



Barnsley Hospital
NHS Foundation Trust

Barnsley Hospital Urgent & Emergency Care

Dr David Walker

ED Consultant & Clinical Director of Medicine

david.walker14@nhs.net





What will we discuss today?

What types of patients can you send to UEC?

Where do we want them?

When do we want them?

An overview of ED, AMU/SSU and the SDEC's

Recent developments

Communication & Referrals

A few case studies? Q&A?

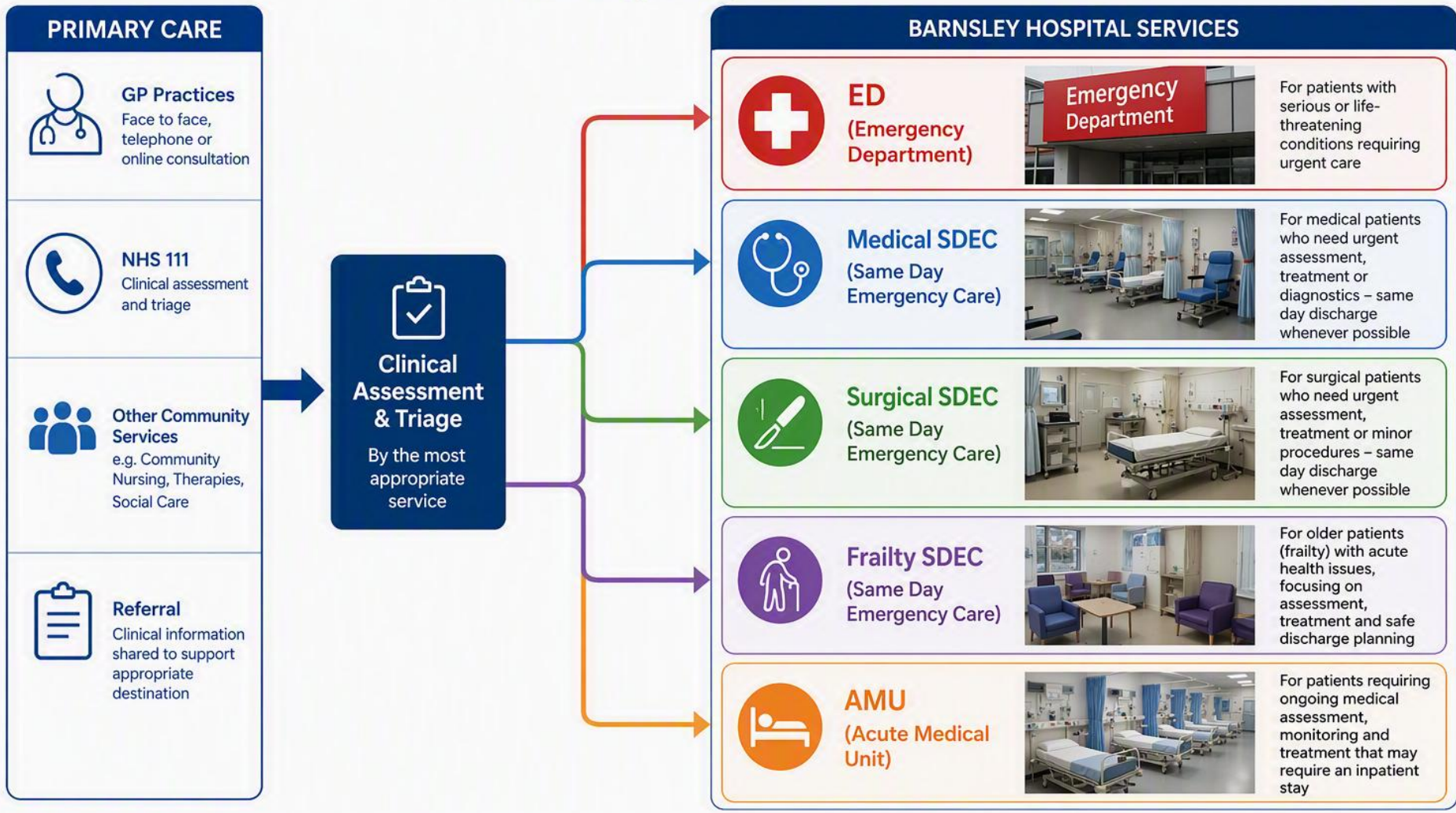
What types of patients should you send to UEC?





