

Emergency Care Bulletin

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In line with the Department of Health's new website, changes have also been made to the way in which additional information about *Emergency Care Bulletin* items is accessed.

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TOP NEWS

Improving access: specialist opinion and beds

The Department of Health and NHS Modernisation Agency (MA) have launched two new key checklists focusing on bed management and waits for a specialist opinion.

With just 206 days to go to the four-hour A&E target deadline, the department has written to all strategic health authority (SHA) chief executives to alert them to these new sources of assistance.

The checklists are primarily aimed at chief executives and senior clinicians, as their role will be key in delivering the recommendations. SHA chief executives have been asked to make sure all local trust chief executives are fully aware of the checklists. Trusts with significant four-hour breaches caused by waits for beds or waits for specialist opinion are strongly recommended to take up the core actions.

Work to develop the checklists was led by Mark Jennings, recently appointed as the MA's national lead for clinical systems improvement.

Mark, a former trust executive director, said "Cracking waits for beds and specialist opinion are some of the toughest issues trusts still face in delivering the last few per cent or so needed to meet the A&E target. It means freeing up senior clinical decision makers' time and improving the flow of patients through the hospital. These are issues that can be solved only with action by the chief executive, operations directors and senior clinicians. This is why the checklists are primarily, though not exclusively, aimed at this group.

"Putting the some of the action into practice will require a big shift in thinking and practice, but the good news is that trusts can make really big gains through quite straightforward action once the core issues have been gripped."

Key recommended actions are:

On waits for beds:

- action to speed up simple discharges; supported by
 - trust-wide control of beds
 - an understanding of hourly admission and discharge flows

On waits for a specialist:

- ensuring senior decision makers are available when needed and supported, where appropriate, by
- protocol-driven A&E admitting rights
- direct access to assessment units for lower volume specialists.

Though not mandatory, the actions recommended represent the core approach of both the department and the MA.

Trusts are encouraged to use all approaches that help them deliver the required 98 per cent minimum of patients spending four hours or less in A&E by December.

No trust which has developed a successful alternative approach will be asked to switch its focus. But where trusts are not on course to deliver the final target, the principles in the

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VOICEPIECE



Peter Bradley,
national
ambulance
advisor,
Department
of Health

In May, Peter Bradley – chief executive of the London Ambulance Service – took up a new part-time post as national ambulance advisor to the Department of Health. Over the next six months he will lead a review aimed at devising a clear strategic direction for ambulance services in England, supported by ambulance trust chief executives, clinicians and the Department of Health.

"This is an important and interesting time for the ambulance service. Emergency care is evolving and the ambulance service is starting to play a more central role in that. Whether it be in new ways of working such as the emergency care practitioner or in helping to provide out-of-hours cover in light of the new GMS contract, the service has moved forward a huge amount over the last 20 years. Today we are

recognised as a health profession with a crucial role to play in improving patient care.

I am very excited by this challenge and delighted that the Department of Health has given us such a wide remit to look at. Working with other colleagues, we want this review to produce something of real value that will help deliver demonstrable changes and improvements for patients, staff and to the overall health service.

'... we need to involve the public in redesigning our services'

Over the next six months we will be looking at a variety of issues, including how best to report on response time standards and implement the recommendations of the recent review of call categorisation to ensure patients receive transparent and consistent service. We will also be considering new patient care quality measures around patient outcomes and survival rates, as well as specific

conditions such as cardiac arrest, stroke and asthma.

Education and training is a significant piece of work which the review will assess. Training for ambulance staff has generally focused on critical care over the years, yet this is only a small proportion of our work. Mostly we deal with non-life-threatening conditions, such as elderly fallers and patients with chronic conditions. Staff must be trained to assess patients' needs and make appropriate referrals. We need to make sure we have got the right people with the right skills, doing the right job. We need to provide the appropriate response to calls we receive – this is not always an ambulance.

Crucially, we need to involve the public in redesigning our services. We must also work much harder to attract people from different backgrounds to reflect the communities in which we work. It is essential we continue our integration into the wider health community so that issues such as GP out-of-hours provision can be a catalyst for improving patient care and for forging stronger relationships throughout health economies."

