Workforce and data collection in sharp focus in GIRFT report for acute and general medicine

Practical measures which can help improve NHS care for millions of patients with an acute medical illness are outlined in a new national report from the Getting It Right First Time (GIRFT) programme.

Actions to recruit and retain staff and improve data collection and clinical coding are among the important recommendations in the new GIRFT report for acute and general medicine, written by Dr Mike Jones (consultant acute physician at the County Durham and Darlington NHS Foundation Trust) and Dr Philip Dyer (consultant physician in general medicine, diabetes, and endocrinology at the University Hospitals Birmingham NHS Foundation Trust).

The GIRFT specialty review has involved meetings with more than 100 hospital teams across England – both pre-pandemic and in the context of COVID-19 – and was informed by questionnaires, data and audits from 191 acute medical units in 131 trusts.

The team found significant variation across many areas of the specialty, and the 19 recommendations in the report aim to help trusts across England standardise patient care and aim for excellence to cope with increasing demand from an ageing population.

Acute and general medicine – comprising internal medicine (IM) and acute internal medicine (AIM) – provides assessment, investigation, diagnosis and management of patients who have an acute medical illness, such as chest pains or breathing difficulties.

The number of non-elective internal medicine admissions to hospital has been increasing year on year for at least a decade. Between 2011 and 2020 there was a 29.7% increase (approximately 600,000 patients) and there are now around 2.5m emergency internal medicine admissions every year in England.

More than 90% of inpatients on medical wards have been admitted as an emergency, most via the Acute Medical Unit (AMU).

A key focus of the report is on improving data collection and clinical coding to help trusts gain a better understanding and monitor trends in demand and outcomes. Having a detailed understanding of a patient's characteristics and how they are managed will allow trusts to plan a more effective service, but this level of detail is not routinely collected across the country. The GIRFT report outlines a series of seven actions which can ensure admission and readmission data is routinely and accurately recorded and monitored, and used to inform the provision of safe, effective, efficient pathways.

Other recommendations address:

Workforce: While some of the wide variation found reflects local requirements, there is work to be done to encourage recruits into all roles of the multi-professional internal medicine team to ensure there is an appropriate workforce to meet increasing demand. Specific actions in the

workforce section of the report are designed to ensure trust staffing reflects the ongoing requirements of the AIM and IM service.

Location: AMUs are often sited and expanded based on a trust's available locations, often a long distance from the ED. Close proximity of the AMU and ED is essential for effective communication and collaboration. The report recommends that trusts ensure their AMU is placed for the maximum effectiveness and efficiency of the acute medical pathway, and for the safety of patients. Colocation of the AMU and ED should be a key consideration for all new builds and redevelopment.

Treatment for sepsis: Sepsis is a life-threatening condition and is one of the national priorities for management within the NHS. It is estimated that there are 123,000 cases every year. However, the report finds that sepsis may be over-diagnosed by as much as 25%. In some cases, infections are coded as sepsis as a precautionary measure. The report outlines how trusts can work to ensure that patients presenting with sepsis are identified accurately and treated safely, by improving the accuracy of coding and ensuring that clinicians across the professions review their initial suspicion of sepsis and modify this where appropriate.

Use of terminology: There are many different names and acronyms used across England to describe the units that care for acute medical patients when they are first admitted to hospital, to help patients better understand their treatment and help NHS staff better understand the pathways and processes of care involved. The report aims to ensure there is cross-trust consistency in terminology – using the term Acute Medical Unit (AMU) over other names, and using SDEC (same day emergency care) for the area where patients are managed in an ambulatory setting.

Throughout the report, systems and processes that work well and others that are unhelpful are highlighted – it is hoped that sharing experiences will be the impetus to review pathways of care and improve.

Overall, the report identifies an opportunity to free up between £164m and £344m per year for the NHS, by increasing the number of patients who don't need an overnight stay in hospital and reducing the time spent in hospital for those who do.

Report recommendations

Acute Medical Unit (AMU)

1. Ensure the acute medical pathway is adequately resourced to manage the projected patient need in a safe, effective, and efficient manner, 24/7.

2. Ensure there is seven-day access to medical specialties and services for all patient needs.

3. Ensure that there is cross-trust consistency in the use of acronyms when referring to acute and general medicine services.

4. Ensure that the AMU is sited appropriately.

5. Ensure the AMU is appropriately resourced in regard to time and space to train all healthcare staff in both acute patient care and the use of relevant equipment.

6. Ensure the AMU is resourced with the appropriate space and equipment to manage unstable medical patients.

7. Ensure there are systems in place to track patients and ensure good communication between staff including handover and referral.

8. Act to improve and repeatedly monitor processes of patient care in the AMU.

Same Day Emergency Care (SDEC): admissions and attendances

9. Ensure the SDEC pathway is adequately resourced to manage the projected demand in a safe, effective and efficient manner, including prompt access to diagnostic and specialist services.

Patient pathways

10. Ensure that evidence-based pathways are used optimally within trusts.

Demand and outcomes

11. Ensure admission and readmission data is routinely and accurately recorded and monitored, and used to inform the provision of safe, effective, and efficient pathways.

Clinical variation: sentinel conditions

12. Ensure that the outcomes for sentinel conditions are regularly monitored to identify any deterioration in performance and provide feedback to medical teams.

13. Ensure that patients presenting with sepsis are identified accurately and treated safely, efficiently and effectively.

Activity data and clinical coding

14. Ensure that all trusts follow the same consistent approach to the application of treatment function code coding and the separate identification of SDEC patients.

15. Ensure physicians and clinical coders improve the accuracy of data collection and ensure that all coding is undertaken consistently.

16. Establish and follow clinical notation practices that support accurate coding.

17. Ensure that services are provided in a cost effective and efficient way.

Workforce

18. Ensure the workforce reflects the requirements of the AIM and IM service.

Reducing the impact of litigation

19. Reduce litigation costs by application of the GIRFT programme's five-point plan.