

Fact File

FIT FOR THE FUTURE

Developing urgent and hospital care in Gloucestershire

Emergency and Acute Medicines

What is Emergency and acute medicine?

Doctors in emergency medicine carry out the immediate assessment and treatment of patients with serious and life-threatening illnesses (e.g. a heart attack) and injuries (e.g. serious road traffic accidents). They work in Emergency Departments, which can also be referred to as Accident & Emergency (A&E) or Casualty.

Acute medicine is closely related to emergency medicine and is the immediate and early specialist care of a patient who has arrived at the hospital as an emergency, either treating the patient then and there, or agreeing the treatment required and:

- Moving patients on to the care of the most appropriate team of specialists inside the hospital
- Discharging patients home and/or to other services best equipped to support them

How are services provided at the moment?

The key services are based in specialist (acute) hospitals. These are:

- Emergency Departments – sometimes referred to as ‘Accident and Emergency’ or A&E
- Acute Assessment Units
- Acute Medical Units

Acute Assessment Units are for people who are less seriously unwell but may have complex medical conditions and/or require a specialist opinion but are unlikely to need to stay in hospital overnight.

Acute Medical Units are for very unwell medical patients who require admission hospital stay; patients are seen by an appropriate specialist (e.g. heart or lung specialist) if required and may be transferred to a speciality ward especially if the stay is likely to be longer than 2-3 days.

Currently in Gloucestershire, there is a full Emergency Department service at Gloucestershire Royal Hospital (GRH) open 7 days a week, 24 hours a day and at Cheltenham General Hospital (CGH) 7 days a week (8am-8pm).

Between 8pm and 8am in Cheltenham, emergency ambulances go straight to GRH’s Emergency Department. A walk in service provided by Emergency Care Practitioners is available at CGH overnight.

Your GP can refer you directly to an Acute Medical Unit in CGH to see a hospital doctor. If you are assessed as not needing life-saving emergency care, paramedics also have the ability to refer you directly to this Acute Medical Unit within defined protocols (written guidance agreed between health services).

The assessment unit in GRH is open 7 days a week, 8am – 9pm hours a day, and there is also an acute medical unit which is open 24/7.

More than three quarters of patients who arrive as an emergency will go to an acute assessment setting and around three quarters of patients seen in these assessment units will be able to go home within 1-2 days.

GRH is also currently a specialist centre for related services such as emergency care for children and high risk maternity care, and is a designated unit for stroke care and trauma.

The Stroke Unit is located in GRH. Very ill patients immediately following a stroke are cared for in the Hyper-Acute Stroke Unit (HASU) where they receive specialist care. Patients leaving HASU and expected to return home within two weeks continue to be cared for in the stroke rehab unit in GRH; those expected to require a longer recovery may be transferred to the community stroke rehab unit in the Vale Community Hospital.

Both hospitals also provide a range of other 'walk in' same day urgent care services (for minor injuries and non-life threatening emergencies).

On average, following assessment by experts, about 100 people each day need the very specialist life and limb-saving services of the most specialist emergency departments and assessment services.

Background – why is change needed?

The key issues we want to address are:

- **Rising demand from more complex patients:** there is a year-on-year increase in the number of people attending ED. Of those who come to ED, a rising proportion are more unwell and require more complex care from a range of different specialists.
- **Availability of staff:** it is increasingly difficult to recruit emergency care staff. This is due to national shortages you may have read or heard about in the news.

- **Ability to get rapid access to other medical specialist advice in an emergency:** there has been widespread coverage in the media regarding the workforce challenges in healthcare. Clinical staff are spread too thinly at the moment – specialists can't be in two places at once and there aren't enough available to run full teams on both sites. This means patients sometimes have to wait for the right specialist to be available to see them, which can lead to delays in starting the right care or treatment.
- **Confusion about what services are available:** there are different services available on each site, and public misconception about what is available (e.g. that Cheltenham is 'closed' overnight). As well as being confusing this is potentially inequitable as some members of the public will know more than others about the difference between the two sites.

What potential solutions have been explored so far?

If you have a life or limb threatening illness or injury that needs a 999 response, evidence suggests you have the best chances of survival and good recovery if you receive treatment in a centre with the right staff expertise, facilities and equipment.

This is not just about Emergency Departments, but also about the vital diagnostic services and assessment units that work alongside them to offer the full range of expertise that is needed to ensure patients are on the right treatment path from the outset and go on to experience the very best possible outcomes.

What the evidence says about this:

- Getting patients to definitive, specialist hospital care can be more important to outcomes than getting them to the nearest hospital for certain conditions, such as stroke, major trauma and heart attacks
- In an emergency, patients should be seen by a senior clinical decision maker as soon as possible. This improves outcomes and reduces length of stay, hospitalisation rates and cost
- Acute assessment units (which co-ordinate tests and input from the different hospital specialist teams) enhance patient safety, improve outcomes and reduce length of stay

Transforming Urgent and Emergency Care Services in England, 2015

There are some key requirements for a high quality emergency care service, and therefore a range of potential solutions.

These range from leaving things as they are now, to developing a single emergency care centre on one of the two sites – with the other site continuing to provide 24/7 access to same-day urgent care services.

Some helpful terms:

Acute Assessment Unit: a short-stay department that may be linked to an emergency department but functions as a separate unit. It provides rapid assessment, diagnosis and treatment of patients who need urgent or emergency care, often on the same day.

Acute Medical Unit: for acutely unwell medical patients who require admission; patients are seen by a sub-specialist if required and may be transferred to a speciality ward especially if the admission is likely to be longer than 2-3 days.

Acute Medicine: the part of general (internal) medicine concerned with the immediate and early specialist management of adult patients who present to, or from within, hospitals as urgencies or emergencies.

Emergency Department: the hospital department specialising in the stabilisation and treatment of patients who present without prior appointment; either by their own means or by that of an ambulance.

Emergency Medicine: the medical specialty concerned with the care of illnesses or injuries requiring immediate medical attention.

Stroke Unit: Specialised ward for the care of patients that have suffered a stroke. The Stroke Unit is located in GRH. Very ill patients immediately following a stroke are cared for in the Hyper-Acute Stroke Unit (HASU) to receive specialist care.

Trauma Unit: Back in 2012, there was a national process to create Major Trauma Centres. Trauma Centres are part of a network of authorised hospitals which have the skills and equipment to treat seriously injured patients. Our nearest Major Trauma Centre is Southmead Hospital in Bristol.

To support the Major Trauma Centres, Trauma Units were established around the country. These still treat injured patients, but not those with life-threatening injuries. Gloucestershire Royal Hospital (GRH) became a designated Trauma Unit for the county in 2012.