

Emergency Care Bulletin

About this bulletin

This bulletin is for everyone working in emergency care. Please:

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The Department of Health also circulates targeted bulletins to GPs, nurses, allied health professionals, medical directors and human resource directors. They are available at www.doh.gov.uk/publications/bulletins.htm

Feedback

We welcome your ideas and comments that will shape the format and content of this bulletin in the future. The next edition will be published in November and the deadline for items for consideration is 20 October. Please e-mail emergency_care@doh.gsi.gov.uk or write to Emergency Care Strategy Team, GO 9, Richmond House, 79 Whitehall, London SW1A 2NS

TOP NEWS

Consultation on clinical exceptions to the four-hour A&E target

The Department of Health has begun consultation on how to define and monitor cases that should not be counted against the target of getting 100 per cent of patients through A&E in four hours.

These are the exceptional cases (probably less than one per cent) where A&E remains the most clinically safe environment for a patient even though four hours have passed.

The consultation is open to all and runs until 31 October.

The proposal, which has been

developed jointly with the British Association of Emergency Medicine, Faculty of Accident and Emergency Medicine and the Royal College of Nurses, is set out in a short paper at www.doh.gov.uk/emergencycare/clinical-exceptions.htm

Choice, responsiveness and equity consultation

The department is starting an intensive period of consultation on what patients and users want in terms of choice, involvement and flexibility in their care and treatment.

This consultation will run to November and will enable patients, service users, voluntary groups and health and social care staff to help shape future national policy and plans in this area.

Harry Cayton, director for patients and the public, will lead this work and NHS chief executive Nigel Crisp will be chairing the project board, overseeing the consultation.

One of the task groups covers emergency care issues and is made up largely of patient representatives, alongside other NHS professionals. Sir George Alberti, national director for emergency access, and Jonathan Asbridge, the newly-appointed clinical director for patient experience in A&E are also on the group which

met for the first time on 8 September.

Mike Deegan, chief executive of Central Manchester NHS Trust and chair of the emergency care task group, said: "This consultation is a wonderful opportunity for us to ensure we understand and meet the real needs of our patients and users in terms of choice, involvement and flexibility in their care and treatment."

Full details of the consultation, including information on how to make contributions, and the consultation pack, are at www.doh.gov.uk/choiceconsultation

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Introducing Jonathan Asbridge, clinical director for patient experience in A&E.

I am delighted to accept this new role as clinical director for patient experience in A&E. We have seen huge benefits as a result of listening to patients talk about their experiences and using this information to make innovative improvements. These improvements have resulted in more efficient and user-friendly A&E departments and consequently happier staff and patients. My role will be to listen to patients and support staff in making changes that improve A&E for everyone.

To send your views to Jonathan, e-mail emergencycare@doh.gsi.gov.uk

Improving partnership for ambulance services (IPAS)

IPAS has been set up to help NHS ambulance trusts improve their performance and to spread good practice – for the benefit of both staff and patients.

Ambulance trusts and staff have contributed significantly to the modernisation of the NHS, however, very few initiatives have been aimed specifically at supporting ambulance staff to modernise their own services.

The IPAS will focus on breaking down the 'traditional boundaries' between ambulance trusts and the rest of the NHS to ensure they can make their full contribution to the delivery of *The NHS Plan*.

National director John Wilderspin said: "Although ambulance trusts have been involved in modernisation programmes before, there hasn't been a programme which focuses on their needs as a whole. There is a tremendous amount of good work going on in ambulance trusts to support the roll out of *Reforming Emergency Care* but also other priority areas,

such as out-of-hours provision.

"IPAS will help spread that good practice throughout ambulance services but also ensure that their

contribution is better recognised by other parts of the NHS.

"To support this, we are running two *National Conference & Learning Exchanges* on 11-12 November to bring together the whole NHS to focus on the contribution of ambulance services in delivering *The NHS Plan*. I hope that emergency care leads will join us at those events."