TOP NEWS... continued

National tools

Continued from page 1

checklists will form the standard basis for nationally supported improvement action through the emergency care project team. SHAs will be expected to use the principles as a basis for discussion with trusts not yet on track. The recovery and support unit will use this approach in its contacts with SHAs.

The *Improving Partnership for Hospitals* programme is also developing a bed management programme informed by the checklist principles.

[Click here](#) for more information, including a toolkit on aspects of bed management.

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[Click here](#) for more information

For more information e-mail emergencycare@doh.gsi.gov.uk

Disability rights leaflet launched

Health secretary John Reid and Disability Rights Commission chair Bert Massie have agreed a framework for partnership action on disability between the Department of Health and the commission.

This joint programme of action aims to deliver real improvements for disabled people using local services, health and social care providers and the wider disabled community. The objective is to improve the rights, independence, choice and inclusion of disabled people through the ongoing development of the whole health and social care system.

On 9 June a new joint publication *You can make a difference – improving hospital services for disabled people* was launched by the department and the commission. This leaflet aims to improve disabled people's experience of hospital services and gives practical suggestions on how NHS staff can better meet the needs

of disabled service users.

The access provisions of the Disability Discrimination Act 1995 are being extended with effect from 1 October 2004 so that service providers have to take reasonable steps to remove, alter or avoid barriers in their premises which prevent disabled people from accessing services equally.

You can make a difference – improving hospital services for disabled people is being sent out to all NHS acute trusts for distribution to all frontline staff.

The leaflet, along with a larger document giving more detailed guidance, are also available on department's website.

[Click here](#) for more information.

CASE STUDY

Integrated service for victims of violence, emergency unit, University Hospital of Wales, Cardiff

The Home Office and Victim Support have welcomed the UK's first integrated services for victims of violence. The hub of the service is the emergency unit at the University Hospital of Wales, Cardiff.

Hundreds of thousands of people injured through violent crime are treated in NHS emergency care services each year. Nearly a third (30 per cent) go on to develop post traumatic stress disorder (PTSD). Alcohol misuse, particularly binge drinking, is a frequent risk factor.

Acknowledging that there should be much more to services than treating physical injuries, Cardiff Victim Support joined forces with emergency medicine, maxillofacial surgery and liaison psychiatry services in 1997 to form a new evidence-based care pathway.

Access to services is through emergency unit registration, when opportunities to report offences to the police and provide information are given.

Since most assault injuries affect the face, jaws and teeth, brief alcohol misuse interventions are combined with maxillofacial wound care when clinic nurses capitalise on this 'teachable moment'.

During the first week, patients are contacted by an emergency unit nurse funded by the Cardiff Crime Reduction Partnership, which undertakes a mental



From left: seated – Professor Jonathan Shepherd, Baroness Scotland QC. Standing – emergency unit consultant Rupert Evans, Home Office Victims Unit head Frances Flaxington, EU nurse Ruth Weltch, psychiatry liaison nurse Selina Williams and Victim Support's David Parr.

health needs assessment.

This results in 50 to 60 referrals being made to the traumatic stress clinic and Victim Support each month. The crime reduction partnership also funds a traumatic stress clinic nurse.

These services are managed by Cardiff and the Vale NHS Trust and the Cardiff Community Safety (Crime Reduction) Partnership. Links with the local Criminal Justice Board through Victim Support provide a conduit for victims from the criminal justice system.

At each level of care, evaluations demonstrate effectiveness. Prevention is a major priority. Information about precise location and time of violence is

used to target police resources – at particular clubs for example. Alcohol intervention has resulted in a quarter of 'hazardous drinkers' becoming 'safe drinkers' a year later. Early psychological interventions also prevent future PTSD.

Congratulating the Cardiff team, Home Office minister Baroness Scotland said: "What I found particularly impressive is that the Cardiff project has been sustained over several years."

● For more information and published evaluations e-mail Professor Jonathan Shepherd at bennisonlg@cardiff.ac.uk or telephone 029 20742442.

Discharge lounge – successful pilot scheme

A discharge lounge at the Diana, Princess of Wales Hospital in Grimsby is being kept permanently following a successful three-month pilot.

