Appendix 1

Note of the Committee’s Site Visit to University College London Hospital Accident and Emergency Department – 30 January 2014

**Aim of the visit**
Members visited the Accident and Emergency department at University College London Hospital (UCLH) to gain an insight to pressures faced by A&E Departments.

**Attendees**
Dr Onkar Sahota, AM (Chair) and Andrew Boff, AM (Deputy Chair) attended the visit, supported by three officers - Stephen Greek, Research Support Officers, Peter Mason, Research Support Officers and Carmen Musonda, Scrutiny Manager.

**The site**
The UCLH is one of six hospitals comprising the University College London Hospitals NHS Foundation which was established in 1994.

Services offered at the hospital include accident & emergency, hyper-acute stroke unit, cancer care, critical care, endocrinology, general surgery, ophthalmology, dermatology, general medicine, general neurology, rheumatology, orthopaedics, paediatric & adolescents, and urology. Since November 2008, the hospital has also offered maternity and neonatal services.

**Visit schedule**
The visit consisted of a brief overview by the Divisional Clinical Director and a tour of the department with an opportunity to speak to a range of staff including nurses, junior doctors and consultants.

**Information**
Dr Daniel Wallis, Divisional Clinical Director met the delegation at reception and gave an overview of the patient profile, patient flows and current phases of development:

- The department was initially intended to accommodate 65,000 patients but how has a patient flow of 120,000.
- The department has seen a 6 to 7 per cent increase in patient numbers year-on-year.
- Highly mobile population with a high proportion of patients self-presenting quite often at the start and end of the working day, simply because it is easier to do so.
- Monday is consistently the department’s busiest day of the week.

Members were guided through the tour by the department’s senior nurse – Matron Amanda Webb. The following information and views were shared with the delegation by staff:
• An ambulatory emergency care unit opened in December 2013 offering an alternative to sending patients to the emergency department. GPs are able call directly to the unit consultant to discuss referrals.

• The patient can then access same day acute medical care, or be booked into a rapid access appointment within the next day or two.

• During this initial phase the model will be reviewed and refined, incorporating feedback from patients and referrers.

• There is scope to reduce the complexity of the system, for example in the handover of patients from ambulance staff to hospital staff. The verbal and physical off load should happen within 15 minutes in order to meet statistical targets, but logistical setbacks could make meeting the target more challenging.

• The tremendous increase in patient numbers has led to a backlog in cases during shift handovers from day to night staff. Standardising certain parts of the process such as the coding system for recording the illness, treatment needed etc might help.

• They may be approaches that can be taken more widely to cause individuals to think carefully about whether A&E is the most appropriate service to deal with their medical condition/illness, for example, an advertising campaign showing the consequences of requesting an ambulance inappropriately.

• Perhaps not enough awareness of the uniqueness of the challenges deaf people face in accessing the service. UCLH has sought to remedy this with simple but effective measures, such as increased signage and sign-posting of the route through A&E, removing glass screens or created areas within them where it would be easier for a deaf patient to lip-read.

• Some expressed the view that primary care should be co-located with emergency and urgent care and that a 24 hour service should be provided and that this could help alleviate the pressure on A&E departments we are currently seeing.