Delivering Emergency Care collaboratively between hospitals and ambulance services

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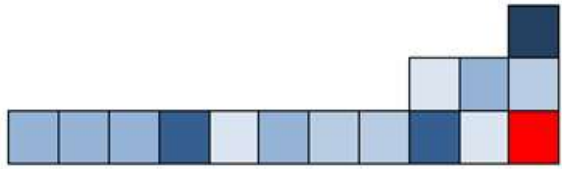
Clinical Lead for Community Emergency Medicine (Physician Response Unit & Barts Emergency Access Coordination Hub)



Plan:

- Describe Community Emergency Medicine?
- Background to the PRU service
- Covid pandemic response:
  - New pathways
  - Clinical support structures
  - Governance
- Further opportunities: The BEACH

Community Emergency Medicine

‘No ED is an island’

Community Emergency Medicine:

Definitive assessment of

patients with **emergency needs** by

clinicians empowered by **knowledge, training, equipment and integrated care structures,**

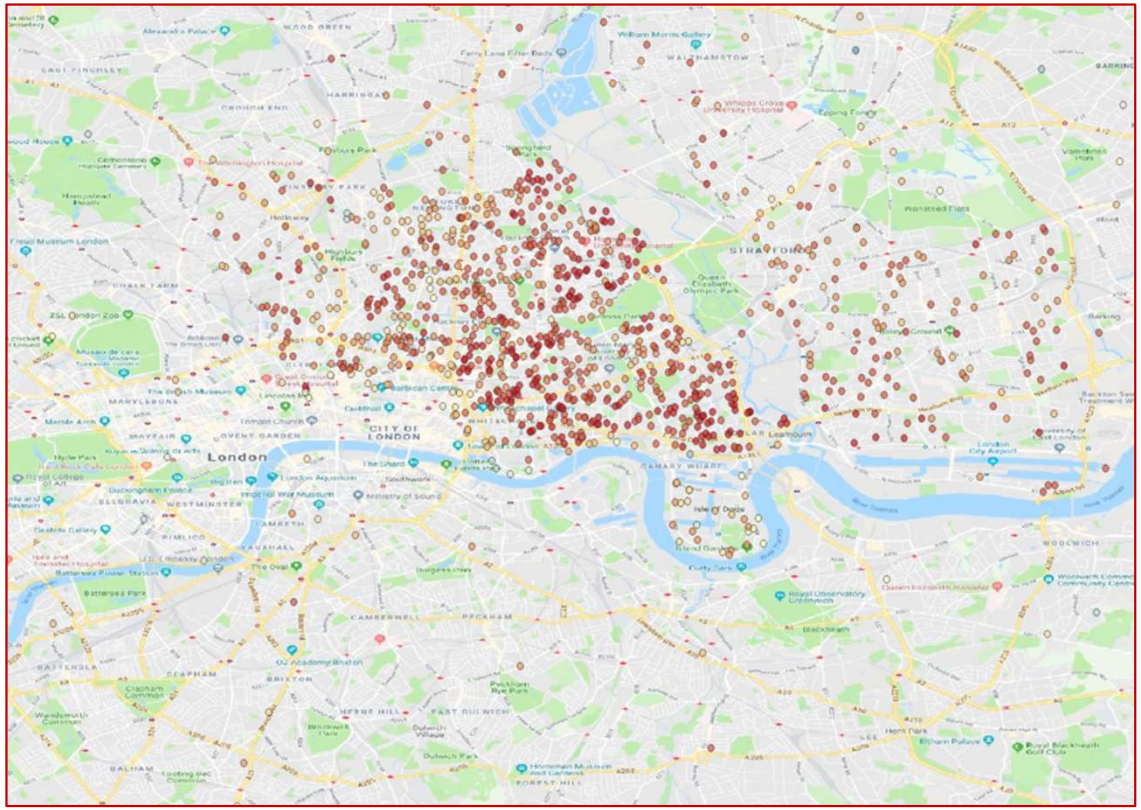
independent of the clinical environment

So?

