

# A Systems-Wide Approach To Reducing Emergency Department Waiting Times

# Reforming Emergency Care - the English Experience

Carole Heatly  
Chief Executive Officer  
Kingston Hospital NHS Trust  
London

# A National Health Service?

Kingston Hospital  
NHS Trust



TAKING CARE OF YOU

- A city of diversity
- 8 million residents
- 32 boroughs
- In some boroughs 148 different languages are spoken
- In some boroughs over 50% of the population are not registered with a family doctor
- Some parts of the population don't know what primary care is but ..... everyone knows what a hospital is

# 1997 – New Government

New Labour – Landslide Victory

Keen to demonstrate break with the past

Healthcare a key election issue

Promised investment AND reform

The public's greatest concern – waiting times

- for emergency treatment
- for an elective procedure
- to see a General Practitioner in primary care

## Dysfunctional:

- Acute, community health and social care not working together effectively
- Within hospitals individual departments not effectively co-ordinating care (Accident & Emergency), medical and surgical in-patient services and diagnostics)

# Emergency Care System

Kingston Hospital  
NHS Trust



## Consequences:

- Focus on Accident & Emergency – high public profile.
- Departments used inappropriately for minor illnesses and injuries and chronic disease management.
- Overwhelmed by demand leading to very long waits e.g. 24 hours +

# Emergency Care System

- Issues of timeliness of clinical care, privacy and dignity and provision of basic needs e.g. food and water.
- Newspaper headlines highlighted individual stories of the plight of patients left on trolleys in corridors for long periods of time.
- High attendance to admission ratios.
- Long in-patient lengths of stay.
- High % of delayed discharges for patients with ongoing health and social care needs.



Recognised as a whole system issue

Embarked on programme of reform

- Funding and investment
  - real growth as % of GDP
  - 1% increase in National Insurance contributions for all
  - 8% increase in funding year on year over 7 years

- Introduction of Patient Choice and New Payment System
  - payment based on national tariff for work undertaken
  - patients can choose which healthcare provider to use
  - organisational success is based on service quality and cost effectiveness

- Enabling workforce strategies
  - Consultant contract (20% pay increase)
  - GP contract (35% pay increase)
  - new grading and pay structure for other staff (competency based progression, supportive of workforce redesign) (3% pay increase)

- Targets
  - Mandatory and published as part of an organisations performance rating.
  - Accident & Emergency department staged improvement required in % of patients treated and discharged/admitted in four hours, 90%, 95% and finally 98%.

- appointment with GP within 24 hours of request.
- % target for delayed discharges, specifically patients with ongoing health or social care needs (shared target with primary and social care).
- length of stay, payment by national tariff encourages reduction.

# Main Focus of Reform in Practice

## Avoiding attendance in A&E departments

- Creation of minor injuries units and walk in centres
- Improved access to GPs (timeliness and evenings and weekends)
- Chronic disease management in the community
- Greater discretion given to ambulance paramedics to determine appropriate response based on protocols and range of services

# Main Focus of Reform in Practice

Avoiding admission following attendance at A&E

- Intermediate care/rapid response teams designed to provide short term care at home
- GP access to beds in the community for management of non acute conditions and rehabilitation

# Main Focus of Reform in Practice

## Acute hospital assessment and admission

- GPs working in A&E managing minor illnesses and injuries
- Specialty specific assessment units supporting more timely specialist input
- Observation Units
- Rapid access to diagnostics
- Direct admission for GP referrals



# Main Focus of Reform in Practice

## Inpatient Care Management and Discharge

- Implementation of care pathways e.g. stroke, fractured neck of femur
- Focus on discharge from admission
- Increased consultant input, including at weekends

# Main Focus of Reform in Practice

- Increased seven day working in diagnostics and therapies
- Community teams inreaching or hospital teams outreaching to support timely discharge through short term care at home
- Closer working between acute, community and social care providers on assessment and transfer of patients with ongoing needs to other facilities

Five years ago the second worst performing hospital in England on the emergency care targets. Today a high achiever.

- consistently delivering the 98% four hour standard
- one minor injuries unit and a walk in centre operating locally

- GPs working in the A&E department
- All major specialties have assessment units
- length of stay for medicine and elderly care combined reduced from approx. 12 to 8 days

- 60 medical beds closed as no longer required
- cancellations of elective work due to emergency pressures significantly reduced
- greater consultant involvement in provision of care
- use of role redesign to support improved management of workload in nursing, therapies and radiology

National performance targets still apply

The care closer to home initiative continues redesign of services to transfer more care into community settings and improve access to primary care services.

An increasing focus on clinical outcomes for specialist centres. Period of financial growth for the NHS is coming to an end.

The tariff based payment system is bringing market conditions and competition to the fore.

Patient choice is a prime lever to support improvements in quality and customer service.

Central control and decision making is being replaced by local determination and ownership, including key decisions on investment and disinvestment.

**Carole Heatly**  
**Chief Executive**  
**Kingston Hospital NHS Trust**

**carole.heatly@kingstonhospital.nhs.  
uk**