The pilot was just one of the schemes implemented as part of the Emergency Services Collaborative, which examined how the experiences of how Northern Lincolnshire and Goole Hospital NHS Trust's emergency patients could be improved.

The pilot ran in February, March and April after which the trust's medical division evaluated the lounge's benefits.

Excellent feedback was received from patients using the lounge,

which was found to have a positive effect on discharges from both medical and surgical wards. Though initially for medical patients, its success has led to requests for it to be extended to surgery patients.

Its achievements included:

- no additional medical beds opened
- the trust achieving its target of 94 per cent of patients being treated, admitted or discharged from A&E within four hours in March – giving it a £100,000 capital boost

- no emergency bed meetings called

- a reduction in the number of patients waiting over four hours from decision to admittance to being transferred into a bed

The lounge is open from 10am to 6pm, Monday to Friday, and is staffed by a nurse and healthcare assistant.

- For more information contact Lisa Webster on (01724) 387739.

Analysing A&E data

A tool designed to enable A&E departments and trusts analyse core data has been developed by the Department of Health and the NHS Modernisation Agency.

The purpose is to provide a structure for clinicians and operational managers to identify the particular causes of performance problems and, therefore, focus improvement effort in the places where it will have the most benefit.

Many trusts will have already made use of this standard set of core analysis when it was provided through the Emergency Care Project Team in February. It is now been adapted into a tool which A&E departments and trusts can access. This will help to produce more detailed analysis of A&E data.

[Click here](#) for more information.

● E-mail Claire Howland at emergencycare@doh.gsi.gov.uk or telephone 0207 633 4060

Leadership programme

The Improvement Partnership for Ambulance Services, Senior and Middle Manager Development Programme (IPAS SaM) is the largest national development programme ever commissioned specifically for ambulance trusts.

The programme, which began in early April, consists of two three-day residential modules for senior managers and a separate programme for middle managers.

Its aim is to equip staff with the necessary support and development to lead services forward and ensure ambulance services have a key role to play in the modern NHS.

Zero star and other trusts, challenged by the former Commission for Health Improvement which the programme is aimed at, have each been offered six places on each programme. All the places are fully funded by IPAS.

Staff from eligible trusts interested in attending should contact their HR director.

● For more information contact Manjit Smith on 020 7061 6819 or Manjit.K.Smith@doh.gsi.gov.uk

'A document you must treat with respect: the ambulance report form'

This title is from an article published in 1979. The message though, however blunt, is as relevant in today's era of clinical governance.

The ambulance report form is a clinical record, often very different in nature from traditional hospital-based documentation but, nevertheless, a valuable resource, integral to safe and effective hand-over from ambulance to hospital staff.

Every patient episode involving an emergency ambulance should result in completion of a formal record of the patient's care. This is intended to facilitate clinical audit in the ambulance service but also to form part of the patient's clinical record, and should be filed in the patient's notes as such, with due respect to patient confidentiality.

It is essential that health professionals in both ambulance and acute trusts do not underestimate their value or legal status.

● For more details contact Dr Iain McNeil of the NHS Modernisation Agency's Clinical Governance Support Team at iain.mcneil@ncgst.nhs.uk

Working Time Directive guide

A new guide has been produced to assist NHS trusts in complying with the Working Time Directive (WTD) by 1 August.

A Compendium of Solutions to implementing the Working Time Directive for Doctors in Training from August 2004 is supported by the British Medical Association, Academy of Medical Royal Colleges, NHS Confederation and Department of Health.

The document gives practical advice on all areas which will be affected by the new employment requirements including ways of staffing hospitals at night and of redesigning rotas.

Based on pilots run throughout the NHS over the last year, it includes suggestions on making

more effective use of doctors in training, consultants and other health professionals. The guide also addresses the particular needs and difficulties of small and isolated sites in complying with the legislation, details areas where legitimate opt outs can be considered and shows how to create new structures to continue treatment outside secondary care.

The range of support available from the NHS Modernisation Agency is listed as well as a comprehensive compilation of web-based resources.

[Click here](#) for more information.

Fewer delays

A three-year drive to cut delayed discharges from NHS hospitals has freed up 4,000 beds – the equivalent of eight extra hospitals, the Government has announced.

