Document Title:	SAME DAY EMERGENCY CARE SERVICES (SDEC) INTERFACE WITH NHS 111		
Document Reference/Register no:	MSESOP-2012	Version Number:	1.0
Document type	SOP	To be followed by: (Target Staff)	All SDEC staff
Ratification Issue Date: (Date document is uploaded onto the intranet)	19 November 2020	Review Date:	18 November 2023
Developed in response to:	National Guidance/Recommendations NHS England Post-COVID requirements to expand SDEC activity.		
Contributes to HSC Act 2008 (Regulated Activities) Regulations 2014(Part 3); and CQC Regulations 2009 (Part 4) CQC Fundamental Standards of Quality and Safety:		12	
Issuing Division/Directorate:	Care Group 1 – Acute Medicine / Local Services		
Author/Contact: (Asset Administrator)	Anthony Schirn, Associate Director of Nursing, Emergency and Acute Care.		
Hospital Sites: (tick appropriate box/es to indicate status of policy review i.e. joint/ independent)	☒ MSE NHS Foundation Trust ☒ Basildon Hospital ☒ Broomfield Hospital ☒ Southend Hospital ☐ Other (please state)		
Consultation:	(Refer to page 2)		
Approval Group / Committee(s):	Same-Day Emergency Care MSE Work-stream. ED Front Door and Admission Avoidance Steering Group MSE	29 October 2020	
Professionally Approved by: (Asset Owner)	Anthony Schirn, Associate Director of Nursing, Clinical Lead MSE SDEC	29 October 2020	
Ratification Group(s):	Joint Document Management Group	17 November 2020	
Executive and Clinical Directors (Communication of minutes from Document Ratification Group)	November 20	Distribution Method:	☒Trust Intranet ☐Internet

Consulted With: _this must include **Pharmacy** if the document has any reference to medication_	Post/ Approval Committee/ Group:	Date:
ED Flow and Admissions Avoidance Steering Group	Group	29 October 2020
SDEC Workstream	MSE Workstream	27 October 2020

Related Trust Policies (to be read in conjunction with)
(Refer to the main body of the text) Author to complete

Document Review History:			
Version No:	**Authored/Reviewer:**	**Summary of amendments/ Record documents superseded by:**	**Issue Date:**
1.0	Anthony Schirn	Newly created document (new initiative with NSH111)	19 November 2020

Contents

1 Introduction

1.1 This policy provides guidance on the process created to enable direct referral from NHS111 to SDEC to help maintain patient safety whilst in the waiting area, following the implementation of the think NHS111 first national initiative.

1.2 This document focusses on the NHS 111 to SDEC pathway. Additional SOP's will guide separate pathways.

2 Scope

2.1 The purpose of this document is to:

- Detail the processes in place to allow NHS 111 to safely refer patients directly into the SDEC services across the Mid and South Essex NHS FT.

- Detail the measures in place to monitor the safety and quality of the pathways.

3 Definitions

TERM	DEFINITION
SDEC	Same-Day Emergency Care
AECU	Ambulatory Emergency Care Unit
ED	Emergency Department
MSE	Mid and South Essex
RCEM	Royal College of Emergency Medicine
EDDI	Emergency Department Digital Integration

4 Role & Responsibilities within the Trust

4.1 The ADO / HoN for Emergency Care/SDEC is responsible for ensuring all staff within SDEC are aware of this SOP

4.2 All staff within the SDEC department are responsible for ensuring they adhere to this SOP at all times.

5 Background

5.1 COVID-19 has brought significant disruption to the way medical care is delivered across all areas of clinical practice. As we move from a pandemic to an endemic

state, delivery of care must adapt to ensure this – and similar diseases – can be managed safely within our Emergency Departments.

5.2   The Royal College of Emergency Medicine released their position statement on Emergency Department Care in May 2020. The statement makes recommendations about how care in Emergency Departments in the UK needs to be transformed. The recommendations support five fundamental aims:

1. Emergency Departments must not become reservoirs of nosocomial (hospital or healthcare acquired) infection for patients.
2. Emergency Departments must not become crowded ever again
3. Hospitals must not become crowded again
4. Emergency care must be designed to look after vulnerable patients safely
5. Emergency Departments must be safe workplaces for staff.

