Unscheduled Care

The role of the EM Clinician

Bill Morrison
Consultant, Emergency Medicine
NHS Tayside
Emergency Medicine

‘A service with the expertise to assess and manage undifferentiated patients when the urgency of presentation is such that no appropriate alternative arrangements can be made.’
Doctors: 24/7 care will push NHS to the limit

BMA warns of looming crisis in out-of-hours care as 999 calls and A&E admissions hit record high

LYNSAY MOSS
HEALTH CORRESPONDENT

The NHS in Scotland will soon be unable to cope with the growing number of patients trying to access care outside normal hours, doctors will warn this week.

The accident and emergency (A&E) departments and telephone service NHS 24 have seen demand soar in recent years.

And now in report seen by The Scotsman, the British Medical Association (BMA) is also expected to call for an urgent investigation into why more patients are choosing to access NHS services outside normal working hours.

It comes as the BMA and the Royal College of General Practitioners have expressed concern about the growing pressure on the NHS, with increasing numbers of patients seeking help outside normal working hours.

The report suggests that the current system is not sustainable and that action needs to be taken to ensure that patients can access the care they need when they need it.
• DoH. The NHS Plan 2001
• DoH. Reforming Emergency Care 2001
• DoH. Taking Healthcare to the Patient: transforming NHS ambulance services 2005
• DoH. Choosing Health. Making healthy choices easier 2005
• DoH. High quality care for all: NHS next stage review (Darzi) 2008
Scotland A&E attendances 1986 to 2009

Data Source: ISDS1 - published data
HEAT T10

How did we get here?

Is it worthwhile / do-able?

Do ED departments/staff have a role?

Who/What can have the major influence in a successful outcome?
HEAT T10

• The Public

• Emergency Medicine Depts/Staff

• Primary Care - daytime / OOH

• NHS24

• SAS
Health Department Policy
Unscheduled Care

Scotland ➔

← England
Primary Care and Emergency Departments

Report from the Primary Care Foundation – March 2010
Primary Care and Emergency Departments

• Approximately 50% of services have some form of Primary Care operating within or alongside the Emergency Dept

• ‘Primary Care’ cases make up between 10 and 30% of ED attendances. (Whipps Cross – 27%)
Key Principles

• Patient safety comes first. The system must be safe for the patient
• Capacity must be matched by demand
• Patients should be seen by the skill group best able to meet their needs, but flexibility should be built in to the system
• Clinical and operational governance processes should apply to all patients and all pathways across primary and emergency care, supporting the development of safe care and making good use of resources
Academic Review – Analysis and Results

• A GP working in the ED may result in less referrals for admission and less tests being undertaken. Cost benefits may exist but evidence is weak.

• Redirect away from the ED has had variable results regarding future attendances and the assessments of the safety of this intervention also revealed variable results.

• Educational interventions have not been shown to change attendance patterns.

• There is a paucity of evidence available to support the current system.
Primary Care and Emergency Departments

‘We were surprised to find there was no evidence that providing Primary Care in Emergency Departments could tackle rising costs or help to avoid unnecessary admissions.

Instead GPs can add vital skills and expertise to the multi-disciplinary team in Emergency Departments, better meeting the needs of patients who present with the type of conditions commonly seen in Primary Care.’

Dr David Carson, Joint Director of the Primary Care Foundation
Primary Care and Emergency Departments

‘We firmly believe that patients that attend the Emergency Department should be seen and treated where and when they attend (using GPs for those with primary care presentations). Referring them back to be seen in General Practice at another time is not good care and is not a desirable experience for the patient. While follow-up appointments or additional care may be provided later by the patients GP, the immediate needs of the patient should be met whichever part of the NHS they have chosen to access.’
Milestones?

• 1962 – The Platt Report
• 1979 – Royal Commission on NHS (Merrison)
• 1981 – Working Party of JCC/GMSC (Mills)
• 1990 – Royal Infirmary, Glasgow (Morrison)
• 1991 – Kings College Hospital (Dale et al)
• 1991 – RCGP Council
• 1998 – The Way Ahead (BAEM Document)
• 2010 - Primary Care Foundation
HEAT T10

• The Public

• Emergency Medicine Depts/Staff

• Primary Care - daytime / OOH

• NHS24

• SAS
The Public
A majority agree that: people should only go to A&E if they are seriously ill or hurt, they know NHS 24 provides health advice and that A&E should ask people who aren’t seriously ill to see their GP the next day

Q7. Agreement with statements to help RIE to design and deliver services that are in line with the needs of the public

- People should only go to A&E departments if they are seriously ill or hurt
  - Agree strongly: 32%
  - Tend to agree: 52%
  - Tend to disagree: 12%
  - Disagree strongly: 5%
  - Base: All (225)

- I know NHS 24 provides health advice
  - Agree strongly: 56%
  - Tend to agree: 26%
  - Tend to disagree: 2%
  - Disagree strongly: 12%
  - Base: All (225)

