

# Surgical SDEC Barnsley

Est July 2021

**Miss Jessica Phillips (Clinical Lead, SSDEC)**

**BEST event 16<sup>th</sup> September 2026**



# Same Day Emergency Care - Concept

- For stable patients requiring emergency care that day or who can be treated on an ambulatory basis without admission.
- NHS long term plan – increase same day discharges for acute presentations from a fifth to a third.
- We are aiming for same day discharges of 80%, and less than 20% follow up.
- Surgical SDECs are a newer concept, but now more than 40 hospitals have established SDEC units.

# Surgical Admissions in Barnsley

- Previously – via a Surgical assessment unit – accepting surgical referrals from all sources.
  - Part of a surgical ward, 4 beds, 2 cubicles and a seated area holding approximately 10 patients.
  - Frequently ‘bedded out’ with resulting loss of function.
- Surgical SDEC opened in June 2021 – a bespoke dedicated unit.
  - Male and female bay with 1 trolley in each and 6 reclining chairs.
  - 2 treatment rooms.
  - Open daily between 8am – 8pm (new admissions until 6pm).
  - It was anticipated the new unit and new ways of working would save/prevent the need for the equivalent of 15 inpatient beds.

# Designing to prevent inpatient use

- Intention from start to not allow 'bedding out'
  - Bay size designed for trolley not inpatient bed
  - Away from inpatient areas and 24/7 staffing
  - No washing facilities
- 
- We feel a distinct advantage is not to be adjacent to or part of an SAU area accepting admissions. Remaining separate prevents bedding out and highlights ambulatory nature of care.

# Barnsley's Surgical SDEC





## Contact Details

**Nursing Team**  
6311/6312/6313/6314

**SDEC Registrar 878**  
Mon-Fri 8am-5pm  
outside these times  
on-call Registrar **783**

## Who is Surgical SDEC for?

The **Surgical Same Day Emergency Care (SDEC)** unit is for stable patients who require emergency surgical care that day or can be treated on an ambulatory basis without the need for admission.



**When is it open?** Monday to Sunday 07:30-20:00 (referrals accepted 8am-6pm)

### Direct Admissions

\*exclusion criteria applies

Patients can come straight to Surgical SDEC from triage. Please could staff just make a courtesy call to nursing staff to say a patient is coming.

- ➔ Post-operative problems
- ➔ Abscess on the trunk (not diabetic/immunocompromised/not IVDU)
- ➔ Known gallstones (awaiting treatment, consultant at BDGH) with flare of symptoms
- ➔ Limited PR bleeding

### SDEC Referral after ED review

\*exclusion criteria applies

In such cases the SDEC SpR should be contacted for referral and transfer. Out of hours these patients may be considered suitable for SDEC hot clinic. Results of bloods may not be necessary to be available but should be in process.

- ➔ RUQ pain/RIF pain/LIF pain
- ➔ Hernias without skin changes/peritonism or obstruction
- ➔ Equivocal abdominal pain in whom non-surgical causes (including gynaecological) have been reasonably excluded.

### Exclusion Criteria

Some patients are not suitable for referral/admission via the surgical SDEC and these surgical patients should be referred to the On-call surgical SpR.

**PATIENTS WITHOUT A SURGICAL PROBLEM SHOULD NOT BE SENT TO SDEC**  
e.g awaiting social, awaiting transport

Patients who are excluded are identified below

- ➔ NEWS 4+ /over 3 in one parameter
- ➔ Oxygen requirement
- ➔ Signs of sepsis/obstruction/perforation/peritonism/haemodynamic instability
- ➔ Pain not controlled with simple analgesia
- ➔ Diarrhoea and vomiting with no abdominal pain
- ➔ Known COVID contacts or positive/symptomatic of COVID
- ➔ GCS <15 or requirement for neurological observations
- ➔ Non-ambulatory patients (mobility issues, immobile or bed bound patients) (Long term wheelchair users – discussed on case by case basis)
- ➔ Large volume PR bleed
- ➔ Children (under 16)
- ➔ Pregnant females unless discussed first with Obstetrics Gynaecology on call and pregnancy issues have been excluded before transfer to SDEC.

