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 fold 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.

171 EARLY SENIOR ASSESSMENT AND ACCESS TO CT IN AN EMERGENCY DEPARTMENT

Marta de Andres Crespo, Cheryl Zogg, Alex Novak, David Metcalfe. University of Oxford, Yale University, Oxford University Hospitals NHS Foundation Trust

Aims/Objectives/Background The Rapid Assessment and Treatment (RAT) model provides early senior assessment of undifferentiated ‘majors’ patients and has been proposed as a strategy for improving Emergency Department (ED) efficiency. One goal of RAT is to organise essential imaging at an earlier stage within the patient’s ED journey. This study aimed to identify any potential early impact of a RAT initiative on time to imaging for patients requiring CT head.

Methods/Design Electronic health record data were extracted for all patients that underwent head CT while in the ED over a 54-month period (48 months pre-intervention and 6 post-intervention) at a single Major Trauma Centre in England. Interrupted time series analysis was used to estimate any effect of RAT on time from ED arrival to imaging.

Results/Conclusions There was a pre-existing gradual trend over the entire time series towards patients waiting less time for CT. Although time to CT appeared to increase when the RAT model was implemented, this change was small and not statistically significant (9.8 [95% CI -1.6 to 21.3] minutes). Following RAT implementation, the pre-existing trend towards quicker access to CT resumed but without any change in the slope of the line.

This early evaluation did not identify an association between RAT implementation and speed of access to CT head. The system may mature over time and further evaluations will be necessary to identify delayed effects on access to imaging as well as other process measures intended to improve ED safety and efficiency.

206 EMERGENCY DEPARTMENT CLINICAL LEADS’ EXPERIENCES OF IMPLEMENTING PRIMARY CARE SERVICES WHERE GPS WORK IN OR ALONGSIDE EMERGENCY DEPARTMENTS IN THE UK: A QUALITATIVE STUDY

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Aims/Objectives/Background We aim to describe ED clinical leads’ experiences of implementing and delivering ‘primary care services’ and ‘emergency medicine services’ where GPs were integrated into the ED team. NHS England policy has promoted services in which patients presenting to EDs with conditions requiring primary medical care may be seen by a general practitioner (GP) and referred to the ED team for assessment, treatment and onward referral for admission as appropriate. This study aimed to explore the implementation of primary care services in EDs alongside an emergency medicine service within the UK.

Methods/Design We conducted 31 semi-structured interviews with 31 clinical leads who oversaw the implementation of primary care services alongside emergency medicine services in 22 EDs in England. We transcribed interviews and coded data using a thematic analysis. We achieved thematic saturation by conducting interviews with 21 clinical leads (59% response rate), with additional data collected from the remaining 10 clinical leads.

Results/Conclusions The experiences of implementing primary care services within EDs varied, with some hospitals successfully integrating primary care services alongside emergency medicine services, while others encountered significant challenges. Factors influencing successful implementation included the availability of resources, the support of the management team and healthcare professionals, and the availability of appropriate support and training for ED staff.

Conclusion The integration of primary care services alongside emergency medicine services in EDs can improve patient care and reduce hospital admissions. ED clinical leads play a crucial role in this process and require support and resources to successfully implement these services. Further research is needed to explore the optimal models of care and the factors that influence successful implementation in different settings.
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 expert primary care clinicians, who improved waiting times and flow by seeing primary care-type patients in a timely way, using fewer expert primary care clinicians.

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 primary care needs and their experience of primary care streaming is essential to addressing increasing ED demand and improving efficiency.

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**RCEM Lightning**

**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.