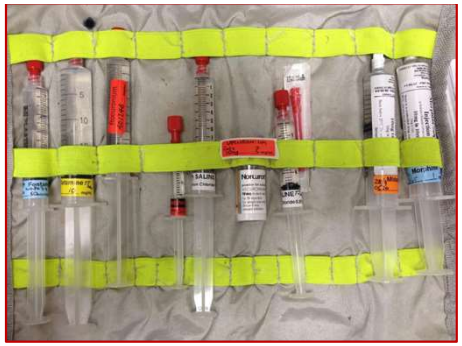
- Taking Emergency Medicine to the patient

- Why?
  - Consultation
    - Clinician-empowered
    - Patient-orientated
  - Patients as people: pre-medicalisation
  - Learn about local population
  - Learn about local providers
  - Collaborative working
    - ambulance service + acute trust + community + primary care

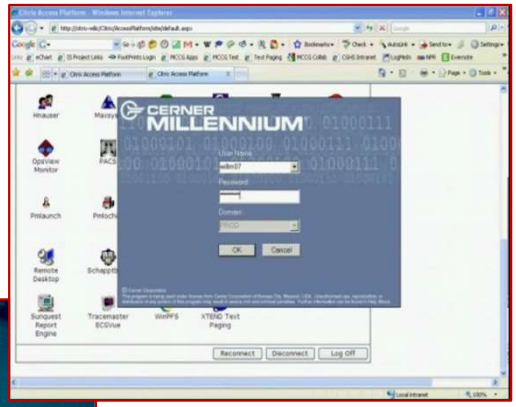
Our PRU

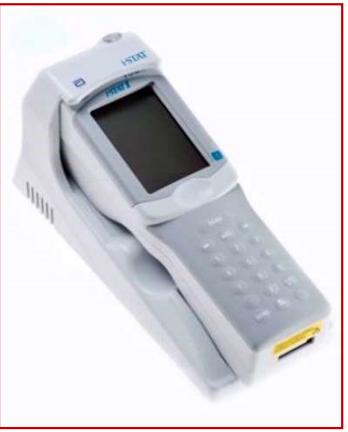


- 2 cars
- Covers 0800 – 2300
- 10 fellows (all EM higher trainees)
  - 50:50 PRU:ED
- 5 x Emergency Ambulance Crew; 1 x ED nurse
- Tasked by London Ambulance Service to 999 calls
  - Primary / crew requests
- 76% managed in community



How?





Barts Health NHS
NHS Trust

PRU DIRECTORY 2020

London's Air Ambulance Charity

1

Barts Health NHS
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Contents:

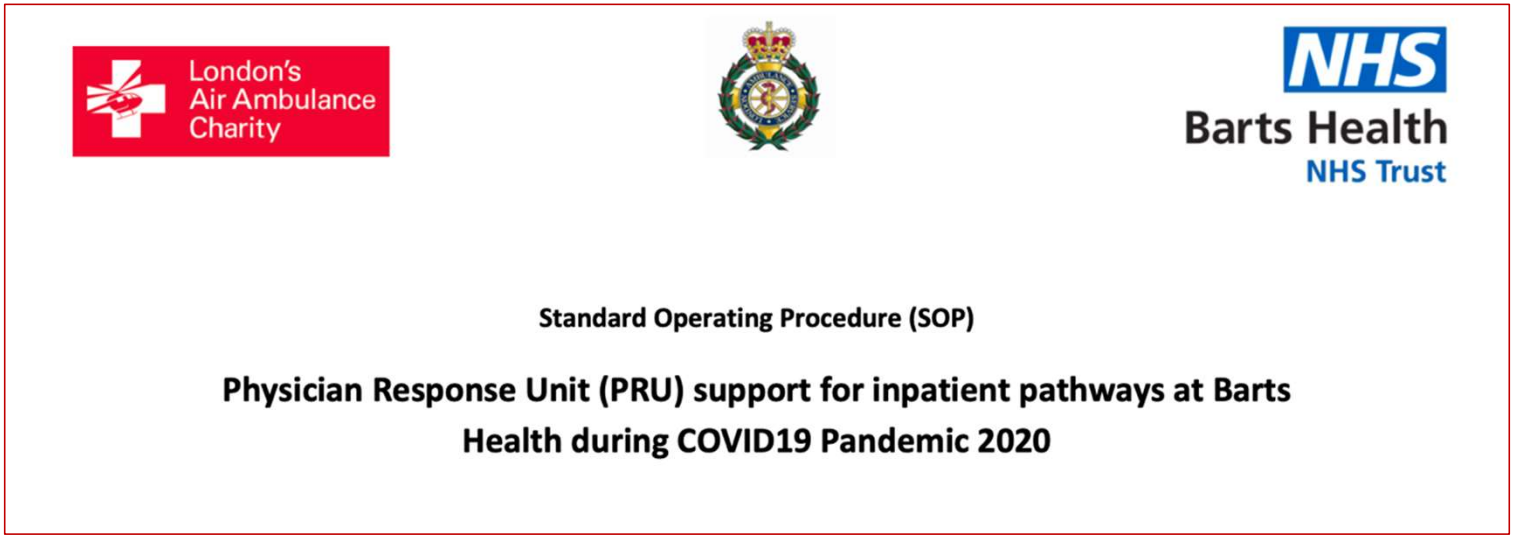
2

Covid-19 pandemic response

- New challenges:
  - 111 <-> 999
  - New and unfamiliar illness
  - New practices e.g. PPE
  - Unrecognisable healthcare landscape

