



Health and Social Care Select Committee Proposal: Emergency Care & Prevention

February 2023

About the Royal College of Emergency Medicine

The Royal College of Emergency Medicine (RCEM) is the single authoritative body for Emergency Medicine in the UK. Emergency Medicine is the medical specialty which provides clinicians, doctors and consultants to A&E departments (EDs) in the NHS in the UK and other healthcare systems across the world.

Proposal

The Health and Social Care Select Committee should examine the role emergency care can play in prevention in its upcoming prevention inquiry. EDs are vital in 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. EDs care for a significant number of vulnerable patients who could benefit from support to change their behaviour or be screened for diseases to prevent future morbidity and mortality. In addition, an ED may be an individual's only point of access to health care, so may be the only opportunity to affect their health.

Why the Health and Social Care Committee should consider this issue as part of its Prevention inquiry

A key location for delivering interventions to prevent future ill health is the ED. It is well evidenced that need and demand for emergency care is driven by greater deprivation in the local population. However, resourcing for urgent and emergency care does not follow local health need.¹ Resource allocation nationally could be improved to track local need and context according to Core20PLUS5². Interventions that can be implemented in the emergency department that have been shown to be effective include: interventions to help people to quit smoking³, reduce their alcohol consumption⁴, reduce their use of illicit drugs⁵ and improve their diet⁶. The ED also offers an opportunity to screen for blood borne viruses such as HIV and hepatitis⁷, screen for undiagnosed hypertension⁸, undertake vaccinations⁹ and identify and refer people for support with homelessness and insecure housing¹⁰,

¹ NHS England (2021) Getting it Right First Time Emergency Medicine

² See <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/>

³ Lemhoefer C, Rabe GL, Wellmann J, Bernstein SL, Cheung KW, McCarthy WJ, et al. Emergency Department-Initiated Tobacco Control: Update of a Systematic Review and Meta-Analysis of Randomized Controlled Trials. *Prev Chronic Dis.* 2017 Oct 5;14:E89.

⁴ Barata IA, Shandro JR, Montgomery M, Polansky R, Sachs CJ, Duber HC, et al. Effectiveness of SBIRT for Alcohol Use Disorders in the Emergency Department: A Systematic Review. *West J Emerg Med.* 2017 Oct;18(6):1143–52.

⁵ Bogan C, Jennings L, Haynes L, Barth K, Moreland A, Oros M, et al. Implementation of emergency department-initiated buprenorphine for opioid use disorder in a rural southern state. *J Subst Abuse Treat.* 2020 Mar;112S:73–8.

⁶ Murphy R, Rasheed AA, Keaver L. Effect of a brief dietary counselling intervention on emergency department cardiac chest pain presentations. *BMJ Nutrition, Prevention & Health [Internet].* 2022 Dec 1 [cited 2023 Jan 24];5(2). Available from: <https://nutrition.bmj.com/content/5/2/159>

⁷ Murphy R, Rasheed AA, Keaver L. Effect of a brief dietary counselling intervention on emergency department cardiac chest pain presentations. *BMJ Nutrition, Prevention & Health [Internet].* 2022 Dec 1 [cited 2023 Jan 25];5(2). Available from: <https://nutrition.bmj.com/content/5/2/159>

⁸ Armitage LC, Whelan ME, Watkinson PJ, Farmer AJ. Screening for hypertension using emergency department blood pressure measurements can identify patients with undiagnosed hypertension: A systematic review with meta-analysis. *The Journal of Clinical Hypertension.* 2019;21(9):1415–25.

⁹ Martin DR, Brauner ME, Plouffe JF. Influenza and Pneumococcal Vaccinations in the Emergency Department. *Emergency Medicine Clinics of North America.* 2008 May 1;26(2):549–70

¹⁰ See <https://www.england.nhs.uk/wp-content/uploads/2022/12/B1263-Supporting-people-experiencing-homelessness-and-rough-sleeping.pdf>



RCEM
Royal College
of Emergency
Medicine

Patron: HRH Princess Royal
Octavia House
54 Ayres Street, London
SE1 1EU

Tel +44 (0)20 7404 1999
rcem@rcem.ac.uk
www.rcem.ac.uk

financial difficulties such as debt, gambling, social challenges¹¹ and violence reduction¹² including for young people¹³.

Why the Committee should look at this now

The prevalence of behaviours that damage health such as smoking, excess alcohol, lack of physical activity and the preventable diseases that they cause are a significant contributor to the increasing pressure on EDs.¹⁴ As a result, Emergency Medicine Clinicians at present deliver aspects of public health regarding health promotion and prevention.

There is increasing evidence that a proactive, opportunistic approach is required to deliver preventive interventions to those most in need, given the low uptake of standard preventive services in hard-to-reach populations. The time people spend in the ED represents a valuable “teachable moment” where they are receptive to interventions to support them in improving their health.

Why this area would benefit from scrutiny

Currently, preventive care in UK EDs is patchy or non-existent therefore the opportunity to deliver health benefits are missed. However, given the pressure on staff in EDs, changing this would not be possible without scrutiny of Government policies around prevention and the interface between preventative care and emergency care. Resources spent on interventions in the ED will represent excellent value for money due to the huge number of people who access care in the ED and the fact that many of them are from groups who prevention services struggle to reach^{15 16 17}. Those from lower socioeconomic groups are also more likely to attend EDs with those living in the ‘most deprived 10%’ of areas in England having 55,600 attendances per year for every 100,000 people¹⁸ therefore it represents an opportunity to combat health inequalities.

Why the Government needs to take action in this area

In order to achieve key prevention targets including ‘Levelling Up’ and ‘Smokefree 2030’ action is required to proactively target those most at risk. Prevention is a key arm of the Government’s mandate to the NHS 2022/23 and the Department for Health and Social Care is working towards publishing a Major Conditions Prevention Paper with the explicit aim of relieving pressure on hospitals.¹⁹

For more information, please contact policy@rcem.ac.uk

¹¹ See <https://www.england.nhs.uk/wp-content/uploads/2022/10/BW2066-supporting-high-frequency-users-october-22.pdf>

¹² See <https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2022/03/In-Hospital-Violence-Reduction-Services-A-Guide-to-Effective-Implementation-FINAL.pdf>

¹³ See <https://youthendowmentfund.org.uk/toolkit/ae-navigators/>

¹⁴ <https://www.sciencedirect.com/science/article/abs/pii/S0733862706000538>

¹⁵ Busch SH, Fiellin DA, Chawarski MC, Owens PH, Pantaloni MV, Hawk K, et al. Cost-effectiveness of emergency department-initiated treatment for opioid dependence. *Addiction*. 2017;112(11):2002–10.

¹⁶ Miller TR, Johnson MB, Dziura JD, Weiss J, Carpenter KM, Grau LE, et al. Cost-Effectiveness of Smoking-Cessation Approaches in Emergency Departments. *American Journal of Preventive Medicine* [Internet]. 2023 Jan 28 [cited 2023 Feb 3]; Available from: <https://www.sciencedirect.com/science/article/pii/S0749379723000089>

¹⁷ Alcohol Interventions for Trauma Patients Treated in Emergency Departments and Hospitals - PMC [Internet]. [cited 2023 Feb 3]. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1357055/>

¹⁸ NHS Digital. Hospital Accident and Emergency Activity 2018-19 [Internet]. Available from:

https://files.digital.nhs.uk/F5/ACF07A/AE1819_Annual_Summary.pdf

¹⁹ <https://www.theyworkforyou.com/debates/?id=2023-01-24b.849.4&s=prevention+speaker%3A24916#g849.6>