RCEM Scotland

2021 Holyrood Election Manifesto

The Royal College of Emergency Medicine (RCEM) is the single authoritative body for Emergency Medicine in the UK. Emergency Medicine is the medical specialty that provides doctors and consultants to A&E departments in the NHS in the UK and other healthcare systems across the world. The Royal College works to ensure high quality care by setting and monitoring standards of care, and providing expert guidance and advice on policy to relevant bodies on matters relating to Emergency Medicine.

Introduction

Emergency Departments (EDs) are the only part of Scotland's NHS that offers a truly round the clock service, seven days a week. A resource gap means that despite years of outperforming other UK nations, ED performance in Scotland is deteriorating. At the start of 2020 we saw record levels of eight and 12-hour waits and the worst four-hour performance since records began. The coronavirus pandemic has exacerbated the pressures felt in our EDs with staff and patients having to physically distance, beds taken out the system and staff having to wear restrictive PPE. This has all put considerable extra strain on staff, who provide care in already challenging circumstances. RCEM Scotland's manifesto puts patients back at the heart of the emergency care system and ensures that EDs are adequately resourced to deliver these crucial services which are, now more than ever, integral to a well-functioning healthcare system.

RCEM CARES: our action plan for better emergency care in Scotland

Eliminating crowding in Scotland's EDs must be the number one priority of any incoming Government. EDs are stretched to the limit, with staff having to care for patients alongside managing the coronavirus. If crowding was unacceptable before the pandemic, it is unconscionable now. The incoming Scottish Government must commit to addressing the following:

Crowding and corridor care

With inpatient services not resourced to match the demand being placed on Scottish EDs, admitting patients into a hospital bed in a timely way has become frequently unachievable. As a result, patients are staying too long in EDs and end up being moved out of cubicles and into the corridor so EDs can continue to function. Crowding is a consequence of exit block, whereby patients who have been assessed in EDs are unable move on from the ED, usually because another part of the hospital does not have enough beds to admit their patient to. The reduction of bed numbers in acute hospitals over time has contributed to this, resulting in patients receiving care in corridors, which is both unsafe and inhumane. In addition, the pandemic has further exacerbated this issue, resulting in a loss of beds in order to maintain physical distancing in inpatient areas.

With coronavirus present in the community, EDs have the dual challenge of managing crowding and coronavirus in their departments. This presents a further real, and avoidable, risk of death from a coronavirus infection acquired in an ED.

Recommendations:

1. Restore the staffed acute bed capacity to pre-coronavirus levels. Increase the bed numbers to achieve 85% bed occupancy in hospitals, to maintain flow in EDs. At present we estimate an additional 639 beds are required in hospitals across Scotland.

2. Adult social care in Scotland faces challenges and requires significant investment in order to ensure patients are discharged safely and promptly when their medical care is complete. In Scotland, we estimate there is a need to invest at least £1.8 billion into the health and social care services by 2024 to address the funding shortfall and accelerate the integration of health and social care.

3. RCEM Scotland continues to take the view that the four-hour standard remains an important indicator of patient flow through a hospital.[1]

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Alternative access

Many patients go to their ED having tried – and failed – to get timely care and treatment elsewhere. This has been exacerbated by the continuation, in Primary care, of remote consultations, after the first wave of the coronavirus pandemic. It is estimated that 20% of patients who self-present to an ED in Scotland could be helped to access more appropriate services for their needs and often care that is closer to home.[2] This is an important factor in this current climate of COVID-19 and the need to maintain physical distancing and prevent crowding in our busy departments. For Primary Care to be effective, capacity needs to match demand.

The national "Redesign of Urgent Care (RUC) programme" launched on 1st December 2020 aims provide the right care at the right place at the right time, first time, allowing EDs to focus on the very sickest patients, whilst offering care in a COVID-19 endemic world. As pathways to the EDs change and adapt, we must remain mindful of the ways in which this might impact the most vulnerable and ensure that these patients are still receiving access to high quality care.

Recommendations:

1. Expand Primary Care services to provide out-of-hours services in areas of need.

2. Expand co-located acute services around the ED, including frailty, mental health, pharmacy, and Primary Care to support patients being cared for in the best place.[3]

3. Rapidly expand Ambulatory Emergency Care provision across all acute hospitals in Scotland and ensure it has the same access to diagnostic services as EDs.

5. Health and Social Care Partnerships must invest in preventative health to support the most vulnerable in society. This includes additional support for drugs and alcohol services, homelessness and immigrant health, domestic violence, and youth violence.

