

April 2017

SPECIAL EDITION

NHS

University Hospitals
of Leicester
NHS Trust

GP Newsletter

Caring at its best



Welcome to the Special edition of the GP Newsletter

New Emergency Department

Our new Emergency Department (ED) opens on Wednesday 26 April 2017 and will be a state-of-the-art building which is one of the biggest government capital outlays for Emergency Departments in recent years, reflecting that for geographical reasons and population growth. Leicester's facility is the busiest single-site ED in the UK.



For many years, the efficiency of the Emergency Department has been compromised by space issues. Whilst patients rate the staff and service very highly, the patient experience of their environment has been poor.

State of the Art Facilities

We are all very excited about the new department, which has inbuilt specialist design for children, patients in an agitated state (for example mental health problems or dementia), frail patients and bariatric patients. It has a dedicated cubicle for simulation training of staff and a dedicated cubicle for clinical research, in collaboration with the University of Leicester.

Key Changes from 04:00am 26 April 2017

Balmoral Building entrance will close permanently.

The new Children's Emergency Department entrance (see picture overleaf) is opposite Jarvis building, Infirmary square (approx. 100m from the old entrance).

The new Adult Emergency Department entrance is located off Welford Road (see

picture above).

All other UHL services will be accessed via Windsor Building from 26 April 2017

Urgent Care, Eye Casualty and OOH Clinic 4 will move from their current facilities and will be relocated as outlined below.

The Urgent Care Centre will close and merge into the new ED. There will be no separately located Urgent Care Centre.

The current streaming function will be absorbed into the Assessment Zone and its primary care consultation function will be absorbed into the department.

- As patients arrive at ED they will enter the reception area, streaming and assessment zone (see diagram overleaf)
- The Streaming service provides a multidisciplinary team approach consisting of senior GPs, GPwSI, ED Consultants, ANPs

- This highly-skilled multi-disciplinary team will see all patients, whether self-presenting or arriving by ambulance

For some patients their visit to the Emergency Department will end in the Assessment Zone – as they might receive advice, or be treated or directed to another service.

If a patient requires an urgent GP consultation then they will progress to the blue zone for a primary care consultation.

The Blue Zone consists of ED Primary Care, Injuries Stream and Eye Emergency Stream.

Key Changes from 04:00am 26 April 2017

Eye Casualty will relocate into the new ED and the patient pathway will change. It will no longer exist as a separate entity.

- The opening times remain the same:
0830 - 1630 weekdays and 0830 - 1230 weekends & bank holidays

All patients with eye emergencies will be streamed to an urgent eye assessment in the Blue zone or a rapid access clinic (1-3 days)

The current faxed and telephoned referrals from GPs and optometrists will be triaged and if appropriate, redirected to the Rapid Access Clinic or other Ophthalmology services. Suitable patients will be contacted with an appointment time and long waits in ED will be avoided.

Out Of Hours (OOH) booked appointments via NHS111 and the Clinical Navigation Hub will re-locate to the new Emergency Department.

The service currently in Clinic 4 Balmoral Building will relocate to the Blue Zone

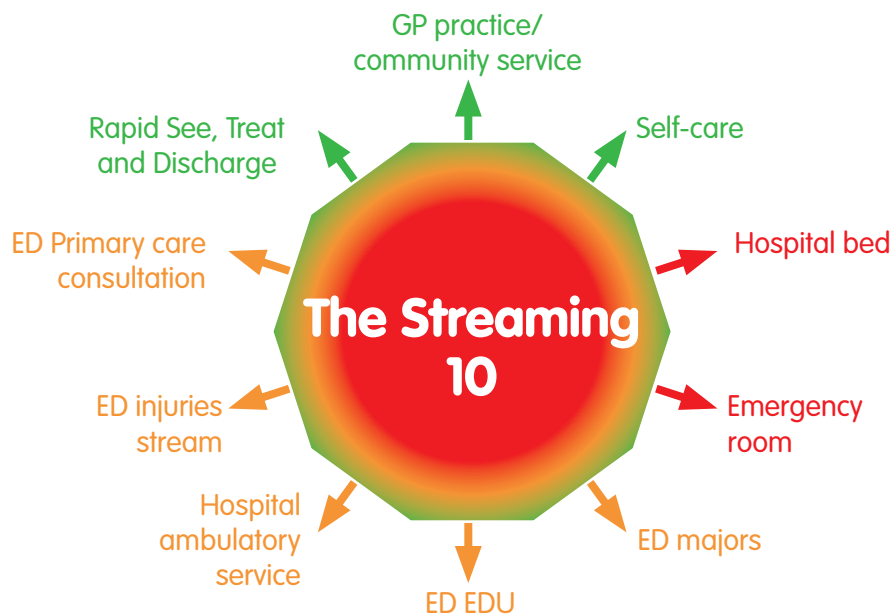
- Operating hours will be 2100 - 0800 weekdays and 2000 - 0800 Saturday and Sunday
- Early evenings and during weekend days patients will be booked (via NHS111 or the Clinical Navigation Hub) to the Primary Care Hub at Westcotes Health Centre

GPAU

- This existing service will be sited in the new Emergency Department. Patients referred via Bed Bureau who need consultant physician review or (and not necessarily) an in-patient bed will be seen in an annex of the ED majors area
- All ambulant patients with GP referral letters will access GPAU via ED reception (this will not constitute an ED attendance)

Further expanding the role of GPs in ED

GPs with a special interest in Urgent & Emergency Care (GPwSI U&EC) are very appropriate to see patients with a wider range of conditions than those which normally present to general practice, and may use diagnostics to guide management. This is why the Trust has employed GPs in the ED since 2008 and is currently seeking a Primary Care Partner Provider from autumn 2017 in order to expand and develop the collaboration.



Urgent Care for Children

- All children will be seen in the Children's Emergency Department
- Separation of adult and children in ED is a national standard
- Children previously seen in the Urgent Care Centre and the OOH service will still be seen by GPs working in ED but will benefit from the same child-friendly environment as children streamed to ED care.

NEW Children's Short Stay Unit

- The ability to keep children under observation on a unit run jointly by ED Consultants and Paediatric Consultants
- Aiming to avoid unnecessary admissions and discharge home the same day / next morning
- Based on the same model of care as the highly successful EDU ward within ED for adult patients, run jointly by the ED consultants and geriatric consultants



Children's Emergency

Other changes to the Emergency Department

- IT systems which include better integration with the NHS Spine and improved communications
- Improved patient calling system,
- Electronic scanning for improved clinical notes storage
- "hot lab" for rapid processing of blood results
- "live stocking" of equipment, and many, many other improvements!

Phase 2

Phase 2 of the Emergency Floor includes building new wards alongside Phase 1, which will house the wards of most crucial adjacency to the ED, such as the Acute Medical Unit, Acute Frailty Unit and re-situating the EDU next to ED (it will move temporarily to ward 7). More information about these developments will follow.

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