

Acute Medicine in
the UK

A brief history 25 years

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Acute medical care

The right person,
in the right setting – first time

Report of the Acute Medicine Task Force

October 2007

Background and references
Gratis

UNSCHEDULED CARE

We need a joined up System



**In the beginning
there was chaos
1980's**

Diagnosing the system

80% of medical admissions are emergencies

Junior doctors deliver the service

No specific time assigned to provide acute care

Emergency work fitted around elective activities out patients procedures.

Patients admitted to beds anytime anywhere



Traditional model

Where's the staff? The scarcity of senior hospital doctors, especially on Sundays, endangers lives, says **Simon Crompton**

It's the weekend. You can relax, spend some quality time with your family. But don't, whatever you do, get ill because if you need to be admitted to a hospital, you're more likely to die than on a weekday.

Figures commissioned by *Body&Soul* have revealed that the lack of senior doctors available over the weekend may be leading to a rise in death rates. The data, compiled by the independent health-research organisation Dr Foster, is the first to have charted death rates in the acute hospitals across England according to what day of the week patients are admitted. Professor Dame Carol Black, the president of the Royal College of Physicians, said the situation revealed by the figures was deeply worrying.

health sciences, Imperial College, London.

He believes that the most credible explanation for the increase is the lack of doctors available at weekends. "When you look at other studies, it's certainly true that the best predictor of high standardised mortality ratios is a

low number of doctors per bed," he says.

The only other study looking at how mortality rates in hospitals change at the weekend, published in the *New England Journal of Medicine*, came to the same conclusion: lower levels of staff at weekends in Canadian hospitals increased the risk of death among patients with some life-threatening disorders.

To an outsider it seems shocking that a mere

Media and politicians

Reports

NICE

NCEPOD

Acute Medicine Task Force Report 2007

Publications

Preventable death

Excess weekend mortality Weekend:weekday OR 1.11-1.15

Excess August mortality

Excess ITU utilisation

Increased LOS

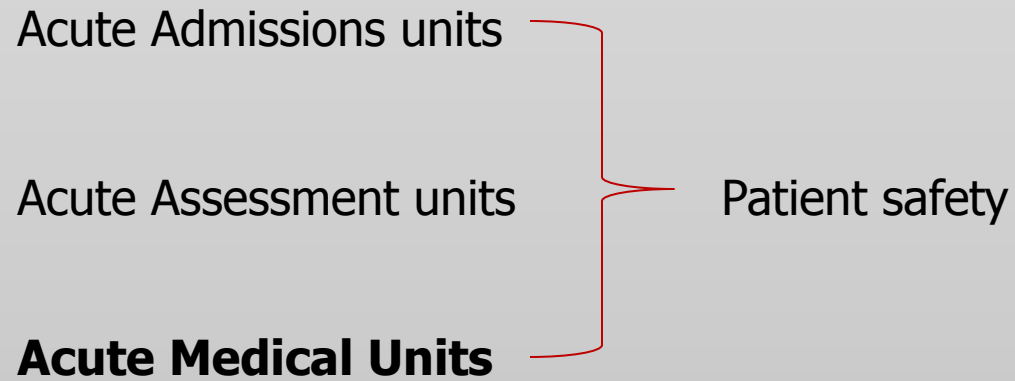
Poor patient experience ?

