



Development of the UK Emergency Medicine System – learning points?

peter driscoll

Objectives

- Why have EM departments?
 - Who works in EM departments?
 - What is happening to ED's now?
 - Top Ten Tips
-

Why have EM departments?

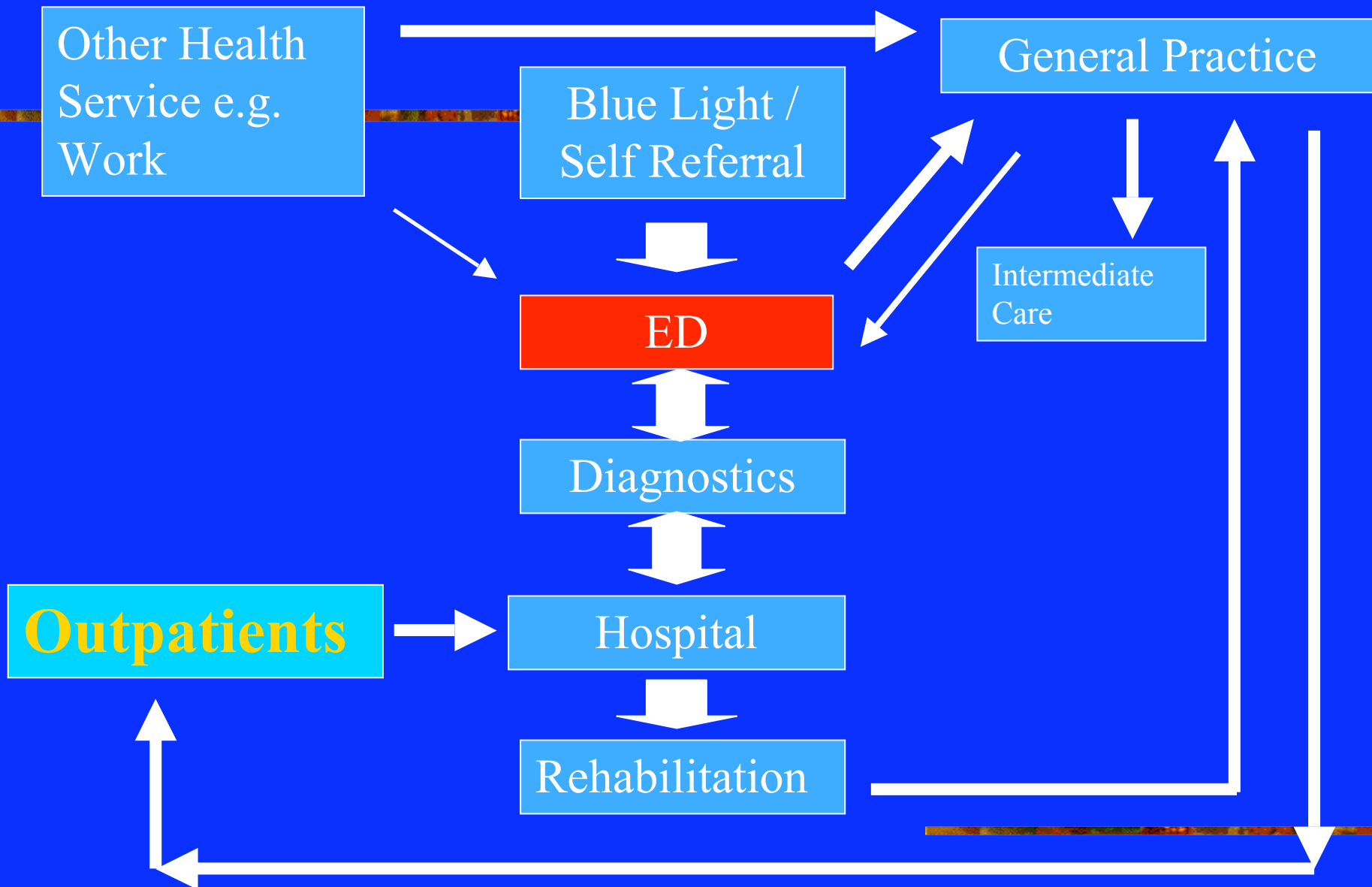
In the beginning there were

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Patients (lots)
Worried junior staff
Few permanent staff
Absent consultants
Concerned politicians



1950's model



Forces for change

- Patient
 - Number
 - Demand
- Physical size of departments
- Lack of leadership
- Hospital specialisation



Political pressure



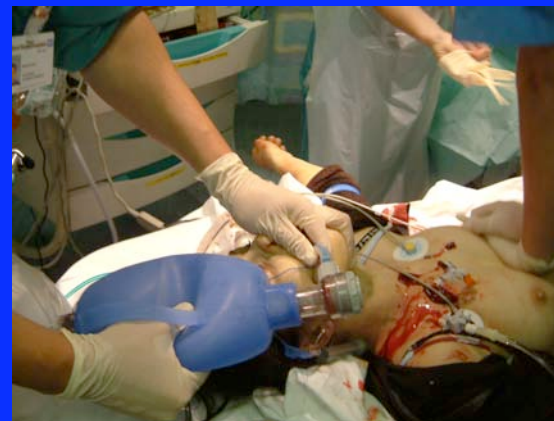
Emergency
Medicine is created

EM Med

- **Organisation**
 - **Association**
 - **Remit of the speciality**
 - **Remit of being a consultant in EM**
 - **Selection & Training**
-

Emergency Medicine

- Huge numbers
- General
- Exposed
- Under resourced
- Stressful
- Exciting
- Dynamic
- Social



Who works best in the ED?

