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Royal College of Emergency Medicine

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RCEM Position Statement on NHSE guidance 'Principles for providing safe and good quality care in temporary escalation spaces'

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In response to guidance from NHS England released in September entitled 'Principles for providing safe and good quality care in temporary escalation spaces', The Royal College of Emergency Medicine (RCEM) has issued the following position statement:

RCEM's position is that it is not possible to provide safe and good quality care in temporary escalation spaces, such as corridors. Furthermore, our members have been providing care to patients in corridors for a number of years. Advice from arm's length bodies that appear out of touch with what is happening in our departments was always going to be poorly received. Where such spaces are in use it is inevitable that this will be associated with long waits in Emergency Departments. We know that long waits in Emergency Departments are associated with measurable harm to patients [1]. Care will therefore not be safe.

We re-iterate that in spaces such as corridors:

- Patient privacy and dignity are not maintained
- Supporting patients to eat, wash, and toilet with dignity is difficult, and in some cases impossible
- Confidentiality cannot be maintained, and communication is constrained
- Infection control measures are not possible
- Clinical assessment is limited and significantly more time-consuming, further impacting on already crowded emergency departments.
- Adequate monitoring is challenging
- Appropriate treatments are made more difficult and are often delayed
- It is distressing for patients, particularly the old and the vulnerable, to be in open, noisy, brightly lit, often cold areas.
- Rest / sleep is difficult, if not impossible

None of these are consistent with the term "good quality care," and in fact render many of the statements within the document nonsensical.

Regarding other specifics in this document:

- The document states that care in corridors is never acceptable for children. The implication is that it is acceptable for adults. It is never acceptable for either.
- Escalating once treatment escalation spaces are in use is too late. Escalation should be initiated ahead of time. Additionally, we note that escalation is, in the experience of our members, often meaningless in terms of measurable outcomes.
- We note with interest, that NHSE whilst highlighting this as an issue of concern have no plans to monitor or measure the extent of this significant patient safety issue, for example by including it as part of performance management statistics.
- Measuring harm: We already know that harm occurs. Evaluating harm will not have an impact if there is no effective action as a result. Adding bureaucracy which does not improve things for patients is wasteful.
- Raising concerns: RCEM and our staff have been raising concerns about treatment in corridors for years. Our patients need a firm commitment from our politicians, and NHS leaders not to accept the unacceptable.

Signed:

Dr Ian Higginson - Vice President of The Royal College of Emergency Medicine

Dr Adrian Boyle - President of The Royal College of Emergency Medicine

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References

1. Jones S, Moulton C, Swift S, et al. Association between delays to patient admission from the emergency department and all-cause 30-day mortality. Emergency Medicine Journal 2022;39:168-173.