Safety and outcomes

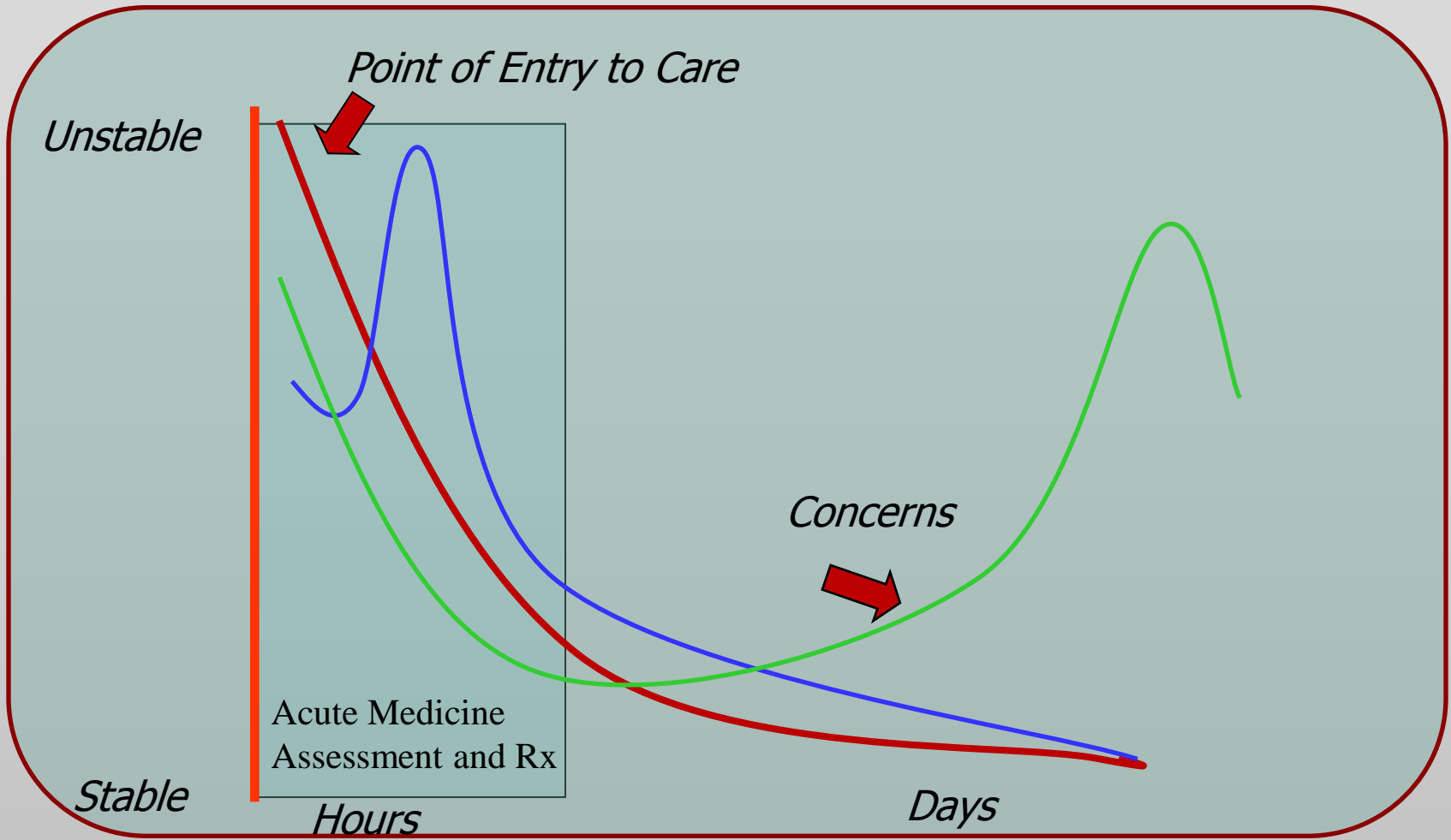
London Data 2011	Total emergency admissions	In hospital mortality following emergency admission	In hospital mortality following emergency admission (%)	
Weekday	521,868	16,377	3.14	+0.32
Weekend	159,676	5,531	3.46	

The difference between weekday and weekend mortality equates to **520 potentially avoidable deaths**

