RCEM CARES

Spotlight on: Crowding

Earlier this year we launched the RCEM CARES campaign which provides solutions to address the pressing issues facing Emergency Departments. Our recommendations would ensure that our emergency care system is adequately resourced to deliver crucial services alongside managing the risk of coronavirus. The campaign focused on crowding, access, retention, experience, and safety. As we enter winter 2020/21, it is clear crowding has returned to our Emergency Departments. This briefing outlines the consequences of crowding with coronavirus present in the community and explains what steps the Scottish Government can take to eliminate it.

What is the national picture?

Monthly data published today by the Scottish Government for October 2020 shows there were 92,284 attendances at Type 1 Emergency Departments in NHS Scotland. This represents a decrease of 7% since the previous month. Despite the decrease in attendance, in October 2020, 88.3% of patients attending Emergency Departments were seen and resulted in admission, transfer, or discharge within four hours. This represents a decrease of 2.8 percentage points when compared to the previous month and the worst performance since the initial wave of the pandemic. The number of patients subject to long waits in Emergency Departments has increased. In October 2020, 1,409 patients spent eight hours or more in an Emergency Department and 246 patients waited 12 hours or more; this represents an increase of 86% and 37% respectively when compared to September 2020.

What is Emergency Department crowding and how does it occur?

Crowding where the number of patients occupying the Emergency Department is beyond the capacity for which the Emergency Department is designed and resourced to manage at any one time. This results in an inability to provide safe, timely and efficient care to those patients, and any subsequent patients who attend the Emergency Department. This results in patients waiting in crowded corridors, and within the current context, this is often without social distancing measures in place. Crowding is a consequence of exit block, whereby patients who have been assessed in Emergency Departments are unable move on from the department 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 overtime 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 social distancing in inpatient areas.

What are the consequences of crowding?

Crowding has long been considered inhumane and undignified for patients even before the pandemic. With coronavirus present in the community, crowded corridors where social distancing cannot take place is unconscionable. It puts a huge amounts of pressure on staff, as Emergency Departments are not resourced or designed for this type of care. It also means that staff are less able to provide safe, timely and efficient care to those patients, and any subsequent patients who attend the department. This is why we are currently witnessing huge queues of ambulances outside hospitals, as they are unable to offload patients, meaning longer waits for these patients and a possible deterioration in their health outcomes as a result. With coronavirus present in the community, Emergency Departments 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 Emergency Department.

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The Royal College of Emergency Medicine

RCEM CARES

Solutions: Build capacity in our emergency care system

We urge the Scottish Government to take swift action to protect patients and Emergency Department staff from crowding and coronavirus. Below we outline immediate measures which will help manage the current situation and some longer term measures which will help build capacity in our emergency care system.

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 Emergency Departments. After restoring bed capacity to pre-coronavirus levels, at present we estimate an additional 639 beds are required in hospitals across Scotland.

2. 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.

3. 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, invest at least £1.8 billion into the health and social care service by 2024 to address the funding shortfall and speed up the integration of health and social care.

What you could do to support us:

1. Tweet your support for our campaign, specifically to help eradicate crowding from our Emergency Departments. Please use the hashtag #RCEMCARES and twitter handles @RCollEM and @VP_Scot_RCEM

2. Table Scottish parliamentary questions for our campaign on acute bed numbers and staff testing

If you have any questions or would like to table parliamentary questions please get in touch with Tamara Pinedo, Senior Policy Officer, Royal College of Emergency Medicine tamara.pinedo@rcem.ac.uk

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