

Figure 10 – Emergency Pathway

Colour Key			
Line	Location in Hospital	Fill	Triage State
[Red]	Emergency Care Centre	[Red]	Life threatening
[Orange]	Minor Injuries Unit	[Orange]	Serious
[Yellow]	Main Hospital	[Yellow]	Moderate
[Green]		[Green]	Wait in turn

Notes:

- Pathway illustration only covers the first 24 hours of the emergency episode.
- The resuscitation area will be staffed by A&E medical staff, anaesthetists and special team.
- The three rapid assessment areas within the emergency care centre will be staffed by senior specialty specific medical staff, E.G. SPR/SG or above.
- The minor injuries unit will be staffed by nurse practitioner supported by senior A&E medical staff.
- Triage will take place in the ambulance or on arrival.

GPHIP - Emergency Pathway

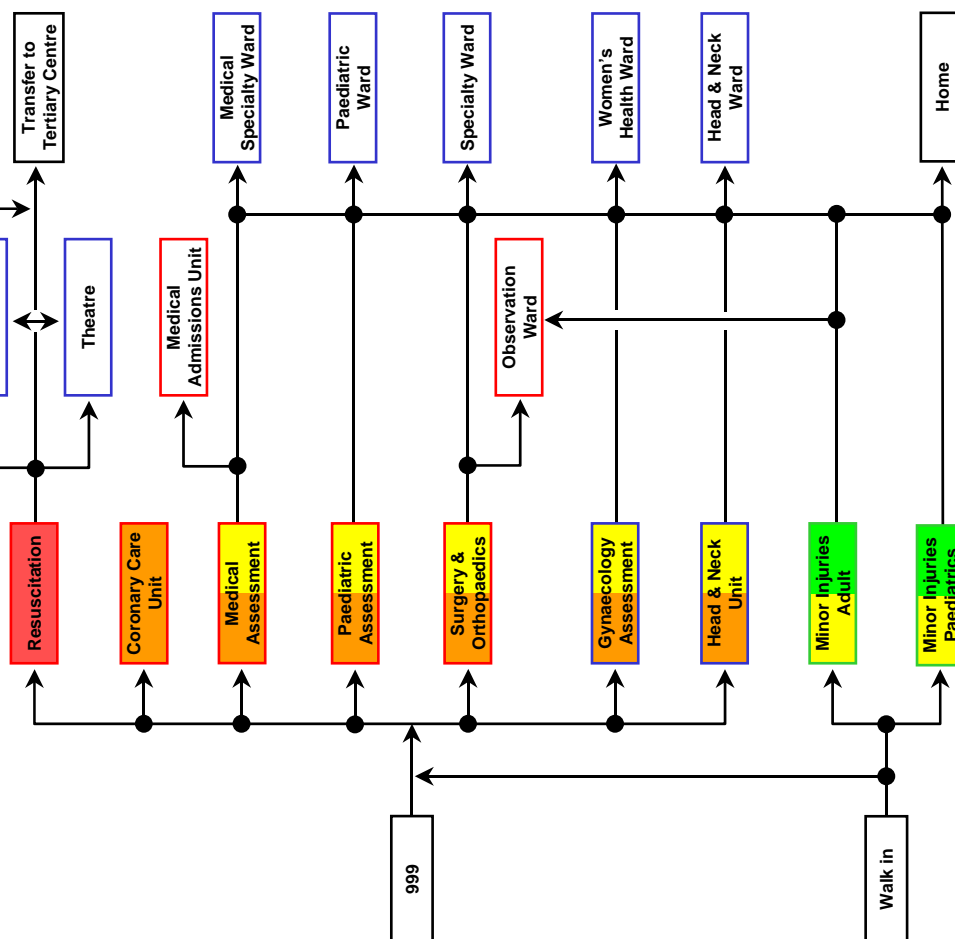
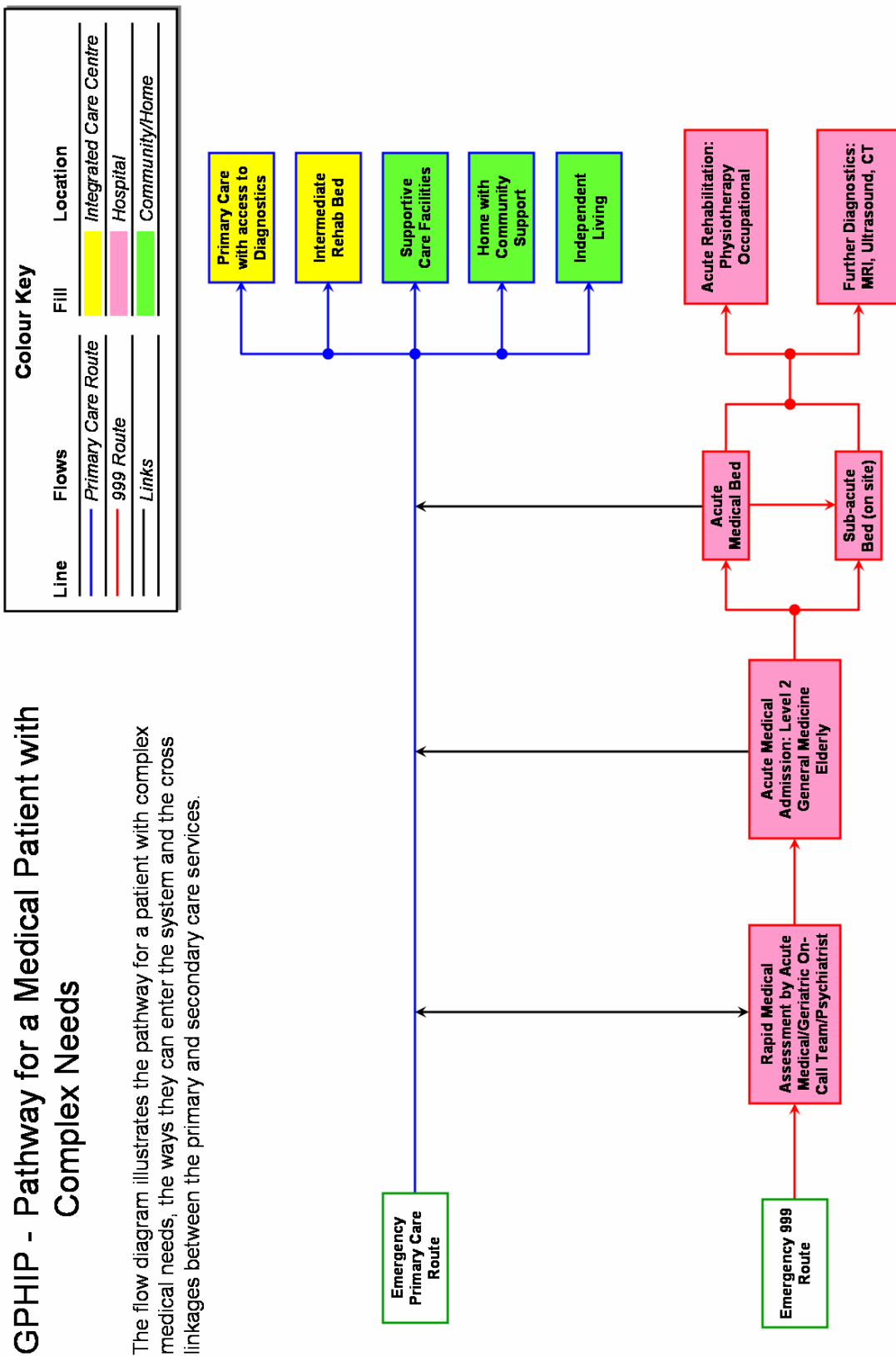


Figure 11 – Pathway for a Patient with Complex Medical Needs

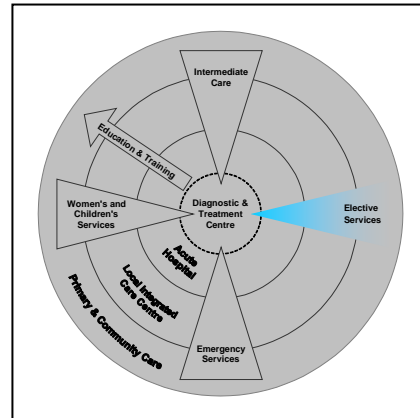


4.5 Elective Care (Inpatients)

Vision:

To simplify access to elective inpatient care and plan each elective episode from pre-admission, through to post-discharge care and support.

