

# Same Day Emergency Care

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Co-Chair SDEC Programme Board

# Thanks for attending

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**Not here to lecture**

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Not here to patronize

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Not here to claim this is a transformational imperative

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**We are here because**

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This works

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Most trusts already do some of this

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If we did more – more patients would benefit

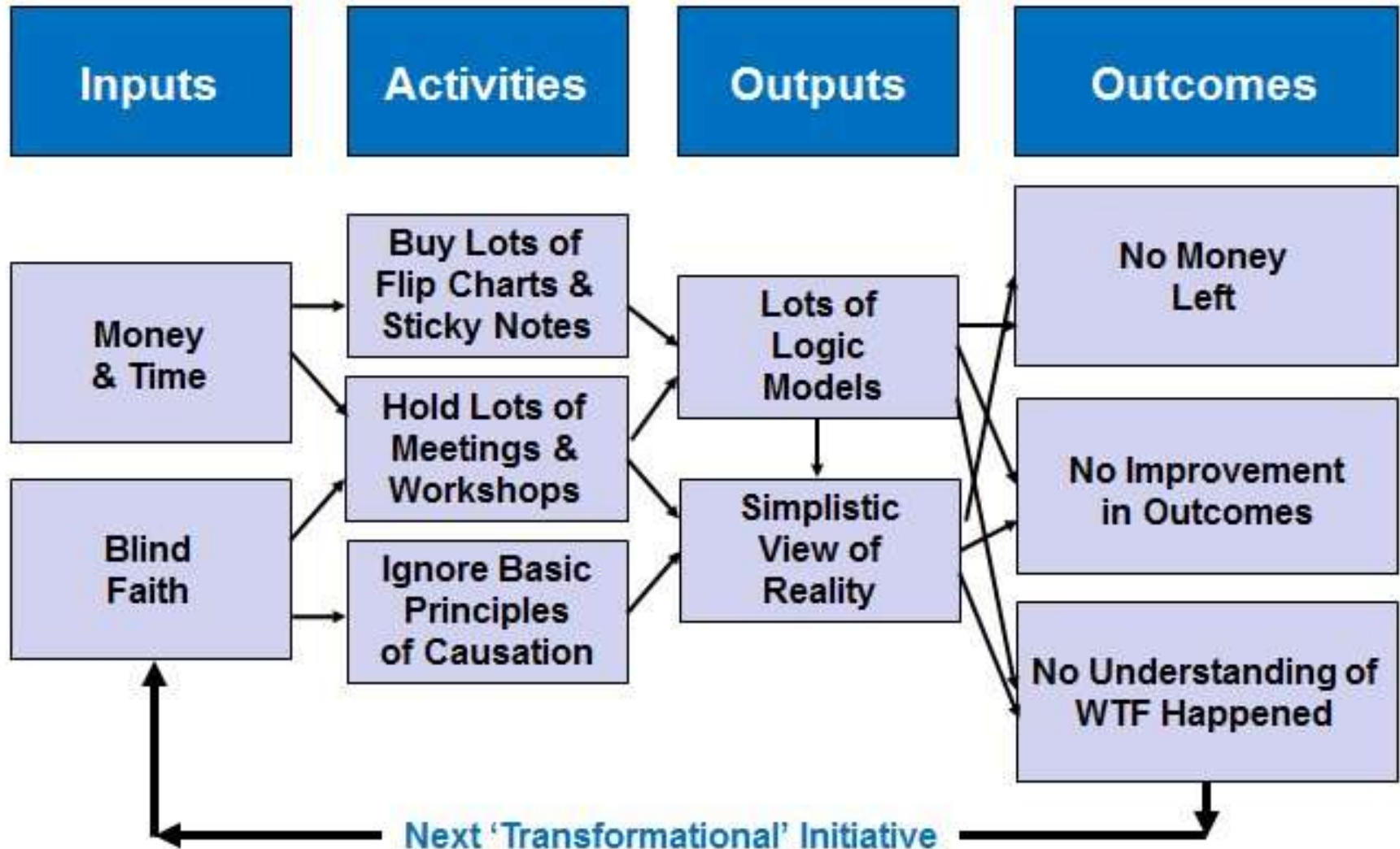
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It would be cost (? Price) efficient