**This list is not exhaustive.**

*If you have any concerns or require advice, please contact SDEC SpR and discuss on a case by case basis regarding your referral.*

## Has the patient been seen in ED but is fit to go home and return to Surgical SDEC for review?

Please inform Surgical SDEC of patient details so they can prepare for their attendance. E-form booking imminent.

Options

- 1) Surgical Review following day – Patients you feel are well enough to go home that day but still require a surgical review. If potentially for theatre please inform the patient to attend fasted (e.g. abscess).
- 2) Hot Clinic 9-11:30 – Monday, Wednesday, Friday – Consultant led. (No Breast, Urology, ENT or Orthopaedic)

## ENT and Orthopaedic patients

These need to be accepted by speciality, discussed with nursing team and meet the inclusion criteria before transfer to Surgical SDEC.

## Does the patient need admitting from ED?

Please send straight to inpatient surgical bed.

(If there is bed pressure please discuss with Surgical SDEC on a case by case basis)

**Please consider at the weekends there is no Doctor based on Surgical SDEC**  
(they have to cover the surgical wards and operate in theatres)

An ambulatory, stable adult with a surgical problem that can be dealt with that day/or on an ambulatory basis

Referrals taken from

- GPs (via rightcare)
- ED
- YAS (via rightcare)
- Surgical team (supported discharges)

## STREAMING!!! - ED

### Exclusion based

- NEWS2 > 5 or 3 in one parameter
- Unable to sit in a chair
- Active PR bleed in an anticoagulated patient
- Patients suffering from a condition previously managed by a different speciality
- Presentations related to vaginal bleeding, vaginal discharge or are pregnancy related.
- Presentations related to a urological condition
- Patients who need to be isolated

# How we work

- Formal referrals
  - GP via right care to nursing coordinator for SDEC
  - ED via SPR based on SDEC.
- Streaming – daily (8am-6pm weekdays, 8am-4pm weekends)
  - started 1.12.25
  - exclusion criteria, obs and basic presentation information
  - decision within 15 mins of presentation at ED, straight to SDEC
- Supporting ward discharges (booked via e-form)
  - planned clinical reviews/blood/wound/drain check
- Out of hours e-form referrals for suitable patients from ED
  - patient contacted by SDEC team following day
  - a virtual consultation may be carried out by the clinical lead/SDEC SpR to reduce unnecessary in person attendances (eg minor PR bleeds, biliary colic) and to allow initial investigations to be booked (USS, endoscopy).
- Patient Initiated Follow-up (PIFU)
  - safety net' advice to allow direct access to SDEC for specified symptoms and for a specified length of time.
- Maximising the opportunity for ambulatory care
  - Managing an increased volume of patients without increasing admission rates e.g. biliary patient audit



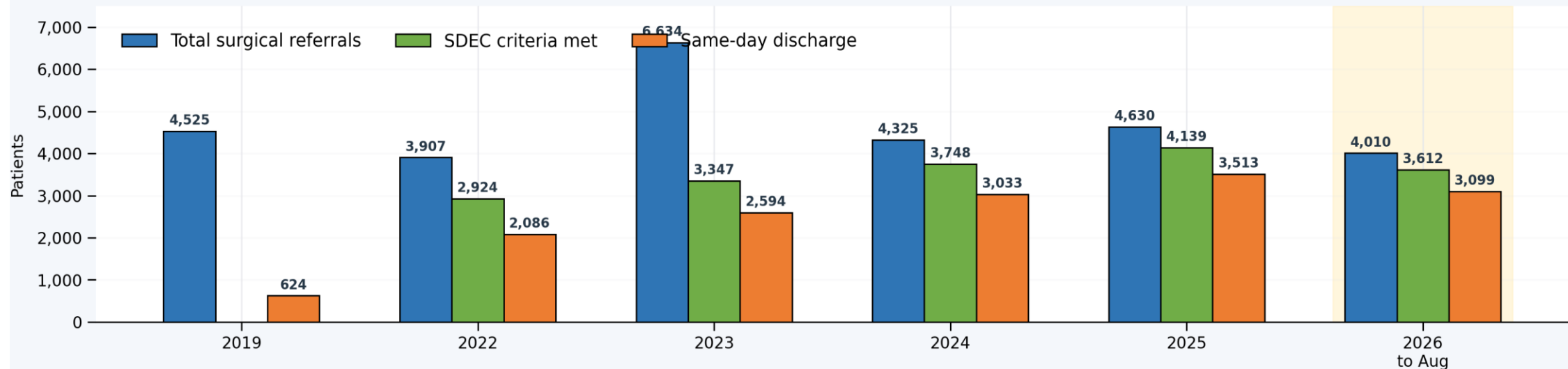
# Activity Comparison 2019 – 2025 \*streaming Dec 2025

