

Abstract

Are we there yet?' Distance to definitive care for Irish patients in the Better Data, Better Planning (BDBP) study

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Abstract

Background: Residing long distances from definitive care compromises patient safety and, in rural Ireland, travel distance to health care can be substantial, particularly in light of national General Practitioner (GP) shortages and hospital reconfigurations. The aim of this research is to describe the profile of patients attending Irish Emergency Departments (EDs) in terms of distance from GP care and definitive care in the ED.

Method: The 'Better Data, Better Planning' (BDBP) census was a multi-centre, cross-sectional study of $n=5$ urban and rural EDs in Ireland throughout 2020. At each site, all adults presenting over a 24-h census period were eligible for inclusion. Data were collected on demographics, healthcare utilisation, service awareness and factors influencing the decision to attend the ED, with analysis in SPSS.

Results: For $n=306$ participants, median distance to a GP was 3 km (range 1–100 km) and median distance to the ED was 15 km (range 1–160km). Most participants ($n=167$, 58%) lived within 5 km of their GP and within 10 km of the ED ($n=114$, 38%). However, 8% of patients lived ≥ 15 km from their GP and 9% of patients lived ≥ 50 km from their nearest ED. Patients living > 50 km from the ED were more likely to be transported by Ambulance ($p<0.05$).

Conclusions: Proximity to health services, by geographical location, is poorer in rural regions, so it's important that these patients have equity of access to definitive care. Therefore, expansion of alternative care pathways in the community and additional resourcing of the National Ambulance Service with enhanced aeromedical support is essential in the future.

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