5.3   The five fundamental aims and associated recommendations are designed so that we can minimise the harms of nosocomial infection and continue to provide the best possible care for patients in our Emergency Departments.

5.4   In addition the fundamentals documented above, further recommendations were made in order to achieve these:

- NHS 111 and equivalents, needs to be better integrated with clinical systems, so that there is shared learning and governance.

- Transfer to, or advice to attend, hospital should be of clear benefit to the patient and should only occur if the patient requires expertise, diagnostics, technology or treatment available in the hospital that cannot be provided elsewhere.

- Clinicians from all spheres of practice will need to become more involved in the urgent and emergency care pathway so that patients can receive early specialist opinions when the patient needs it, and be moved on to the most appropriate facility more rapidly for definitive care.

- There is a need for the acceleration of programs aiming to deliver same day emergency care (SDEC) so that there are appropriate alternatives. This will both reduce admissions and improve access to the right care for patients from the outset of their clinical journey and reduce infection risk

5.5   Additionally, in June 2020, NHS England released the document "Integrated Urgent Care Service Specification Addendum: NHS 111 First. A new way to manage access to Emergency Departments". The guidance echoed the recommendation from the RCEM and also introduced the NHS111 First Initiative.

5.6   The term NHS 111 First refers to the development of the current NHS 111 Service to offer patients a different approach to the way they access and receive urgent healthcare. It is a new public facing brand which means:

- NHS 111 (both online and via existing telephony) is the first point of contact when experiencing a health issue
- A move away from (but not exclusion of) going to a physical location as the first choice to access healthcare
- Embracing remote assessment and the technology which supports it
- Preventing nosocomial (hospital acquired) infection by ensuring patients do not congregate together in ED waiting rooms
- Ensuring patients get a clear direction of what they need to do and where they need to go in order to resolve their issue
- Protecting those most at risk by giving them an enhanced service

5.7   In short, the NHS 111 First initiative aims to build on the beneficial changes brought about by the Covid-19 pandemic and make them permanent for the future benefit of patients and to reduce the continued overcrowding within emergency departments. A key enabler of this initiative is the ability for NHS111 to directly refer and book patients in to SDEC appointment slots, thus bypassing the Emergency Department altogether.

5.8   **The Patient Journey**

5.8.1   Following a review across all MSE sites an over-arching SDEC model was developed and agreed. This model will allow for direct access to SDEC services from NHS111 and will enable direct booking of patient appointments.