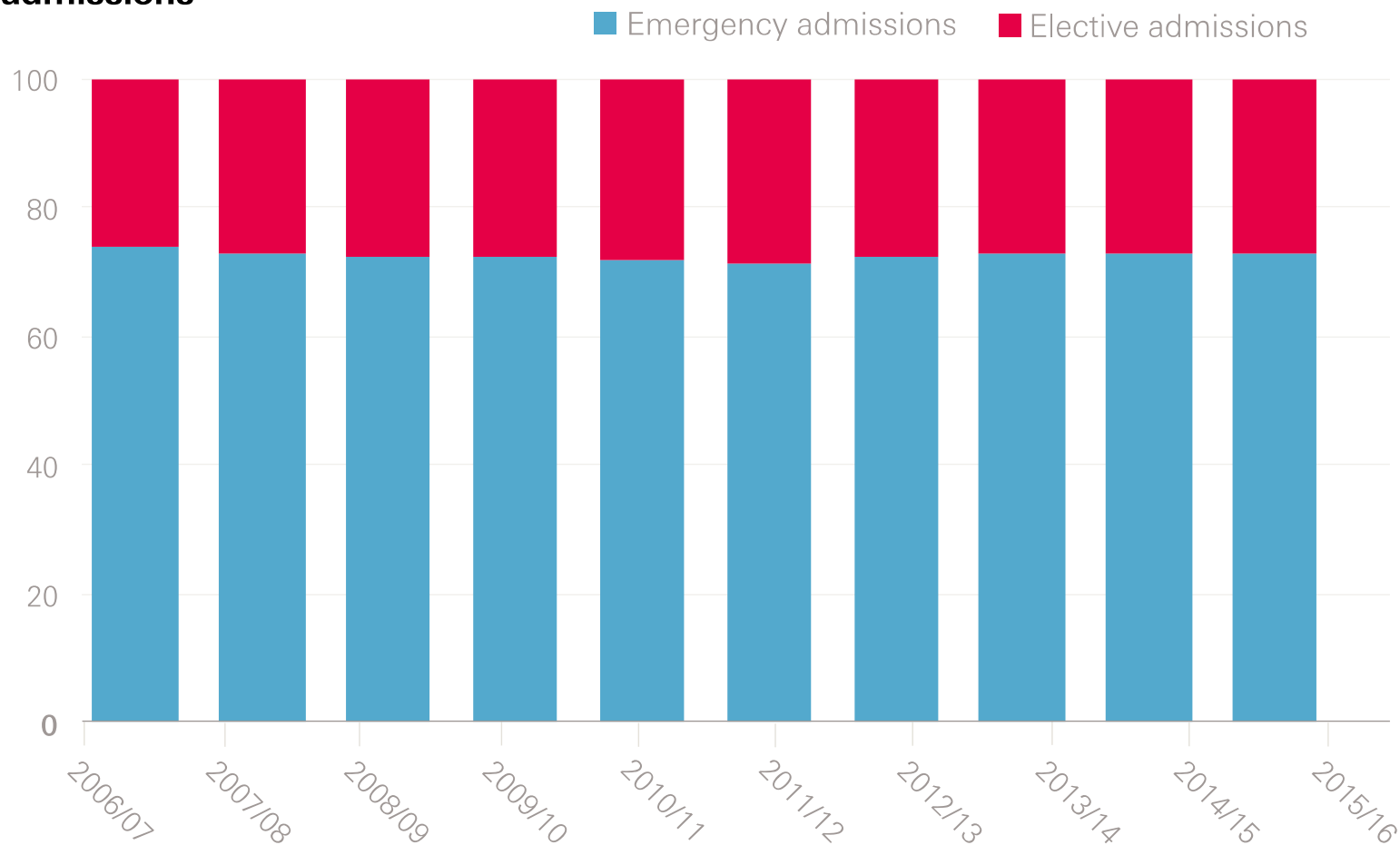
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# Another transformational project, perhaps?



**Figure 5:<sup>†</sup> Proportion of total bed days for emergency admissions and elective admissions**



\* CQC figures for 2016/17 (<http://www.cqc.org.uk/sites/default/files/state-care-independent-acute-hospitals.pdf>).