Pre-admission screening may take place at any level within the system appropriate to the treatment and patient's condition. The majority of clinical services and facilities required to support the inpatient episode will be provided within the inpatient areas. Elective services will be separated from emergency care services to help avoid delays and cancellations.



Objectives:

- To simplify pre-screening and admission processes.
- To avoid unnecessary cancellations.
- To locate all inpatient facilities, including inpatient imaging and rehabilitation within the inpatient zone of the hospital.
- To accommodate seasonal activity changes.
- To be flexible to patient needs.
- To get patients in and out of hospital without unnecessary delays.
- To honour all patient booked admissions.

Facilities:

The elective care services will be closely allied with the ambulatory care services, offering planned care, treatment and procedures that cannot be undertaken in less than 23 hours. The facilities that will support this service will include:

- 10 theatres dedicated to providing elective surgery.
- Critical care and surgical recovery beds.
- Inpatient beds.
- Inpatient rehabilitation.
- A satellite radiology unit.

More detailed information can be found in the elective service philosophy and the output specifications, see Appendix 5.

New ways of working:

The new facilities will facilitate and improve patient centred care through:

- Implementing improved referral and booking systems from primary care to acute care services and within the acute care setting.
- Use of pre-admission assessment of all elective care patients, by telephone, GP contact or visit to the pre-admission assessment facility.
- Separation of elective work from emergency work to reduce delays and cancellations.

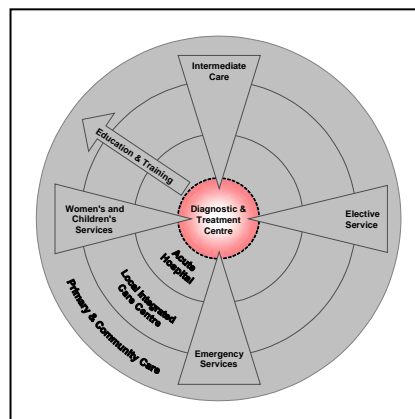
4.6 ELECTIVE CARE (AMBULATORY)

Vision:

To combine all outpatient, diagnostic and day case services required for ambulatory care in one location. Based on the principle of the one-stop-shop, care will be planned to minimise the need for patients to visit hospital on several occasions for a single episode of care.

Objectives:

- To provide first attendees with diagnosis, a treatment plan or details of the options open to them, and perhaps treatment itself if clinically appropriate all on their first visit to the centre.
- To offer as many treatments/procedures as possible on an ambulatory basis avoiding unnecessary inpatient admission.
- To offer all necessary diagnostic and treatment support within one facility to maximise patient convenience.
- To avoid cancellations.
- To accommodate seasonal activity changes.
- To be flexible to patient needs.
- To honour all patient booked treatments and procedures.

**Facilities:**

The DTC will be located on the main acute site to avoid unnecessary duplication of theatre, diagnostic and other support facilities. The patient pathway will be confined to the DTC, unless unexpected inpatient admission is required. The following facilities will be accommodated within the DTC:

- 5 Theatres dedicated to performing ambulatory surgery supported by anaesthetic rooms, recovery facilities, minor operations and procedures rooms, and 12 beds able to accommodate patients for up to 23 hours.
- 4 Endoscopy Suites
- 26 Consulting / Examination Rooms
- A full diagnostic imaging service including a CT scanner and MRI, all supported by PACS
- Pharmacy
- Pre-admission assessment facility
- Respiratory Investigations Unit
- Cardiac Investigations Unit
- Angiography Unit
- Vascular Laboratory

A diagram of the proposed elective pathway covering the inpatient and DTC elements of the service, including the links to the Integrated care centre is provided below in Figure 12.

More detailed information can be found in the DTC service philosophy and the output specifications, see Appendix 5.

New ways of working:

The new facilities will facilitate and improve patient centred care through:

- Increased availability of multi-disciplinary clinics.
- Increased availability of one-stop-shop diagnosis and treatments.
- Conversion of elective inpatient activity to ambulatory care activity.
- Conversion of elective inpatient activity to outpatient activity.
- Increased use of direct booking of outpatient appointments and diagnostic tests by GPs.
- Utilisation of scheduling to maximise utilisation of theatres and consulting and examination rooms.

Figure 12 – Elective Pathway, Including the Diagnostic and Treatment Centre