Figure 1: SDEC Pathway – Direct booking:
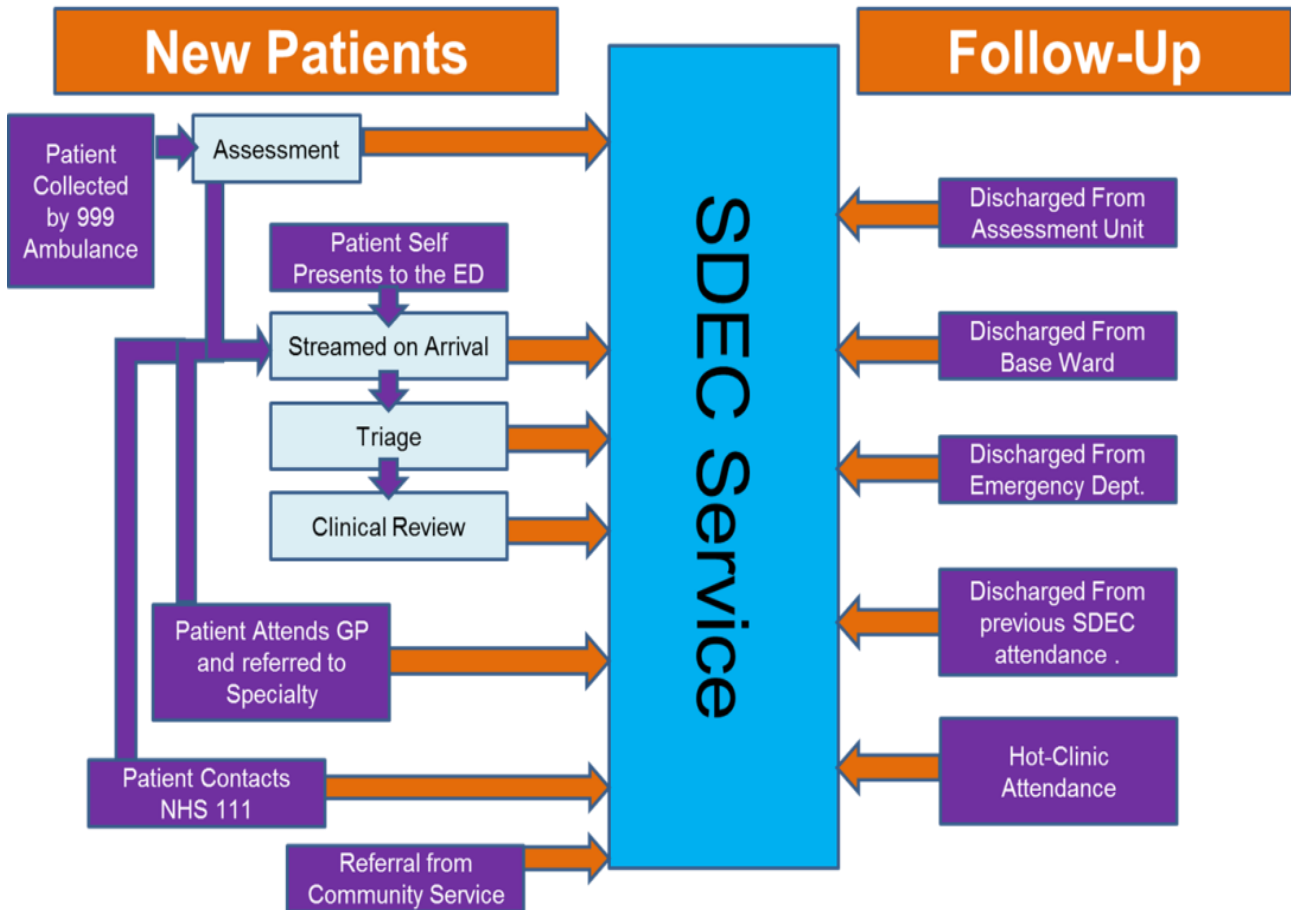
5.8.2   Prior to the implementation of the full pathway above, a clinician to clinician referral model has been created. This model enables clinical discussion between SDEC and NHS111 prior to referral, to ensure the patient is directed to the right place, the first time. This model will also be used in the event of the EDDI booking system failing.

