why patients attend the ED for urgent care needs and their experience of primary care streaming is essential to addressing increasing ED demand and improving efficiency.

301 CAN NEWS2 BE USED TO PREDICT A&E RE-ATTENDANCES DURING THE COVID-19 PANDEMIC?
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Aims/Objectives/Background The NEWS2 (National Emergency Warning Score 2) is a widely used tool in Emergency Departments (ED) to identify patients who may be at increased risk of deterioration. NEWS2 is based on a simple aggregate scoring system in which a score is allocated to physiological measurements, already recorded in routine practice, when patients present to, or are being monitored in hospital. Currently there are no predictive scoring systems to evaluate ED re-attendances. The objective of this study was to investigate whether calculated NEWS2 had any influence on the ED re-attendances during the COVID-19 pandemic.

Methods/Design Data for the study was compiled from Symphony, the department’s electronic patient records. Data was retrospectively compiled for the month of April 2020 and was subsequently followed up to 28 days for re-attendances. Patients aged 18 years and older, presenting with COVID-19 symptoms who were discharged from ED were only included (n=310). Case definitions for COVID-19 symptomatology were in accordance to the Public Health England guidance.

Abstract 301 Figure 1

\[ y = 0.0243x + 0.2017 \]

\[ y = \text{Total number of ED re-attendances within 28 days} \]

\[ x = \text{NEWS2} \]