Lower urgency care in the emergency department, and the suitability of general practice care as an alternative

To the Editor: Wu and Mallows'[1] recent research letter delves into reasons behind patients with lower urgency care needs seeking treatment in busy emergency departments (EDs). The study, using the "GP-type" patient category, as defined by the Australian Institute of Health and Welfare,[2] excludes primary care as an alternative due to limited interventions available outside EDs. Key findings uncover both independent and interconnected factors:

- scope of practice — interventions (eg, parenteral fluids) maybe beyond current primary care specialty scope or financially unfeasible in primary care;
- access barriers — limited after-hours access, cost and delayed appointments in primary care; and
- health literacy and navigation — difficulties in understanding health care options.

Dealing with these issues is vital for improved out-of-hospital care and reduced ED presentations.

Governments' plans for walk-in urgent care clinics and expanded scope urgent care services aim to cater to rapid access needs, offering alternative funding avenues in primary care.[3] The rise of virtual care and tele-triage during the coronavirus disease 2019 (COVID-19) pandemic opens opportunities for enhanced patient engagement, enabling better information access and navigation to nearby care options. Connecting national tele-triage and digital services to rapid access models can effectively guide patients to appropriate care.[4]

Importantly, the research underscores that primary care, after-hours care, and lower urgency ED care are distinct access challenges, cautioning against labelling them uniformly as GP-type patients. While addressing acute health care demands requires a nuanced approach beyond GP practice and EDs, the research highlights that policy initiatives that bolster the capacity, capability and scope of upstream primary care are required. Diverse care models should align with the patients' urgency and complexity and with the required health technology infrastructure. Insisting on ED visits for patients not suited to primary care ignores the evolving complexity of general practice services in managing acute cases and the potential for alternate acute care models outside of ED settings.

In conclusion, Wu and Mallows' research emphasises the need to explore a spectrum of care options for various patient needs instead of a binary approach. By overcoming barriers to primary care, optimising access, bolstering capacity, and leveraging digital tools, health care systems can better guide patients to suitable care settings, improving overall outcomes and ensuring EDs are used efficiently.

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