Figure 2: SDEC pathway – Clinician to Clinician model:
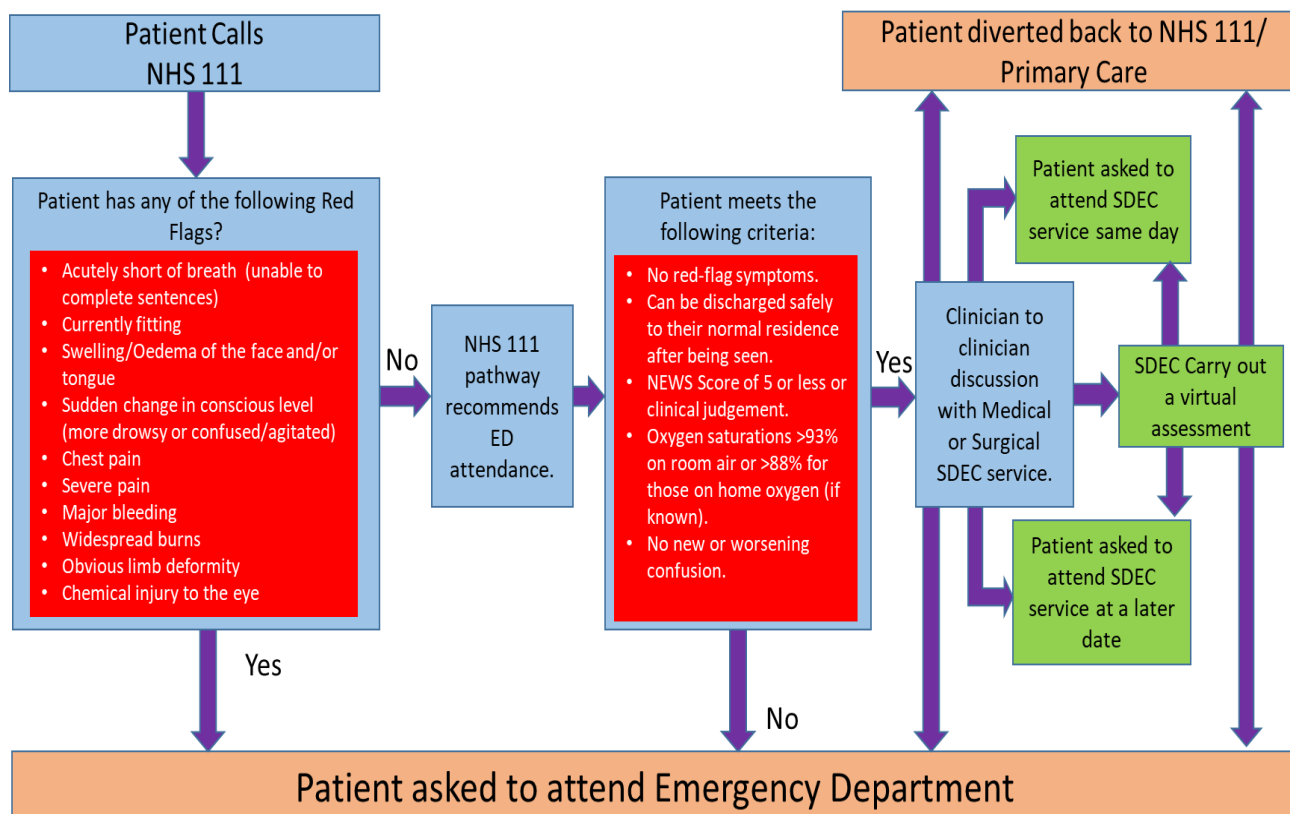
5.9   **NHS111 Clinical Assessment and booking**

5.9.1   Patients contacting NHS111 will undergo a clinical assessment.   Following this assessment, if the outcome disposition reached is for the patient to attend the SDEC department, the NHS111 clinician will contact the SDEC clinician via a direct dial number. Following this discussion, if the patient is to attend the SDEC, they will be advised of a time to attend and the NHS111 clinician will book the patient into the advised timeslot via the EDDI system (Emergency Department Digital Integration)

5.9.2   The assessment that has been undertaken by NHS111 will be uploaded to the Emergency Department Digital Integration (EDDI) system attached to the patient appointment slot.

5.9.3   Patients will be directed straight to the SDEC department and will not go via ED.

5.9.4   EDDI which is a web based appointment system built and provided by NHS Digital.

5.9.5   This system would sit alongside current Trust systems and require staff to manually review the system for booked patients. Once patients arrive in the SDEC, staff would mark them as arrived in EDDI and then book them into current SDEC system.

5.9.6   The reception staff on each site will be responsible for monitoring the bookings on EDDI. When an appointment is made on the EDDI system, the receptionists will have the responsibility of printing off the NHS111 assessment and notifying the SDEC nurse in charge of the patients booking and expected arrival time.

5.9.7   Autonomous booking into SDEC appointment slots by NHS111 will commence once condition led pathways have been agreed between NHS111 and MSE SDEC and tested. Until they are completed, the clinician to clinician direct referral pathway will be followed.

5.10   **Pathway Criteria**

5.10.1   Any patient calling NHS 111 with Red-Flag symptoms will continue to be diverted to the Emergency Department as per current practice.

5.10.2   Any patient who would be directed to attend the ED following the NHS 111 process will be considered for direct referral to an SDEC service when measured against the acceptance criteria.

5.10.3   Acceptance to an SDEC service will be at the discretion of the SDEC clinician for each service. If a patient is not accepted for SDEC then they would be sent to the ED as per current practice.

5.10.4   The role of the SDEC clinician is to accept the referral or to decline. They should not advise against sending the patient to the ED, if that is what the NHS 111 service has already determined.