|                                             | 2019                                                    | 2022                                                | 2023                                                    | 2024                                               | 2025                                                  | 2026 to August                                     |
|---------------------------------------------|---------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------|----------------------------------------------------|
| Surgical referrals (total)                  | 4525                                                    | 3907                                                | 6634                                                    | 4325                                               | 4630                                                  | 4010<br>(?~6015 AI prediction by end)              |
| SDEC attendance                             | -                                                       | 2924<br>(75% of referrals)                          | 3347<br>(50% of referrals)                              | 3748<br>(85% of referrals)                         | 4139<br>(89% of referrals)                            | 3612<br>(90% of referrals)                         |
| Same day discharge                          | 624 (14%)                                               | 2086 (53% of total referrals, 71% of SDEC patients) | 2594 (39% total referrals, 78% of SDEC patients)        | 3033 (70% total referrals, 81% SDEC patients)      | 3513 (76% total referrals, 85% SDEC patients)         | 3099 (77% total referrals, 86% SDEC patients)      |
| ≤ 3 days inpatient (excludes SDEC patients) | 1213<br>(27% of total referrals, 31% of those admitted) | 442<br>(14% total referrals, 24% of those admitted) | 2060<br>(31% of total referrals, 51% of those admitted) | 138<br>(3% total referrals, 11% of those admitted) | 128<br>(3% of total referrals, 11% of those admitted) | 180<br>(4% total referrals, 20% of those admitted) |
| LOS in SDEC (average min)                   |                                                         | 203                                                 | 204                                                     | 252                                                | 201                                                   | 174                                                |

