



Calderdale and Huddersfield NHS Foundation Trust

Redesigning services to improve same day
emergency care for medical patients

AT A GLANCE

CLEAR CHALLENGE

Long waits in ED caused by increasing demand and lack of streaming to MSDEC, unclear referral criteria and a need for more senior medical cover

KEY CHANGES

Expanding the service – reopening the MSDEC at CRH – with extended opening hours, increasing the workforce and encouraging direct referrals into MSDECs

FORECAST BENEFITS

Improved, faster patient care with reduced admissions leading to potential annual savings of £420,616

THE CHALLENGE

There had been an increase in emergency department (ED) demand with patients experiencing long waits for care. The medical same day emergency care (MSDEC) unit at Calderdale Royal Hospital (CRH) had closed in 2022 and the MSDEC at Huddersfield Royal Infirmary (HRI) was too far away from the ED and, at times, lacked the capacity and space to meet demand.

There was a lack of streaming direct to the MSDEC from local GPs and the ambulance service. Many patients with chest pain who were suitable for referral to the MSDEC were instead waiting for care in ED. More consultant cover was needed in the MSDEC, particularly during evenings and weekends, and for better staff training on the criteria for care and processes.

WHAT WE 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. Insights were gathered from 18 colleagues across the two hospital sites over five weeks and their findings combined with an in depth analysis of 14,389 ED attendances and 13,510 MSDEC attendances for a five-year period. Key challenges and potential solutions were then identified.

CLEAR RECOMMENDATIONS

The MSDEC at CRH could be reopened with increased staff to provide a service from 8am to midnight, seven days a week, with a 12% increase in activity. A “MSDEC first” communications campaign could be launched with the trust disseminating referral criteria among staff and relevant services across the system.

A flow co-ordinator could be in the ED at all times, streaming direct to MSDEC. Each unit would benefit from point-of-care testing machines for faster diagnoses with health care assistants and nurses trained in blood tests, observations and cannulation.

The MSDECs should be in close proximity to the ED for timely imaging and scans. A 75% decrease in return patients seen in MSDEC could be achieved with referrals to virtual, specialist or acute clinics. Chest pain patients could also be streamed to MSDEC, with support from cardiology.

FORECAST IMPACT

The recommendations would improve patient care with faster treatment and fewer unnecessary admissions.

Potential savings of £420,616 a year could be achieved from a reduction of 1,036 bed days. With patients going directly to MSDEC after triage, 20 hours of ED staff time per day could be freed up - resulting in less overcrowding, increased flow and fewer four-hour breaches.

Patients would have more access to senior clinicians, there would be greater collaboration between services and staff satisfaction would improve with less reliance on bank and agency workers.

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