What are the characteristics of EM personnel?

Emergency personnel

- Sharp intellect
- Decision makers
- Team players
- Like new skills
- Adaptable
- Pragmatic
- Prioritise



Selection

- **Historical**
 - **Missionary**
 - **Dedicated**
 - **All specialities**
 - **Current**
 - **Early identification & exposure**
 - **Head hunting**
-

Training

- Previous

- General training ≥ 3 years
- Specific training 3 -5 years

- Current

- 5-7 years
 - Knowledge, skills, communication, psychology
-

Emergency personnel

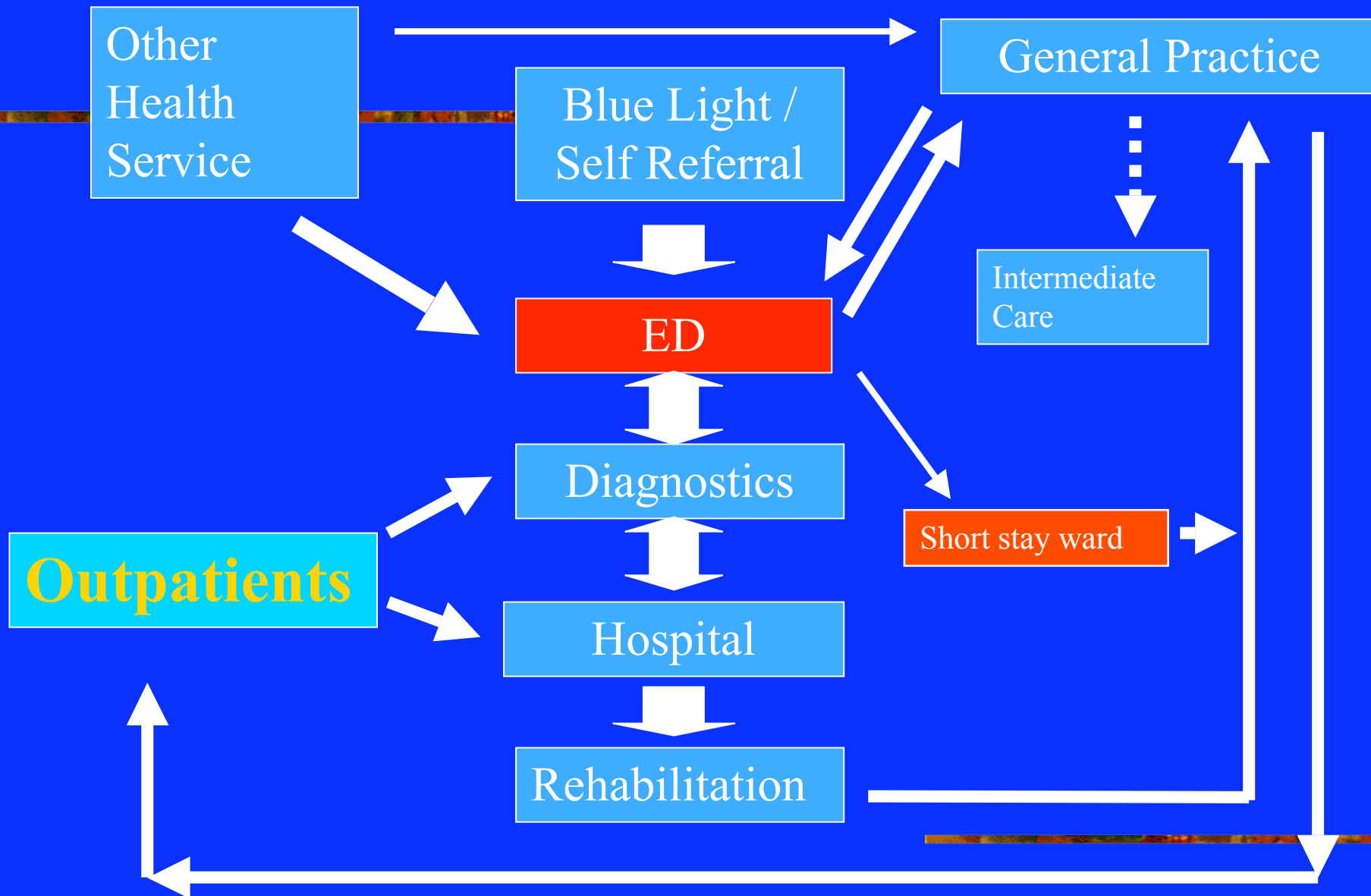
- Sharp intellect
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Emergency personnel

- Sharp intellect
 - Decision makers
 - Team players
 - Like new skills
 - Adaptable
 - Pragmatic
 - Prioritise
 - Limited attention span
 - Assertive/ rude
 - Hunt in packs
 - “Have a go” mentality
 - Sloppy
 - Poor concentration
 - Pessimistic
-

1970's model



Forces for change

- Patient
 - Number
 - Demand
- Specialisation
- Emergency medicine
- Need
- Capability

