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POSITION STATEMENT ON PUBLIC HEALTH IN EMERGENCY MEDICINE

RCEM Special Interest Group - February 2021

Purpose

This position statement sets out the current context and key issues for Emergency Medicine in the UK from a public health perspective and considers some of the short- and longer-term implications for consideration by Emergency Departments and unplanned care systems.

Background

The COVID-19 pandemic continues to present an unprecedented challenge globally and nationally, to individuals, communities, populations, health and care services, and the wider social and economic system. The pandemic has exposed and exploited health inequalities, affecting the most vulnerable people in our society – including the elderly, those with underlying chronic illness, people from BAME communities and those with greater levels of social and economic deprivation.

The subsequent months and years are expected to bring additional challenges.

- The continued threat from COVID-19, including the risk of recurrent peaks.
- A rise in other diseases (such as flu, respiratory infections in children, and conditions that were suppressed by lockdown and social distancing).
- A health and care system wearied by COVID-19 that is now working at and beyond capacity.
- The economic decline brought on by COVID-19 and Brexit, the harms this has on population health and well-being, and the disruption to medical supply systems.

People involved in Emergency Medicine, the running of Emergency Departments and the wider urgent care system in the UK (including A&E Delivery Boards) can help to ensure greater resilience to this ongoing challenge and minimise harm to health, society, and the economy for the local population by working together as a system and by considering the key issues and recommendations set out below.

Recommendations

- 1. Deliver public health interventions in the Emergency Department. For example, utilising the 'teachable moment' to educate on smoking cessation, or administering the flu vaccination for the homeless, to being further reaching such as screening and referral programmes for drugs and alcohol or blood borne viruses.
- 2. Allocate a public health lead to work with the local authority Public Health department as well as other partners across the health and care system.
- 3. Secure a commitment from senior leadership and management to embed public health as part of hospital policy and strategy, this will improve your department's



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capacity to strengthen more sustainable health improvement and demand reduction goals.

4. Improve the quality of data collection in the department, including more health intelligence in service planning, and including public health interventions as part of your Quality Improvement and audit activities. This will highlight need and guide interventions that can be trialled.

5. Target support to the most vulnerable people and reducing inequalities

By incorporating social and economic inequalities in how you more holistically assess a person's health needs, prioritising their care, identifying people requiring more proactive planned care as well as drawing in support of wider partners (including services like social prescribing, and the voluntary and community sector), you will help to prevent the more adverse outcomes from disease or injury, and the greater need for unplanned care for some higher risk groups in the population. By working with partners to introduce hospital-supported outreach activities into the community to address issues of health access, promotion and information, you will help to reduce inequalities.

6. Helping to address the ongoing risk from COVID-19 and from the disruption to health protection and public health services

By advocating for on-going social distancing in your department, working from home where productivity can be maintained and reinforce the messages for social distancing, face coverings and good hygiene in all settings, you will help to reduce the local risk of a resurgence of COVID-19, as well as continue to promote healthy lifestyles for all.

The RCEM supports a properly funded national public health system embedded within local systems and through advocating for adequate national, regional and local funding for public health services - health protection and health improvement and minimal disruption to these through the proposed national reorganisation of Public Health England, you will help protect wider health system resilience to ongoing and future emergencies. This is especially important to protect those people who are most vulnerable to severe disease and adverse outcomes (the elderly, deprived and those with underlying chronic disease).

Summary

These have been and continue to be stressful times for all of us – personally and professionally – and for the health and care systems we work in. This statement and the issues and recommendations it raises will help to protect all of us and our local population from the risk of COVID-19, and from the wider impact of the anticipated economic decline and challenges related to the pandemic.



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ROLE DESCRIPTION FOR A PUBLIC HEALTH LEAD IN THE EMERGENCY DEPARTMENT

Background

Emergency departments (ED) are vital in their role of the provision of universal access to healthcare to all, regardless of ethnicity, socioeconomic background, and underlying health status, serving not only as a safety net for patients, but as a critical and essential component of a modern health care system. This has never been more apparent than the recent Covid-19 pandemic where health inequalities have been exposed, affecting the most vulnerable people in our society. An ED may be only point of access to health care, so may be the only opportunity to affect this individual's health.

What does Public Health in the ED look like?

Public health interventions within an ED attendance are as simple as utilising the 'teachable moment' to educate on smoking cessation, or administering the flu vaccination for the homeless, to being further reaching such as screening and referral programmes for drugs and alcohol or blood borne viruses. These interventions are cost effective and have high levels of patient acceptability. There is also a role for advocacy when Emergency Department staff find themselves plugging gaps in other services.

RCEM Public health special interest group

RCEM created a Public Health (PH) Special Interest Group (SIG) in 2017 to support a growing number of UK emergency medicine practitioners who have formal as well informal training, skills, and experience specifically in public health. The RCEM Public Health SIG hopes to embed public health as part of hospital policy and support the national strategy of improving the care, reduce health inequalities, and ensure greater resilience to the risk of Covid-19.



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<u>Vision</u>

By allocating an Emergency Physician as the public health lead in the emergency department it will enable improved collaboration between stakeholders - the NHS Trust and local authority public health department, governmental and third sector partners - across the whole of the health and care system. This role may be a shared one; the PH lead may not have direct involvement with all of these activities below, but instead be supportive of, and aid the prioritisation of work according to local need and capacity. This individual will need to be: An NHS Emergency Medicine doctor with an interest and understanding in public health with a desire to increase the quality of care in Emergency Medicine by promotion of good practice, standards and quality improvement projects. The commitment for the lead role and the devolved roles will vary depending on departmental need and 'PH maturity' but, as a guide, is anticipated to total 0.5-1PA pw.

<u>Key roles</u>

It is evident that there are a large range of threads to public health within health promotion, prevention, and health service development of which members of the ED team will already be engaged in. This list of roles below is not exhaustive, nor is it directive.

- 1. Promote and encourage the engagement with, and delivery of, public health interventions in the ED (specific programmes may have named ED leads).
- 2. Strategise and prioritise appropriate public health interventions within your local ED population, identifying needs and gaps in the service.
- 3. Be a focal liaison point, a 'go to' individual, for local stakeholders including the wider ED network, specific teams (e.g. infection control, virology, homelessness, drug and alcohol)), PH leads in the Trust PH and CCG, and, community health providers, to enable improved collaboration and information sharing/surveillance to support cross cutting activities.
- 4. Foster an environment that promotes and encourages RCEM members and fellows, and the wider ED team to develop in the field of PH with EM, such as



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through carefully selected quality improvement projects, PH placements and involvement at events providing opportunity to showcase work.

- 5. Input into the RCEM wider strategy on PH, through regular liaison with the national network of Emergency Department PH leads, in addition to the RCEM PH SIG.
- Collaborate and engage with relevant faculties, institutions, and agencies, to embed public health into emergency medicine, (such as, Faculty of Public Health, Health Education England, the National Institute of Health Protection).
- 7. Build links to the local academic institution and/or medical school to develop research initiatives and access, if required, academic and statistical support.
- 8. To promote systems and measures that maintain IPC measures in the ED so that resilience against pandemics is maintained in the system.
- 9. Advocate for adequate national, regional, and local funding for public health services health protection and health improvement.