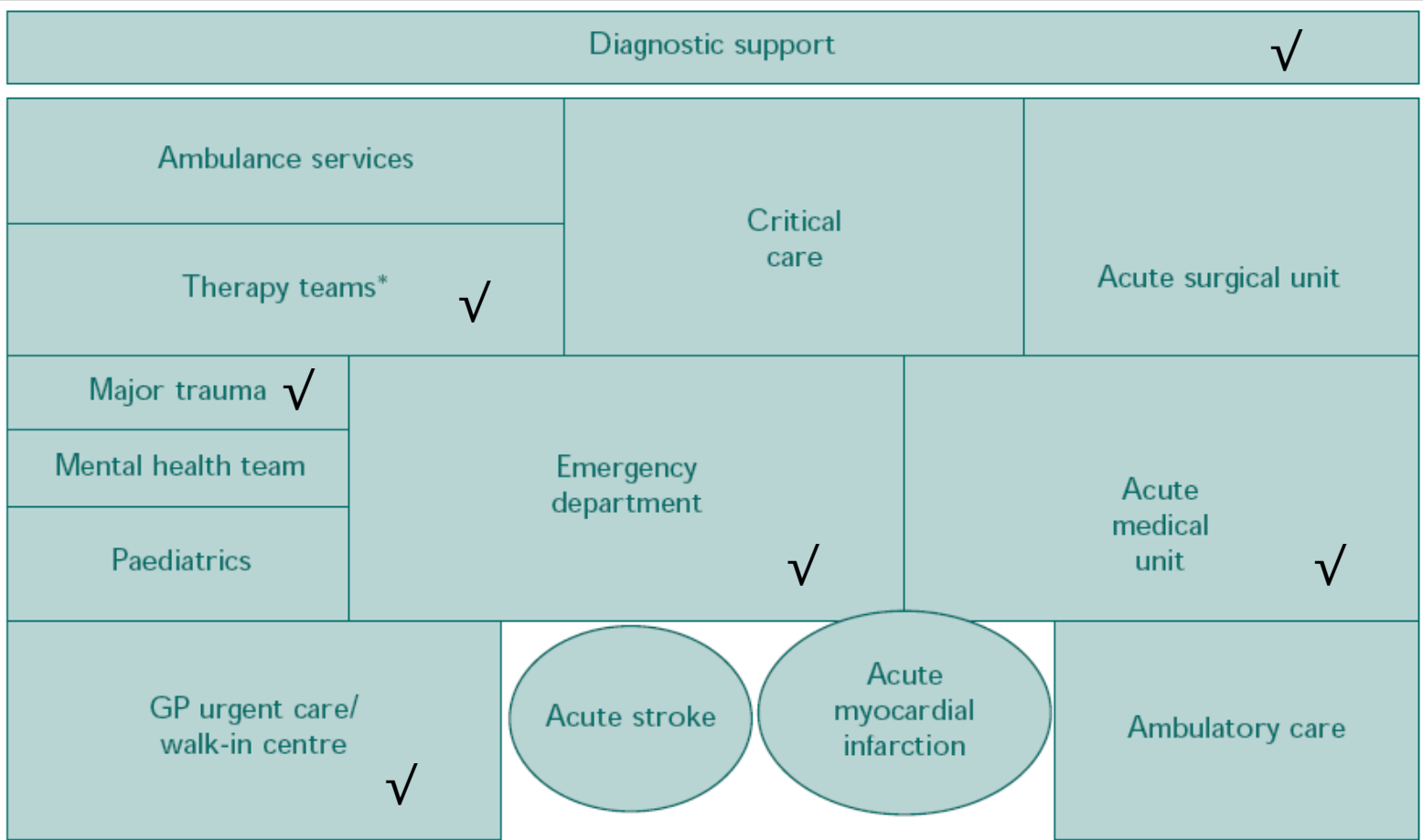
London has a low adult standardised mortality compared to the rest of the UK