Political pressure



Increase
Emergency
Medicine role

Intra-specialty forces

- Variable community needs
- Variable ideas of the consultant role
- Variable ideas of the nursing role
- Variable ideas of the ED role

→ EM standardisation

Examination

- **FCEM**

- **Standard of a first day consultant**
- **Knowledge, skills, communications**
- **Clinical, academic & management**

- **MCEM**

- **Standard of a first day specialist trainee**
 - **Knowledge, skills, communications**
 - **Applied basic sciences**
-

International awareness

- **Joint meeting**
 - **Standards**
 - **Resources**
 - **Training**
 - **Joint curriculum & exam development**
 - **Australia & NZ**
 - **South Africa**
 - **Far East**
 - **Europe**
-

EM Med

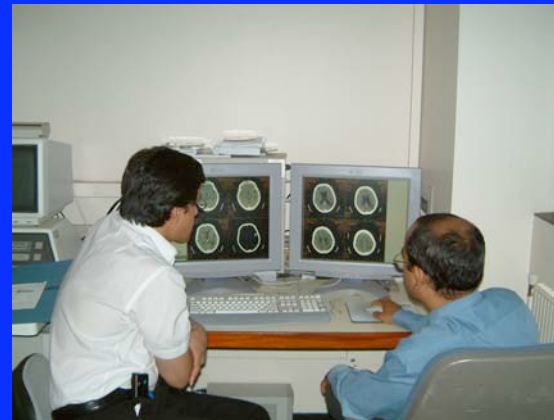
- Organisation
- Selection & Training
- Examination
- International awareness



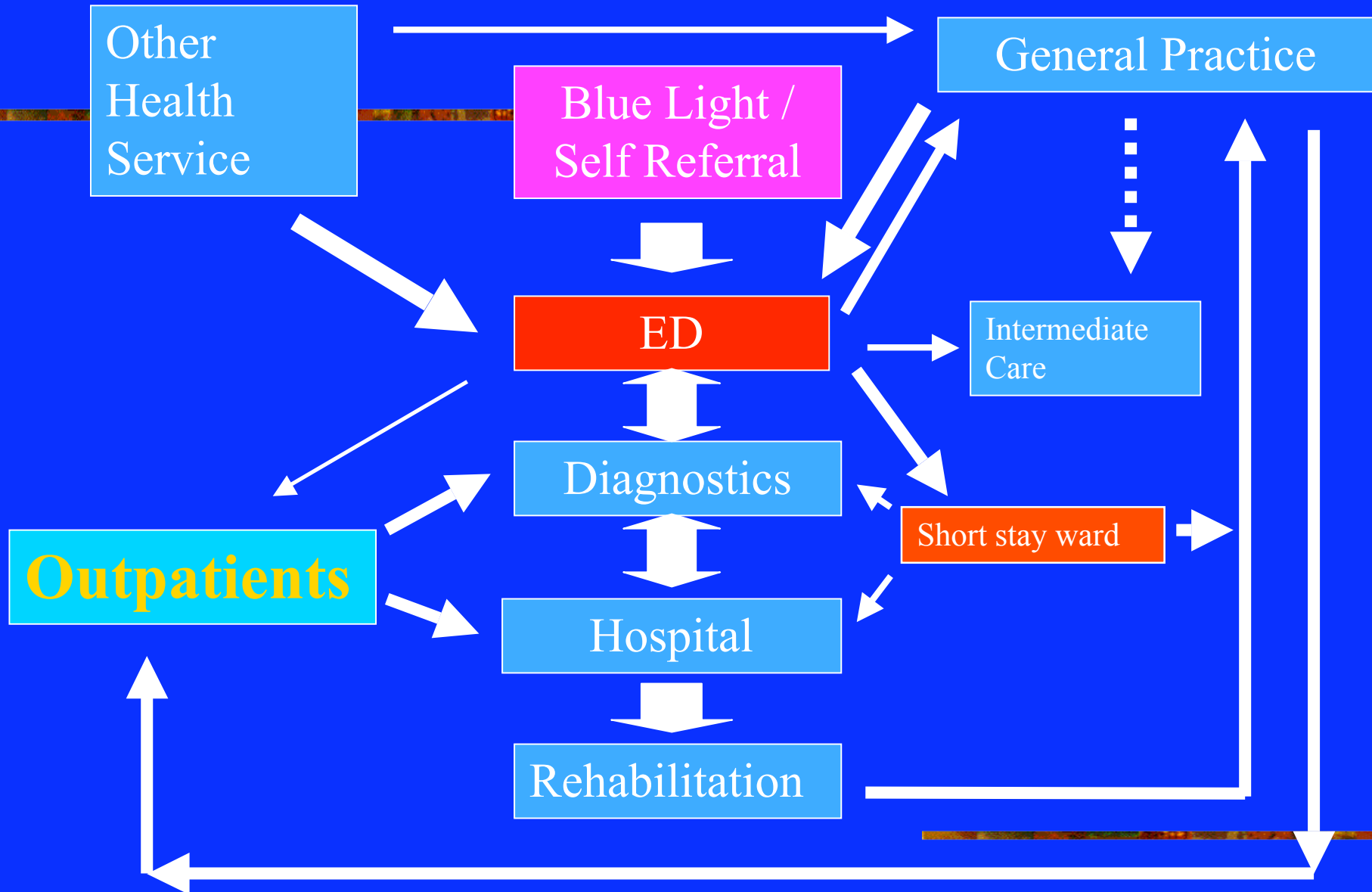
- Increase in confidence in own abilities
 - Increase appreciation of what is needed
 - Poor at assessing resources
 - Politically naive
-