- A&E should ask people who are not seriously ill to see their GP the next day
  - Agree strongly: 29%
  - Tend to agree: 42%
  - Tend to disagree: 14%
  - Disagree strongly: 14%
  - Base: All (225)
two in three agree that A&E departments should treat all people irrespective of what is wrong with them; 60% agree they know about the out of hours GP service and 55% agree they know NHS 24 can make an appointment to see a doctor out of hours

Q7. Agreement with statements to help RIE to design and deliver services that are in line with the needs of the public

- **A&E departments should treat all people who go along irrespective of what is wrong with them**
  - Agree strongly: 23%
  - Tend to agree: 42%
  - Tend to disagree: 21%
  - Disagree strongly: 12%
  - Don't know: 2%

- **I know about the out of hours GP service**
  - Agree strongly: 40%
  - Tend to agree: 19%
  - Tend to disagree: 6%
  - Disagree strongly: 26%
  - Don't know: 8%

- **I know that NHS 24 can make an appointment for me to see a doctor out of hours**
  - Agree strongly: 36%
  - Tend to agree: 19%
  - Tend to disagree: 4%
  - Disagree strongly: 31%
  - Don't know: 10%

Base: All (225)
9 in 10 agree people should only go to A&E if seriously ill / hurt; more than 8 in 10 agree A&E should ask people to see GP if not seriously ill ...

Q5. Relative attitudes towards potential design and delivery of services by NHS Lothian

- **A&E should be able to send people to other depts for minor treatments**
  - Agree: 48%
  - Tend to agree: 44%
  - Tend to disagree: 2%
  - Disagree strongly: 5%
  - DK: 3%

- **People should only go to A&E depts if seriously ill / hurt**
  - Agree: 46%
  - Tend to agree: 45%
  - Tend to disagree: 7%
  - Disagree strongly: 24%
  - DK: 9%

- **A&E should ask people not seriously ill to see their GP next day**
  - Agree: 43%
  - Tend to agree: 39%
  - Tend to disagree: 10%
  - Disagree strongly: 4%
  - DK: 4%
... just over half agree that A&E should treat all attendees irrespective of illness, or that people who have not taken medical advice before going to A&E should be asked to call NHS 24 first.

Q5. Relative attitudes towards potential design and delivery of services by NHS Lothian

- **A&E should treat all who go along irrespective of what is wrong with them**
  - Agree: 55%
  - Disagree: 39%

- **People who have not taken advice before going to A&E should be asked to call NHS 24 first**
  - Agree: 53%
  - Disagree: 39%

Base: All (1052)
Unmet Patient Need = Unmet Patient Want?
T 10

Emergency Medicine
Evolution of 3 day guideline in Tayside

• August 1998 – Amalgamation of A&E services on Ninewells Site

Any patient presenting with a complaint of over 3 days duration were identified at the triage stage and assessed by a senior doctor as to whether they should be seen in A&E, redirected to primary care or given advice.’
Evolution of 3Day Guideline in Tayside

• Amended to include those patients who were already under treatment for the presenting condition by their GP.

• Introduced into Perth Royal Infirmary ~ 2004
Primary Care or A&E? A study of patients redirected from an Accident and Emergency Department

- 179 patients over 2 month period (~13%)
- 113 male : 66 female
- 91% between ages 46 – 64
- 138 - mon-fri : 41 – sat-sun
- 74% (0800 -1700) : 24% (1700 – 0000)
- 51% ‘traumatic’
- 36% had already seen their GP
Primary Care or A&E? A study of patients redirected from an Accident and Emergency Department

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<thead>
<tr>
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<td>Advised to see GP</td>
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<td>Seen in A&amp;E</td>
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<td>Advice only</td>
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Primary Care or A&E? A study of patients redirected from an Accident and Emergency Department

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<td>Subsequently attended GP</td>
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<td>X rayed</td>
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<td>Fractures</td>
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Primary Care or A&E? A study of patients redirected from an Accident and Emergency Department  

**Duration of Symptoms**

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<td>4-7 days</td>
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<td>1-4 weeks</td>
<td>95</td>
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<td>1-12 months</td>
<td>31</td>
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<td>&gt;1 year</td>
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Primary Care or A&E? A study of patients redirected from an Accident and Emergency Department

Reasons for Attending

- Continuing Symptoms 82
- Convenience 63
- Second Opinion 33
- No GP appointment 18
- Not registered 6
- Requesting X ray 5
Evolution of 3Day Guideline in Tayside

• 3 Day Guideline
  Patients who have problems due to injury or illness and where symptoms have been present for more than 3 days, should be advised
  - regarding the guideline
  - that they may be redirected to GP/OOH
  - that they will be reviewed by a senior member of medical staff who will make this decision.

