

Can primary care reduce emergency hospital attendances?

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Many people who go to emergency departments (EDs) could have been treated by a GP instead. These avoidable visits increase pressure on already busy EDs, leading to longer waits, higher costs, and possibly lower quality of care. To help reduce this pressure since 2016 GP practices in England have been encouraged to offer extended opening hours, such as early mornings, evenings or weekends.

Our research looked at the reasons why people made unnecessary ED visits and whether extended opening hours helped to reduce them. A key part of our research involved exploring two definitions of what counts as an “avoidable” ED attendance. The first is an official NHS definition, which includes cases where the person did not need tests or treatment that required emergency care and was sent home. The second definition is broader and based on clinical judgment, encompassing cases where the person may have undergone tests but could still have reasonably received care in a GP surgery or similar setting. We used data on ED attendances and combined this with information about the GP practices (eg, opening hours, staffing, patient

satisfaction scores) as well as information on those attending the ED (eg, age, gender, socioeconomic deprivation).

According to the first definition, we found that around 9% of ED visits were avoidable. Using the second definition, we found about 22% of visits were avoidable. We also discovered that avoidable attendances were more likely among younger people, those living in less deprived or more urban areas, and people who lived closer to the hospital than to their GP. Older people, frequent ED users, and those living in rural or more deprived areas were less likely to use EDs when they could have seen their GP instead.

Extended hours at GP practices only seemed to reduce avoidable visits if the practice was actually open at the specific time when a person went to the ED. Simply having generally extended hours at other times did not make a difference. Other factors, like GP practice quality or patient satisfaction with their care, were not clearly linked to avoidable attendances.

Our findings suggest that far more ED visits could potentially be avoided. Helping people to get same-day GP appointments and making sure extended hours match the times when people are most likely to need care, could reduce pressure on hospital emergency services which are facing ever increasing demands. Primary Care Networks are now responsible for improving access to GP services, which may include the extension of opening hours, so our research can help to inform future policy decisions.

[Read the full paper, funding sources and disclaimers in Health Policy.](#)

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