

# “Review” a core pillar of urgent care provision in primary care

Dear Editor,

I read with interest the joint position paper for the development of urgent care services in India.<sup>[1]</sup> It is a timely development and thoughtful foresight in an effort to improve primary health care provision in India.<sup>[2]</sup>

Though urgent care deals with immediate care, it can vary widely from within and outside countries.<sup>[3]</sup> Urgent care services are often fragmented and hence often need to be integrated within primary care.<sup>[4]</sup> Moreover, with the newer urgent care models, such as unscheduled care are not time-restricted for the patients till routine care is available.<sup>[5,6]</sup> Especially with a multi-diverse country like India such an innovative model of care calls for a newer integrated urgent care approach, which should address the population needs. With the four “R” model, I would like to propose an additional R to the model as “review”, because continuity of care is an integral part of the primary care and a fundamental principle of safe and effective practice.

Urgent care centers treat people with minor ailments and injuries who wish to avoid hospital emergency departments. Experience from the United Kingdom and from other countries suggests that the common reason for the urgent care attendance are sprains, minor injuries, which would require follow-up care of minor fractures, burns, redressings casts, and sutures.<sup>[6,7]</sup> In addition, patients who had an acute presentation of chronic diseases are frequent visitors to such urgent care.<sup>[3,4]</sup>

Evidence suggests trainee experience influences their decision to work in similar care in the future.<sup>[8]</sup> Hence not teaching the trainees to “review” as being a core pillar of urgent care practice may be a missed opportunity for the trainees to increase their skills related to continuity of care and following up in a primary care setting. Furthermore, such broader training increases the trainees’ confidence and stimulates independence for future practice. Therefore, having an integrated fellowship curriculum,

which includes comprehensive care will teach the trainees the very essence of the core values of primary care.<sup>[9]</sup>

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## References

1. Roy P, Kumar R, Aggarwal P, Vhora R, Gupta M, Aggarwal V, *et al.* Framework for development of urgent care services towards strengthening primary healthcare in India–Joint position paper by the Academy of Family Physician of India and the Academic College of Emergency Experts. *J Fam Med Prim Care* 2020;9:1801.
2. Mohan P, Sethi H, Reddy KR, Bhan MK. Designing primary healthcare systems for future in India. *J Fam Med Prim Care* 2019;8:1817-20.
3. Cowling TE, Ramzan F, Ladbroke T, Millington H, Majeed A, Gnani S. Referral outcomes of attendances at general practitioner led urgent care centres in London, England: Retrospective analysis of hospital administrative data. *Emerg Med J* 2016;33:200-7.
4. Baier N, Geissler A, Bech M, Bernstein D, Cowling TE, Jackson T, *et al.* Emergency and urgent care systems in Australia, Denmark, England, France, Germany and the Netherlands–Analyzing organization, payment and reforms. *Health Policy* 2019;123:1-10.
5. O’Malley AS, Samuel D, Bond AM, Carrier E. After-hours care and its coordination with primary care in the U.S. *Journal of general internal medicine* 2012;27(11):1406-15. doi.org/10.1007/s11606-012-2087-4 6.
6. Steeman L, Uijen M, Plat E, Huibers L, Smits M, Giesen P. Out-of-hours primary care in 26 European countries: an overview of organizational models [published online ahead of print, 2020 Jun 29]. *Fam Pract.* 2020;cm064.
7. Weinick RM, Bristol SJ, DesRoches CM. Urgent care centers in the US: Findings from a national survey. *BMC Health Serv Res* 2009;9:79.
8. Hayward G, Drinkwater J, El-Gohary M, Burgess H,

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Heneghan C. GP training in out-of-hours care: Implications for the future workforce. *Educ Prim Care* 2015;26:95-101.

9. Hashim MJ. Principles of family medicine and general practice—defining the five core values of the specialty. *J Prim Health Care* 2016;8:283-7.


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