5.10.5   Any NHS111 clinician to SDEC clinician discussion regarding a patient must be captured in both NHS 111 records and local SDEC records.

5.10.6   On acceptance by the SDEC service, the patient will either be given a time to attend or the SDEC team will contact the patient to complete a "remote/virtual" assessment.

5.10.7   Once the defined clinical condition pathways are agreed between NHS111 and MSE SDEC autonomous referring and booking from NHS111 will commence. Should NHS111 clinicians still wish to contact SDEC clinicians for discussion prior to booking an appointment, this will be encouraged.

Appendix 1: Full SDEC Inclusion/Exclusion criteria

5.11   **Contingency**

5.11.1   In the event of the EDDI system failing, NHS111 clinicians will still contact SDEC clinicians via the telephone to discuss and refer the patient. Should the patient be appropriate, they will be given a time to attend the SDEC, and the patient details and time slot offered will be noted by the accepting clinician.

Appendix 2: Telephone contact numbers for SDEC's

6   Training Requirements

6.1   SDEC staff will complete web based training on the EDDI system.

6.2   There are no obvious additional training requirements for the Acute Trust in regards to the pathway this is an additional stream in an established pathway.

6.3   There will be a need to share the inclusion/exclusion criteria in this document with referring clinicians, but the clinical experience and expertise are already in place.

7   Monitoring and Audit

7.1   Outlined below is the Trust's process of monitoring compliance with, and the effectiveness of the document's main points.

7.2   A new performance dashboard is being created along with the MSE Analytics Team. It will incorporate the KPI metrics included below:

Aspect of compliance or effectiveness being monitored	Monitoring Method	Individual department responsible for the monitoring	Frequency of the monitoring activity	Group / Committee / forum which will receive the findings/monitoring report	Committee / individual responsible for ensuring the actions are completed
Proportion of specialty take managed within the	MSE Dashboard	MSE Analytics	Daily/weekly	ED Performance Board	ED Performance Board

SDEC service					
Conversion to admission from SDEC service	MSE Dashboard	MSE Analytics	Daily/weekly	ED Performance Board	ED Performance Board
Time to move from bed request for admission	MSE Dashboard	MSE Analytics	Daily/weekly	ED Performance Board	ED Performance Board
Proportion of GP referred specialty patients attending the ED Dept.	MSE Dashboard	MSE Analytics	Daily/weekly	ED Performance Board	ED Performance Board
Proportion of patients who receive a clinical assessment/triage within 15 mins of arrival / Average time to initial assessment triage	MSE Dashboard	MSE Analytics	Daily/weekly	ED Performance Board	ED Performance Board
Proportion of patients who see a clinician within 60 mins of arrival / Average time to see a clinician	MSE Dashboard	MSE Analytics	Daily/weekly	ED Performance Board	ED Performance Board

8   Approval and Implementation

8.1   All policies, procedures and guidelines will be approved by the ED Flow and Admissions avoidance Steering Group which is the specialist group with the authority to approve local SOP's relating to Flow and NHS111. These will then be forwarded to the Document control team for submission and ratification by the Joint Document Management Group.

8.2   It is the author's responsibility to inform the SDEC staff of the approved policy documents when they are uploaded to the Trust's Intranets.

9   Equality Impact Assessment

9.1   The Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.
(Refer to appendix 3)

10   References

Royal College of Emergency Medicine Position Statement May 2020

https://www.rcem.ac.uk/docs/Policy/RCEM_Position_statement_Resetting_Emergency_Care_20200506.pdf

IUC Service Specification Addendum
https://future.nhs.uk/NHS111covid/view?objectId=85012933

Appendix 1: Full SDEC Inclusion/Exclusion criteria

Patient meets the following criteria:

- No red-flag symptoms.
- Can be discharged safely to their normal residence after being seen.
- NEWS Score of 5 or less or clinical judgement.
- Oxygen saturations >93% on room air or >88% for those on home oxygen (if known).
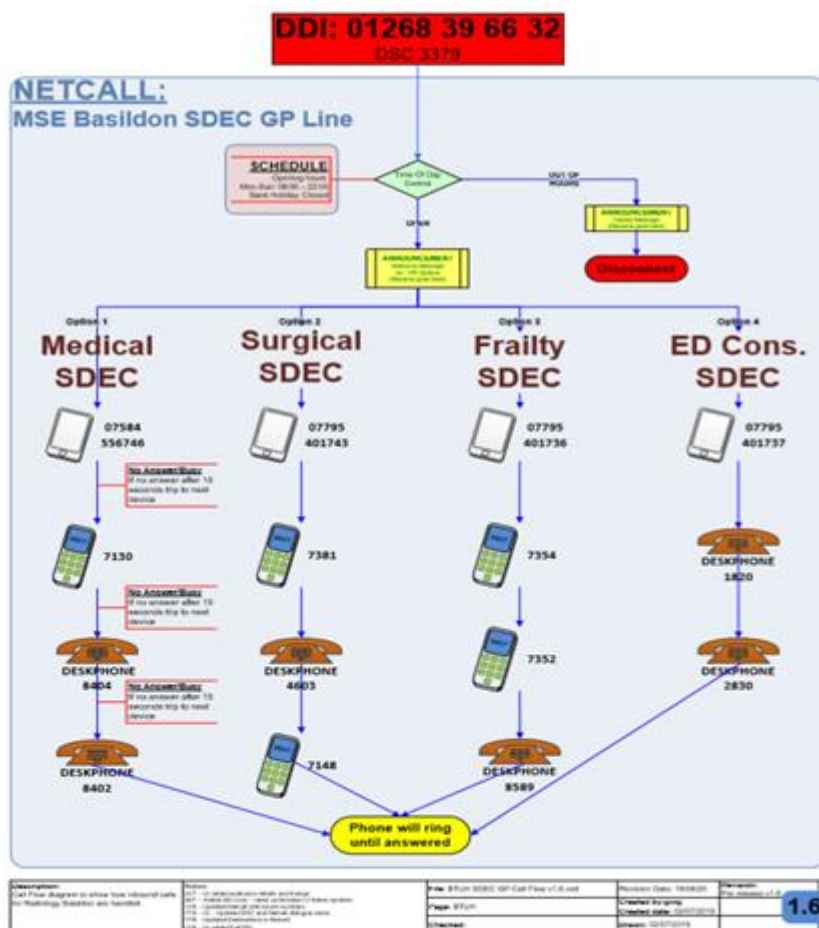- No new or worsening confusion.

Appendix 2: SDEC Contact Numbers

BROOMFIELD MEDICAL SDEC:

☎ 01245 514626

SOUTHEND SURGICAL SDEC:

☎ 01702 385555

Option 4 for surgical SDEC

SOUTHEND MEDICAL SDEC:

☎ 01702 435555

ext. 7292/5295

Appendix 3: Preliminary Equality Analysis

This assessment relates to Same Day Emergency Care Services (SDEC) interface with NHS 111: (please tick all that apply)

☒ A change in a service to patients	☐ A change to an existing document	☒ A change to the way staff work
☒ A new document	☐ Something else (please give details)	

	Questions	Answers
1.	**What are you proposing to change?**	Develop a pathway by which a patient can be referred to an SDEC service by the NHS 111 service reducing the need for the patient to attend the Emergency Dept.
2.	**Why are you making this change?** (What will the change achieve?)	To avoid the need for patients to attend an Emergency Department when they could be seen directly by a specialty team. This should reduce the patient journey time and reduce ED crowding.
3.	**Who benefits from this change and how?**	The patient benefits from a more efficient journey and the Emergency Dept. benefits from reducing ED crowding, which is positive for all patients in terms of safety.
4.	**Is anyone likely to suffer any negative impact as a result of this change?** If **no**, please record reasons here and sign and date this assessment. If **yes**, please complete a full EIA.	No – these patients would have attended the ED anyway and this remains the default position if any concern with suitability for SDEC.
5.	**a) Will you be undertaking any consultation as part of this change?**	Yes
	b) If so, with whom?	Refer to pages 1 & 2

Preliminary analysis completed by:				
Name	Anthony Schirn	**Job Title**	Head of Nursing and Quality – Emergency Care	20 October 2020

If you have identified any negative impact in the preliminary analysis above, please request and complete the full Equality Impact Assessment (EIA) from Document Control.