The Royal College of Emergency Medicine

RCEM VISION 2020

Fixing Emergency Department Staffing, Systems & Support to deliver excellent patient centred care

About the RCEM

The Royal College of Emergency Medicine delivers a unique body of work with the aim of ensuring high quality emergency care for our patients.

We are the single authoritative body for Emergency Medicine in the UK. Emergency Medicine is the medical specialty which provides doctors and consultants to Emergency Departments (A&Es) in the NHS in the UK and other healthcare systems across the world.

Our work includes developing, setting and monitoring standards of care, setting and running examinations, and providing training and development to our doctors and medical workforce. Much of this supports and informs the Emergency Medicine healthcare systems in the UK and Ireland.

We exist to provide a public benefit through our activities for members including educational development, standard setting, improving clinical effectiveness, and providing expert guidance and advice on policy to relevant bodies on matters relating to Emergency Medicine.

The Royal College has over 6,500 fellows and members, who are doctors and consultants in emergency departments working in the health services in England, Wales, Scotland, Northern Ireland, Republic of Ireland and across the world.

Our mission

The purpose of the Royal College of Emergency Medicine is to support, inform and champion the emergency medical needs of the population, so that the healthcare system provides safe care of the highest standard with compassion, respect and fairness, in appropriate and sustainable healthcare systems. We put the patient at the heart of everything we do.

The Royal College of Emergency Medicine promotes excellence in emergency care. Our activities are focused in three key areas:

1. Promotion of best practice in Emergency Medicine – we strive to ensure that patient centred care is delivered by sufficient numbers of fully trained Emergency Medicine consultants and doctors, in a consultant led service working in and with the wider Emergency Medicine team.
2. Advancement of safe and effective Emergency Medicine by providing expert guidance and advice. We work to achieve a flexible and forward thinking approach to emergency care and to ensure that approach is shared with our partners and commissioners.
3. Working to educate, train and assess Emergency Medicine doctors to deliver the highest standards of professional competence and probity for the protection and benefit of all the public through the development of training, the funding of research and the setting of professional postgraduate examinations.

Where are we now?

During the Spring and early Summer of 2017 the challenges facing NHS Emergency Departments (EDs) are less in the news, but the problems they face have not gone away. In our view, presently, the system is just coping after a terrible winter performance in many parts of the UK: there is an urgent need for action to tackle the problems facing emergency care.

There is a myth that patients are choosing to come to Emergency Departments instead of other services whereas the facts show that the growth is in step with the rising population in the UK. Since 2010/11 attendances in England have increased by 1,031,164 (7.4%)[1] – equivalent to the workload of 10 medium sized departments – and this number is set to rise.

Patients rightly expect to be seen, treated, and admitted or discharged in under four hours – the national standard. But the workforce and resources are not growing to meet this demand – demand which has historically defied all attempts to reduce it. As a result, emergency care staff are working to the limits of their abilities, 12-hour patient waits have increased, four hour performance has declined to the worst for 15 years and safety is increasingly compromised.

The NHS's emergency medical workforce is simply not large enough and so faces a significant challenge to meet the health needs of a growing and ageing population with increasingly complex needs. Emergency Departments are at the very heart of our emergency care systems and, as one of the few places in the NHS to offer a 24-hours a day, 7 days a week service, there is an increasing demand from patients to access them in their times of need.

What is needed?

- **2,200 extra Emergency Medicine consultants in England alone to achieve safe, sustainable staffing levels**[2]
  Posts must be structured to allow good recruitment, retention and prevent career 'burnout'.

- **At least 100 extra training places per annum for at least four years**

- **More hospital beds**
  We estimate that we need at least 5,065 more hospital beds in England alone[3] to get occupancy rates back to safe levels (85% of all beds – a level we are consistently over). More beds are vital to tackle 'exit block' and overcrowding. Better social care provision and community care will also help maintain flow in the hospital system.

- **Co-location of services**
  Locating and integrating other vital care services, including frailty teams, pharmacists, mental health specialists, ambulatory emergency care and GPs, around Emergency Departments is cost effective and helps reduce pressure.

- **Emergency Care Transformation Programme**
  To achieve all of the above will require a robust and practical workforce plan that over a four-year period will help reduce the £1.3m being spent each day on locum agency staff[4].

[1] NHS England A&E Attendances and Emergency Admissions 2010 – 2016
[2] Based on 2015-16 attendance figures we have banded EDs groups and then allocated numbers of consultants to deliver a service.
[3] 5,065 extra beds would achieve a safe bed occupancy level of 85%.
[4] 'Performance of the NHS Provider Sector year ended 31 March 2017' from NHSI shows that spending in 2016/17 was £2.2 billion. Liaison's review of agency staff spend shows A&E accounted for 16% of all agency spend.

Priorities for 2017 to 2020

To improve Emergency Medicine and deliver what is needed, over a three year period we will focus our resources and activities on three strategic aims:

1. Staffing

There must be a sustainable workforce to allow safe, effective and compassionate care for patients.

