



A retrospective analysis of ED attendance trends in under 6-year-olds and in under 8-year-olds following the implementation of free GP/Primary care in Ireland

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BACKGROUND

Healthcare in Ireland is currently a two-tier system with public healthcare being provided by the Health Service Executive (HSE). Specialist care, in the public sector is accessed through referrals by general practitioner (GP)/primary care.¹ Hospitals are seeing a significant increase in unscheduled care presentations², ideally, emergency care, where appropriate, should be a referral made by GP. GP consultations are not expensive, but cost can restrict people from attending in turn delaying care.^{3,4,5} An average GP consultation in 2013 cost €46.62 with an additional average annual cost to parents of €85 for prescriptions.⁶ To alleviate some financial stress on young families, a new free GP program for under 6-year-olds was introduced in July 2015 by the Irish government. This program subsequently expanded to include under 8-year-olds in August 2023 as part of the 2017 Sláintecare policy.⁷ This policy was developed following a cross-political party agreement in 2017 with a ten-year plan to reform the Irish healthcare system. One of the key principles is to ensure that every citizen is afforded equal access to “the right care, in the right place, at the right time”.^{8,9} The free general practitioner care card (GP card) in Ireland provides for financially vulnerable populations. Strengthening primary care has been shown to reduce the burden on emergency departments (ED), which in turn reduces morbidity and mortality.¹⁰ A review was conducted to analyse the impact new GP Card provision policies had on presentations to the Wexford General Hospital (WGH) ED, an acute rural hospital in the Southeast of Ireland.

OBJECTIVE

To determine the impact of facilitating access to primary healthcare in under 6-year-olds and subsequently under 8-year-olds on trends in ED attendances in Wexford General Hospital.

METHODS

Anonymised aggregate data was extracted from the electronic patient record system in WGH for comparison: prior to and post the two new Sláintecare initiatives.

Under 6-year-olds

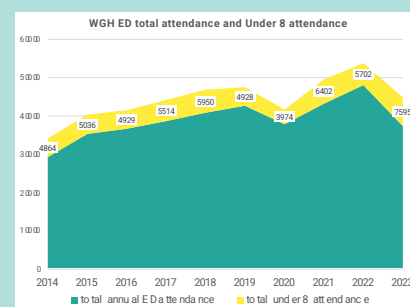
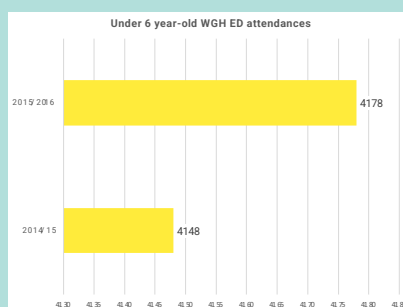
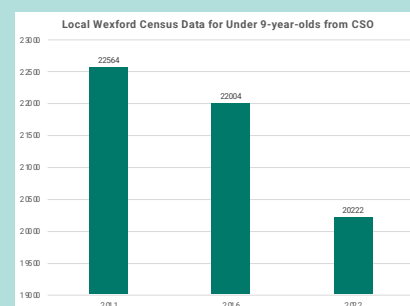
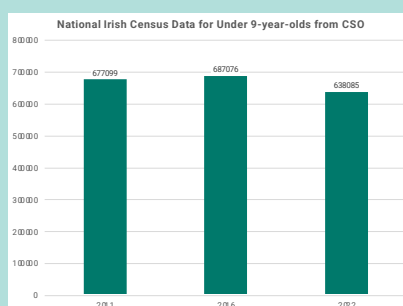
- July 2014 to June 2015
- July 2015 to June 2016

Under 8-year-olds

- August 2022 to July 2023
- Mean annual data from August 2014 to July 2023
- August 2023 to July 2024

Interpretation of the results was correlated with Irish census data collated by the Central Statistics Office (CSO) both locally and nationally from 2011, 2016 and 2022 as well as the total annual ED attendance in WGH.

RESULTS



DISCUSSION

Despite an anticipated decrease in ED attendances in this age group due to apparent improved access to primary care, there was a 33.2% increase (n=5702 to n=7595) in under 8-year-olds presenting when comparing 2022/2023 to 2023/24, and a 0.72% increase (n=4148 to n=4178) in under 6-year-olds in 2014/15 to 2015/16. Mean analysis from 2014/15 to 2022/23, revealed an increase (n=5490 to n=7595) of 38.34%. This increase is not accounted for by a growth in this population group, according to census data from 2011 to 2022. There is a slight downward trend of 0.06% nationally and a 0.10% locally in under 9-year-olds. Overall, when looking at the total annual WGH ED attendance trend, there is an increase, suggesting that an increase in unscheduled care presentations is not confined to the paediatric population.

CONCLUSION

In this cohort at WGH, the introduction of free GP cards in children under 8, has seen a paradoxical increase in paediatric ED attendance, despite apparent improved primary care access. This is inevitably multifactorial and may represent: a previously unmet clinical need, an increased volume of attendance in primary care, a social issue such as the “entitlement effect” (where because a service is free it may be overused), or the increase may be because of the inability of primary care to meet the volume of consultations demanded of them with the overflow presenting to ED. We suggest further research is required before additional expansion in the free access scheme, which may result in surges in ED attendances. It would be valuable to further compare the number of ED attendances which were referred by GPs before and after the introduction of the new policies, as well as the severity of cases with acuity of admissions. Additionally, correlation with the number of GP’s practicing in the WGH catchment area over this time period may provide further insight to patient-doctor ratio and accessibility to primary care notwithstanding financial concerns.

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