<sup>†</sup> Health Foundation analysis of Hospital Episode Statistics data. Where patients were transferred from one hospital to another, we included the length of the subsequent hospital stay.

**1.30. Under this Long Term Plan, every acute hospital with a type 1 A&E department will move to a comprehensive model of Same Day Emergency Care. This will increase the proportion of acute admissions discharged on the day of attendance from a fifth to a third**

SDEC patients  
= 22% of all  
acute  
admissions

(16% ED,  
6% direct)

Moving from 'a  
fifth to a third' =  
13 % absolute  
increase

= 782,600  
fewer MN  
stays

= 4% reduction  
in bed  
occupancy

£1.1  
billion

# This Year

Regional  
Launch  
Workshops

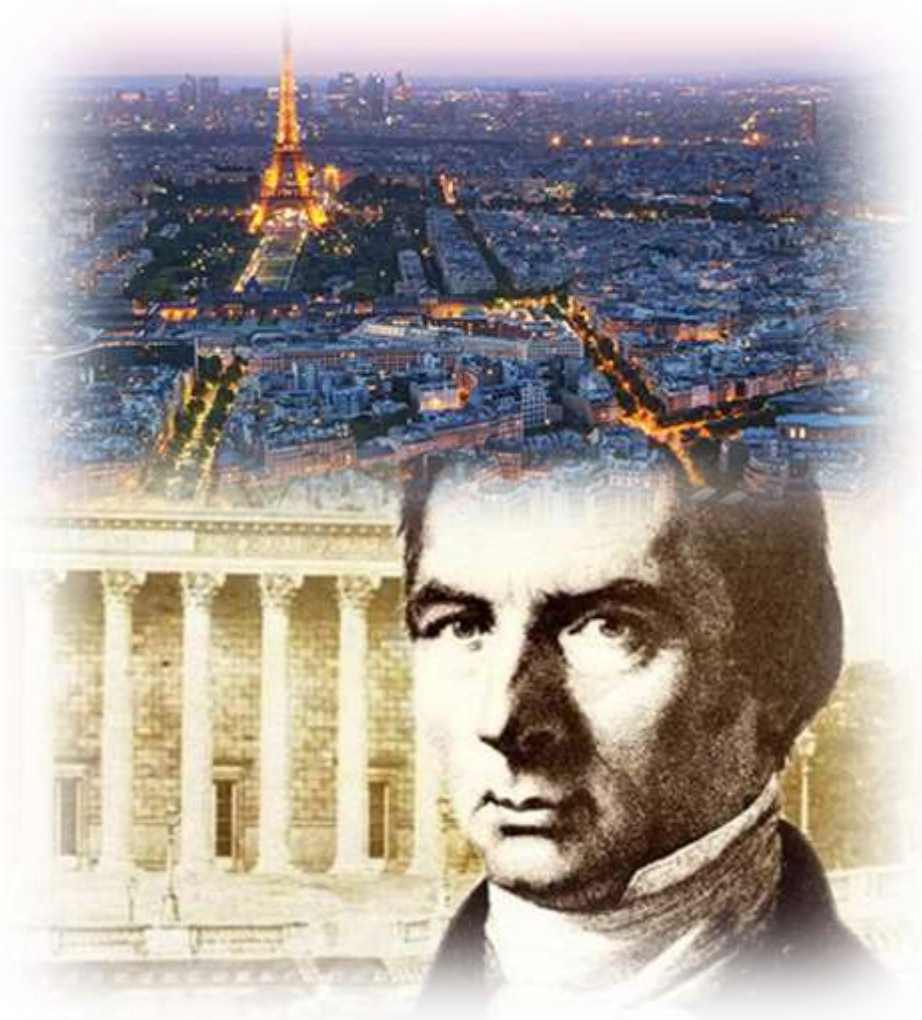
CQUINS

AECN led  
accelerator  
programmes

## Milestones for urgent and emergency care

- In 2019 England will be covered by a 24/7 Integrated Urgent Care Service, accessible via NHS 111 or online.
- All hospitals with a major A&E department will:
  - Provide SDEC services at least 12 hours a day, 7 days a week by the end of 2019/20
  - Provide an acute frailty service for at least 70 hours a week. They will work towards achieving clinical frailty assessment within 30 minutes of arrival;
  - Aim to record 100% of patient activity in A&E, UTCs and SDEC via ECDS by March 2020
- Test and begin implementing the new emergency and urgent care standards arising from the Clinical Standards Review, by October 2019
- Further reduce DTOC, in partnership with local authorities.
- By 2023, CAS will typically act as the single point of access for patients, carers and health professionals for integrated urgent care and discharge from hospital care.

