I. 1. THE CONCEPT OF AN EMERGENCY HEALTH CARE PLANNING TEAM

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Within any health care delivery system a continuum of activities exists, ranging from initial identification, investigation, and diagnostic services, through the treatment services, to rehabilitative and social support services. Equally, with respect to emergency health care, activities may be identified which correspond to this range of services. It follows that, arising from the features of the situation, problems occur in delineating the boundaries of interest concerning emergency medical services in particular, and emergency health care in general. Three characteristics of an emergency health care system can, however, be identified:

1. Knowledge of, and capabilities in, this field are multidisciplinary that is that it embraces a wide range of disparate services including the clinical specialist, the epidemiologist, the social scientist, and the management scientist.

2. Its provision is multiagency that is that a variety of "producers" both public and private, medical, paramedical, voluntary etc. are involved at various stages in this process.

3. Finally, it has multilocality that is rendered across boundaries (local, regional, and even national) such that in its incidence and provision a distinguishing characteristic relates to the degree of coterminosity or otherwise of "natural" and "administrative" patient flow patterns.

Accepting that these characteristics compound the problem of determining the level(s) at which consideration may be given to planning and by whom, it is nevertheless possible to develop a framework for analysing emergency health care systems, identifying alternative streams (pathways) to emergency health care, the functional relationship between components, and the determination of roles within single components or subsystems. Such an analysis implies a comprehensive outlook that is a systems-based rather than agency-oriented approach, whereas, in practice, by virtue of the task(s) to be performed, medical, paramedical, and support services frequently work in isolation and do not have a broad overview of the emergency situation which confronts them, or a sound knowledge of the services that are, or could be, complementary to their own. Hence, emergency health care planning has, in a number of countries, been solely concerned with individual components of the system, wider discussions being confined to the irregular, uncertain, and generally infrequent issues of major disaster planning. Planning, however, in the context of this paper is conceived to be a broader and more continuous function, particularly where there is an expressed need for a high degree of continuity of care between agencies. Given this background, the paper now considers the concept of a local multidisciplinary health care planning team (whose members will have particular expertise in emergency medicine, allied professions, and rescue services) with responsibility for the joint planning of emergency services for its population. Difficulties abound in attempting to operationalize the concept (e. g., in defining the nature and scope of its functions) though some evidence is available where ad hoc teams have been established at the local level for this purpose. In particular, at the time of writing, the U. K. is proposing to establish such
multidisciplinary health care planning teams at the lowest level of authority in the National Health Service (the Health District with a population of 200 - 300 thousand). So far, it has been proposed that separate teams should be established to plan for the needs of groups of patients such as the elderly, expectant mothers, the mentally ill, children, and the mentally handicapped, for whom effective care depends on the interaction of many different services. Though their function may be said to be an advisory rather than an executive one, it is envisaged that they will contribute to decision-making and, more specifically, will continuously review the needs of their group in relation to services provided, and assist management to monitor and coordinate the implementation of projects and assess results.

No proposals have yet been made in the U. K. to establish separate health care planning teams in emergency health care, nor has there been serious discussion of its potential in this field. It is the writer's personal view that such teams could usefully be established on a permanent basis, with continuing responsibility for emergency health care; though it is accepted that such teams could also be established on an ad hoc basis to examine more specific issues. In the initial stages, the writer envisages that the teams might concentrate their attention on "services provided for", whereas it might be reasonably expected that, over a longer time period, its focus of attention would be moving towards a "needs of" approach. By reviewing U. K. proposals to establish multidisciplinary health care planning teams, this paper has attempted to demonstrate that the concept has relevance to the planning of emergency health care, not only in the U. K. but also, with modifications, to other health care delivery systems.

Zusammenfassung

Der Entwurf eines Notgesundheitsfürsorgeteams

Hintergrund


Nach der Durchsicht von Vorschlägen, im Vereinigten Königreich multidisziplinäre Gesundheitsplanungsteams einzurichten (HCPTs) schlägt der Autor vor zu beweisen, daß der Entwurf für die Planung von Notfallpflege bedeutsam ist und zwar nicht nur im Vereinigten Königreich sondern auch modifiziert für andere Notfallmedizinische Systeme.