• Patients who present with minor illness or any problem which would normally be seen by a GP should be advised that they will be reviewed by senior medical staff and may be redirected to their GP/OOH for a more appropriate level of care.
  This applies no matter when the minor illness or problem developed.
3 Day guideline – 2009

10 day period

patient attendances - 1800

Seen as 3 day guideline - 115 (6.38%)

Advice and discharge - 22

See own GP - 55

NHS24/OOH - 5

Not seen in A&E - 82 (71%)

Seen in A&E - 33
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<td>179</td>
<td>115</td>
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<td>Redirected</td>
<td>156 (87%)</td>
<td>82 (71%)</td>
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<tr>
<td>Seen in A&amp;E</td>
<td>23 (13%)</td>
<td>33 (29%)</td>
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3 Day Guideline

• Immediate - Patient directed to more appropriate care.
  Education of the individual.

• Long Term - Education of the General population.
Any move to improve or simplify access/remove obstacles to other services MUST be accompanied by a strategy to ensure that Emergency Depts are ‘less available’ to individuals with non emergency presentations.
Primary Care
In and Out of Hours
Scotland

Diverse Country with diverse Health Care needs.

No ‘one system’ fits all.
Primary Care

Attendance per 100 GP population

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<th>Type</th>
<th>Number 1</th>
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<td>RURAL</td>
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Primary Care

• Standard for ‘urgent response’

• Co-location OOH

• Open Access

• Direct admitting rights

• Improved and increased interface/exchange

• Elderly & Care Home Patients
## Nursing Home Audit

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<th>Appropriate</th>
<th>Inappropriate</th>
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<td>33 (36.7%)</td>
<td>57 (63.3%)</td>
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<tr>
<td>GP</td>
<td>53 (58.9%)</td>
<td>37 (41.1%)</td>
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<tr>
<td>GP and ED consultant</td>
<td>27 (30%)</td>
<td>31 (34.4%)</td>
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NHS24 Audit

• All NHS24 referrals that were identified

• Duty Consultant reviewed FAX or ED record and graded appropriate or not

• Consultant indicated a more appropriate disposal
NHS 24 AUDIT

BACKGROUND:

• July 2004 –July 2006 audit of referrals from NHS 24 to Ninewells Emergency Department (ED) carried out to monitor impact of the new service.
• 5687 cases recorded in database.
• 70.2% of all cases coded by ED consultants as appropriate to be referred to ED
NHS24 Audit

- Total number of cases 5687
- Total number “appropriate” 3988 (70%)
- Total number “inappropriate” 1699 (30%)
- Total number “DNA” 532 (9.5%)
NHS24 Audit

Recommended Referrals

- OOH GP service: 1248 (22%)
- MIU: 156 (3%)
- Advice/Self Care: 229 (4%)
- Other: 66 (1%)
NHS 24 referrals to the ED


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<td>Consultant</td>
<td>59%</td>
<td>21%</td>
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<tr>
<td>GP</td>
<td>47%</td>
<td>36%</td>
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**NHS 24 AUDIT**

**Tayside Centre**

- Calls handled in Tayside centre identified with help of Norseman House using PRM number on fax received from NHS 24. (Faxes not sent for all referrals)
- 19% of all NHS24 referrals to Ninewells were handled by the Tayside Call Centre from 21/11/05 to 31/07/06.
- During this time period 84% of calls handled in Tayside centre coded **appropriate** (appropriate rate for all referrals in audit 70.2%).
- Tayside centre limited opening hours and not taking all categories of calls during period of audit
NHS 24 AUDIT

Tayside centre

- From January 2005 to October 2005 - 68% of all referrals coded appropriate
- Tayside centre opened 21st November 2005
- From November 05 - July 06 - 71% of all referrals coded appropriate
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<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
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<td>23</td>
<td>10</td>
<td>9</td>
<td>9</td>
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<tr>
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<td>32</td>
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<td>85</td>
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The Way Ahead

Collaborative Approach

- Full Regionalisation/Priority for own calls
- Integration of OOH/Call Centre
- Local Knowledge
- More Use of ED Advice
- Appropriate Use of MIUs
- Major review of Algorithms/Disposal
- Effective risk management
NHS24

Tayside Local Goals

• Increase Faxes to 90%
• 80% Tayside Calls handled in 2 Call Centres
• Reduce ‘inappropriate’ attendances to 15%
• Increase use of ED Senior Doctor Advice Line
T 10

Scottish Ambulance Service
## SAS A&E activity by type 2004/05 to 2009/10

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<td>361,396</td>
<td>405,617</td>
<td>434,265</td>
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<td>154,071</td>
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<td>13,167</td>
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<td>11,835</td>
<td>11,234</td>
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<td>527,302</td>
<td>571,658</td>
<td>596,618</td>
<td>604,133</td>
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SAS

• Combined Triage Tool

• See & Treat/ ECP role development

• Tasking

• Education

• Clinical Decision Support
NHS Scotland
Healthcare Quality Strategy

Making quality count

Putting quality at the heart of everything we do
Key messages

- Not ‘just another strategy’
- Integrated rather than additional
- For all of us-NHS, partners and the public
- Development of *Better Health Better Care* – not a replacement
- Underpinned by alignment of policy, planning and performance management