RCEM General Election Manifesto:

#ResuscitateEmergencyCare

Royal College *of* **Emergency Medicine**

About us and our work

The Royal College of Emergency Medicine is the single authoritative body for Emergency Medicine in the UK.

Emergency Medicine is the medical specialty which provides doctors and consultants to Accident and Emergency Departments (EDs) in the NHS in the UK and to other healthcare systems across the world. The Royal College has nearly 11,000 members, who are clinicians in Emergency Departments working in the health services in England, Wales, Scotland, and Northern Ireland. Between them, they cared for nearly 19 million patients in 2022.

Most people do not plan to visit an ED, yet every single one of us will at some point. Whether for ourselves or a loved one, we all expect to be cared for in dignified and safe way. Our emergency care system provides a vital service, ready to care for us when we need it most.

EMERGENCY DEPARTMENT
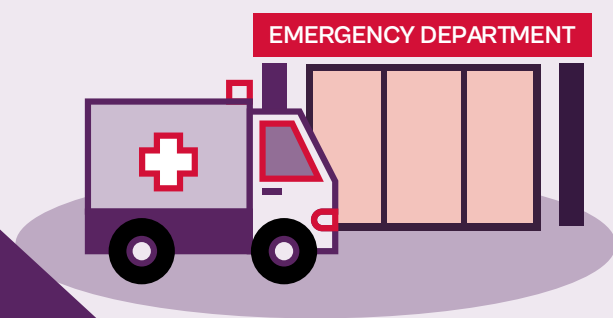
The problem

In England, from April 2022-March 2023 nearly 400,000 people who needed medical care waited 24 hours or more in an ED. This is unacceptable and our patients deserve better than this. Emergency care must be provided in an equitable, safe, and timely manner but increasing pressures on the system mean this is not always happening, resulting in patients being cared for in inappropriate spaces such as corridors.

Clinicians have been stuck managing ongoing crises, with additional seasonal pressures, which have worsened due to short-term fixes from policymakers. There are many initiatives that have been introduced to address overcrowding, but they have not worked or been evaluated. This is costly and devastating for patients. Since 2011-12 an average £433 million has been allocated each year to support the NHS to manage seasonal pressures – this funding is often received too late in the year to make an impact and is mostly spent on locums, agency and bank staff or is wasted on initiatives that have not been thoroughly tested. As a result, overcrowding in EDs persist, resulting in an uphill battle to provide safe emergency care.

NHS

The future of the NHS is a top concern for the public, with over 8 in 10 people in the UK considering it one of the most critical issues facing our nation today. The incoming Government must resource the emergency care system so people get the care they need, and the public gains confidence that they will be looked after promptly and properly.

The solutions

The system is under enormous pressure, but the problems are fixable. We urge all political parties to **#ResuscitateEmergencyCare**, reviving it as a lifeline during our most critical moments.
We ask every political party to commit to:

1. End overcrowding in Emergency Departments and ambulance queues outside of hospitals.

Overcrowding happens when there is a lack of patient flow – or movement through the health and social care system – resulting in seriously unwell patients trapped in EDs. This is strongly related to patient harm. So far in 2023, we estimate that there have been almost 12,000 excess deaths across the UK linked with very long waits for patients. Overcrowding is not only a distressing experience for patients, but also dangerous and dehumanising. With waiting rooms full, many patients are forced to wait whilst on floors and in hospital corridors and tents on makeshift beds. The effects of overcrowding disproportionately affect the more vulnerable and elderly patients. Our clinicians want nothing more than to provide safe and timely care to their patients. However, overcrowding poses significant challenges, making it difficult to maintain this standard and increasing the risk of staff errors.

Recommendations:

- Ensure that there are enough hospital beds available that are appropriately staffed, so hospitals have the space and resources available to be able to care for all the patients who need emergency admission. Hospitals should never be more than 85% full.
- Commit to increase funding for the NHS and prioritise high-risk hospitals within the maintenance backlog. This will enable urgent repairs and replacements, ensuring safer conditions and better care for patients and staff.
- Pledge additional resources to support the delivery of safe emergency care across the devolved nations and support all political parties in Northern Ireland to re-establish a Government in Stormont.
- Provide more resources to improve community and social care services, so that when a patient's medical treatment is complete, they can leave hospital quickly and safely.

2. Provide the UK with enough Emergency Medicine staff to deliver safe and sustainable care.

Understaffing in UK EDs leads to compromised care quality, extended waiting times, and increased litigation claims. Clinicians, stretched thin due to the relentless pressure, often work less than full time or leave the specialty altogether. The NHS in England spends millions annually on locum, bank, and agency staff, which is unsustainable, and this money could be diverted elsewhere if resourcing was stabilised. Allocating resources towards permanent staffing reduces reliance on costly temporary solutions. Addressing the staffing crisis can help mitigate the staggering costs associated with litigation claims, as Emergency Medicine experiences the highest number of claims among specialties. In 2021/22 this cost stood at over £2bn. Additionally, there are a number of small interventions that can be made to improve the working lives of staff to make the NHS a better place to work for all. Investing in permanent staff, can alleviate strain on the healthcare workforce, improve patient outcomes, and reduce financial burdens linked to both locums and litigation.

Recommendations:

- Recruit additional UK Emergency Medicine staff across all professions and ensure that they stay in their jobs, so that there are enough clinicians to take care of patients safely as well as enough to train the workforce for the future.
- Commit to addressing the retention crisis, so the NHS can retain its skilled workforce.

EMERGENCY DEPARTMENT

NHS

3. Resource the NHS to ensure the emergency care system can provide equitable care to all.

As well as being the safety net for the public, EDs are often the only point of contact some patients have with the NHS. EDs increasingly provide emergency care to the most vulnerable, such as patients who are elderly, experience homelessness or mental health issues. The deprivation of a population determines the demand for emergency care, yet research shows that resourcing for emergency care does not follow local health needs. In no other part of the healthcare service are patients expected to endure extremely long waits for care, in a dangerous environment where they could potentially experience avoidable harm. The incoming Government needs to work closely with local systems to ensure care pathways are designed and resourced to meet the needs of every single patient.

Recommendations:

- Increase capacity in mental health hospitals, so that people who need admission to a mental health hospital receive prompt care close to home.
- Align resource allocation for the NHS with local population needs.

4. Introduce transparent ways of measuring how hospitals are performing so we know which ones need to improve.

Meaningful performance information supports the NHS to improve the quality and safety of care. At present too many patients are waiting 12 hours or more from their time of arrival in EDs. To address this, there must be a commitment to resourcing the health and social care system across the UK to ensure that at least 95% of patients attending EDs are admitted, transferred or discharged within four hours. The NHS holds a wealth of data on how well it is performing and to build trust with the public; more of this vital data must be made available so that all those involved in providing health care can access it and use it to improve the services offered. In particular, the data that is currently published should be made available about each individual ED, rather than the current practice of publishing data by Trust. This will help patients, their carers, as well as the wider healthcare community better understand whether the NHS is meeting their needs and help to ensure that precious resources are distributed in the most efficient way.

Recommendations:

- Resource the health and social care system to meet the 95% four-hour standard in the long term.
- Publish hospital-level performance figures to improve transparency and enable comparisons of local health systems.