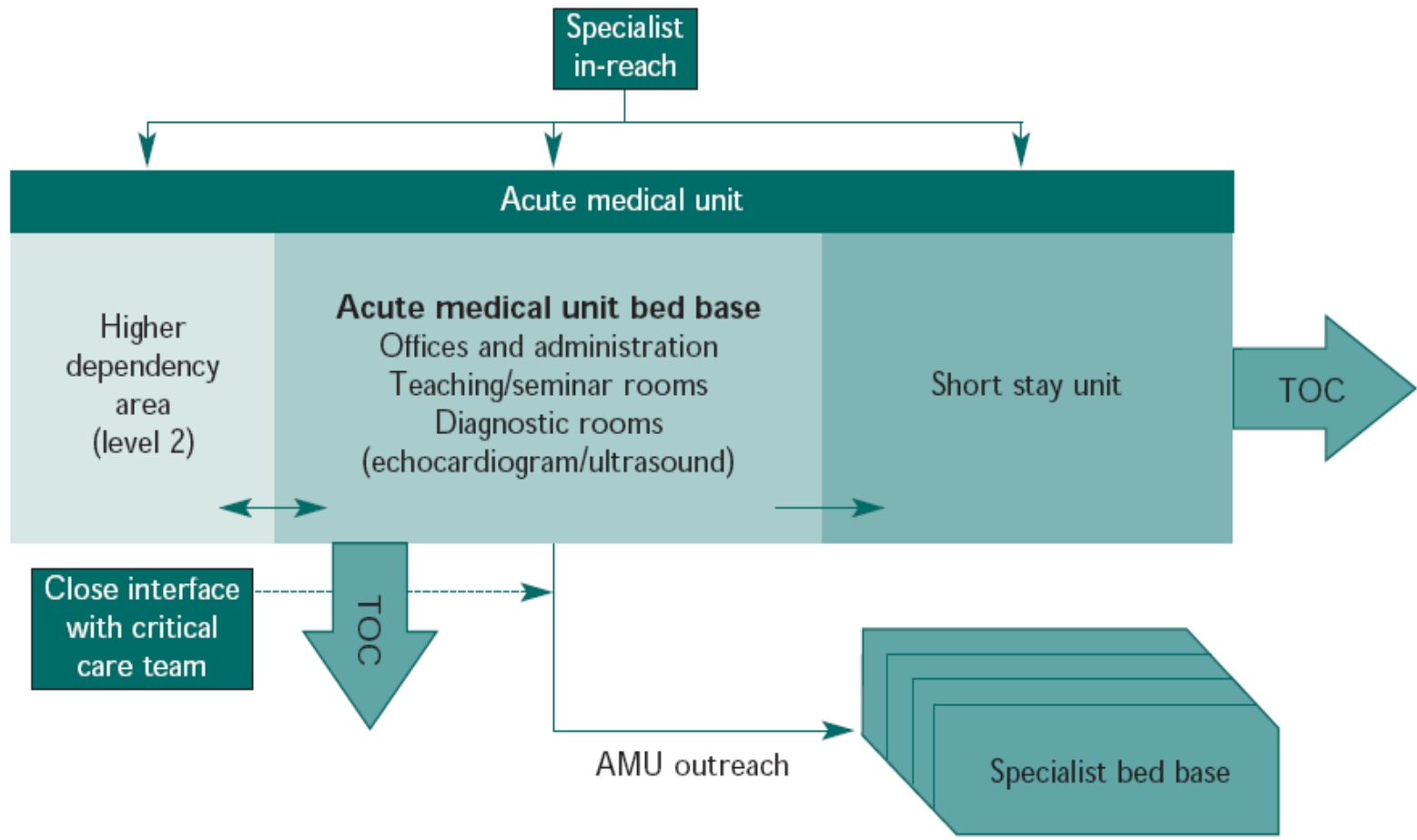
Late 1980's Geographical Solution



Patterns of illness behaviour – time matters



The Emergency Floor 2012?



Acute Medical Unit Design

Junior Doctors

Therapists – physiotherapy and
occupational therapy

Nurses

Pharmacists

Consultants



Progressive staffing solution

Dedicated Medical team

Dedicated Surgical Team

Dedicated Junior Doctors 3-8 months per attachment

Skilled Nursing staff

Dedicated therapy input (7 days)

Dedicated pharmacy service (7 days)

Specialist support services

A&C

Acute Medicine and Acute Surgery

Suggested Cast

Training and education

Acute Medicine 4 year programme

8-9 years from graduation to Consultant

Training in ITU, AM, CCU and medical specialties

Practical skill

e.g. echocardiography, ultrasound, endoscopy....