- ‘Surge for solutions’ phase
  - ‘Primary’ PRU patients: decision support
  - Developing new clinical pathways for vulnerable patients
    - Patients that would ‘normally’ be admitted (or remain admitted)
    - Acute oncology patients
    - Patients that are dying

Specific pathways



''For patients that would normally require inpatient surveillance''

1 – Early discharge from Acute Medicine & Older People's Services

2 – Acute Oncology patients (esp via chemo hotline)

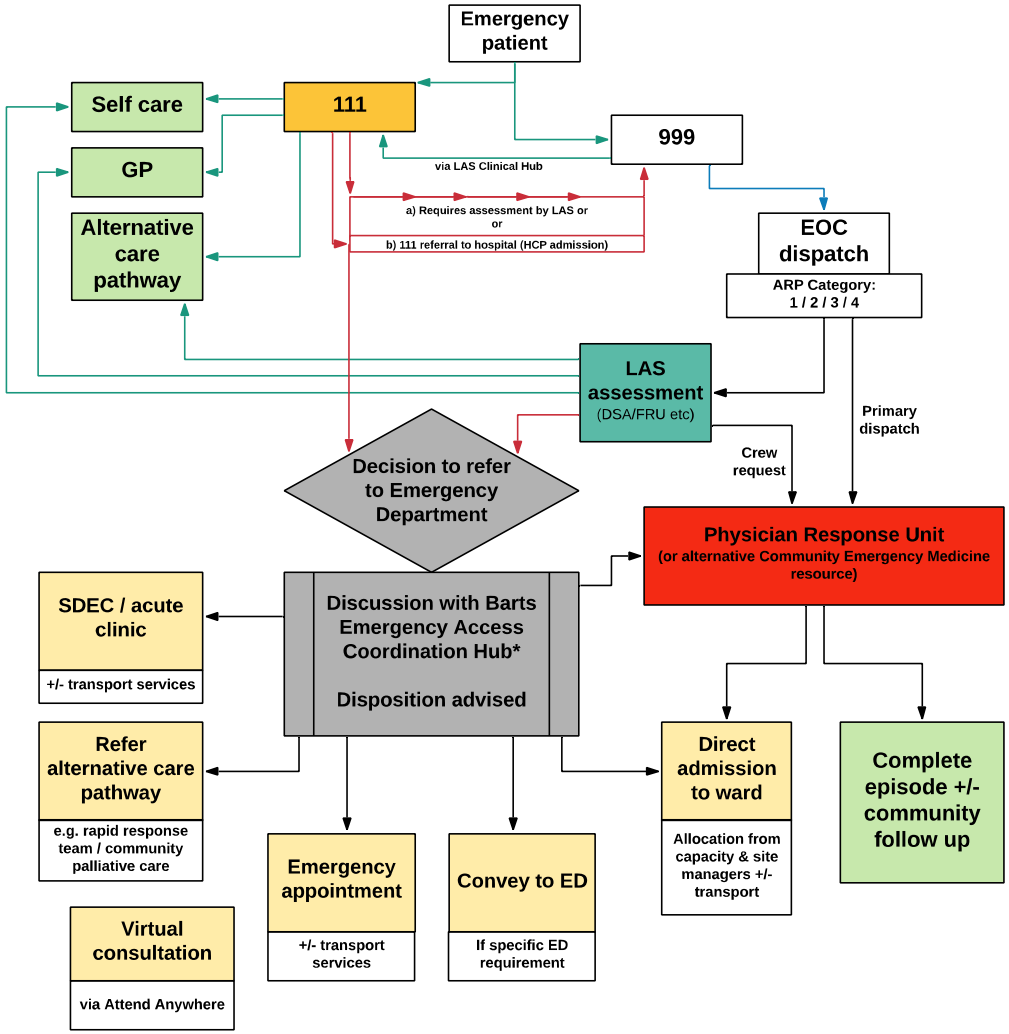
3 – Emergency Department supported follow-up

4 – Patients that are dying

Further Opportunities

- EM is not bound by walls of the department
- Closer partnership working with ambulance services and other UEC providers
- Vulnerable patient groups need access to safe emergency care.
- Workforce development / hybridisation

The BEACH: Barts Emergency Access Coordination Hub



BEACH

- Not triage but… 'secondary' Emergency Medicine can be provided in different ways
- Patient and workforce experience – v positive
- Support handover processes
- Create an integrated emergency care network
- Right care, right place, first time

Questions?

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