

# Organisation of Anaesthetic and Critical Care services in the UK

JF Down

Consultant in both

UCLH

# Teaching hospitals

- NHS
- Linked to universities and medical schools
- 29 med schools UK



# District general hospitals

- NHS
- Have trainees
- Visiting med. students



# Private Hospitals

- Carpets
- Single rooms
- Insured
- Self payers
- Consultant delivered



# Anaesthesia



## The Royal College of Anaesthetists

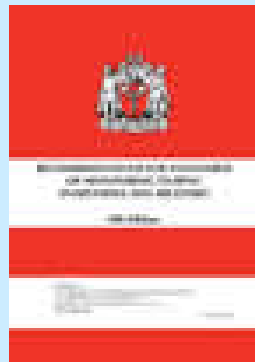
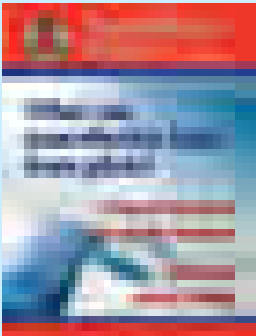
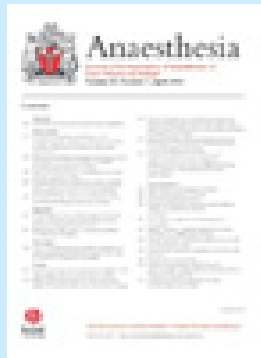
Educating, Training and Setting Standards in Anaesthesia,  
Critical Care and Pain Management

*“The College is the professional body responsible for the specialty of anaesthesia throughout the UK, and to ensure the quality of patient care through the maintenance of standards in anaesthesia, critical care and pain management.”*

# The Association of Anaesthetists of Great Britain and Ireland



- *to promote the development and study of anaesthesia*
- *to promote and ensure the maintenance of the highest standards and provision of safe anaesthesia*
- *to foster research into anaesthesia and allied subjects*
- *to encourage and support world wide co-operation amongst anaesthetists*
- *to represent and protect the interests of its members*
- *To help us come to the Ukraine*



Both have trainee sections



# Subspecialties

- Pain
- Critical care
- Paediatrics
- Obstetrics
- Difficult airway
- Cardiothoracics
- Orthopaedics
- Pain society
- Intensive care society
- APA
- OAA
- DAS
- ACTA

# Stats

- Schools 20 websites
- Departments 300 ish
- Anaesthetists >10 000  
4000 trainees