Ideal for compartmentalised work plans, academia and part-time work

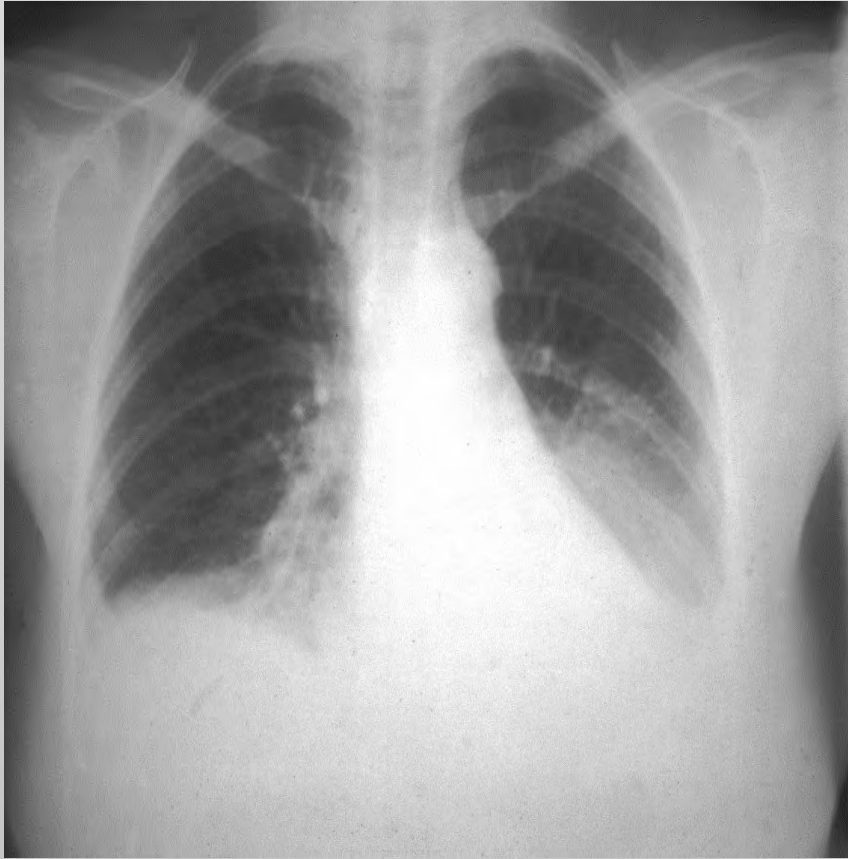
Acute Medicine training

Essential part of the undergraduate curriculum
'finishing school'

