



Category: Continuity of Care

Award Reference Number: 992
Region: South East
Disease: Hand Surgery
Organisation Type: In/out/community
Intervention: Patient Pathway/ journey
Key words: Eastbourne

Hand surgery pathway Eastbourne District General Hospital

Setting:

Eastbourne District General Hospital is a 500-bedded unit delivering all aspects of acute care in a U.K. South Coast seaside town, serving a population of 300,000. The Hand Surgery service delivers care to patients referred by local General Practitioners, other specialists and Accident & Emergency.

Interventions include surgical operations, injections, physiotherapy, advice and consultations. Staff include one hand surgeon, one physiotherapist, one secretary, three part-time specialist nurses, a part-time occupational therapist, various doctors in training and nurses in the pre-assessment, admission lounge and ward areas, nurses and practitioners in main operating theatre, Day Surgery Unit and Casting Department and clinic clerks.

Introduction:

We were trying to make the service more stream-lined, and less dependent on one surgeon.

We wanted the patients to respect all the individuals within the team and trust the care they were getting. We wanted them to have as few visits to the hospital as possible, but for them to feel supported by a safety net of written information and an awareness that they could ask advice from whichever member of the team they felt most comfortable with.

We were trying to set up a framework under which all members of the team could work, so that any member of the team could give advice to patients and explain the reasoning for all aspects of care and deal with any queries.

We were also keen that new staff would understand how the hand service worked and could 'hit the ground running'.

Before this initiative, we had problems of long waits and over-booked clinics. Pressures on the service included the national plan for an 18-week maximum wait, departure of another surgeon and new inexperienced staff. Referrals from other specialists had increased three-fold and needed careful planning. Other schemes of "referral management" from primary care had left some patients disgruntled.

We were aware of financial constraints and this initiative has cost nothing to implement. It works principally by sharing expertise around the team-members and valuing the contributions of all.

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