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Improved GP access in standard hours may trump extended opening times

May be better for cutting out of hours service use; might cut demand by 11%

[Do difficulties in accessing in-hours primary care predict higher use of out of hours GP services? Evidence from an English National Patient Survey Online First doi 10.1136/emmermed-2013-203451]

Improving family doctor access during standard working hours might be better for reducing out of hours service use than extending the opening times of GP surgeries, suggests research published online in Emergency Medicine Journal.

If the link between access and out of hours service use is causal, this approach could cut demand for the latter by a maximum of 11%, the findings indicate.

Difficulties getting to see a GP when needed have been blamed for fuelling the rise in demand for out-of-hours primary care services, including emergency care. But there is not much evidence on the link between the two, say the authors.

Many of the studies on this topic to date have been relatively small or have only covered a few measures of access, so the authors used feedback from a large national survey of around 2.7 million people - the 2011-2012 English General Practice Patient Survey.

They focused on the 567,000 respondents who reported at least one GP contact on their own behalf during standard working hours in the preceding six months. Of these, 7% (40,000) said they had also used out of hours primary care services.

They explored whether use of out of hours services is linked to the following five measures of standard hours access: ease of getting through on the phone; ability to see their preferred GP; ability to book a routine or urgent (within two working days) appointment; and convenience of opening hours.

The analysis revealed that poorer access during standard working hours was linked to greater use of out of hours primary care services for each of these five factors.

After taking account of factors likely to influence the results, such as age, ethnicity, deprivation levels, and long term conditions, these associations held true across all five indicators, with the exception of phone access.

Based on the assumption that these associations could be causal, the authors estimated that out of hours service demand could be cut from 7.5% to 6.7% if access during working hours were optimal - a relative reduction of 11%.

Convenience of opening hours was the strongest factor associated with out of hours service use. And this was most evident among those in part time work, or not in work or education. In other words, even when opening hours suited people in part-time work, they were more likely to attend out-of-hours services than those in full-time work or education.

This suggests that improving access during standard hours might be more effective than extending opening hours, as has been mooted, say the authors.

The findings indicate that improving access to daytime GP services is more complicated than just extending opening hours. Offering more appointments during regular surgery hours may help reduce the use of out of hours primary care services, they say.