# Paris will be fed



Ambulatory  
Emergency Care



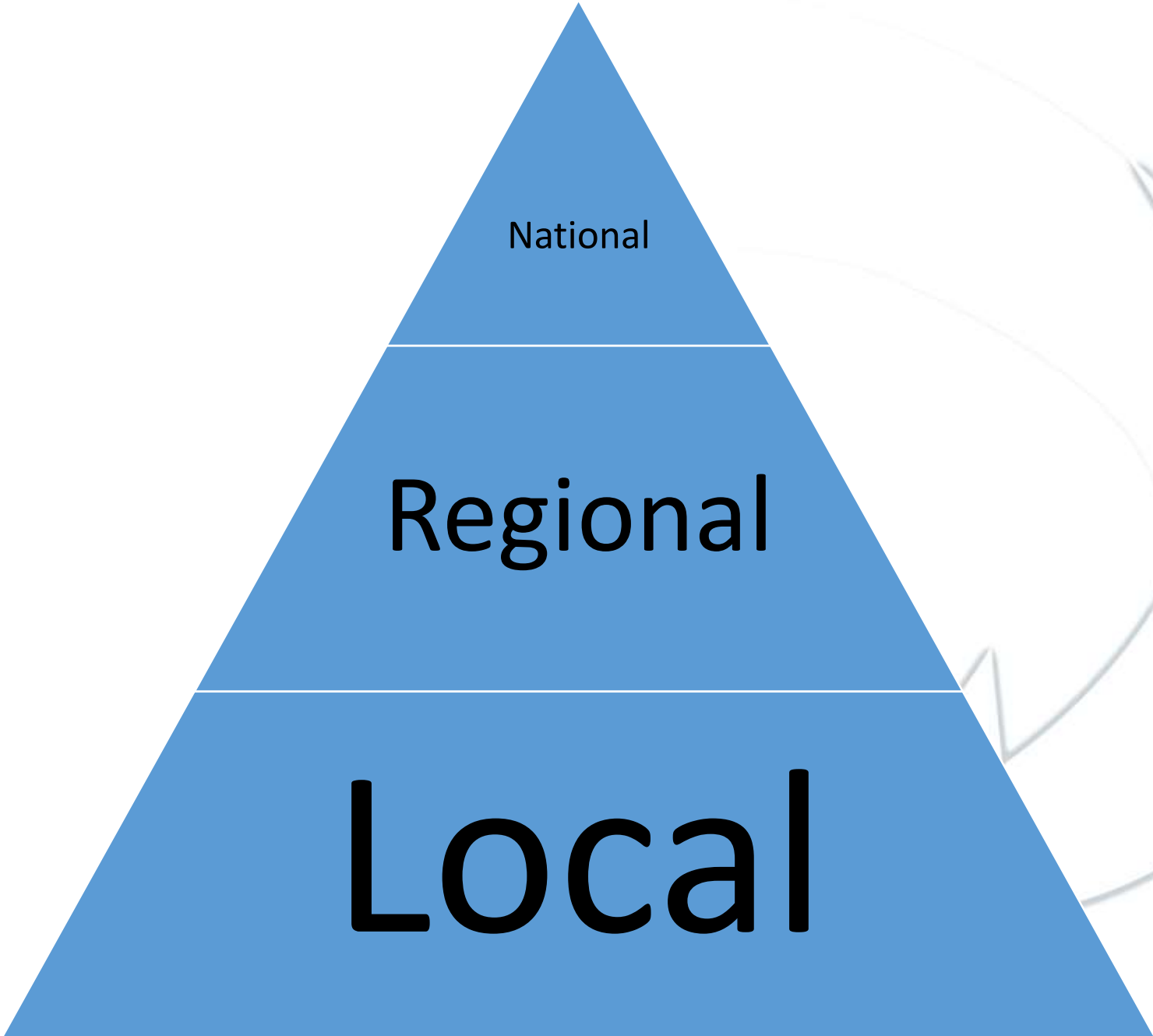
The bigger picture



© NHS Elect

NHS  
Elect





National

Regional

Local



# National tasks

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Signal

