RCEM Royal College of Emergency Medicine

SAM THE SOCIETY FOR ACUTE MEDICINE

Joint Statement RCEM and SAM regarding Same Day Emergency Care (SDEC)

This statement is a follow up to the joint statement issued in 2019 by the Royal College of Emergency Medicine (RCEM) and the Society for Acute Medicine (SAM) regarding the delivery of same day emergency care (SDEC) in England following the launch of the 2019 Long Term Plan for the NHS in England.

Since 2019 due to the global COVID-19 pandemic, some SDEC services were paused to allow estate and staff to be utilised for other clinical services.

SDEC services are being restored, and many improvements have been made. However, we are aware that due to pressures in the acute care system, some SDEC services are being utilised for activity that does not meet the remit of same day emergency care.

In England, over 75% of acute hospitals are meeting the national requirement of having 12 hours a day, seven days per week SDEC services in place for medicine and surgery and 70 hours per week for frailty.

Whilst SDEC spans multiple specialities such as paediatrics, surgery and oncology, the largest cohort of patients are seen by clinicians with a background in Acute, Emergency or Older peoples (Frailty) Medicine.

To deliver effective SDEC services we need to break down barriers between professional groups and 'silo working'. We encourage those working in acute care to work together to develop their SDEC services, using local expertise, workforce and organisational structure.

This approach is explicitly supported by the NHS and the National Delivery plan for recovering urgent and emergency care services (NHS England, 2023).

The benefits of effective SDEC delivery to teams working "at the front door" to deliver acute care include reducing unwarranted variation in care pathways, streamlining the patient journey, better patient and staff satisfaction, reduction in admission rates and enhanced patient flow in the acute admission pathway.

We hope that the following points, updated from the 2019 statement, dispel some rumours, myths and concerns around SDEC delivery:

- The definition of same day emergency care (SDEC) is to allow specialists, where possible, to care for patients within the same day of arrival as an alternative to hospital admission, removing delays for patients requiring further investigation and/or treatment. This process can occur in several settings including a designated SDEC unit or a specific SDEC area next to the Emergency Department traditionally, but not exclusively under the auspices of the Acute Medical team. This model should be updated to reflect an integrated leadership and operational approach between AIM and EM. This care would usually be delivered within an eight-hour time frame and may be spread out over more than one day if a pathway indicates this. However, the hallmark remains that the patient sleeps in their own bed and not an inpatient hospital one.

- The ambition established in the NHS Long Term Plan (2019) and the NHSE delivery plan for recovering urgent and emergency care services (2023) include implementation SDEC services, 12 hours a day, 7 days a week in every hospital with a 'type 1' (consultant-led 24 hour) ED and, in addition to provide 70hrs of a defined acute frailty service per week.
- SDEC should facilitate the right patients with acute healthcare needs to be treated by the right clinician at the right time for their condition and is intended to bring about a positive experience and achieve the best outcomes for that patient.
- Diagnostics capacity for unplanned activity must be available seven days per week with equal access as ED timeframes. No specialist teams should delay accepting a referral into or from SDEC based on diagnostic results or capacity/availability.
- SDEC is not an alternative facility to be used for patients awaiting diagnostics or investigation.
- SDEC should not be used for patients who present to ED who would not have been considered for admission to an inpatient bed. This includes patients directly referred from primary and community care or Urgent Treatment Centres (UTC). With the advances in turnaround time and the development of new diagnostics, the clinical conditions and patient cohort who are suitable for management in SDEC will continue to evolve. We encourage organisations to be agile in their approach to appropriate use of SDEC services to ensure maximum benefit to all patients.
- SDEC is not an alternative to an inpatient bed if that is what the patient needs even at times of system stress and is not a 'place to wait' for that bed. Neither is it an alternative facility to be used to maintain performance against any time-based target.
- SDEC should not be used for patients awaiting transport home if they were not originally under the care of the SDEC team.
- Escalation plans must ensure that SDEC is not used as a bedded area. This is essential to support patient flow in the acute care pathway.
- SDEC is about a skilled team of healthcare professionals delivering high quality care to a cohort of patients in a safe environment that meets their acute healthcare needs, on the same day without admittance. SDEC should not be used for elective procedures or ongoing treatment that could be delivered in an outpatient setting.
- All patients >65 years must have a clinical frailty score completed within 60 minutes of arrival as part of the triage process in the Emergency Department or SDEC.
- The multi-disciplinary model of SDEC delivery provides a rich environment for training of future clinicians, working in many disciplines who will be delivering acute care. Time to train must be included in staffing models for SDEC areas.
- The Emergency Care Data Set (ECDS) was mandated from July 2024 as the method of data collection for SDEC activity. This will make it easier to get high quality data and further develop and support the transformation of SDEC services.

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