NEW ZEALAND MEDICAL ASSOCIATION

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Professor Mike Ardagh
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By email: emergencydepartments@moh.govt.nz

Dear Professor Ardagh

Guidance Paper for New Zealand Emergency Departments Regarding the Interface with Primary Health Care

Thank you for allowing us to file this late submission on the above. It was unfortunate that while it was originally intended that the NZMA be consulted, that this did not happen.

In principle the NZMA supports this guidance paper. We agree with the principle that when the "crisis" bringing the patient to the Emergency Department (ED)is over, the latter should then refer the matter back to the patient's general practitioner (GP). We are concerned, however, that the paper seems to have been developed from a strong ED perspective, rather than being fully informed by both ED and general practice perspectives. We think it is critical the general practice point of view be given appropriate weight. It is disappointing that the consultation on this guideline with general practice has been limited.

We wish to make the following additional comments:

a) The paper makes the statement that

> "triaging in ED does not accurately determine the appropriateness of a patient's condition for ED care and therefore the Ministry of Health does not support the 'triaging away' of inappropriate patients from ED. Nor does the Ministry condone the denial of care at an ED."

While we agree that the triage tool used in ED is a tool used to assess urgency rather than appropriateness, we do not agree that this should mean that all patients must therefore receive a full examination by ED, regardless of the

appropriateness of doing so. There are other methods of assessing appropriateness which can be employed. The problem most EDs suffer from is the influx of patients with concerns most properly dealt with by the GP but who instead choose to use ED. Until this issue is resolved and such patients can (where appropriate) be referred away without a full examination this problem will continue. And as the RNZCGP noted in its submission of 19 March 2010, in practice most of the cases found in triage categories 4 and 5 could be appropriately referred back to general practice.

b) It should be further emphasised that the default setting for general medical care should be general practice. The role of the ED is to deal with crises.

c) Patients should be referred directly back to their GP after discharge. In more acute circumstances it may be appropriate for a referral on to a specialist but unless the situation is urgent it should generally be done by the GP following receipt of a recommendation from ED. This is because in many cases the patient has attended ED for a matter that the GP is already well aware of and is in the course of treating. (Similarly the doctors at ED may pick up on an unrelated issue which they determine requires further treatment but are unaware that the GP is handling this).

d) While the plan is excellent in concept, to be able to work it requires integrated IT systems. At present it is almost impossible to email patient notes between hospitals and contact to low volume providers such as midwives can often only be via written material given to the patient.

e) ED doctors need to be encouraged to communicate directly with GPs, particularly where they have a concern about a GP's patient and are unsure whether it can be managed by the GP.

f) A matter not considered (possibly because there is no easily identifiable solution), is who to refer a patient to (or to what database) who is not registered with a GP. We think at the least the guidelines should suggest to ED staff that in that situation they should encourage the patient to register with a GP.

Given the limited consultation that has to date occurred with general practice it is our recommendation that this guideline not be implemented until further consultation with general practice has occurred.

Yours faithfully

Dr Peter Foley
Chair, NZMA