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Count

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Pay

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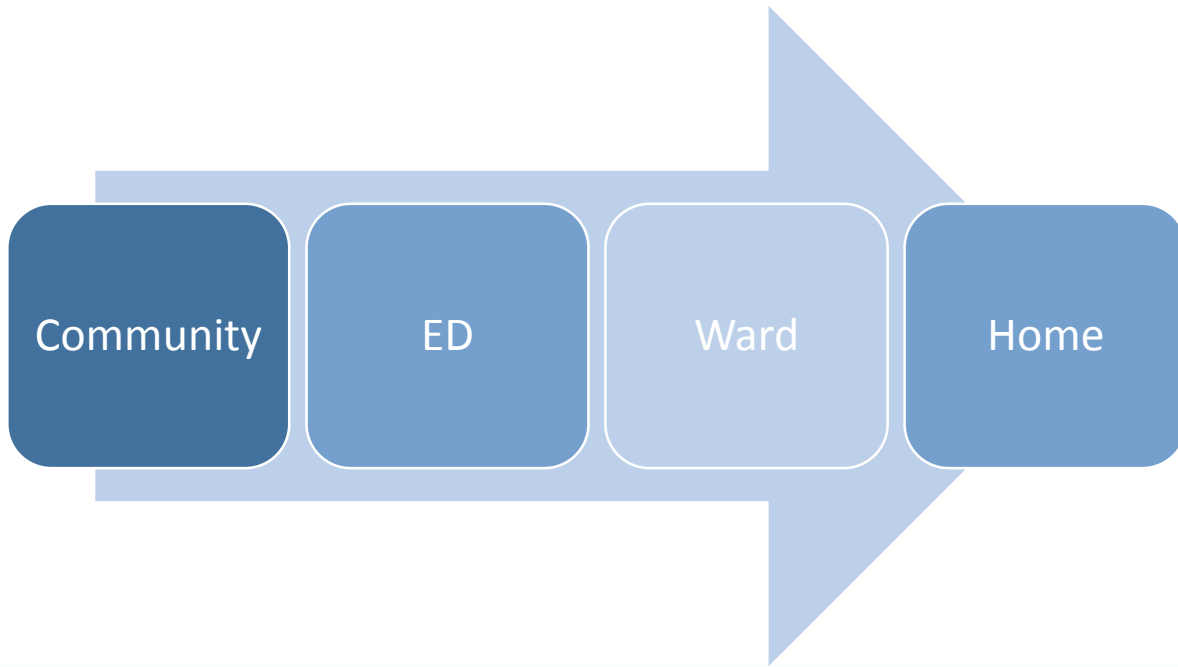
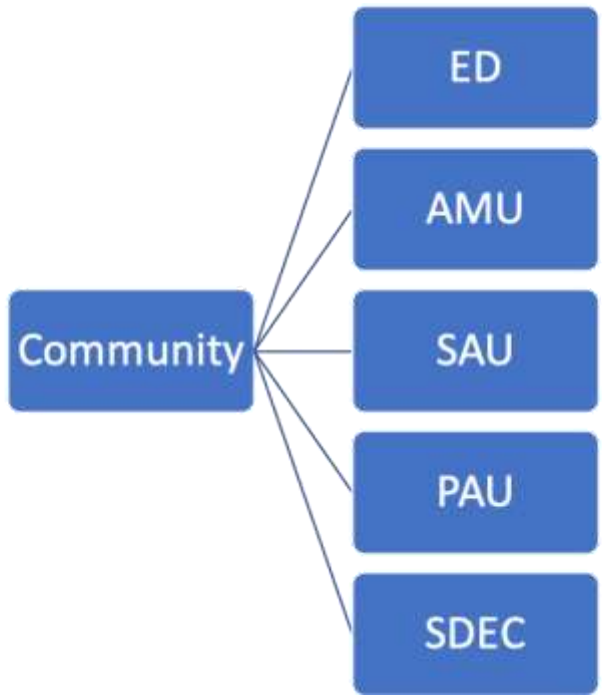
# SDEC