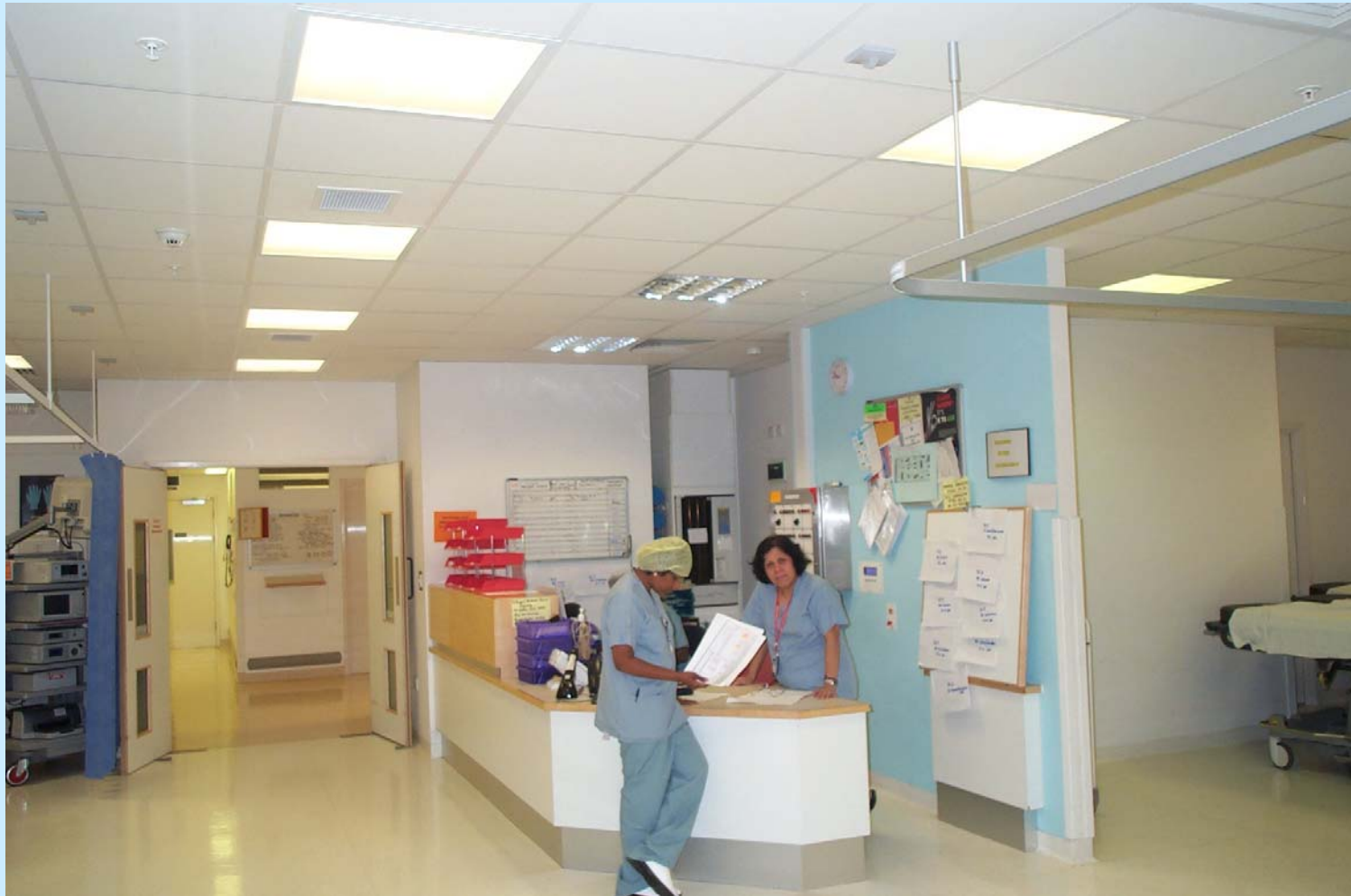
# Departments

- Huge variation
  - 8-80 anaesthetists.
- In our trust
- 800 beds
  - Spread over 4 major sites,
  - General, Neuro, Cardiac, Obstetric
- 65 Consultant anaesthetists
- ? 65 trainees
- New Anaesthetic practitioners

# Duties

- Theatres
  - Generalists/specialists
- Pain
  - Acute and chronic
- Critical care
- Obstetrics
- Pre-assessment
- Outreach
- Radiology

# Day to day







# Critical Care



**The  
Intensive Care  
Society**





# Traditionally

- Run by anaesthetists
- Varied models – varied commitment
- Used to be divided
  - Intensive care
  - High dependency care
  - Surgical vs medical
- Mixture closed/semi-closed/open units
- Approx 250 in country

# *Comprehensive Critical Care*

## A REVIEW OF ADULT CRITICAL CARE SERVICES

Level 0	Patients whose needs can be met through normal ward care in an acute hospital.
Level 1	Patients at risk of their condition deteriorating, or those recently relocated from higher levels of care, whose needs can be met on an acute ward with additional advice and support from the critical care team.
Level 2	Patients requiring more detailed observation or intervention including support for a single failing organ system or post-operative care and those 'stepping down' from higher levels of care
Level 3	Patients requiring advanced respiratory support alone or basic respiratory support together with support of at least two organ systems. This level includes all complex patients requiring support for multi-organ failure.

# Now

- Intensivists from varied background but properly trained
- Consultant presence
- Closed
- Expansion of beds



- *“We perform many functions for the intensive care community in the UK such as the production of guidelines and standards, stage national meetings, training courses and focus groups. We represent Intensive Care in wide ranging organisations from the Royal Colleges to the Department of Health and other organisations”*

# Training

The Intercollegiate Board  
for Training in Intensive Care Medicine

- **Basic training:** Three months' ICM as an SHO/CT (which, if commenced from February 2002 onwards, must be in blocks of a minimum of one month duration).
- **Complementary specialty training:** Six months' SHO/CT level acute general medicine for an anaesthetist, six months' anaesthesia for a physician, both for a trainee surgeon.
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- **Step 1/Intermediate training:** Six months' general adult ICM as an SpR/StR, in blocks of no less than 3 months, in ICU's recognised for training purposes by the Intercollegiate Board.
- **Step 2/Advanced training:** Twelve further months of SpR/StR training in ICM, in blocks of no less than 3 months duration, in recognised units

