



**The Royal College of
Emergency Medicine**



Joint Statement RCEM and SAM regarding Same Day Emergency Care

There has been much publicity recently around provision of Same Day Emergency Care services as outlined in the NHS Long Term Plan 2019. RCEM and SAM endorse the provision of these services and we are aware that there is a lot of anxiety from both AM and EM clinicians regarding the pace of change.

In reality nearly all acute trusts in the country already deliver some form of same day emergency care and NHSE research suggests that 89% of acute providers have a designated unit where most of the SDEC occurs.

SDEC services are run by a disparate group of clinicians, but the largest cohort of patients are seen by clinicians with a background in Acute or Emergency Medicine. These groups of professionals share this similar patient cohort in relation to those patients who present with SDEC sensitive conditions either to the Emergency Department, acute medical take or SDEC unit. We also recognise that paediatricians have increasingly moved to an SDEC model of care and more recently many sites have developed surgical and orthopaedic SDEC pathways and SDEC services for frail patients.

In order 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, and this approach is explicitly supported by the NHS.

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

We hope that the following dispels some rumours, myths and concerns around SDEC delivery:

- Same day emergency care (SDEC) is synonymous with ambulatory emergency care (AEC). It is the care process whereby a patient who has been referred or self-presented to secondary care in an emergency is assessed, investigated and treated without being admitted to a traditional inpatient bed. This process can occur in several settings including an area of an Emergency Department or a specific SDEC (AEC) unit typically, but not exclusively under the auspices of the Acute Medical team. This care would usually be delivered in a 4hr-12 hr 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.



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- The ambitions included in the NHS 2019 Long Term Plan are to implement SDEC 7 days a week, 12 hours a day in every hospital with a 'type 1' (consultant-led 24 hour) ED and, in addition to provide 70hrs of a defined frailty service a week.
- SDEC should facilitate the right people to be treated in the right place at the right time for that person's condition and is intended to bring about a positive experience and achieve the best outcomes for that patient
- SDEC is not an alternative facility to be used to maintain performance against any time-based target.
- SDEC is not a space for patients who present to the Emergency Department who would not have been considered for admission to be managed i.e. "minors" type 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.
- SDEC is about a skilled team of health care professionals delivering high quality care to a cohort of patients in a safe environment that meets their needs, on the same day without admittance.
- 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.
- In the future the ECDS (Emergency Care Data Set) will be rolled out across SDEC to make it easier to get high quality data and appropriate remuneration for the work done.
- For further advice we suggest the websites for SAM/RCEM/AECN/NHSE where much guidance exists to help you.

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