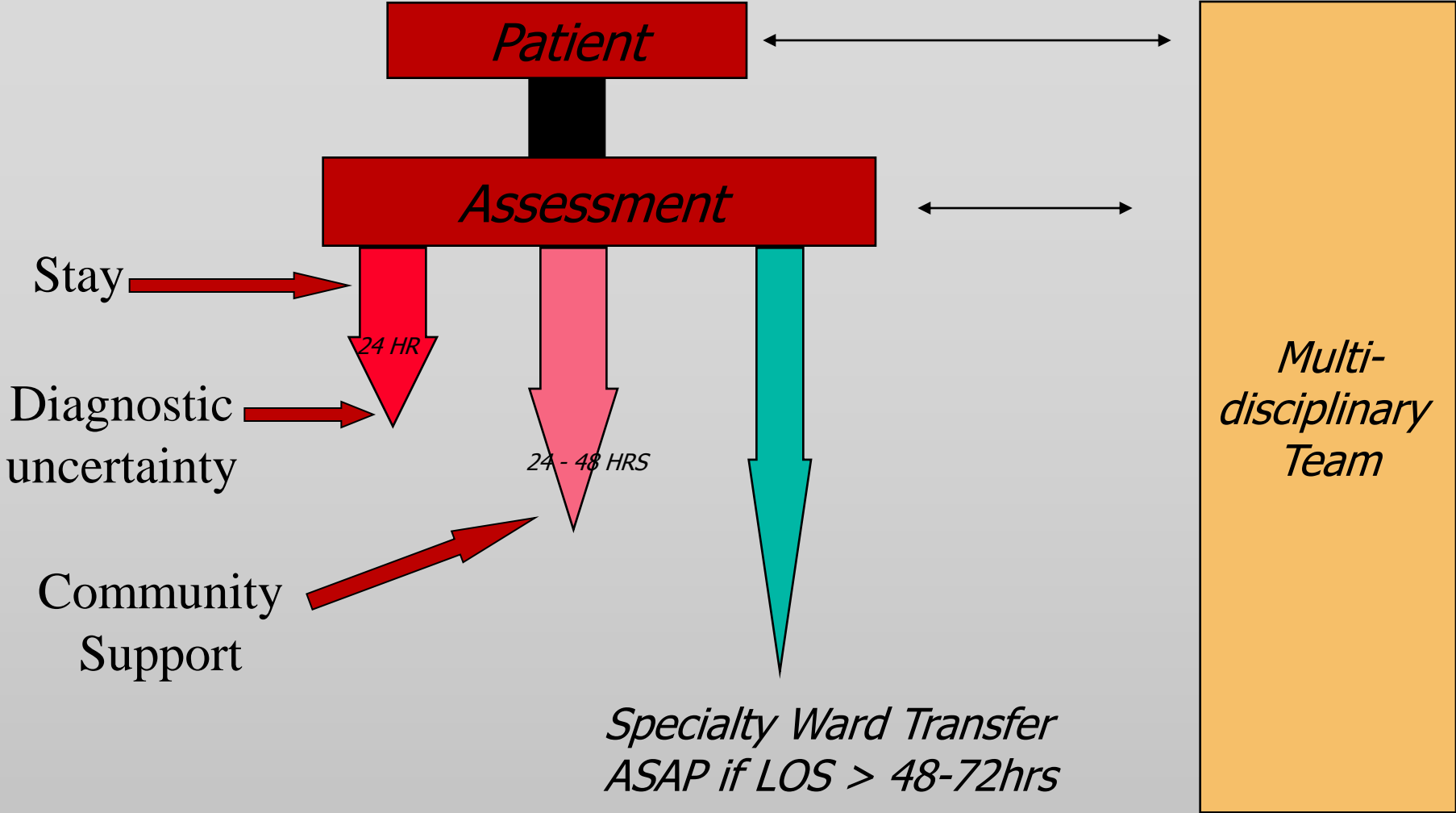
Essential part of post graduate training
Competency in acute illness

