



## RCEM Scotland

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### **RCEM Scotland Position Statement: The Four-Hour Emergency Access Standard**

The Four-Hour Emergency Access Standard is an important safety indicator for the acute care system. The RCEM National Board of Scotland has worked closely with Scottish Government and NHS Scotland since its introduction to ensure it is used to drive safe and effective patient care. We have also worked with other colleagues in the Scottish Academy of Medical Royal Colleges to ensure it is a whole system effort.

RCEM National Board of Scotland agrees that, with the additional risk posed by COVID-19, a return to overcrowded Emergency Departments would be completely unacceptable and pose a serious risk to our patients. We believe it would be premature to remove the four-hour standard from the Scottish Health and Social Care system as it is being suggested in other nations, until new metrics can demonstrably and effectively improve patient safety and experience.

Scotland's data collection has always been of a high standard. Work progressing in other devolved nations to develop new ways of ensuring good patient care which removes some of the unintended consequences of the current system are to be welcomed. If successful, one would assume that the desired effect of adopting them will result in no crowding in Emergency Departments, no long corridor waits, and good performance against the four- hour standard.

Health is a devolved matter in Scotland, and we will continue to pro-actively engage with the Scottish Government to prevent a return to crowding in our departments. This will require a review of the demand on Emergency Departments, the resourcing of them to ensure they can offer timely emergency care, and most crucially, providing sufficient hospital capacity to prevent the delays to admission that cause the most serious and harmful form of crowding.

Key metrics such as the four-hour standard play an important role in highlighting the increased mortality caused by poor flow through Emergency Departments. Moreover, these metrics should only be reconsidered in the context of the different healthcare arrangements in place in Scotland.