≠ ZLoS

≠ A Place/  
Site Code/  
Ward

= Diagnosis  
+/- Ix +/- Rx  
recorded  
via SDECDS





one



two

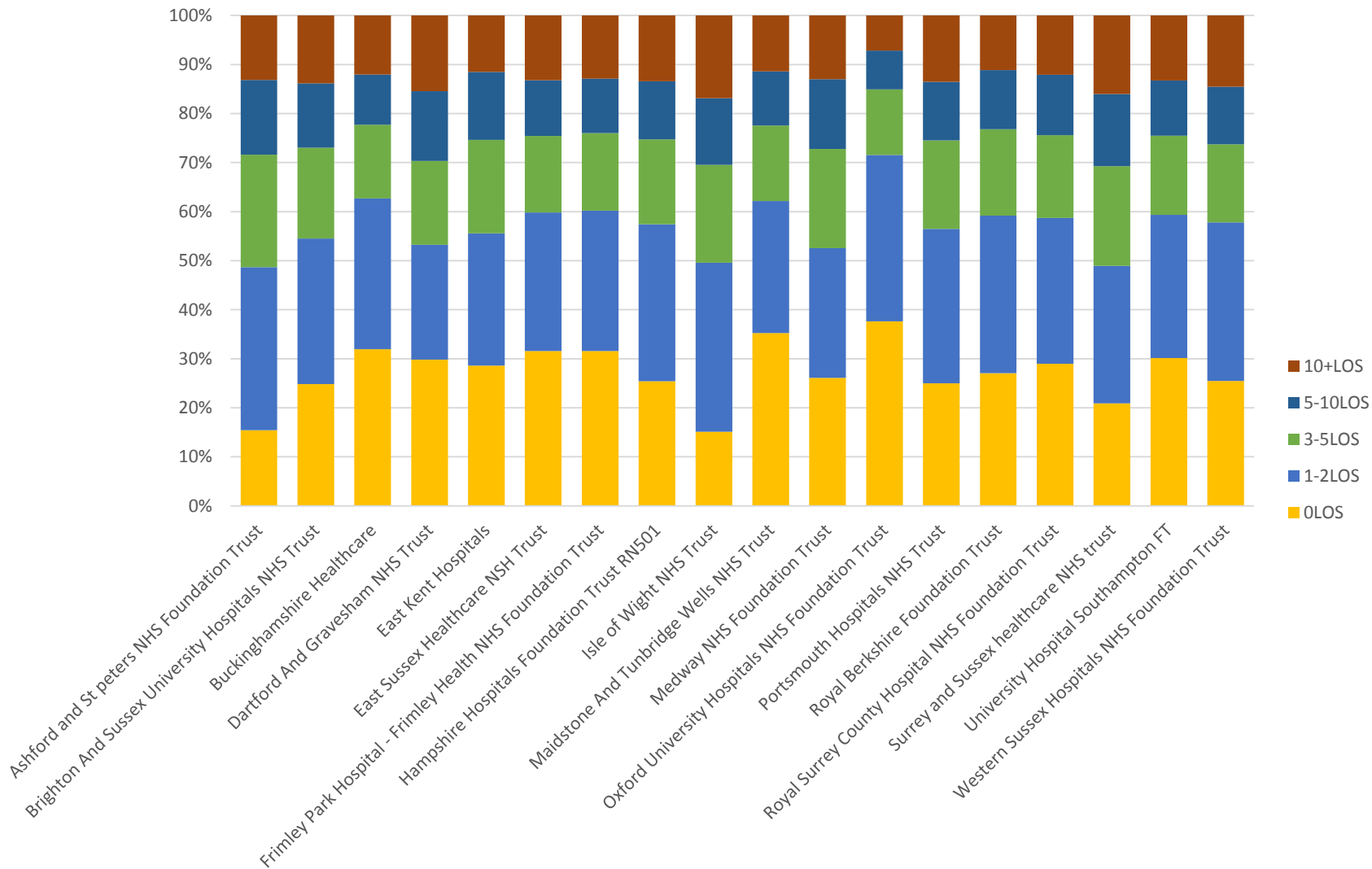


three



ECDS_Description	AEC Description	Scenario	SNOME	ICD1
Complication of gastrostomy (PEG tube)	Attention to gastrostomy	PEG related complications	309773000	Y833
Upper gastrointestinal hemorrhage	Gastrointestinal haemorrhage, unspecified	Upper gastro-intestinal haemorrhage	37372002	K920
Lower gastrointestinal hemorrhage	Gastrointestinal haemorrhage, unspecified	Lower gastro-intestinal haemorrhage	87763006	K921
Crohns disease	Inflammatory Bowel Disease	Inflammatory Bowel Disease	34000006	K509
Ulcerative colitis	Inflammatory Bowel Disease	Inflammatory Bowel Disease	64766004	K519
Oesophageal stricture			63305008	K222
Migraine	Migraine, unspecified	Acute headache	37796009	G439
Cluster headache	Cluster headache syndrome	Acute headache	193031009	G440
Stroke			230690007	I64
Transient ischaemic attack	Transient cerebral ischaemic attack, unspecified	Transient ischaemic attack	266257000	G459
Epilepsy : generalised	Epilepsy, unspecified	Seizure in known epileptic	352818000	G403
Status epilepticus	we have different types of epilepsy but not by these names		230456007	G419
Epilepsy : absence	we have different types of epilepsy but not by these names		79631006	G403
Epilepsy : focal	we have different types of epilepsy but not by these names		29753000	G400
Asthma	Asthma, unspecified	Asthma	195967001	J459
Chronic obstructive pulmonary disease	Chronic obstructive pulmonary disease, unspecified	Chronic obstructive pulmonary disease (COPD)	13645005	J449
Pulmonary embolism	Pulmonary embolism with mention of acute cor pulmonale	Pulmonary embolism	59282003	I269
Spontaneous pneumothorax	Spontaneous tension pneumothorax; Other spontaneous	Pneumothorax	80423007	J931
Pleural effusion	Pleural effusion, not elsewhere classified	Pleural effusions	60046008	J90
Anaemia	Anaemia, unspecified	Anaemia	271737000	D649