Recruitment and retention

We know that EDs provide the best care when they are adequately staffed. Currently our workforce suffers from burnout (more so than other specialties), attrition, and staff shortages. EDs in Scotland have insufficient resources to meet the minimum number of consultants and senior decision makers required per 100,000 attendances.[4]

Although previous workforce strategies have been ambitious in scope, they failed to outline long-term plans for growing the Emergency Medicine workforce. In addition, as the pandemic continues, we are acutely aware that coronavirus disproportionately affects Black, Asian and minority ethnic staff. We also recognise that Black, Asian, and minority ethnic staff[5] have very different experiences of the NHS across the UK as a workplace.

Recommendations:

1. Scotland's Government must deliver a long-term workforce strategy for Emergency Medicine with a commitment to recruiting additional staff and addressing shortages in the workforce. Recruitment of Emergency Medicine Consultants should be based on a ratio of one Consultant per 4,000 attendances. At present, that would translate to an additional 70 Consultants in Scotland.[6]

2. Reintroduce the Associate Specialist grade.

3. Deliver additional ED Nurses to address the shortage in the workforce. The skill mix of the ED Nursing workforce should comprise: 30% Emergency Charge Nurses, 40% Emergency Nurses, 10% Foundation Staff Nurses, 20% Nursing Associates or Clinical Support Workers.

4. Continue with current recruitment numbers of AHPs and promote the national strategy to support their career development.

Experience

Patients should be at the heart of our emergency care system. However, crowding results in a deterioration in the quality and timeliness of care for patients, a loss of dignity, and comfort. This disproportionately affects children, elderly people, and the vulnerable. Crowded NHS EDs can be a frightening experience for people with dementia or those suffering from a mental health crisis. High demand, inadequate space, and poor departmental infrastructure create a volatile environment.

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We acknowledge that different patients experience care offered in our EDs in different ways. Patients who are suffering a mental health crisis often report having a poor experience, with long waits in an environment that is stressful and stigmatising. Across the UK, Liaison Psychiatry teams play a crucial role in the parallel assessment of mental health patients that attend ED who might also need medical care. Expansion of Liaison Psychiatry must go hand-in-hand with investment in preventative services, Child and Adolescent Mental Health Services, community support schemes and good telephone triage.

In addition, the coronavirus pandemic has exposed the alarming levels of inequality that persists in society. We do not underestimate the role EDs play in addressing health inequalities: the most deprived communities use ED services significantly more than the least deprived communities. Addressing inequalities in health requires cross-government working, with all government departments taking responsibility.

Recommendations:

1. Ensure clinical and patient involvement in designs for any plans to build or refurbish EDs.

2. Develop a meaningful quality indicator for patient experience through working closely with RCEM's Lay Group and patient groups.

3. Urgent increase investment in mental health services, including alternative mental health facilities, Child and Adolescent Mental Health Services, and preventative services.

4. Embed action on health inequalities across all Scottish government departments.

Safety and Space

Overcrowding and challenging working conditions can result in an environment where errors are more likely to happen. This is associated with expensive and potentially avoidable litigation.

There is an unprecedented risk of managing the elective backlog presenting as emergencies, along with seasonal norovirus, flu, and COVID-19. We need to ensure that EDs can safely manage undifferentiated patients whilst providing urgent and emergency care and minimising nosocomial spread of COVID-19. This means timely access to Personal Protective Equipment and testing; EDs employ many staff who have young children and delays in test results for Coronavirus, either for staff or those that staff have caring responsibilities for, can create significant workforce problems.

Recommendations:

1. Carry out a forward-looking rapid review of the Scotland's preparedness for successive waves of the coronavirus pandemic. This will help EDs tackle the inevitable challenges of COVID-19, flu, and seasonal norovirus during the winters of 2020/21 and 2021/22.

2. Ensure there is adequate stock and access to appropriate PPE for all ED staff for the foreseeable future of the pandemic.

3. Ensure that there is adequate capacity for COVID-19 testing for ED staff (and their households), with short turn-around times that allow prompt and safe return to work.

Contact us

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References:

1. RCEM Scotland Position Statement: The Four-Hour Emergency Access Standard
2. Scottish Government Healthcare Standards
3. The Report of the Independent Review of Primary Care Out of Hours Services
4. https://www.nhsbenchmarking.nhs.uk/projects/emergency-care-type-1-2-and-type-3-services
5. We use the term 'Black, Asian and minority ethnic' for practical reasons. We acknowledge the limitations of this phrase and recognise the diverse and heterogeneous experiences of people both across and within different ethnic groups.
6. RCEM Cares