Two national conferences and learning exchanges

November 11 – Old Trafford football stadium, Manchester

November 12 – Britannia Hotel, Canary Wharf, London

The events are part of the **Improvement Partnership for Ambulance Services (IPAS)**. They will bring together all parts of the NHS to focus on the ambulance service contribution to the NHS Plan.

Major national speakers including Minister of State for Health Rosie Winterton and Professor Sir George Alberti, National Clinical Director for Emergency Access.

Hear about leading edge work on *Reforming Emergency Care*, Out of Hours and Developing Primary Care.

Workshops include PCT commissioning, public and patient involvement, leadership, workforce development.

This is a collaborative event involving:

- NHS Modernisation Agency
- Department of Health
- Commission for Health Improvement
- Ambulance Service Association
- NHS Direct
- Office for Public Sector Reform
- NHS Confederation
- UNISON

To register for either of the events, send an e-mail to ruth.hill@doh.gsi.gov.uk and mark it 'National Conferences and Learning Exchanges'

Further information at www.modern.nhs.uk/ambulance or contact John Wilderspin on 020 7061 6818 or e-mail john.wilderspin@doh.gsi.gov.uk

For more information on learning events please click on www.doh.gov.uk/emergencycare/ipasflyer.pdf.

Get the right treatment campaign 2003-2004

The Department of Health is running its annual *Get the Right Treatment* campaign. The aim of the campaign is to promote awareness of the health care options available to patients and encourage appropriate use of them.

This year there will be a focus on newer services, including NHS walk-in centres, as an alternative to visiting their GP, A&E department or dialling 999.

In addition, there are messages around the use of A&E and dialling 999 explaining what an emergency is, what you should do in an emergency and when it is appropriate to call 999 for an ambulance.

The campaign will commence this October with focused activity targeted at staff. The second phase of the campaign will begin in November, featuring local campaign activity supported by national PR. As of January 2004, the national advertising element of the campaign will start. All three phases are set to run until late March 2004.

As part of the staff element of the campaign, a poster and handy credit card sized concertina leaflet, containing the campaign messages, will be distributed for staff to use in

order to signpost people to the options available.

For more information contact Peta Wolstencroft, access and new services team, on 0113 254 5167.

Diary

Practitioners with a Special Interest

An event for Practitioners with a Special Interest endorsed by the Royal College of General Practitioners, the Royal College of Nursing and the Allied Health Professionals Forum and sponsored by NatPaCT will be held on 6 November at The Brewery near the Barbican, London.

For further details on this event and to book a place go to www.natpact.nhs.uk/events

OOH Conference

The Department in collaboration with the National Association of GP Co-operatives is to run a one day national conference on October 23 at the Novotel Hammersmith, London, on the future provision of OOHs under the new GMS contract. The event is primarily aimed at PCTs but representatives from strategic health authorities, NHS Direct, GP co-ops, commercial organisations and other parts of the emergency care network will also be invited.

Further details at www.out-of-hours.info/

Improving emergency care for mental health patients – case study

To help improve and streamline emergency care for mental health patients, South London's St George's Hospital Liaison Psychiatry Team has evaluated the process of caring for patients who frequently attend its A&E department with psychiatric problems.

The team has compiled structured care plans, which identify the cause of repeat attendances, enabling possible solutions and improvements to be considered. These care plans are kept in A&E and the existence of a plan is automatically printed on the front of the attendance card when the patient next attends.

The introduction of care plans has resulted in a reduction in attendance rates. Psychiatrist Dr Jim Bolton said: "The availability of background information has led to patients spending less time in A&E, helping to ensure patients receive the most appropriate and timely care. The new process is far less frustrating for all of us. We are all better equipped to manage this common clinical need and the patient journey has improved."

The system has been adopted by Liaison Psychiatry and A&E departments in neighbouring hospitals in south west London and has been extended to include other patients with mental health problems who might present particular management difficulties.