2. Systems

There must be systems, processes and setup of services within the NHS that allow for the timely care of patients and prevents Exit Block.

3. Support

All staff should feel supported and enabled to deliver patient care and best practice through continual quality improvement.

'If it is right for the patient, then it's right for the emergency department'

Staffing

'There must be a sustainable workforce to allow safe, effective and compassionate care for patients'

What will we focus on?

Workforce
Recruiting and retaining a safe level of a trained clinical workforce to meet current and future demand.

Leadership
Developing leaders to be role models and inspire the values and aspirations of emergency medicine.

Training
Enhancing the training environment to attract and retain high quality staff.

Sustainable Careers
Defining careers that are successful, satisfying and sustainable.

How will this be done?

- Establishing an accurate demographic of current Emergency Medicine workforce as a basis for recommendations about future staffing requirements.

- Developing realistic recruitment and retention strategies to increase senior decision makers in Emergency Departments (EDs).

- Forming a broader clinical workforce to include Advanced Care Practitioners and Physician Associates.

- Working to bring all EDs up to appropriate levels of staffing according to size and need.

- Supporting rural, remote emergency and other Emergency Departments that find it particularly difficult to recruit.

- Providing expert advice on contracts and conditions of service to relevant stakeholders.

- Advising Health Education England on future recruitment strategy and numbers, including the national Medical Training Initiative (MTI) programme.

- Increasing funding for time dedicated to training and leadership development.

What does this mean for patients?

More Emergency Department clinicians and improved training will mean even better, safer care for patients. Put simply the more trained doctors and other clinicians there are, the more time they have to spend with patients and more time to train and learn new life saving skills.

Currently each ED consultant is responsible for around 10,000 patients a year. More consultants means senior decision makers have more time to diagnose and help patients understand their condition; getting patients back on their feet, and back home as quick as possible.

Systems

'There must be systems, processes and setup of services within the NHS that allow for the timely care of patients and prevents Exit Block'

What will we focus on?

Eliminate Exit Block
Eliminating exit block and crowding in Emergency Departments to ensure quality patient care.

Integrate Emergency Department 'Front Door'
Resourcing EDs so that all patients are screened by an ED clinician to ensure the best treatment for their needs.

Reconfiguration & Integration
Reorganising services to provide better, faster care.

How will this be done?

- Tackling crowding, flow and exit block in hospital systems by campaigning for adequate acute bed numbers, and increased capacity in social care.

- Promoting best use of space and appropriate facilities in NHS emergency departments.

- Developing a payment system that reflects actual workload (rather than historical or local funding agreements) and system incentives to end crowding/exit block to improve overall patient care.

- Advancing and embedding co-location, integration and the 24/7 availability of supporting services according to casemix. This includes frailty, dementia and mental health services, increasing ambulatory care with dedicated Clinical Decision Units, but not just primary care – for example services for frequent attenders and people with alcohol/drug related issues.

What does this mean for patients?

When we talk about systems we mean the way our departments and care services are organised. Many systems are setup in a way that is unsuitable for local needs and can cause problems such as long waits and overcrowding.

Increasing hospital bed numbers, and simplifying, rearranging and locating services in one place will help move patients through their treatment more quickly, and mean not having to go to a different place if they could be treated by a service other than the Emergency Department.

Put simply it means a more streamlined service with less time spent waiting, quicker access to the right services and less time repeating information to different people; treatment with greater dignity, respect and compassion.

Support

'All staff should feel supported and enabled to deliver patient care and best practice through continual quality improvement'

What will we focus on?

Safety and Best Practice
Establishing better ways of sharing best practice and delivering safer care, supported by technology.

Quality Indicators
Improving measurement of performance, safety and evidence based clinical care.

Data and Information
Using data effectively to better understand patient need and design care services.

How will this be done?

- Further exploring ways of improving safety, quality of care, and patient experience, guided by patient and staff engagement.

- Using the experience, support and guidance of the RCEM lay committee.

- Closer working with other specialties to form new models of care that better utilise existing hospital staff and avoid duplication of effort.

- The informed and accurate use of quality standards that better reflect patient care including the 'four-hour target'.

- Promote better use of IT and data analysis.

- Advocacy on public health issues, including homelessness and alcohol dependency.

- Increasing the relevance of RCEM to its fellows and members.

What does this mean for patients?

By improving the support, information and tools available to staff, we can help to reduce pressure, allowing them to perform the best they possibly can, make the right choices for patients and help to improve the services patients use.

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Systems

Eliminate Exit Block

Eliminating exit block and crowding in Emergency Departments to ensure quality patient care

Integrate Emergency Department 'Front Door'

Resourcing EDs to better 'stream' patients to best treatment for their needs

Reconfiguration & Integration

Reorganising services to provide better, faster care

#RCEMsolutions

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