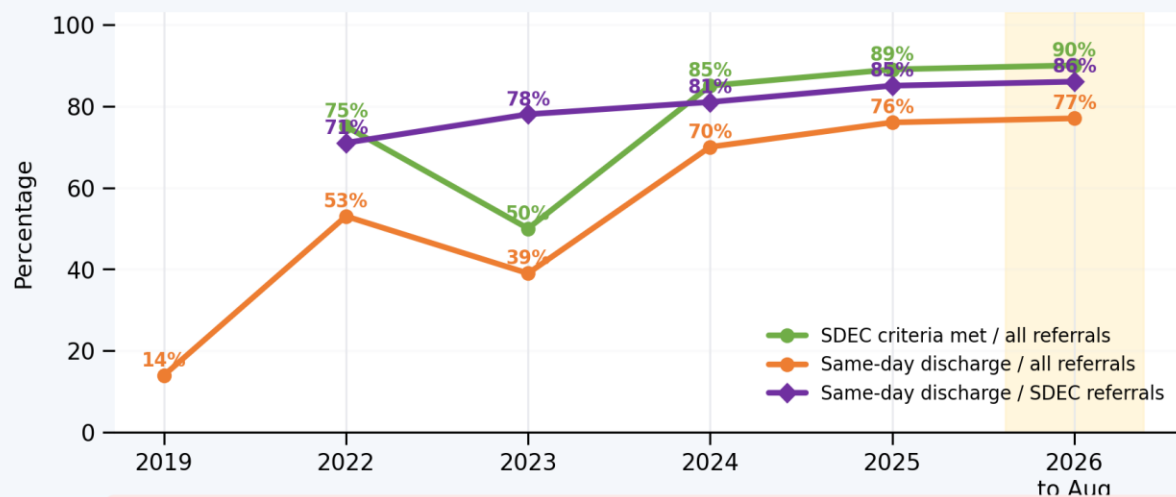
# Surgical referrals and SDEC outcomes

2019-2026 | 2026 figures are year-to-date to August

## Activity volumes

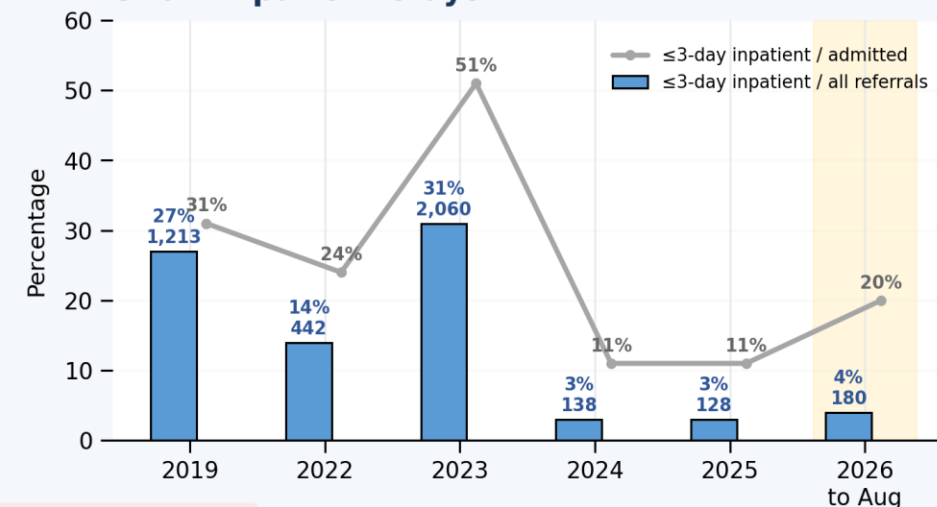


## Pathway conversion



Average SDEC LOS: 2022: 203 min | 2023: 204 min | 2024: 252 min | 2025: 201 min | 2026 to Aug: 174 min

