

# RCEM EXPLAINS:



## 2022: GROUND ZERO FOR EMERGENCY CARE

2022 was one of the worst years for the NHS in living memory; pressures built throughout the year, culminating in a December which saw catastrophic scenes in Emergency Departments (EDs); “We’re broken and nobody is listening,” was the candid assessment of one clinician. At points, patients were reported to be waiting over four days for beds in some instances, some mortuaries neared capacity, and over half of patients waited over four hours in type-1 EDs.

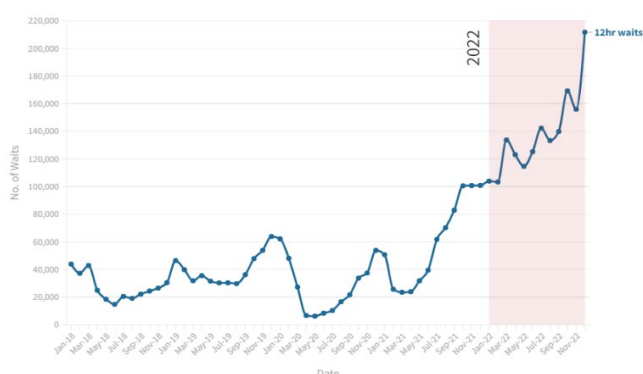
### Summary of 2022 performance:

- 1 in 10 patients waited 12 hours or more from their time of arrival in Type 1 EDs.
- On average, individuals aged over 60 accounted for more than 60% of 12-hour waits.
- Highest bed occupancy on record was recorded in Quarter 3 (90.3%).
- Four-hour performance hit a record low of 49.6% in December.

### Context

While the emergency care system has experienced periods of crisis before, very little compares to 2022. Yearly figures show that 2022 saw the highest number of attendances on record. However, volume of demand alone is not the cause of unprecedented strain on the system. The EDs capacity to treat and process these patients in a timely manner is far more indicative of system pressures. There is rarely, if ever, a clinical justification for a patient to stay in an ED for more than 12 hours, yet in 2022 this was the case for 1,656,206 patients, equal to one in 10 type-1 attendances. The result is unsafe and overcrowded departments with patients being cared for on corridors.

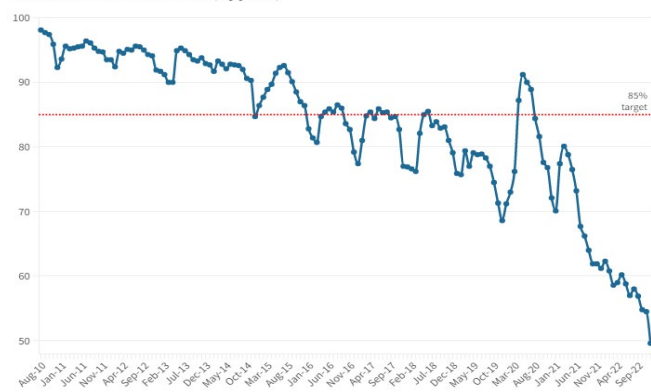
12hr Waits since 2018



### Poor patient flow through the hospital

A significant proportion of these patients would have been awaiting admission to a bed in an inpatient ward, but consistent high bed occupancy rates frequently mean that they are unable to move on from the ED in a timely manner. Q3 of 2022 saw the second highest bed occupancy on record standing at 90.3%. This was largely down to patients who have been identified as medically fit for discharge but are unable to leave, usually due to delays in their subsequent care. As of December 2022, one in six patients (15%) – over 13,000 people - were in hospital due to delayed discharge. 75% of which can be attributed to a lack of or delay in community, rehabilitation, and social care.