## South East LOS



# SDEC

Star-chamber  
approach

ICD/SnoMed/  
ECDS codes agreed

Agreement with NHS  
Digital to record as ECDS  
type 5

10 pilot sites currently  
testing the proposed  
SDECDS

The Royal Free

Northwick Park  
Wexham Park

Warrington and Halton  
Epsom & Helier

Leeds Teaching Hospital  
Northampton

Norfolk & Norwich

City Hospitals Sunderland

Western Sussex Hospitals





# Incentives

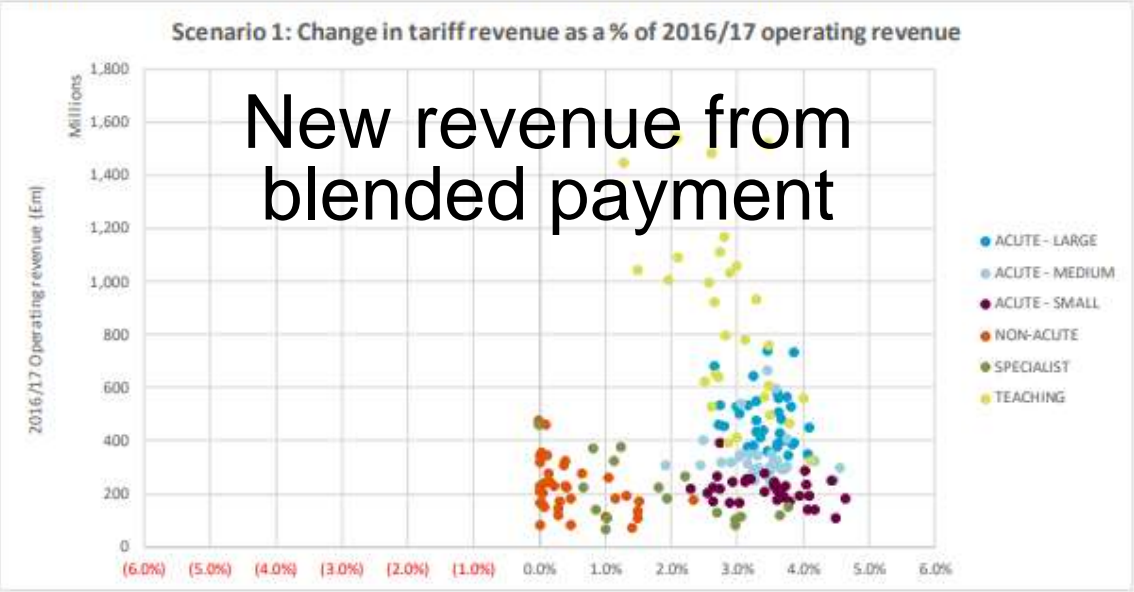
3 CQUINS  $\cong$  £500k  
per trust pa

Pneumonia

Pulmonary Embolus

Atrial Fibrillation