Patient referrals from Primary Care to Hospital Services

Barnsley Hospital



Patients Primary Care should send to the Emergency Department



Send patients to the Emergency Department (ED) when they have potentially **life-threatening** or **time-sensitive** conditions.

1. Chest Pain



- Chest pain or pressure
- Pain radiating to arm, neck, jaw, or back
- Shortness of breath, sweating, nausea, or lightheadedness

2. Difficulty Breathing



- Severe shortness of breath
- Trouble speaking full sentences
- Wheezing not relieved by medication
- Low oxygen saturation (< 92% if known)

3. Stroke Symptoms



F Face drooping
A Arm weakness
S Speech difficulty
T Time to call 911

- Sudden weakness or numbness (especially on one side)
- Sudden confusion or trouble speaking or understanding
- Sudden vision changes
- Sudden severe headache

4. Severe Bleeding



- Uncontrolled bleeding
- Vomiting or coughing blood
- Blood in stool (red or black/tarry)
- Heavy vaginal bleeding (soaking ≥ 1 pad/hour)

5. Severe Injury or Trauma



- Major trauma (e.g., MVC, fall from height)
- Head injury with loss of consciousness or confusion
- Suspected fracture with deformity
- Spinal injury symptoms (numbness, weakness, loss of bowel/bladder)

6. Altered Mental Status



- Sudden confusion
- Unresponsiveness
- Seizure (new or prolonged)
- Agitation with safety concerns

7. Sepsis or Severe Infection



- Fever or hypothermia with chills and confusion
- Rapid heart rate, rapid breathing
- Low blood pressure
- Suspected source of infection

8. Other Emergencies



- Severe abdominal pain (sudden, persistent, or worsening)
- Allergic reaction with swelling, trouble breathing, or hives
- Suicidal ideation with plan or intent
- Overdose or poisoning



WHEN IN DOUBT, SEND TO THE ED. IT'S BETTER TO BE SAFE.



Emergency Medicine



Emergency Department

Open 24/7

Consultants 8am – Midnight, 7/7



Clinical Decision Unit
(EEMAC soon??)

Open 24/7



Minor injuries run by ENP's
Consultant supervision

8am – 8pm, 7/7



Clinical Lead : Dr Rob Jones



**PATIENTS ARRIVE**
Self-presenters, ambulance arrivals, GP referrals, other transfers

**STREAMING TO THE RIGHT SERVICE**
Initial assessment by ED Streaming Team
Right patient, right place, right time

**EMERGENCY DEPARTMENT (ED)**
For patients with acute, potentially life-threatening conditions



**MEDICAL SDEC**
(Same Day Emergency Care)
For medical patients who need rapid assessment, treatment or short stay care



**SURGICAL SDEC**
(Same Day Emergency Care)
For surgical patients requiring assessment, treatment or short stay care



**FRAILITY SDEC**
(Same Day Emergency Care)
For frail, older patients needing comprehensive assessment, treatment and support



**RIGHT CARE • RIGHT PLACE • RIGHT TIME**
Improved patient experience, better outcomes, and more effective use of hospital resources



Acute Medicine



Acute Medical Unit (AMU)

Open 24/7

Consultants 8am – 8pm, 7/7



Short Stay Unit (SSU)

Open 24/7

Consultants 8am – 5pm, 7/7



Medical SDEC

Open 8am – 8pm, 7/7

Consultants 8am – 7pm M-F (4pm Sa/Su)



Clinical Lead : Dr Israr Ahmad



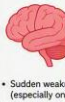
Which patients can be referred to AMU?

Any medical problem...

...except the things you should send to ED

Patients Primary Care should send to the Emergency Department

Send patients to the Emergency Department (ED) when they have potentially **life-threatening** or **time-sensitive** conditions.

