RCEM CARES CAMPAIGN

This parliamentary briefing introduces the third iteration of the Royal College of Emergency Medicine's (RCEM) CARES campaign. The campaign outlines what policymakers can do to improve patient care by addressing Crowding, Access, Retention, Experience, and Safety in NHS Emergency Departments (EDs). There is an urgent need to act now to ensure our EDs are safely staffed and resourced.

Insights

- There is a severe mismatch between capacity and demand in EDs. The pandemic has exacerbated these longstanding capacity issues.
- Since 2010, over 29,000 hospital beds have been removed from the NHS.
- Litigation and locums cost nearly 1 billion pounds per annum. It is more cost-effective to grow the ED workforce than deal with the high economic costs of staff sickness, poor retention, litigation, and locum spending.
- RCEM has identified a shortage of 2000-2500 Emergency Medicine Consultants across the UK.
- There is a need to build capacity across the whole of the NHS, including the urgent and emergency care system, social care, and primary and community care.

Background

EDs across the UK are experiencing record breaking levels of crowding and poor performance. This summer, we witnessed substantial numbers of EDs declare black alerts due to high demand and endless queues of ambulances waiting outside hospitals, unable to offload patients.

The current pressures have been mounting for a long time: 29,000 hospital beds removed from the NHS across UK since 2010 and the growth in the Emergency Medicine workforce has not kept up pace with the sheer levels of demand placed on EDs. Many of these pressures have been exacerbated by the coronavirus pandemic. This leaves Emergency Medicine staff caring for patients in precarious circumstances as they are unable to provide safe, efficient and timely care. There is an urgent need to act now to build capacity throughout the urgent and emergency care system.

Crowding

Crowding existed long before the coronavirus pandemic and has worsened in recent months. The loss of beds within hospitals is a key contributing factor. Lack of adequate bed stock results in ED crowding and ambulance handover delays. This is worsened by the lack of adequate social care. While medically fit to leave, patients may need help to recover in the form of a social care package, which is not always immediately available. This means that their hospital bed is unavailable to the next patient, resulting in further ED crowding.

Crowding is dangerous. Studies show that patient mortality increases when there is ED crowding and long delays to admission. Modelling carried out in the GIRFT Emergency Medicine report found that of those patients delayed by 8-12 hours in the ED, there was an associated 30-day morality rate for 1 in every 67 patients.[1]

Access

EDs have a powerful brand for offering round-the-clock care. Due to pent-up demand for healthcare services that has been exacerbated by the pandemic, EDs are increasingly providing care for patients who may have been better served elsewhere.

Access to care is variable across the health service. The best and most cost-effective healthcare systems in the world are based on a strong primary care system; patients appreciate timely care, ideally with someone who knows their history. For primary care to be effective, capacity needs to match demand.

Additionally, there is a need to level up healthcare services in less affluent areas. Deprivation is the single most important factor in determining ED demand: the most deprived communities use ED

[1] Getting it Right First Time (2021) Emergency Medicine report.

services significantly more than the least deprived communities. These areas additionally have poor provision of primary and preventative care. This results in EDs sustaining other parts of the health and social care service.

Retention

When the pandemic struck the UK, patients were receiving care in understaffed EDs. Understaffing means our workforce suffers from burnout – more so than other specialties – leading to many staff leaving the specialty. Due to the intensity of the working environment, staff are now choosing to work less than full time. This creates a sustainable career but generates additional workforce demands.

As we emerge from the pandemic, EDs continue to face unparalleled pressures. Our workforce survey carried out in May 2021 found that three quarters of respondents have considered changing their working patterns, with half indicating they are planning on reducing their working hours in the next two years. This poses significant challenges for the functioning of our NHS – a challenge that needs to be tackled urgently by policymakers.

The annual cost of locum, bank, and agency staff in EDs nationally exceeds £500 million pounds per annum. Unfortunately, the Comprehensive Spending Review did not set out the funding towards growing the workforce. We have identified a shortage of 2000-2500 Emergency Medicine Consultants across the UK. As it takes on average seven years to train a consultant – action is needed now to secure the future workforce.

Experience

In England, the CQC survey shows that patient experience in EDs is overall “very good” with many patients expressing confidence and trust in the doctors and nurses examining and treating them. However, there is certainly room for improvement in patients’ experience of attending the ED.

Many of our EDs are small, run down, and in need of repair. With rising demand, most are now stretched beyond the capacity they were initially designed and resourced to manage. This is a poor environment for patients, especially for the frail and vulnerable. Addressing the estates backlog must take priority over building new hospitals. Although the £5.9 billion capital funding announced by the Treasury is welcome, NHS England is facing a £9.2 billion estates backlog.

Safety

Overcrowding and challenging working conditions can result in an environment where errors are more likely to happen. In England, over half of EDs were rated ‘require improvement’ or ‘inadequate’ for safety. This is associated with expensive and potentially avoidable litigation. Emergency Medicine now accounts for the highest volume of NHS litigation liabilities, costed at £400 million per annum.

In June 2020, RCEM joined the Medical Royal College community to call for a rapid forward-looking review of the UK preparedness for a second wave of COVID-19. The upcoming public inquiry into the management of the coronavirus pandemic must examine the reasons why the UEC system was ill equipped to meet demand, along with the performance of the UEC system, to enable lessons to be learned for future pandemics.

RECOMMENDATIONS:

1. **Act now to achieve safe staffing levels in EDs. At present, there is a shortfall of 2,000-2,500 Whole Time Equivalent consultants in the UK.**
2. **Restore staffed bed capacity to pre-coronavirus levels in order to achieve a desirable ratio of emergency admissions to beds. In the medium term, an additional 7,170 beds are required across the UK.**
3. **Fund adult social care in the four UK nations to meet the needs of an ageing and growing population.**
4. **Expand primary care across the UK and ensure out-of-hours provision is adequately resourced in areas of need.**

If you have any questions, please contact policy@rcem.ac.uk