Four-Hour Performance (Type-1)

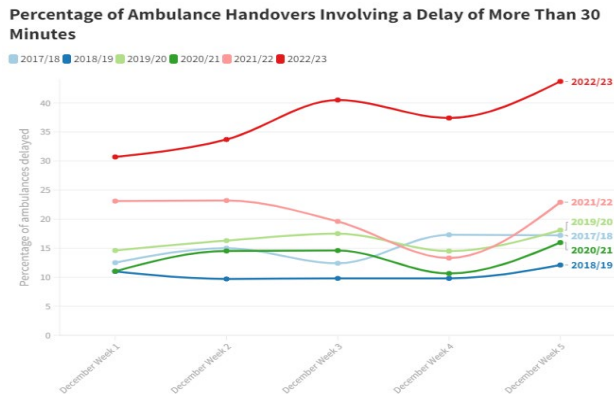


With hospitals struggling to move patients through EDs, the implications for patient flow were severe – by December, four-hour performance had fallen to a record low of 49.6%.

### Impact on ambulance delays

When EDs become crowded, they are no longer able to accept patients who arrive by ambulance, and the ambulances containing these patients are forced to wait outside. Additionally, when ambulances cannot offload patients into the ED in a timely manner, they are unable to return to the

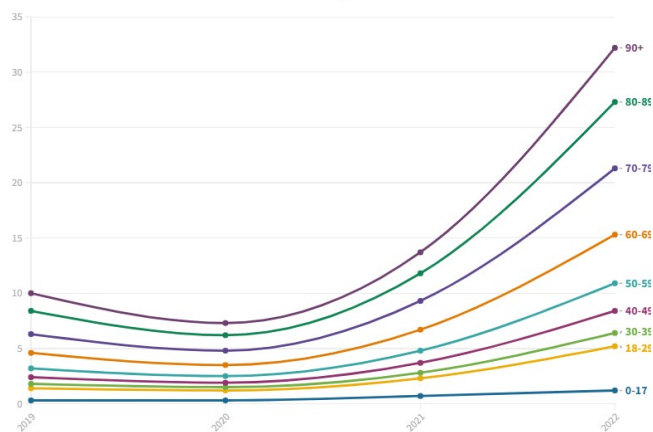
community where patients may be waiting for emergency care. Two patients are at risk for every ambulance unable to offload: the patient in the ambulance and a further patient waiting for an ambulance. Last year, the proportion of ambulance handovers involving a delay exceeded 40% at certain points.



### Link between age and long waits

The effects of inequitable care experienced to the greatest extent by those least able to bear them - the most deprived and the elderly. Last year saw an increase in the time spent in EDs across all age groups, but the most dramatic increase was amongst older patients. Age is a relatively reliable predictor of how long a patient will wait. On average, individuals aged over 60 accounted for more than 60% of 12-hour waits.

Likelihood of 12hr+ wait based on age



Additionally, since 2019, there has been an age-related increase in the likelihood of a patient waiting for 12 hours or more in 2019 the 90+ cohort had a 10% chance of waiting 12 hours or more, in 2022 this rose to 32%. The increase in total time patients spend in the ED places additional care burden on the already stretched workforce as the care hours per member of staff is increasing regardless of the number of attendances.

### Demand to blame?

While the suggestion has been made that surging numbers of patients attending EDs last year were responsible for the crisis, demand, as measured by unplanned attendances and admissions, was no greater across 2022 than it was before the start of the pandemic. Between 2019 and 2022, attendances at type-1 EDs rose by just 0.2%. Over the same period, admissions through type-1s actually fell by over 10%. This would suggest that initiatives to manage demand and encourage patients to seek healthcare elsewhere such as NHS111 will have little impact on the immense strain EDs are under.

### Recommendations

It is demonstrably clear that the events of 2022 should never be repeated. To that end, RCEM's #ResuscitateEmergencyCare makes the following recommendations aimed at UK Government to recover the emergency care service:

- Open enough staffed beds so that hospitals run at no more than 85% occupancy.
- Expand community and social care provision to ensure patients are discharged safely and promptly when their medical care is complete.
- Resource the health and social care system and outline plans to meet the 95% four-hour standard in the long term.
- Evaluate any new initiatives aimed at tackling overcrowding and publish the results in full in order to support the NHS to provide timely and safe care to patients.

If successive Governments can successfully deliver these improvements, then the NHS will not endure a year as catastrophically difficult as 2022 again.

If you have any questions, please get in touch with the College via [policy@rcem.ac.uk](mailto:policy@rcem.ac.uk)