# Exams

INTERCOLLEGIATE DIPLOMA IN INTENSIVE CARE MEDICINE

**EDIC**

# Staffing

- All newly appointed consultants with >50% commitment to ICM should have acquired Step 2 competences, a CCT in ICM, or an equivalent.
- All units must have a minimum of 15 PAs of consultant time totally committed to ICM each week per eight Level 3 beds.
- All consultants providing an 'on-call' service to the ICU must have PAs committed to ICM.
- Consultants should not have any other clinical commitment when covering the ICU during daytime hours.
- During working hours the consultant in charge of the ICU should spend the majority of his or her time on the ICU and must always be immediately available on the ICU.
- There must be twenty-four hour cover of the ICU by a named consultant with appropriate experience and competences.
- A consultant in ICM must see all admissions to the ICU within twelve hours.

# Our unit

- 27 beds
- Mixed level 2-3 patients
- Surgical and medical
  - Haematology, infectious diseases, Head and neck, HPB, vascular, colorectal, O and G, Urology, Orthopaedics, tropical diseases.
- 12 consultants (mix anaesthetic, medical, ED)
- 10 junior trainees, 7 senior trainees
- 1 nurse consultant
- 150 nurses
- Physiotherapists, pharmacist, dietician, speech and language



# Our unit

- Computerised
- Follow up clinic
- Psychologists
- Research
  - Lab
  - Clinical
- Audit
- Meetings



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3	STEEDE, KEVIN MR 7
4	
5	GROSS, HANNA MRS 2
6	WARMAN, SYLVIA 16
7	MCIVER, RUSSELL L 40
8	LEECH, NICOLA MS 16
9	
10	READ, SANDRA MRS 33
11	
12	LOUGHNANE, ROBERT JOSE 6
14	RATCLIFFE, MATTHEW 1
15	EL-HUNI, KASEM MR 33
16	WHITER, BRIAN MR 9 A
17	MURPHY, THERESA 15
18	FLOWER, MARGARET MRS 5
19	DINMORE, WENDY MRS 1
20	VERNER, SCOTT HARRY MF 1 A
21	SALIK, HELEN 1
22	SADOWSKI, ADAM MR 1
23	GAZE, JOHN HOWARD MR 9
24	ALLEN, AUDREY MISS 1
25	SINGH, HAZUR MR 15
26	BURGESS, ALBERT MR L 9

27	HOLLINSHEAD, CHARLES M 3
28	BRADFORD, BRETT MR L 3
29	MARTIN, BRIAN MR 2
30	HUETSON, IRENE MRS 1
31	BEACROFT, REBECCA DEE 2
32	
33	FRANCIS, PETER MR 60
34	SAMUEL, SIMON MR 39
35	
36	

### Siderooms

2  3  V 4  5  FM 6  FM 7  V 8  V 9

1  10  V

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11	<input type="checkbox"/>	12	<input checked="" type="checkbox"/> V	14	<input checked="" type="checkbox"/> N
16	<input checked="" type="checkbox"/> N	15	<input checked="" type="checkbox"/> TM	Bay 1	
17	<input checked="" type="checkbox"/> N	18	<input checked="" type="checkbox"/> V	Bay 2	
21	<input checked="" type="checkbox"/> N	20	<input checked="" type="checkbox"/> FM	19	<input checked="" type="checkbox"/> FM
22	<input checked="" type="checkbox"/> CM	23	<input checked="" type="checkbox"/> TM	Bay 3	
26	<input checked="" type="checkbox"/> FM	25	<input checked="" type="checkbox"/> N	24	<input checked="" type="checkbox"/> FM
27	<input checked="" type="checkbox"/> V	28	<input checked="" type="checkbox"/> N	29	<input checked="" type="checkbox"/> N
31	<input checked="" type="checkbox"/> N	30	<input checked="" type="checkbox"/> FM	Bay 4	

Bed No: 16  V

Sex: Pink=female, Blue=male

Dependency: Red - High (ICU), Blue - Low (HDU), Green - Ready for discharge

Background = Isolation status

36  35  Bay 6

34  V 33  N

Isolation Room: 32





# Summary

- Variable anaesthetic practice across the UK
  - Standards from great and good
  - Largely physician delivered
  - APs beginning
- Critical care
  - State of change
  - Not just anaesthetists
  - Official training
  - Talk of a Faculty

Thank you