1. Chest Pain  - Chest pain or pressure - Pain radiating to arm, neck, jaw, or back - Shortness of breath, sweating, nausea, or lightheadedness	2. Difficulty Breathing  - Severe shortness of breath - Trouble speaking full sentences - Wheezing not relieved by medication - Low oxygen saturation (< 92% if known)	3. Stroke Symptoms  F Face drooping A Arm weakness (especially on one side) S Speech difficulty T Time to call 911 - Sudden weakness or numbness - Sudden confusion or trouble speaking or understanding - Sudden vision changes - Sudden severe headache	4. Severe Bleeding  - Uncontrolled bleeding - Vomiting or coughing blood - Blood in stool (red or black/tarry) - Heavy vaginal bleeding (soaking ≥ 1 pad/hour)
5. Severe Injury or Trauma  - Major trauma (e.g., MVC, fall from height) - Head injury with loss of consciousness or confusion - Suspected fracture with deformity - Spinal injury symptoms (numbness, weakness, loss of bowel/bladder)	6. Altered Mental Status  - Sudden confusion - Unresponsiveness - Seizure (new or prolonged) - Agitation with safety concerns	7. Sepsis or Severe Infection  - Fever or hypothermia with chills and confusion - Rapid heart rate, rapid breathing - Low blood pressure - Suspected source of infection	8. Other Emergencies  - Severe abdominal pain (sudden, persistent, or worsening) - Allergic reaction with swelling, trouble breathing, or hives - Suicidal ideation with plan or intent - Overdose or poisoning

 **WHEN IN DOUBT, SEND TO THE ED. IT'S BETTER TO BE SAFE.**

Gastroenterology:

- Upper GI bleed with Blatchford score of **1 to 2**
- Painless obstructive jaundice
- Non-acute abdominal pain
- Gastroenteritis
- PEG related complications (in hours only)
- Abnormal LFTs

Cardiology:

- Low probability chest pain- see support document
- AF –haemodynamically stable, rate<130
- Syncope- see ED TLOC pathway and SDEC support document for details
- Hypertension
- CCF

Endocrinology:

- Hyperglycemia **without** ketosis
- Hypoglycemia with full recovery
- Type 1 Diabetes **without** ketosis
- Electrolyte imbalances
- Thyroid disease

Infectious Diseases:

- Cellulitis
- Osteomyelitis- (not diabetic foot related)
- Urinary tract infections

Oncology:

- Low risk Febrile neutropenia MASCC score 21< discuss with SDEC
- Low magnesium
- Low calcium

Respiratory Diseases:

- Pulmonary Embolism
- Primary pneumothorax $\leq 2\text{cm}$
- Pleural Effusions
- Community acquired pneumonia CURBS ≤ 2
- Asthma- see support doc.
- COPD

Neurology:

- Seizure in known epileptic
- Acute headache with no neurological deficit

Miscellaneous conditions:

- Anaemia

Which patients can be referred to MSDEC?

Any patient with a medical problem and **ALL** of the below:

- NEWS < 4
- Clinically judged as stable & fit to sit in a chair
- Not acutely confused
- Able to mobilise independently
- Not requiring new oxygen
- Not requiring a cardiac monitor
- No social issue

Please see SDEC Criteria support document for further clarification for conditions on this poster.



Which patients can be referred to Frailty SDEC?

Clinical Lead: Dr Kath Shakespeare

Barnsley Hospital NHS FT

Frailty SDEC Criteria
from June 2026

Do you have a patient with frailty needing an assessment?

 Age >65 NEWS2 score <5	 Frailty Score >5 Especially if: - Falls - Reduced mobility - Confusion or known dementia - Incontinence - Not coping at home - Parkinsons Disease - Care Home Resident	 Not needing other clinical pathway e.g. Level 2/3 care, #NOF, stroke, MI needing monitored bed etc
--	--	---

We can take patients on trolleys as well as ambulatory patients

Referral accepted 8am - 6pm seven days a week



Which patients can be referred to Surgical SDEC?

Ask Miss Phillips...



Recent Developments?

- ED Streaming (Dec 2025)
- Medical SDEC extended hours
 - Frailty SDEC open
 - Expanded ACP team
- Recruiting more Acute Medicine Consultants and COTE (Frailty) Consultants





Best things Primary Care does to help UEC.



Keeps the vast majority of their patients away from ED



Speaks to the relevant specialty / RightCare



Writes a (very brief) letter saying, "I'm concerned the patient has..."



Tells the patient to have realistic expectations about investigations and timescales



Remains calm when our FY1 tells you (& the patient) what tests to do (sorry!)



GP Referral Olympics

Getting patients to the right clinician, first time

Tried calling,
sent letter



2

Referred directly
to specialty



1

Patient knows
the plan



3

WOODEN SPOON

Why
am I here?
(patient speaking)



The Real Gold Medal:

Getting the patient to the right service, first time.



What can UEC do to help Primary Care?





Any Questions? Cases to discuss?