## Short inpatient stays

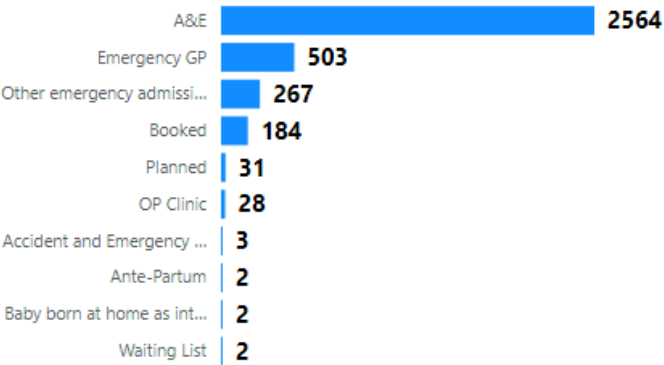




# SDEC data overview Jan-May 26

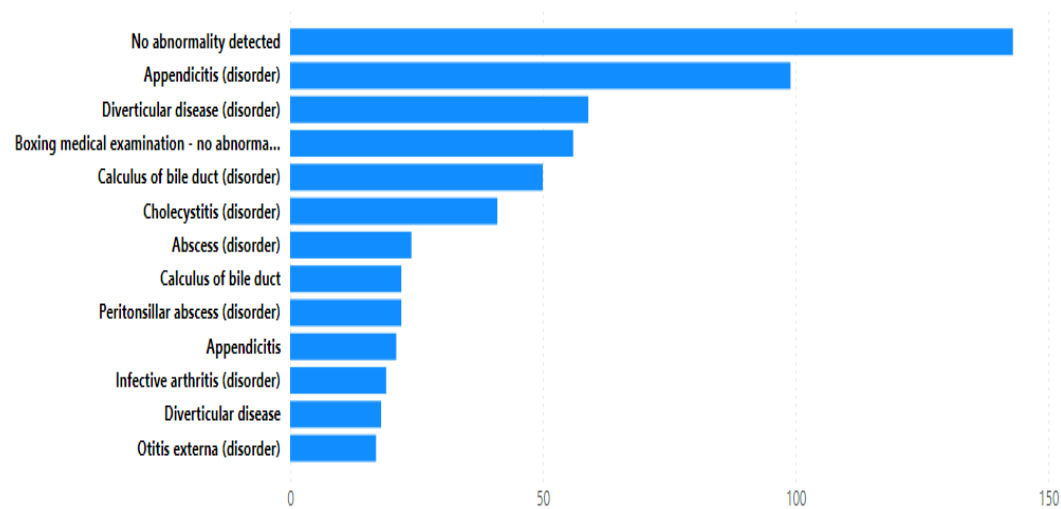


## Admission Method

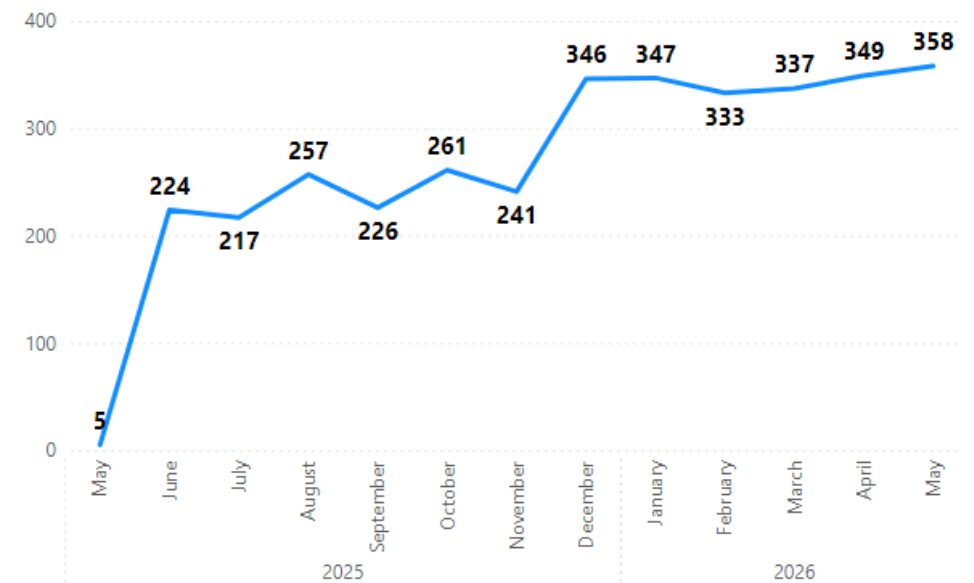


# May 25-26

Reasons for Referral to SDEC-ECDS Dx Disorder



Total ED Admissions



# What have we felt has worked well

- **Designated:**
  - Space
  - Nursing team
  - Lead nurse
  - Clinical lead
  - 'Buy in' by hospital leadership/exec team
- **Consistent ways of working by designated team:**
  - Unaffected by on call changes
  - Ownership of changes
- **ACP Development**
  - Independent practitioners
  - Radiological requesters
- **Close working relationships with colleagues**
  - radiology, ED and our subspecialties.
- **Patient initiated follow up**
  - empower patients to contact us if required rather than return unnecessarily
- **E-forms – allowing us to**
  - filter our referrals out of hours (when they attend, what is required, what can be dealt with virtually)
  - keep track of patients requiring supported discharge from the ward (reviews, drain/wound management).
- **Pathways**
  - Hot gallbladder
  - Abscess/appendix

# Where are we going?

- Streaming
  - Continues to expand, with expectations from senior leadership
  - Needs appropriate resource investment
- SAU – Surgical Assessment Unit
  - A dedicated ward based area (located within an inpatient area) for those requiring acute admission either from ED or GP.
  - Run in collaboration with SDEC with shared principles
- Virtual wards
  - Reduce requirement for physical attendance
  - ?Community performed bloods and observations
  - Reviewed remotely by SDEC
  - Scope for review patients ('clinic') and immediate management of some conditions such as mild pancreatitis

PROUD

to  
care

**NHS**

**Barnsley Hospital**  
NHS Foundation Trust

**THANK YOU  
– ANY  
QUESTIONS?**