Other health care professionals
Undergraduate and Post graduate

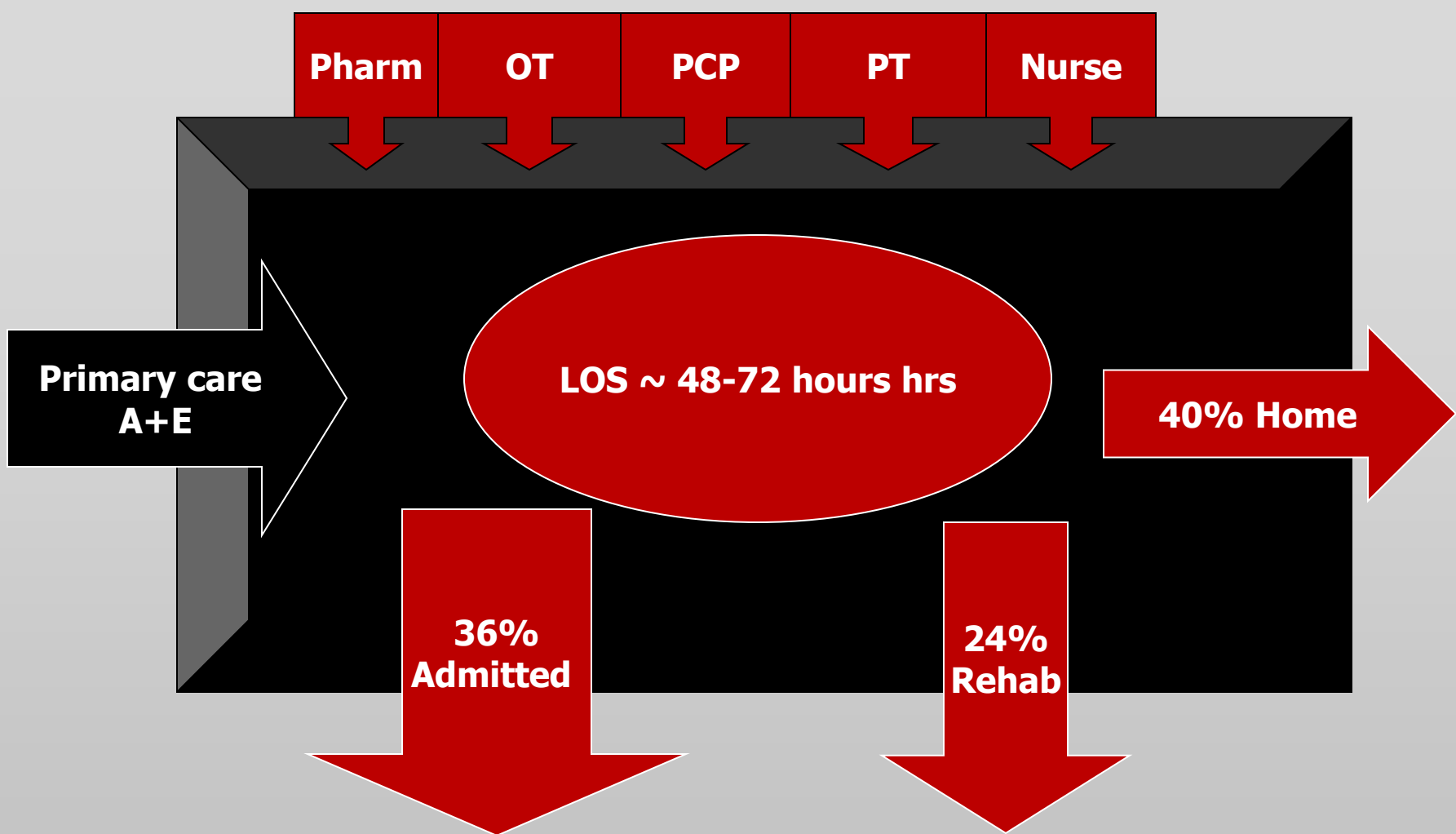
Acute Medicine Training



Specialist care is good
Symptoms



Acute Medical Unit Process - needs



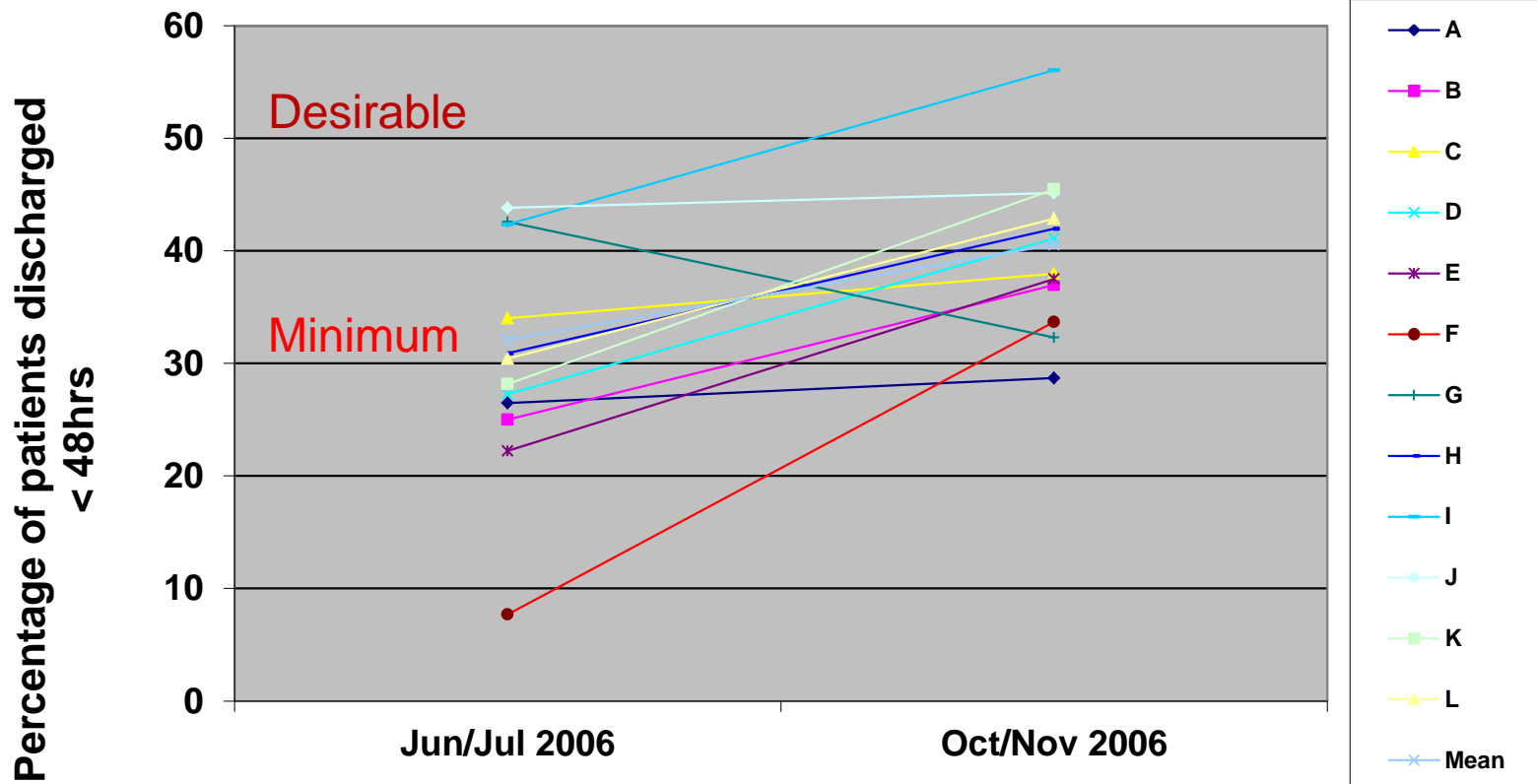
Complex Needs Patients

Maximise Continuity of care for patients then

Non-Medical Staff

Medical Staff

Dedicated medical Rotas