Inter departmental forces

- **Specialty**
 - **Specialisation**
 - **Poor understanding**
 - **Influence**
 - **Commitment**
- **Hospital priorities**
 - **Elective cases**
 - **Diagnostics**
- **Resources**



1990's model



Forces for change

- Patient
 - Number
 - Demand
- Specialisation
- Emergency medicine
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 - Capability



Political pressure



ED Targets

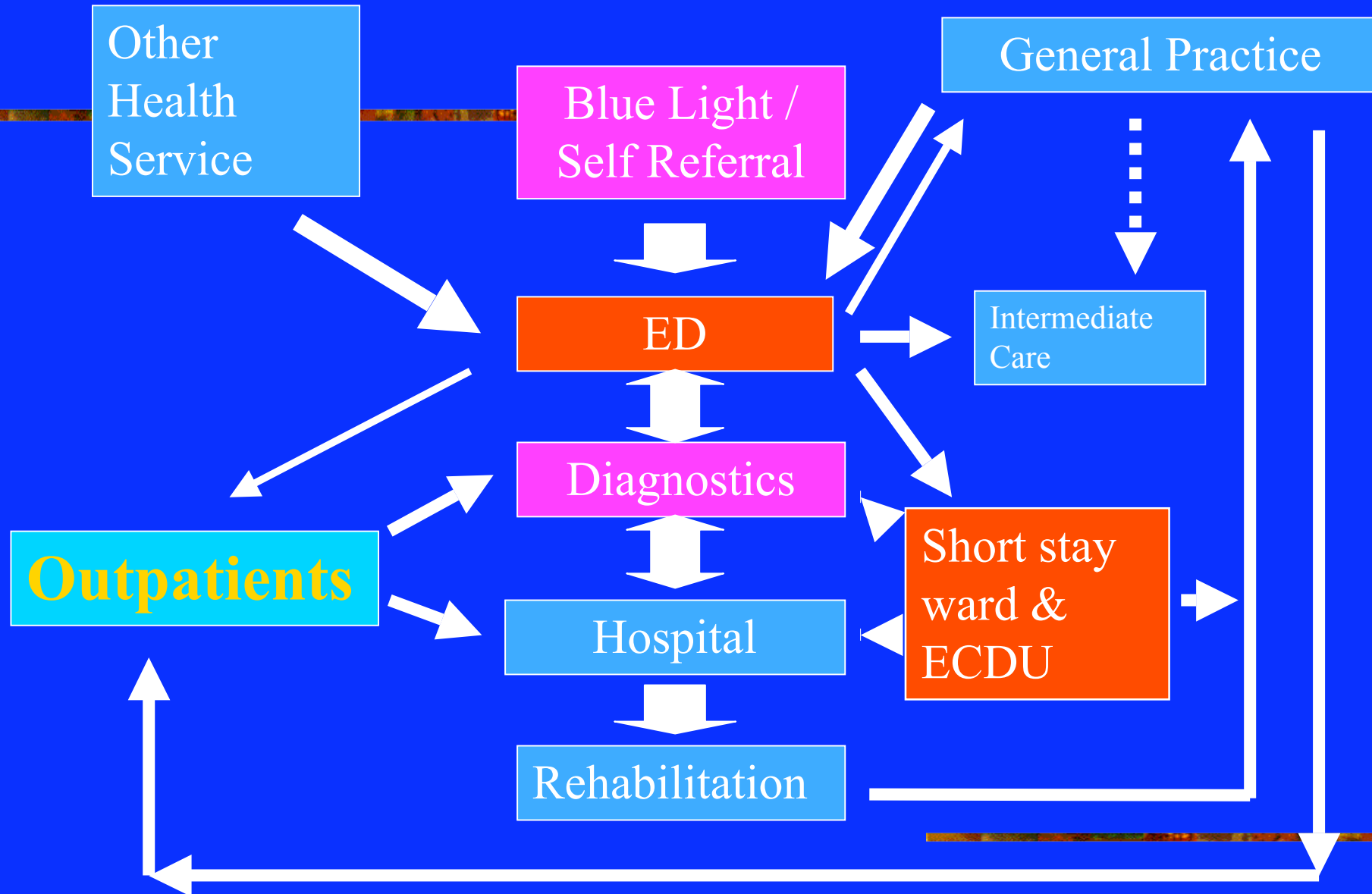
Surrogate markers of efficiency

- Time to triage
 - Time to see a doctor
 - Time in department
 - Time to reply to complaints
-

EM development

- Organisation
 - Selection & Training
 - Examination
 - International awareness
 - Clinical governance
 - Clinical standards
 - Audit
 - Risk management
 - Political awareness
 - Transience
 - Lack of direct input
 - Community link
 - Need for strategy
-

2004 model



Forces for change: 2005-7

- Specialisation
 - Patient
 - Emergency medicine
 - Need
 - Capability
 - Reduction in hospital beds
 - Abdication of primary care
-

Forces for change - 2007

- Specialisation
- Patient
- Emergency medicine
 - Need
 - Capability
- Reduction in hospital beds
- Abdication of primary care



Half of all A&E units marked for closure

► Dilemma as Brown crowned Labour leader
► NHS claims cuts are in patients' best interest

Doris Ross, Philip Webster

Up to half of all hospital accident and emergency departments face cuts or closure under plans to improve patient care, presenting Gordon Brown with a massive dilemma as he takes over as Prime Minister.