For more information contact Dr Jim Bolton, Department of Liaison Psychiatry, St Helier Hospital, Wrythe Lane, Carshalton, Surrey SM5 1AA or telephone 020 8296 2682.

Nationally, the Department of Health has set up a mental health in emergency care working group, chaired by Sir George Alberti and Anthony Sheehan, chief executive of the National Institute for Mental Health in England. Its output will help to support the most appropriate, effective and speedy management of mental health patients who receive emergency care, for example, when visiting A&E or of those who use the NHS ambulance service.

For more information on national developments contact Kathryn.stelfox@doh.gsi.gov.uk or on 0207 210 5488.

Ambulance CHI report

The Commission for Health Improvement (CHI) has published a report on ambulance services. The department will use the review to build on the strengths of the service and to address shortcomings. The department and the NHS Modernisation Agency will continue to work together to spread good practice and innovation across the NHS ensuring that the service continues to improve.

The report *What CHI has found in: ambulance trusts*, is at www.chi.nhs.uk/eng/cgr/ambulance/report03/index.shtml

Ambulance self-assessment tool

The Department of Health in partnership with the NHS Modernisation Agency has designed a self-assessment tool to help NHS ambulance trusts, working with their local partners, to assess their ability to deliver *The NHS Plan* and to help enhance the quality of care for patients.

It allows trusts to diagnose their strategic capacity and capability and to identify their priorities for development and support. Use of this tool is optional and is designed to complement any other assessment approach already being used.

Please send any feedback on the tool to the emergency care team, which will be working closely with the Commission for Healthcare Audit and Inspection and other colleagues on its continued development.

More at www.doh.gov.uk/emergencycare/reportsguidance.htm or www.doh.gov.uk/emergencycare/ambulances.htm

Additions to the electronic library and toolkit

A summary of recent additions to the National Electronic Library for Health's emergency care specialist library is available at www.nelh-ec.warwick.ac.uk/ and recent additions to the emergency care toolkit are available at www.nelh-ec.warwick.ac.uk/ECL_Toolkit/index.html

The National Template for Emergency Care Patient Group Directions is available at www.nelh-ec.warwick.ac.uk/ECL_Toolkit/PGDs.htm

Emergency Services Collaborative update

More than 90 per cent of patients on average were seen, treated, admitted or discharged within four hours at Wave 1 sites as of mid-August. Overall, performance of Wave 1 has been exceeding or meeting the 90 per cent four-hour target since late March, suggesting that improvements made thus far are sustainable, long-term changes. Wave 2 achieved 89.2 per cent, Wave 3 achieved 88.5 per cent and Wave 4 achieved 91.5 per cent of patients being seen, treated, admitted or discharged within four hours.

Year on year, the trend is for waves to administer to patients much more quickly under the ESC's programme. Wave 1 has achieved 90.5 per cent of patients being seen, treated, admitted or discharged within four hours, up from 84.2 per cent in September 2002 and higher than the 83.5 per cent recorded at this time last year. Wave 2 achieved 89.2 per cent, up from 74.2 per cent in September 2002.

At Wave 3 sites, 88.5 per cent of patients were seen, treated, admitted or discharged within four hours of arrival at A&E, up from 76 per cent in September 2002. Wave 4 administered to 91.5 per cent of patients within four hours, up from 80.5 per cent in September 2002.

Self-assessment is an integral barometer of the success of the programme and early indications are promising. Project teams in Wave 1 posted a mean self-assessment score of 3.3 in the eighth month of the programme, equal to the 3.3 posted by the Cancer Services Collaborative (CSC) and better than the coronary heart disease (CHD) programmes at similar stages. Waves 2 and 3 posted scores of 2.6 each, higher than Wave 1's score of 2.4 at similar stages of the programme; Wave 4 reported a score of 1.9, in line with earlier waves. For further information on the ESC, its events and monthly report, contact Kerrin Howard at 020 7061 6780 or e-mail Kerrin.Howard@doh.gsi.gov.uk or visit www.modern.nhs.uk/emergency.