

Subject line: Improving Access to emergency care

Dear XXXX MP,

Over the last few months, we have been sending you a series of briefings which each highlight an element of the Royal College of Emergency Medicine's campaign to improve Emergency Care. We hope this helps you understand the issues facing staff and patients in your local A&E. The RCEM CARES campaign focuses on the five main issues: **C**rowding, **A**ccess, **R**etention, **E**xperience, and **S**afety. This month we focus on improving **A**ccess to Urgent and Emergency Care.

Due to years of underinvestment in the Urgent and Emergency Care system, Emergency Departments are now forced to play a crucial role in sustaining other parts of the healthcare service. Combined with the powerful brand for offering round-the-clock care, Emergency Departments have become the safety net of the system, not just the patient. Data shows:

- The vast majority of emergency admissions occur via Emergency Departments. In 2019/20 this represented an average of three quarters of admissions in England ranging from 36% to as high as 99%.
- Hospital Episode Statistics reveal that in 2019/20 there were over 500,000 patients who waited more than 12 hours in Emergency Departments, revealing the true scale of crowding and corridor care in our departments.

These figures reveal that the Urgent and Emergency Care system is struggling to cope. Despite the reduction in attendances during the pandemic, crowding and corridor care has remained endemic in Emergency Departments. Infection Prevention and Control measures have exacerbated capacity issues caused by the declining number of available beds in hospitals. These problems are likely to worsen as the NHS starts to tackle the growing elective backlog.

We have long campaigned to highlight the negative consequences of crowding: it is undignified and unsafe for our patients. Crowding should not be the accepted norm of system pressures; we must move beyond this reality as covid pressures ease. All aspects of our Urgent and Emergency Care system must be resourced to address demand.

Same Day Emergency Care (SDEC) can help to address some of these problems, allowing Emergency Departments to return to their original focus: the care of seriously ill and injured patients. Not all emergency patients require admission to hospital, but some may need more time for investigation and treatment. SDEC is the provision of healthcare for these patients who may otherwise be admitted. It is important to emphasise that SDEC is about cross-functional working and physical space can support the efficiency of services. We know that SDEC improves patient flow in the hospital, frees up valuable space in Emergency Departments and creates a more efficient process for both staff and patients.

Hospitals with SDEC provision have played an important role during the pandemic – patients known to the hospital with urgent care needs have been able to access care and services via SDEC rather than Emergency Departments.

The NHS Long Term Plan outlined ambitions for all hospitals to offer SDEC for at least 12 hours a day, seven days a week by the end of 2019/20, with the stated aim of increasing the proportion of acute discharges from a fifth to a third.<sup>1</sup> As such, it is a cost-effective way of delivering emergency care. Unfortunately, the value of SDEC is not being realised as provision is patchy and highly variable across England.

As we begin to recover from the pandemic, we must build a resilient National Health Service that is able to provide world class patient care and is adequately equipped to address demand. Health inequalities have been highlighted by the pandemic: we know there are twice as many attendances to Emergency Departments in the most deprived areas in England compared the least deprived areas, representing a failure of core health care services and prevention.<sup>2</sup> The NHS has undergone a digital transformation in the delivery of care during the pandemic, however we are concerned this could potentially exacerbate inequalities for patients who may not be as digitally literate. These patients may then rely on Emergency Departments more often as a result.

[Link to CARES on RCEM website]

We are calling for:

- Restoration of the staffed acute bed capacity to pre-coronavirus levels, with a further increase in bed numbers to achieve 85% bed occupancy in hospitals, to maintain flow in Emergency Departments. We estimate an additional 9429 beds are required in England.
- Rapid expansion of Same Day Emergency Care across all Emergency Departments in England.

We would be grateful if you could support our campaign by tabling important parliamentary questions about SDEC provision in England. Please get in touch if you have any questions.

Yours sincerely,

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President of The Royal College of Emergency Medicine

The Royal College of Emergency Medicine (RCEM) works to ensure high quality care for patients by setting and monitoring standards of care in Emergency Departments; we are the professional voice of 10,000 A&E doctors across the UK.

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<sup>1</sup> NHS England (2019) NHS Long Term Plan. Available [here](#).

<sup>2</sup> NHS Digital (2020) Hospital Episode Statistics: Accident and Emergency Activity. Available [here](#).