Ninety-two out of 204 A&E departments are under threat if guidance attached to the Department of Health by NHS trusts is followed.

Some NHS organisations are already using the guidance, which calls for A&E departments to serve a minimum population of 450,000 patients to justify closure in smaller catchment areas. The average A&E unit currently serves just under 250,000 people.

But the plans are proving hugely unpopular, even though they have been presented as in the interests of patients and NHS staff.

Mr Brown, aware that the closures would come into force around the time of the next election, said last Friday that he would not force the issue.

It was clear last night that the Chancellor will not now face a head-on challenge as he prepares to

second Tony Blair, having gathered a decisive 30th supporter among Labour's 353 MPs.

Last Sunday Mr Brown accepted that people were worried about the potential closure of A&E facilities and maternity services close to their homes, causing speculation that he was pondering a rethink. If so it is increasingly likely that he will move Patricia Hewitt, the Health Secretary, from her post to save the government's budget.

The Conservative estimate of 92 potential closures was based on figures in a court circulated to NHS trusts in Surrey.

It states: "Current Department of Health and strategic health authority guidance suggests that, to be viable in terms of patient need, patient safety, staffing numbers and clinical training requirements, a full A&E department in the future would need to be supported by a catchment population of between 450,000 and 500,000 people."

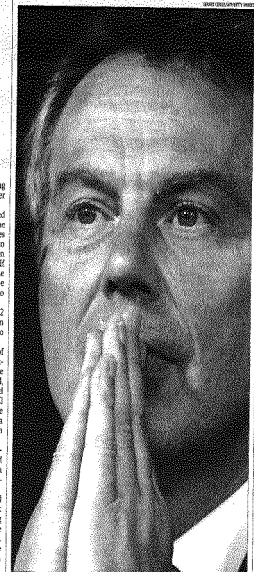
A staff meeting by Surrey Primary Care Trust in March reported the figures, suggesting that such a catchment population was "national guidance".

Closures could mean seriously ill patients, such as those with heart problems or head injuries, having to travel longer distances to receive care in specialist treatment centres.

Patients with minor injuries are expected to be treated in walk-in clinics or smaller A&E units.

Such a scenario was supported by

Blair 'will declare himself Catholic'



Father Michael Seard, a parish priest close to Tony Blair, says that the Prime Minister will become a Roman Catholic after leaving No 10. News, page 6

Army abandons plan to send Harry to Iraq

Prince Harry's future role in the Army was under question last night after he was blamed for killing his men in Iraq.

Commander Sir Richard Dannatt, the head of the Army who had initially concluded he should serve with his men on a six-month tour of duty, changed his mind after a visit to Basra at the end of last week. News, page 7

Hunt for Madeleine

The home of a computer expert removed for fear could impact on the abduction of Madeleine McCann was searched last night as police appeared to be moving closer to the whereabouts of the missing girl. News, page 11

Wolfowitz to quit

Paul Wolfowitz is expected to resign as president of the World Bank today after negotiations over a face-saving deal whereby the institution accepted blame for the blame for the one over his girlfriend's pay rise. News, page 11

Indian's whisky coup

An Indian billionaire has taken control of one of the last independent distilleries in Scotland in a deal worth £100 million. Virgin Media has written to Wm & A's 600 workers to assure them their jobs are safe. Business, page 11

Flintoff misses out

Langston's victory over the English left little means England are unlikely to risk playing Andrew Flintoff in the first Test of the summer against West Indies at Lord's today, despite the seemingly friendly conditions. Sport, page 18

The mystery of Mourinho's missing dog

Chelsea manager arrested over pet. News, page 5

Patrols in London and... Carpal tunnel... theexclusive.com/07051700010001

Forces for change - 2007

- Specialisation
- Patient
- Emergency medicine
 - Need
 - Capability
- Reduction in hospital beds
- Abdication of primary care