Direct discharge rates by consultant before and after AMU model introduced

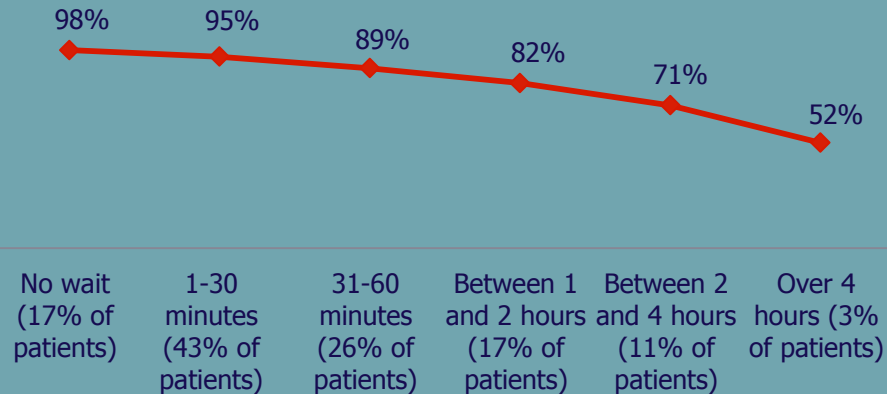
Leadership

Quality and Improvement

**Other consultant roles in Acute
Medicine**

Does all this matter ?

Percentage rating care positively by time waiting to be examined by a nurse or doctor (n=39143)



Patient perception of quality by waiting time in acute care