Last December, the number of patients kept in hospital because there was no suitable care for them in the community was 3,220 – down from 7,065 in September 2001 when the Cash for Change programme was launched.

The programme provided £300 million to local councils over two years to ensure they had the capacity to care for people being discharged from hospital who need extra support. Councils are also receiving an additional £100 million a year under the Delayed Discharges Grant to ensure they continue to make progress.

Since January local authorities must pay the NHS for delays in discharges caused by slow assessments of a patient's needs when they leave hospital or a lack of suitable social services to support them when they no longer require medical treatment.

Councils are charged £100 a day per patient (£120 in London and the south east) for every patient delayed in hospital.

Provisional figures for March show the number of delayed discharges has fallen further to 2,895.

[Click here](#) for more information.

Over-the-counter statins

A cholesterol-reducing drug which can cut the risk of heart attacks is to become available without prescription.

Statins, which save as many as 7,000 lives a year, are currently prescribed to 1.8 million people in this country.

The Committee on Safety of Medicines (CSM) is advising that simvastatin should be available over the counter in a 10 milligram dose.

It believes the benefits greatly outweigh any possible risk and carried out a safety review before making its recommendation, which has been accepted by health secretary John Reid.

A Department of Health spokesperson said: "By extending access to this drug we are giving people more choice about how they protect their health. By lowering cholesterol levels, statins can reduce heart attacks by as much as a third after three years of taking the drug."

The move will also give pharmacists a greater role in helping people to stay healthy. Over-the-counter sales start this summer.

[Click here](#) for more on CHD/statins
[Click here](#) for the CSM website

Cardiac arrhythmia

A new consultative group has been set up by the national clinical director for heart disease Dr Roger Boyle to deal with cardiac arrhythmia.

Its main objective will be to create a new chapter in the National Service Framework on Coronary Heart Disease.

This will promote the early diagnosis and treatment for people living with heart rhythm disorders that can lead to brief losses of consciousness, seizures or Sudden Adult Death syndrome.

The new organisation's president will be Professor John Camm of St George's Hospital, London.

A consultation paper has been published. Comments on the proposals must be made by 4 August.

[Click here](#) for more information.

Choice and equity

The NHS is leading the world in supplying choice and fairness of access to patients, an international organisation has found.

A report by the Organisation for Economic Co-operation and Development (OECD) found that UK access to care by doctors is among the most equitable of any OECD country.

Towards High-Performing Health Systems confirms the importance of prevention as well as cure for public health, the value of health promotion and importance of achieving maximum productivity and efficiency from health systems.

A Department of Health spokesman said: "The NHS is one of the most efficient health care systems in the world and its focus on public health has been immensely important."

The document was published to mark the first ever meeting of OECD health ministers.

[Click here](#) for more information.

First national emergency heart care honour

Hospital and ambulance service staff have won the first national award for the care of heart attack victims.

Rochdale Infirmary and Greater Manchester Ambulance Service (GMAS) won the Best Practice in Integrated Cardiac Care award for working as a team to give patients a better chance of survival.

The team have introduced several new initiatives which have helped them administer life-saving thrombolytic drugs to 95 per cent of heart attack patients within 60 minutes of a 999 call being received. The national target for treatment within 60 minutes is 75 per cent.

All ambulance crews across Greater Manchester are trained to apply monitoring equipment before hospital arrival to speed up diagnosis and give thrombolysis as soon as possible after arrival at accident and emergency. The paramedics also alert the hospital's heart attack team so they are ready to receive patients.

The hospital and GMAS have also introduced a multi-disciplinary education programme on chest pain and clotting drugs for paramedics, doctors and nurses.

[Click here](#) for more information.

New air ambulance chief executive

The new chief executive of the Yorkshire Air Ambulance has unveiled several money-raising initiatives to secure the charity's long-term future.

Martin Eede, who has a wealth of fundraising experience, will lead the charity, which has to generate £1.4 million a year to keep the helicopter airborne.

"We need to increase our operational capacity and want to offer coverage from 6am until later at night, as opposed to during daylight hours only, but this costs money," he said.

"The response from staff, trustees, and most of all, the people of Yorkshire, means that not only do we have to secure the increased capacity but, with their support, I believe we will."

