

# Running to a stand still

## Managing emergency pressures

### Academy of Medical Royal Colleges Position Statement

As we approach the Christmas period doctors are again expressing concerns about the potential impact of “winter pressures” on the NHS and patient care.

The prospect of long waits in emergency departments and GP surgeries, patients in corridors, ambulances queuing outside hospitals which are full beyond capacity, cancelled operations, overburdened primary and social care services, delayed discharges and exhausted, stressed staff is all too familiar.

And it seems all too likely we will see it again this year – despite more planning by the NHS the figures suggest the situation is the same, or even worse, than it was at this time last year. As we head for the busiest time of the year there are more people waiting longer than 4 hours in emergency departments than at the same time in 2017. These increasingly longer waits for admission have an adverse impact on patient outcomes. Bed occupancy is already above the suggested safe limit of 85% which is already leading to non-clinical transfers for the most critically ill patients which comprise a risk to patients.

This position is despite improvement in other parameters – delayed transfers of care have reduced in England and length of hospital stay has fallen with fewer patients remaining in hospital when they are ready for discharge.

The problem is that the system is running to, at best, stand still because demands are steadily increasing, reflecting an increasing population. The improvements in the system barely keep up with the growing numbers alone, but the population is not only growing, it is growing older and people of all ages are surviving with complex and multiple medical needs. Seemingly preventable problems that could be better managed in the community are impacting the acuity of patients and the numbers of emergency admissions. The fact is that with continually rising demand the system cannot cope and more resources are required along with major changes in how the system operates.

This a problem across the four nations of the UK and all administrations have been seeking to address the issues. This is no longer simply a “winter” problem with unsustainable pressures on the emergency system all year round. The impact is caused by, and felt across, the whole system and so solutions must be system wide and owned by the whole health and care structure.

The Academy believes that despite all current work to improve the immediate situation we need a clear commitment from Governments to a long-term system wide strategy and resources to address the winter pressures once and for all and avoid the recurring cycle of crises

To provide sustainable care for all those who require it throughout the year that can cope with natural higher winter demands it will be necessary to:

- Reduce the numbers of people coming to Emergency Departments and admitted to hospital through improved access for people seeking urgent care in the community
- Ensure the safe and effective management of patients who do come to Emergency Departments and are either discharged or are admitted to hospitals
- Enable the timely and safe discharge of patients who have been admitted to hospital



#### This requires

- Investment in sustainable General Practice both in and out of hours
- Greater access to self-help resources to improve health literacy and promote responsible use of the NHS
- Provision of effective and accessible out of hospital facilities for urgent assessment and treatment of less severe conditions that can be managed without emergency attendance or hospital admission
- Increased coordination between primary, secondary and social care services
- Increased public awareness of what acute services are available and how to access them
- Increased bed availability in both hospitals and community particularly with the provision for flexible winter increases so elective care and chronic disease management continues to be available
- Sufficient staff to fill rota gaps and nursing shortages
- Adequate social and community care services to support elderly patients, vulnerable children or those with complex needs enabling them to be safely discharged and helping prevent unnecessary hospital admission by improved advanced care planning

This will take some time to achieve but should be a clear commitment of Governments to incorporate these approaches as soon as possible – the Academy and all medical Royal Colleges are well positioned to contribute. We would hope the NHS England Long Term Plan incorporates these commitments.

There are, however, some steps that can be taken with some urgency to assist over the coming months. These include:

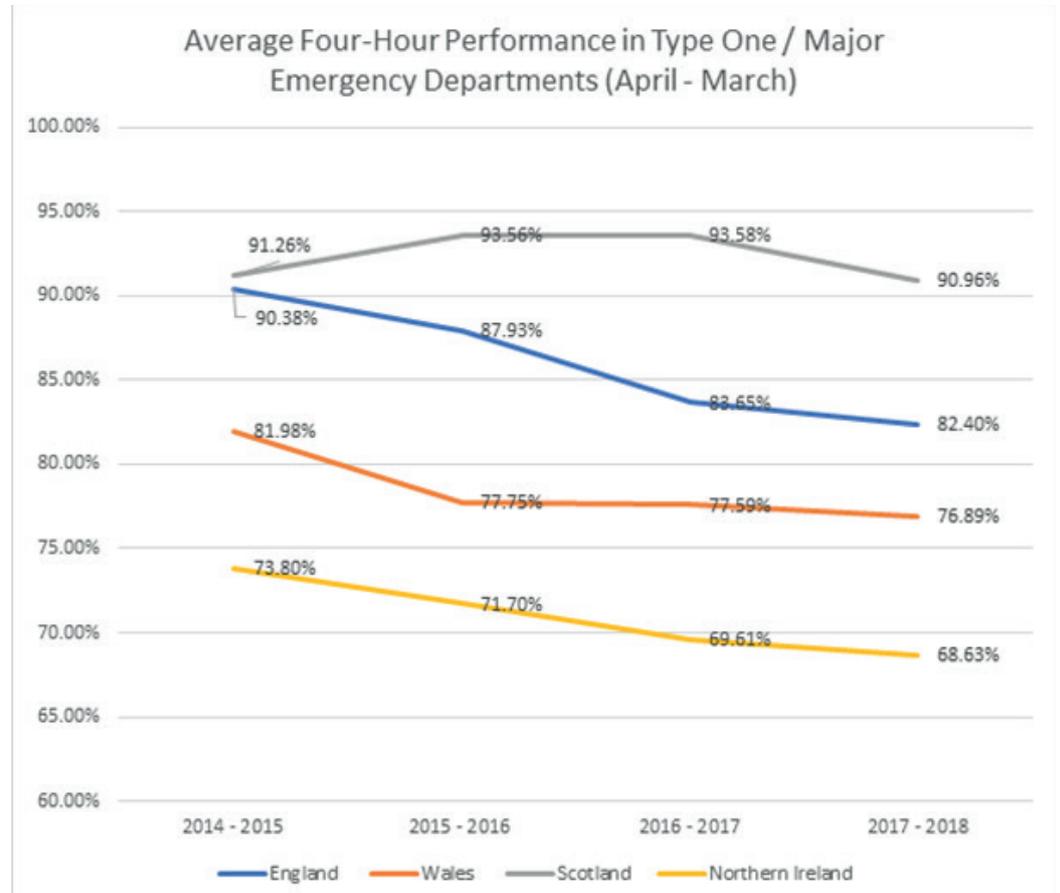
- Ensuring local plans are in place, monitored and understood by all staff
- Increasing in bed capacity over winter to manage increased demand and avoid extensive cancellation of elective work
- Continuing to promote flu vaccination for all healthcare staff and people of all ages at risk
- Providing clear arrangements for all doctors who may be deployed in other settings ensuring they have the competences needed to care for patients in different settings.
- Appropriate educational planning and support for doctors in training who may be deployed in other settings in line with HEE guidance
- Taking account of the three priorities in the RCEM guidance [Improving Safety in the Emergency Department this winter:](#)
  - Maintaining safety, time critical care based on clinical acuity and dignity for patients
  - Supporting system performance (adequate staffing and bed capacity for system flow)
  - Ensuring training is supported



## Increasing demand for emergency care – Some figures

In England comparing last winter (2017-18) with the previous year (2016-17)

- 400,000 more people called NHS 111
- 290,000 more people attended A&E departments
- 100,000 more people were admitted to hospital as an emergency



Royal College of Emergency Medicine