

CASUALTY WATCH FUNDING APPLICATION

DRAFT

Independent Monitoring of London's Emergency Services

1) History of Casualty Watch

Casualty Watch began in King's College Hospital (London) in 1990, initiated by Camberwell (now Southwark) CHCs Acute Working Group, following a decision by King's College Hospital to close hundreds of beds in August 1989. The CHC had become concerned about patients waiting for up to 20 hours on trolleys in the A&E department at King's.

The first multi-site Casualty Watch took place in 1994 involving sites across the South East. Casualty Watch has allowed regular co-ordinated monitoring of emergency services provided by 30 – 40 acute hospitals. The project involves CHCs going to their local A&E department at 4.30pm on the last Monday of every month (excluding Bank Holidays). Data is collected on the length of waits, diagnosis, plans for treatment, age and gender of A & E patients and then faxed to the coordinating centre Southwark CHC. A list of the longest waits is issued by 11am the following morning and a full report within a week. The visit by each CHC usually takes about 30 to 40 minutes.

London Health Link found significant discrepancies between official patient waits recorded by the Department of Health and actual waits experienced from time of arrival. For historical reasons dating back to 1995, the Department's system has recorded only part of the wait, from the decision to admit, ignoring the long wait to see the doctor in the first place or to receive test results for example. In the most extreme case, the 24 hour wait of an elderly patient in a London A & E department was recorded as a thirty minute wait under the Department's system. Patients who are not admitted have not been recorded as waiting at all.

This collection of data, with the additional information provided by the Emergency Bed Service on any restrictions in place at hospitals, and the London Ambulance Service on hospitals closed to "blue light" ambulances, has allowed a London wide and regional snapshot picture to be formed once a month on the state of our emergency health services. The official data was clearly inadequate and failed to reveal to the Department of Health that some patients, many of whom are elderly and frail, suffer a very poor experience at a time of great anxiety. The A & E process fails to meet the needs of those who depend upon it and the official data system fails to reveal this. We are pressing for major reform nationally to the outmoded A & E process and are pleased that this is now being considered. We have also pressed for the official data system to be reformed and this is now to be implemented.

2) Current Developments

Casualty Watch is welcomed by A&E departments and has progressed since it first began. Once a year a nation wide Casualty Watch is organised through ACHCEW our national organisation. In January 2000r, ACHCEW teamed up with the RCN to look at links between trolley waits and shortages of nursing staff and the collaboration led to the production of highly effective and well informed data about the quality of A and E services.

Circumstances are however changing, and the monitoring is often complicated by the presence of Admission Units, Assessment Units etc. in different hospitals, often with different protocols. It is now time to build on the excellent work achieved through Casualty Watch in order to build up a more complete picture of the state of hospital emergency services in the Capital as well as bring back ITU Watch, a snapshot of the availability of Intensive Care Beds in the capital. This bid outlines the methods by which London Health Link and Southwark CHC aim to achieve this.

Developmental Areas

ITU WATCH

Following the well publicised problems encountered with the lack of available ITU beds over the past few winters, CHCs have identified ITU bed availability as an area for further monitoring. The Greater London Association of Community Health Councils (GLACHC) had previously set up ITU watch, but this unfortunately had to cease when funding for GLACHC was withdrawn. London Health Link, in conjunction with Southwark CHC would like to develop a new ITU watch to cover the whole of London. This plan of work fits in well with the recent review of critical care services (Comprehensive Critical Care, May 2000)

Aims

The aim of ITU watch would be to take a snapshot view once a month of ITU bed availability in London. This would help build up a picture of the pressures in the system. The information used would be fed into the relevant decision making bodies.

Method

In order to provide useful pan-London information, all ITU departments would need to be covered. This coverage would be ensured by using two methods of data collection:

1. wherever possible CHCs would collect information from their local ITU department
2. any ITU departments not covered by their local CHC would have the information collected by the project worker based at London Health Links offices.

Data Collection

The data will be collected via a monthly phone call to the ITU department., probably using a password. The information collected will include data on available beds, number of patients having to be sent to other ITU departments and number of beds occupied by out-of-area patients.

Purpose

The information collected will help build up a picture of ITU bed flows across London.

BED STATISTICS

To supplement the information collected through Casualty Watch and ITU watch CHCs through London Health Link will start collecting Bed data. The information will include medical outliers, delayed discharges (and the reason for the delay), available beds etc. A sample bed data sheet is attached in. Although some of this information is collected by the NHSE Regionally, it is not available to the public.

Method

Hospitals will be asked to fill in the information on the sheet and fax it to London Health Link. The project worker will then analyse the data and bring out a pan-London picture of the pressures within the system.

a) Project Management

The project will be managed jointly by London Health Link and Southwark CHC. The day to day data collection and research work will be carried out by a research assistant. This worker will be based at the offices of Southwark CHC for one week of the month whilst the work on Casualty Watch is undertaken. For the rest of the month the worker will be based at the offices of London Health Link.

The project will be overseen by the Emergency Care Steering Group. The membership of this group will consist of representatives from the 5 London Sectors (South East, South West, North East, North Central and North West). Membership will be made up of a mix of CHC staff and CHC voluntary members.

The Steering Group's responsibilities will include deciding how the information is disseminated and monitoring the quality of the work.

b) Timescale

ITU Watch and Bed Statistics monitoring will start in the autumn, following the appointment of the research assistant. An full evaluation will be carried out after 6 months at which point a decision will be made as to whether the project is achieving its objectives and on its continuance, depending on all the circumstances at the time.

c) Dissemination

The reports will be circulated to all London Acute Trusts and Health Authorities as well as to the London Regional Office of the NHSE and the GLA and Mayors office and London MPs. CHCs will continue to take up their local results at a local level, whilst London Health Link will take up the results at a Regional Level.

d) Costs

A break down of the costs required for the six months of the Project which are being applied for are as follows:

Employment of full time research assistant – A&C 6 with on-costs	£12,320
Production of training materials and printing costs	£2,000
Training events	£1,000
Equipment, including statistical package	£1,500

e) Job Description

Research Assistant

The post holder will be responsible for:

1. Setting up a system in after consultation with the Steering Group, for the collection of data for ITU Watch and Bed Statistics.
2. Working with the 29 London CHCs to ensure that all ITU departments are covered and that Bed Statistics are collected from all London Acute Hospitals.
3. Collecting information directly from hospitals where the local CHC is unable to (permission must first be obtained from the local CHC).
4. Analysing the results from Casualty Watch and ITU watch and the Bed Statistics data.
5. Producing a comprehensive report from the data, highlighting trends, areas of concern and areas of interest.
6. Disseminating the reports to the CHCs, the London Trusts and HAS, the London Regional Office of the NHSE and any other groups or media identified by the steering group.
7. Posting the results on the London Link webpage.
8. Organising and running training for the CHCs on the collection and use of the data.
9. Monitoring any events or policy decisions within the Health Service which could affect the areas being monitored.

MONTHLY INDICATORS	NO.
No. medical beds open?	
No. surgical beds open? (not day surgery)	
No. medical outliers in surgical beds?	
No. surgical outliers in medical beds?	
No. electives cancelled previous day?	
No. overnight stays on trolleys in A&E (12 midnight – 6 a.m)	Trolley
No. trolley waits >12 hours	
No. trolley waits > 4 hours	
Emergency admissions last 24 hours	
No. Delayed discharges > 5 working days	

Monthly Indicators Should Be Requested for 9am on the Tuesday following Casualty Watch.

**London Health Link and Southwark CHC
Developing Casualty Watch and Better
Emergency Services for Londoners**

