Aims/Objectives/Background We aim to examine senior managers’ perspectives on funding mechanisms used to implement the policy and experiences of success or challenges in introducing models of using GPs in or alongside emergency departments. Health policy in England has advocated the use of primary care clinicians at emergency departments to address pressures from rising attendances. However, implementing large systemic changes such as placing GPs in or alongside emergency departments requires significant funding, consideration of the opportunity costs of the alternative uses of such funding, an available workforce and evidence of how it should be used. Our findings will inform policy adaptation and service development to improve the healthcare provided to patients by providing new evidence of the reported experiences of adopting models of using GPs in or alongside emergency departments.

Methods/Design The perspectives of senior clinical, business and finance managers with responsibility for emergency department services and on-site primary care service implementation were investigated in semi-structured interviews with 31 managers at 12 type-I emergency departments in England and Wales. Emergency departments operated one of three GP models or had prior experience of implementing a GP model. Interviews were thematically analysed.

Results/Conclusions Successful GPs models in emergency departments were perceived to be reliant on well-organised and unified funding mechanisms, appropriate staffing and governance, and consideration of population demands and needs. Funding mechanisms and the flow of funds were reported as complex, the most efficient mechanisms were described at departments where funding was unified, in collaboration with health and community care services. Staffing with local, experienced GPs was important. There were also cautions from experiences with private locum providers. Our findings contribute to debates about implementing policy on how primary care clinicians are effectively and safely deployed in emergency departments and how local context should be considered.

A CLASSIFICATION OF PRIMARY CARE PATHWAYS IN EMERGENCY DEPARTMENTS: A MULTI-METHODS STUDY COMPRISING CROSS-SECTIONAL SURVEY; SITE VISITS WITH OBSERVATIONS; SEMI-STRUCTURED AND INFORMAL INTERVIEWS

Aims/Objectives/Background We aim to describe and classify the predominant streaming pathways on arrival in Emergency Departments (EDs) in England and Wales and explain how they operate in different models of emergency department primary care services. Recent policy has encouraged a method whereby nurses stream from the emergency department front door to GPs working in a separate GP service operating within or alongside an ED. However, there is variation in methods of assessing and streaming patients on arrival at EDs. Confused terminology causes difficulties in assessing relative performance, improving quality or gathering evidence about safety, clinical effectiveness. Our findings present a new classification of current streaming pathways from emergency departments to primary care services.

Methods/Design We used a multi-stage method approach, including an online survey completed by 77 EDs across England & Wales, interviews with 21 clinical leads, and finally, undertaking case studies of 13 EDs. Qualitative data were triangulated and analysed using a framework analysis approach.

Results/Conclusions The most common ED pathways to primary care services were: front door streaming before ED registration; streaming inside the ED; or without streaming but GPs selecting patients. Pathways were often adapted, to...