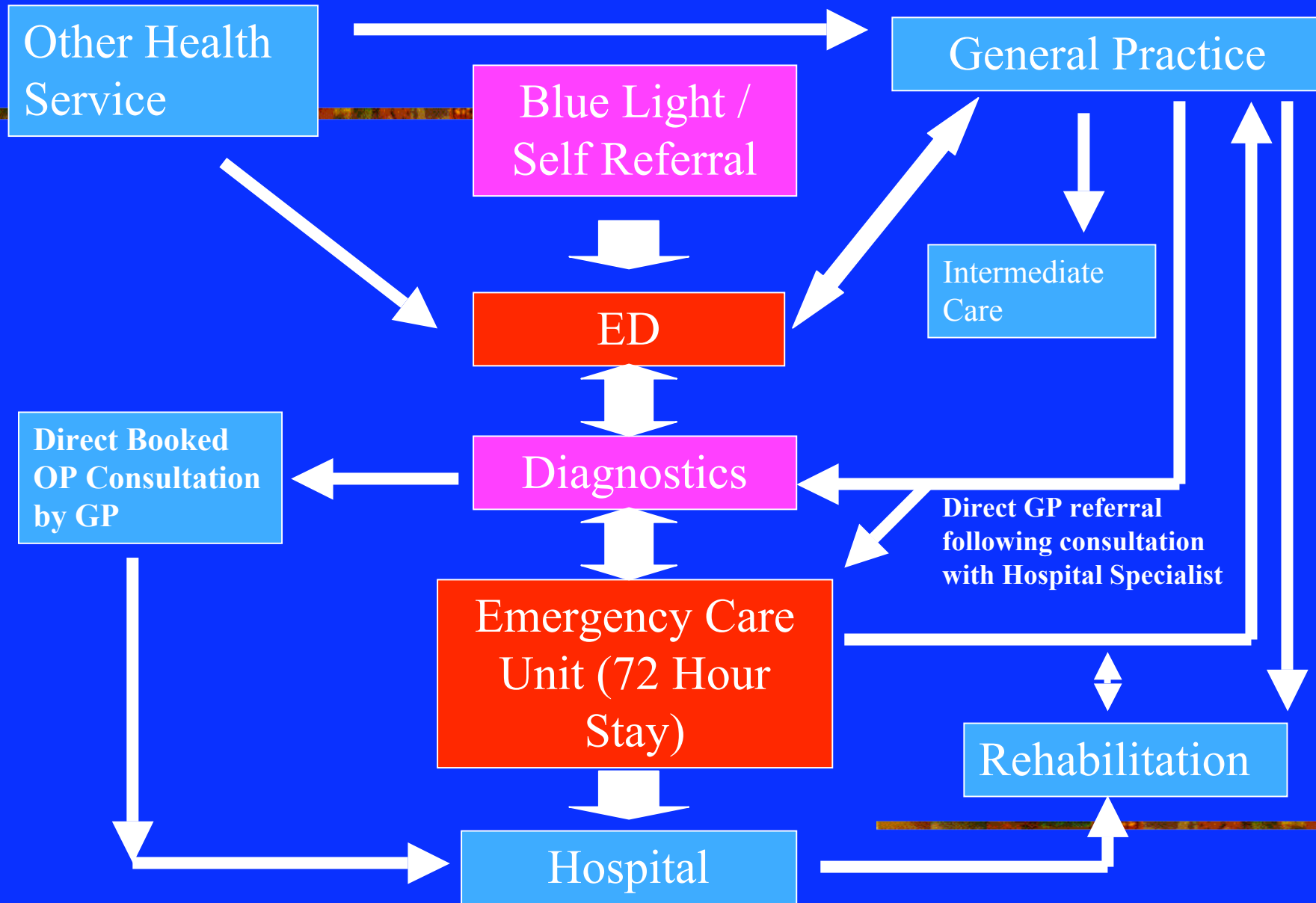


Political pressure



Whole system
review

Proposed Model of Care

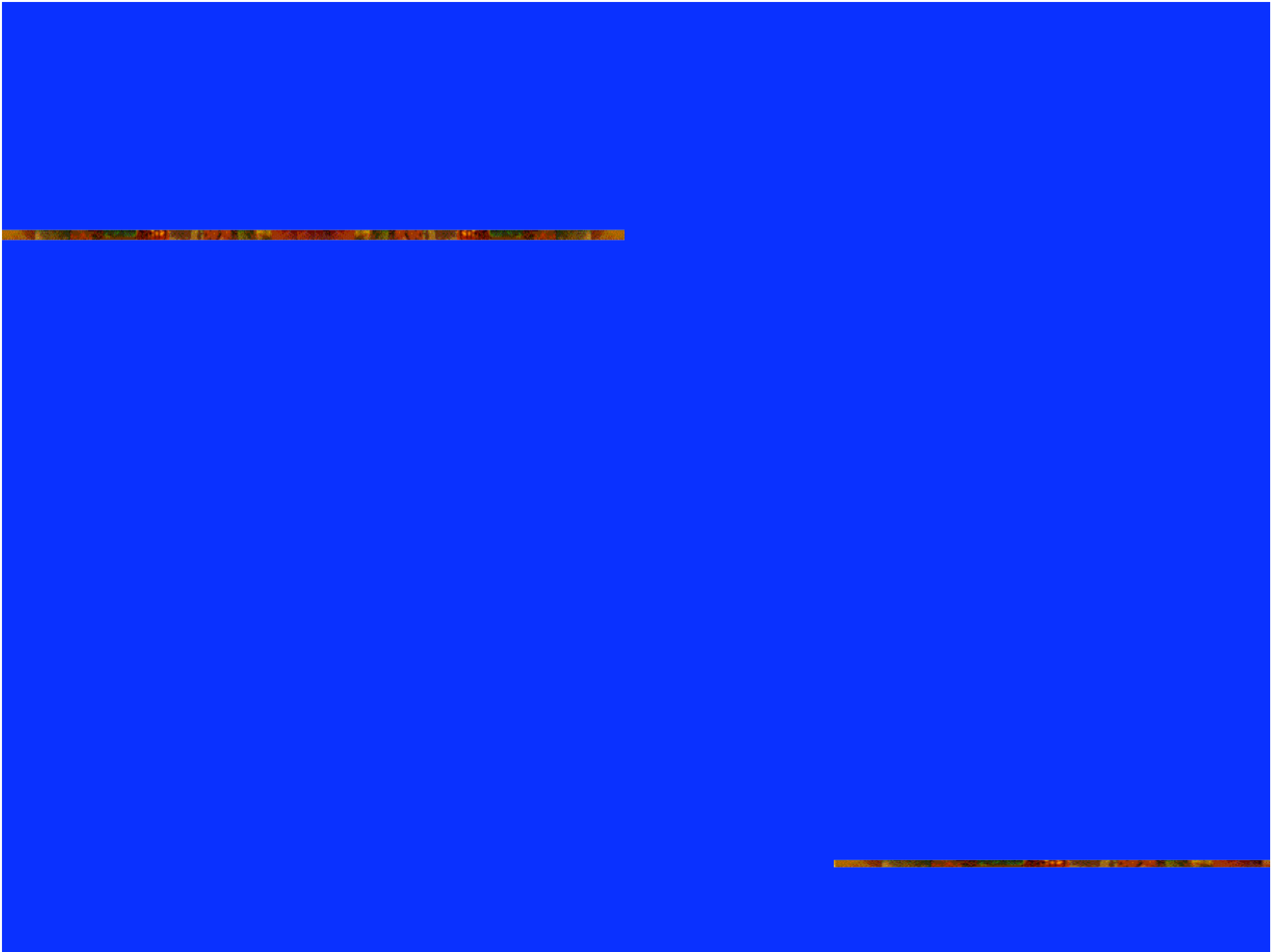


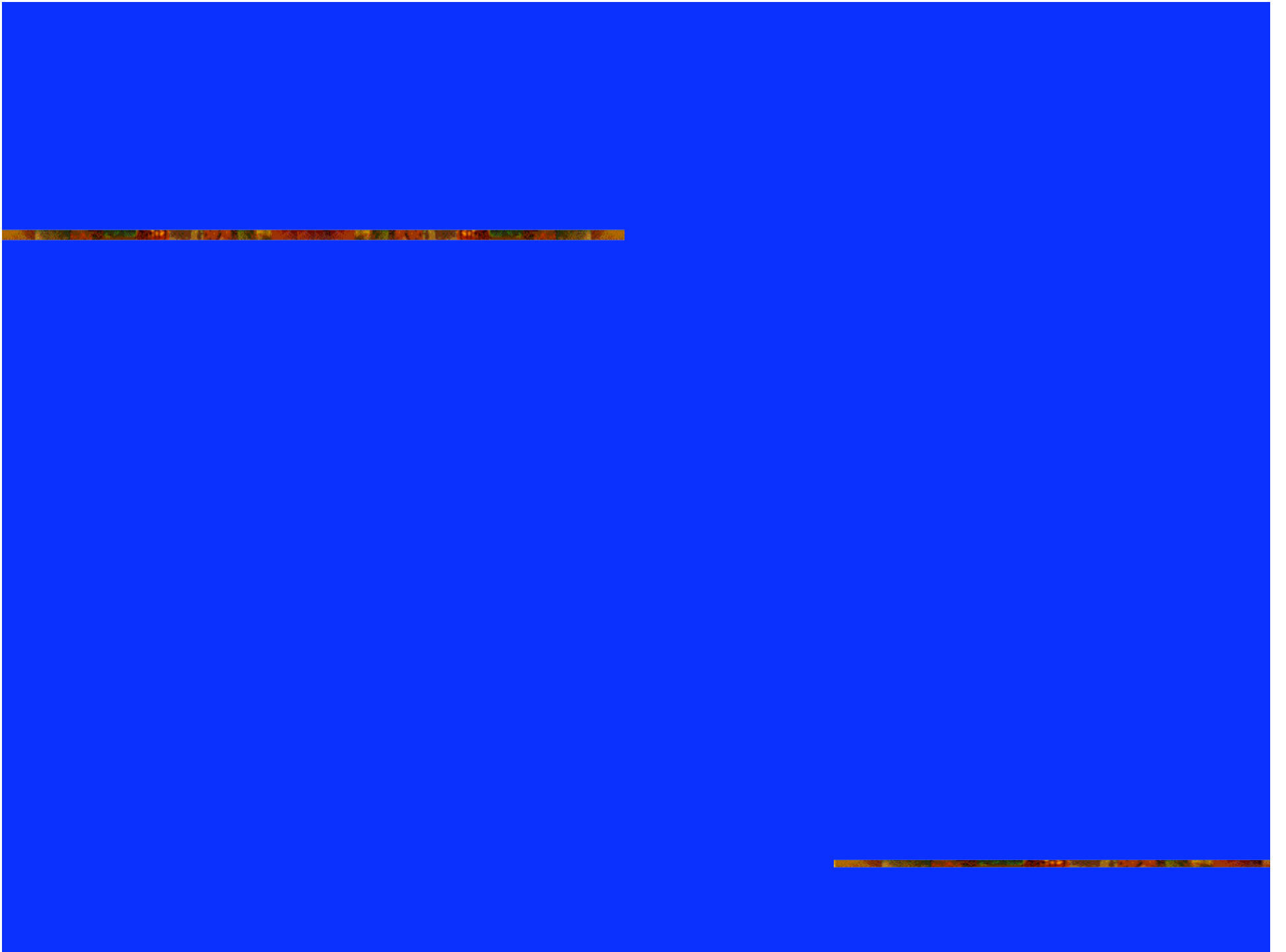
Top Ten tips

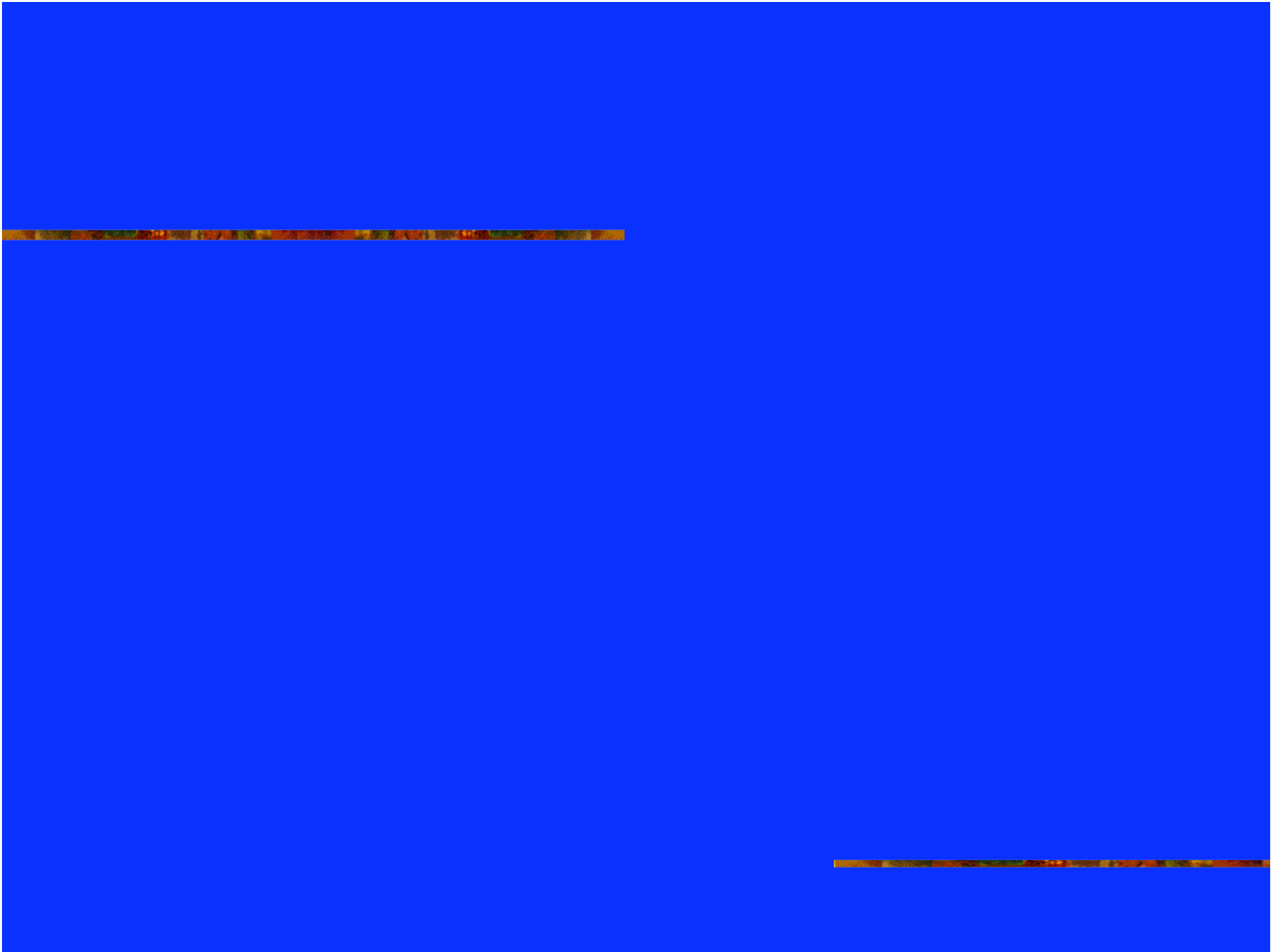
- EM evolved as a practical necessity
 - Subject to changing external forces
 - Most specialities do not understand EM but feel they can run it better
 - No other speciality wants to see all the patients
 - Patients' will always find the easiest route to care
-

Top Ten tips

- **Unique group of personalities**
 - **Last remaining generalist in hospital**
 - **Team workers**
 - **Community linked**
 - **Selection & training is key**
 - **Need to adequately resource all initiatives**
 - **Be politically wise from an early age**
 - **Consider whole system effects**
-







Time out

- What makes us feel we have done a good job?

False gods

Your not dead until:

A&E - Intubated and 2 IV's inserted

False gods - *Your not dead until:*

A&E	ET and 2 IV's inserted
Ortho	Straight limbs
ICU	Normal electrolytes
Medicine	Fully investigated
Psychiatry	Have insight
Plastic surgery	Beautiful