Figure 1: Impact of 2019/20 NTPS proposals on NHS provider tariff revenue (ie what a provider would receive in 2019/20 using proposed new prices, compared to 2018/19), based on 2016/17 activity (scenario 1)<sup>26</sup>



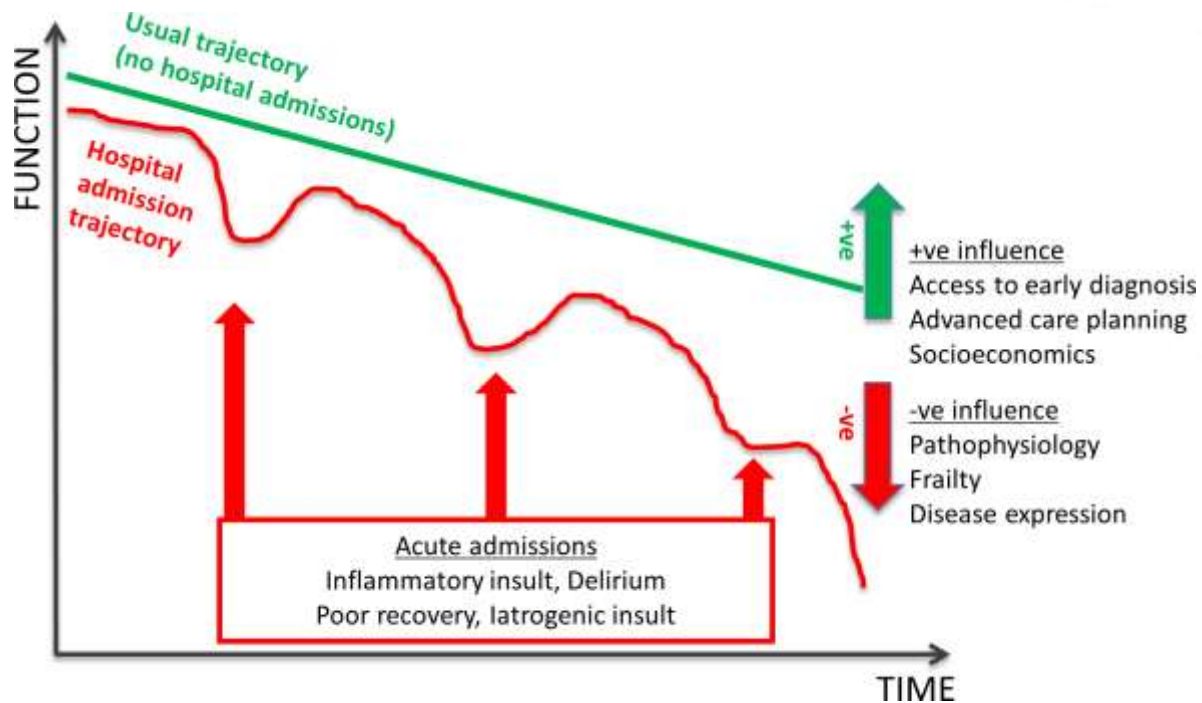
# Fiscally prudent



For most SDEC  
conditions Tariff  
< Cost  
if LoS > 1.5  
days



“After the first year of the NHS, one of the chief causes of our troubles is the increasing demand made on our hospitals by the aged sick”



Last  
 1000  
 Days



# Better for

Patients who can be managed without admissions

Patients who require admission

Hospitals

The NHS

SDEC



NZLoS



4% bed occupancy