Mr Eede, a former director of Special Olympics UK and chief executive of the Terrence Higgins Trust, plans to set up a Friends of Yorkshire Air Ambulance to give supporters more involvement in the charity, including trips to meet the paramedics and see the helicopter.

The Yorkshire Air Ambulance has been saving lives across the county since 2000. It has carried more than 500 patients to hospital and helped with more than 1,700 incidents.

[Click here](#) for more information.

Emergency exercise success

The first major emergency exercise to be run by the Health Protection Agency (HPA) outside London has been judged a great success.

Exercise Magpie involved 200 volunteer casualties in a simulated sarin attack at Newcastle Civic Centre.

Computer modelling was used to make the casualty figures as realistic as possible with 14 of the volunteers 'dying', 30 seriously injured, and the others demonstrating a mixture of symptoms.

The exercise combined the efforts of local police, paramedics with decontamination units and staff in local hospitals and GP surgeries.

Video recordings of the exercise will be studied to see if any lessons can be learned and incorporated in future training.

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Headway helpline

A helpline offering support and information for survivors of brain injury and their families is available through Headway, the brain injury association.

The Headway helpline works alongside health and social care professionals and is a first point of contact for survivors and their families.

A dedicated team of helpline workers provides information on brain injury at any stage during the recovery process. This can include providing booklets about coma, coping strategies for the psychological and cognitive effects of brain injury or advice on driving and returning to work.

A UK network of Headway centres offers a wide range of community based activities and local groups provide an opportunity for survivors and their families to talk to someone in a similar situation.

The freephone Headway helpline is open 9am-5pm Monday to Friday on 0808 800 2244.

Emergency care specialist library

The emergency care specialist library, which provides high quality information on all aspects of emergency care, including clinical and operational issues, has been re-designed in a new easy-to-use format.

[Click here](#) for more information.

Recent additions to the electronic library and toolkit

[Click here](#) for a summary of recent additions to the National Electronic Library for the Department of Health's emergency care specialist library.

[Click here](#) for recent additions to the emergency care toolkit.

Events

Second expert summit for modern matrons and senior nurses in emergency care

Following the success of the last summit, Jonathan Asbridge, clinical director for patient experience in emergency care, is hosting a second summit on 15 June at the Palace Hotel, Manchester.

- For more information or to register contact Anna Liddell at the NHS Modernisation Agency on 0116 222 5188

AMBEX 2004 2-4 July: Meeting the challenge 24/7

The Ambulance Service Association's annual AMBEX conference and exhibition will be held from 2-4 July in Harrogate.

The event offers a topical conference programme centred on patient care, together with displays and demonstrations of the very latest patient care equipment. For more information e-mail events@asa.uk.net or 0207 928 9620

[Click here](#) for more information.

NHS Live

The NHS Live national event will combine the opportunity to share ideas and learn from leading health care professionals.

Around 3,500 people are expected to attend the event on 7 July at ExCeL, London Docklands

- Enquiries to 020 7210 5743.

Emergency Care Networks

The Department of Health is holding an interactive session for SHAs about emergency care networks on 13 July in London.

The day will offer a range of practical sessions and case studies outlining effective ways for emergency care networks to be implemented, as well as to further develop established structures.

SHA directors of performance and ESC facilitators will receive further information shortly.

- For more information contact Georgie Sullivan on Georgie.Sullivan@doh.gsi.gov.uk or 07879475041.

Commissioning arrangements for emergency ambulance services and non-emergency patient services event

The National Primary and Care Trust Development Programme (NatPAct) and Improvement Partnership for Ambulance Services (IPAS) are holding this event to provide an opportunity for addressing this year's commissioning deadlines.

There will also be a series of speakers and workshops aimed at primary care trust commissioners and ambulance trust representatives.

It takes place in London on 29 July.

- For more information contact Phoebe White at IPAS on phoebe.white@doh.gsi.gov.uk or 020 7061 6820.

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 July. Please e-mail emergencycare@doh.gsi.gov.uk or write to the Emergency Care Strategy Team, 11th Floor, New King's Beam House, 22 Upper Ground, London, SE1 9BW