



Calderdale and Huddersfield NHS Foundation Trust

Designing efficient same day emergency care (SDEC) services for gynaecology patients

AT A GLANCE

CLEAR CHALLENGE

No same day emergency care service for gynaecology patients, long waits in the ED, and challenges with the ward capacity which was too small to meet demand.

KEY CHANGES

A new gynae SDEC with clear referral criteria and direct streaming from ED, a phoneline for primary care to make direct referrals, upskilling of nurses and HCAs

FORECAST BENEFITS

Improved patient flow, reduced admissions, easing of overcrowding in ED with more than 2,700 bed days saved annually and potential savings of £1.1m

THE CHALLENGE

There was no same day emergency care (SDEC) service for gynaecology patients who were experiencing long waits in the emergency department (ED). This was felt to be an inappropriate setting for patients needing emotional support, including those suffering a miscarriage. Most were suitable for direct referral to a SDEC service.

The gynaecology ward was too small to meet demand and often full, partly due to caring for patients from other specialties. Further staff investment was needed to improve medical cover, training and for additional roles.

WHAT THEY DID

Sponsored by NHS England, the 26-week transformation project was led by managers from NHS North East and Yorkshire region and the national CLEAR team. Over five weeks, insights were gathered from across the gynaecology and UEC pathway, through site visits, stakeholder meetings and informal conversations. This was followed by data analysis involving 12,491 gynaecology attendances and 2,256 ED attendances which was combined with the qualitative findings to identify the key challenges and develop solutions.

CLEAR RECOMMENDATIONS

The project team made four key recommendations including the creation of gynaecology SDEC by reconfiguring a ward, with chairs and recliners to move away from a “bed first” culture and reduce length of stay. It could have a point of care testing machine for rapid turnaround of blood results. A four-bed ward could be co-located with side rooms including one with a bed for miscarriage and termination patients.

Other recommendations including introducing clear criteria for direct referral to the SDEC, pro-active front door ED streaming and a dedicated phoneline for primary care staff to use for referrals. Better use could be made of technology and the existing estate to improve the service. Health care assistants (HCAs) and nurses could be trained in additional skills including intravenous cannulation and taking blood samples, Assistant care practitioners (ACPs) from other SDECs could gain experience in the new gynaecology SDEC.

**Faster specialist
same day
emergency care
for gynaecology
patients with a
reduction in
admissions and
less
overcrowding
with £1.1m
annual savings**

FORECAST IMPACT

The recommendations would lead to improved patient flow, a reduction in admissions and ease overcrowding in ED.

Gynaecology patients would experience better care in a more dignified environment. They would receive quicker treatment from specialists in the right place resulting in better outcomes and improved quality of life.

The revised staffing model and upskilling would result in improved staff experience and increased staff retention and progression. There would also be improved communication and relationships between gynaecology and other services.

It's projected the new model of care could lead to up to £1.1m potential annual productivity savings from a reduction in admissions equating to 2,746 bed days. Up to four hours per day of ED staff time could be freed up by streaming gynaecology patients direct to the new SDEC.