

EMERGENCY DEPARTMENT NURSE SURVEY

Introduction Our research group hypothesized that having a dedicated haemoglobinopathy trained nurse in the emergency department would contribute to improved care delivery when sickle cell disease patients present to the emergency department. Previous trial data have shown that patients are getting their initial and subsequent analgesia on time and patient experience is improved (SCAPE trial, Prof Telfer).

Aim Characterise the current pathway of care of sickle cell patients when presenting with an acute painful episode to the emergency department in England.

Methods We undertook a national survey in July 2023 to address the need for additional specialist support for sickle patients attending the Emergency Department. A MS forms link was circulated to all centres via our National Haemoglobinopathy panel network. The survey was sent out to haemoglobinopathy coordinator centres (HCC). There are 10 HCCs for sickle cell disease in England, 3 for thalassaemia. Subsequently the HCC circulated the survey to their specialist haemoglobinopathy teams (SHT) and local teams (LHT). Both paediatric as well as adult services were asked to complete the survey. Centres were given 6 weeks to complete the survey.

Results The 47 centres that completed the survey are listed in Appendix 1 survey (70% response rate). Slightly more adult departments completed the survey (66%). The majority of the responding centres were local haemoglobinopathy teams (LHT) (Figure 1). The questions and answers of the survey are listed in Appendix 2.

The majority of centres have access to an ED (n=42) and 5 paediatric centres had direct ward access.

There was no dedicated haemoglobinopathy staff supporting patients attending the ED department in 48% of centres. Some centres reported to have specialist staff cover during working hours (45%).

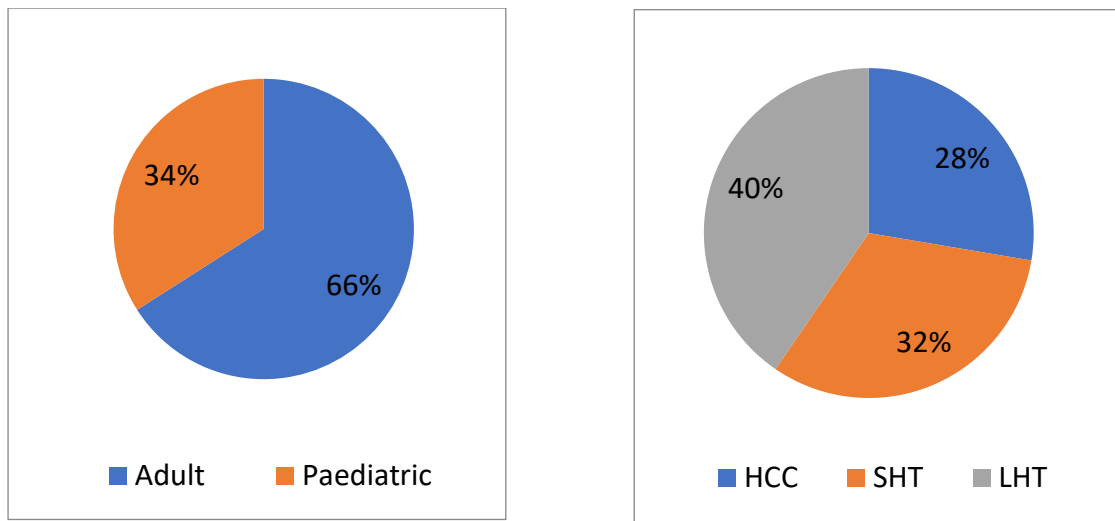
Over half of the centres (n=25, 51%) had a day-unit or same day emergency unit (SDEC), with 29% of those open 24 hours a day (n=7). Compared to our initial acute sickle audit we identified an increase in day-units (25% to 51%) – however there is not a complete overlap between the centres who completed both surveys.

Almost all centres agreed welcomed the idea of a dedicated haemoglobinopathy trained nurse that could facilitate sickle cell disease patients through their ED journey. However, pitfalls such as funding, staff shortages and admission rates were raised.

Conclusion The majority of centres in England offer emergency department access for acute pain presentation of their sickle cell patients. There is a trend toward centres opening more day-unit or SDEC services (25% to 51%), which can be partly explained by the funding of several hyper-acute units (D. Addie NHS Inequalities Improvement Programme). Centres welcome the idea and see the need for a dedicated emergency department nurse that has specialist haemoglobinopathy skills. However, funding; staff shortage; staff turnover and volume of sickle cell presentations to the ED were highlighted as potential obstacles.

Plan Our research group have decided to not further explore this option as part of the NHS RHO trial protocol. In the future this could be re-explored again if felt appropriate.

Figure 1 – Distribution of centres divided by unit (left; adult or paediatric) and service type



Appendix 1 – Centres that complete the survey.

Centre	Dept.
Barking, Havering and Redbridge University Hospitals NHS Trust	Paeds
Bart's Health	Adults
Bart's Health	Paeds
Bedfordshire	Adults
Blackpool Victoria Hospital	Adults
Bournemouth	Adults
Buckinghamshire Healthcare Trust	Paeds
Cambridge	Adults
Cardiff University Hospital	Paeds
Croydon Hospital	Paeds
Gloucester Royal Hospital	Adults
Gloucester Royal Hospital	Paeds
Great Western Hospital	Paeds
Homerton Healthcare NHS FT	Adults
Imperial College	Adults
King's College Hospital	Adults
King's College Hospital	Paeds
Leeds Children's Hospital	Paeds
Leeds Hospital	Adults
Leicester	Adults
Manchester University FT	Adults
Milton Keynes	Adults
Newcastle upon Tyne	Adults
North Bristol Hospital	Adults
North Middlesex	Adults
North Middlesex	Paeds
Northampton	Paeds
Northwick Park	Adults
Oxford	Adults
Oxford	Paeds
Paediatrics UCLH	Paeds
Princess Alexandra Hospital	Adults
Princess Alexandra Hospital	Paeds
Queens Hospital	Adults
Royal Berkshire Hospital	Adults
Royal Blackburn Hospital	Adults
Royal United Hospitals Bath	Adults
Sheffield Children's Hospital	Paeds
Sheffield Teaching Hospital	Adults
South Tees NHS FT	Adults
St George's Hospital	Adults
University Hospital Coventry	Adults

University Hospital of Southampton	Adults
University of Bristol	Adults
University of Bristol	Paeds
Whittington Health	Adults
Wirral University Hospital	Adults

Appendix 2 – Results of all questions answered in the survey.

Do patients with SCD have access to an emergency department (ED) when they present with acute pain?

yes	42
no	5

5 paediatric centres with direct access to the ward/day-unit

If yes, are there designated haemoglobinopathy staff available to accompany or review the patient in order to support the ED pathway? i.e. CNS or clinical fellow.

no	20	48%
yes office hours	19	45%
yes 24h	3	7%

Mostly ANP, Band 7 CNS, Band 6 CNS, SpR

Do you have outcome data available for this ED model? e.g. time to analgesia (NICE guideline), length of stay, and/or patient satisfaction.

yes	23	55%
no	19	45%

Does your centre have a day-unit or same-day-emergency-care (SDEC) unit available for SCD patients?

yes	24	51%
no	23	49%

open 24/7	7	29%
open office hours	17	71%

In your opinion, would your local patients with SCD benefit from a dedicated nurse when attending the ED?

yes	45	96%	#YES	27	
no	2	4%	#YES but	few admissions	9
				staff shortage	1
				bypass ED completely	3