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Referrals to A&E

The BEACH program (Bettering the Evaluation and Care of Health) shows that patients attending general practice were referred to hospital accident and emergency (A&E) departments at a rate of two per 1000 encounters between January 2003 and December 2007. This suggests that general practitioners refer patients to hospital A&E departments about 200 000 times per year.

Figure 1. Comparison of patient characteristics

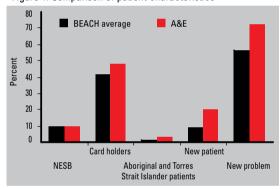


Table 1. Referrals to accident and emergency

Reason for encounter and problem managed	Rate per 100 A&E encounters (n=900)	5 year average rate per 100 encounters (n=488 048)
Reason for encounter		
Abdominal pain	14.9	1.9
Chest pain	10.7	1.2
Problem managed		
Fracture	6.0	1.0
Appendicitis	5.8	<0.1
Abdominal pain	5.4	0.6
Ischaemic heart disease	3.8	<0.1
Chest pain	3.3	0.3

There were 900 encounters at which patients were referred to A&E over the 5 year period. There was no difference between male and female referral rates (0.2 per 100 encounters). Children aged <15 years were referred at the higher rate of 0.3 per 100 encounters; the lowest rate was among patients aged 65–74 years (0.1 per 100). Patients of non-English speaking backgrounds were seen at average rates at these encounters, but Commonwealth concession card holders were seen significantly more often (48.2 per 100 A&E referred encounters compared with an average of 41.9). Aboriginal and Torres Strait Islander patients were over represented at 3.3 per 100 compared with the BEACH average of 1.1. Patients new to the practice were seen at A&E encounters at twice the average rate (20.5 per 100 compared with 9.0 in total BEACH) (Figure 1).

The most common reasons stated by patients for attending the encounter (RFE) were: abdominal pain (14.9 per 100 encounters), unspecified chest pain (10.7), fever (6.8) and vomiting (5.9). These reasons were given at a much higher rate at A&E encounters than in the total data. Most common diagnoses referred to A&E were fracture (6.0 per 100 encounters), appendicitis (5.8), abdominal pain (5.4), ischaemic heart disease (3.8), and chest pain (3.3) (*Table 1*). Problems managed were significantly more likely to be new to the patient (72.1 per 100 encounters) than at all BEACH encounters (56.5) (*Figure 1*).

Medication rates (prescribed, advised or supplied) were very low, at 14.3 per 100 A&E referred problems. Glyceryl trinitrate was the most common medication, followed by aspirin. Clinical treatments were also provided at low rates, but rates of procedural treatments were average (15.3 per 100 encounters), most commonly electrical tracings and injections.

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