RCEM CARES

Spotlight on: Crowding

Earlier this year we launched the RCEM CARES campaign which provides solutions to address the pressing issues facing Emergency Departments. Our recommendations would ensure that our emergency care system is adequately resourced to deliver crucial services alongside managing the risk of coronavirus. The campaign focused on crowding, access, retention, experience, and safety. As we enter winter 2020/21, it is clear crowding has returned to our Emergency Departments. This briefing outlines the consequences of crowding with coronavirus present in the community and explains what steps the Government can take to eliminate it.

What is the national picture?

NHS England performance figures for October 2020 paint a concerning trend as we descend into the colder months. A staggering 1,267 patients waited longer than twelve hours in Emergency Departments. This is an increase of 280% from the previous month and represents the third worst month of 2020 for long waits.

12-hour performance figures can also be described as 'trolley waits' because they represent a long wait between the decision to admit the patient and the patient actually being admitted to a hospital bed. Trolley waits are a cause of significant distress to both patients and staff and are a clear sign of extreme pressure on Emergency Departments. Twelve hour performance figures have now returned to alarming pre-pandemic levels, which should cause concern with the worst of winter yet to come and coronavirus endemic in the community.

What is Emergency Department crowding and how does it occur?

Crowding where the number of patients occupying the Emergency Department is beyond the capacity for which the Emergency Department is designed and resourced to manage at any one time. This results in an inability to provide safe, timely and efficient care to those patients, and any subsequent patients who attend the Emergency Department. This results in patients waiting in crowded corridors, and within the current context, this is often without social distancing measures in place. Crowding is a consequence of exit block, whereby patients who have been assessed in Emergency Departments are unable move on from the department usually because another part of the hospital does not have enough beds to admit their patient to. The reduction of bed numbers in acute hospitals overtime has contributed to this, resulting in patients receiving care in corridors which is both unsafe and inhumane. In addition, the pandemic has further exacerbated this issue, resulting in a loss of 10,000 beds in NHS England in order to maintain social distancing in inpatient areas.

What are the consequences of crowding?

Crowding has long been considered inhumane and undignified for patients even before the pandemic. With coronavirus present in the community, crowded corridors where social distancing cannot take place is unconscionable. It puts a huge amounts of pressure on staff, as Emergency Departments are not resourced or designed for this type of care. It also means that staff are less able to provide safe, timely and efficient care to those patients, and any subsequent patients who attend the department. This is why we are currently witnessing huge queues of ambulances outside hospitals, as they are unable to offload patients, meaning longer waits for these patients and a possible deterioration in their health outcomes as a result. With coronavirus present in the community, Emergency Departments have the dual challenge of managing crowding and coronavirus in their departments. This presents a further, real and avoidable, risk of death from a coronavirus infection acquired in an Emergency Department.

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Solutions: Build capacity in our emergency care system

We urge the Treasury, the Government and NHS England to take swift action to protect patients and Emergency Department staff from crowding and coronavirus. Below we outline immediate measures which will help manage the current situation and some longer term measures which will help build capacity in our emergency care system.

Short term measures:

1. Restore bed capacity to pre-COVID levels and open an additional 9,429 staff beds in hospitals to maintain patient flow in Emergency Departments and achieve safe 85% hospital bed occupancy.
2. Increase the NHS multiyear funding settlement to reflect the increased pressures placed on the healthcare service. At the very least, the NHS budget should increase by an average of 5% per year in real terms over the next five years.

Long term measures:

1. The Treasury should fund an additional 2500 WTE Emergency Medicine Consultants by 2025, deliver the 50,000 nurses commitment outlined by the Conservative Party manifesto by 2024/25 as Emergency Medicine requires 4000 WTE Emergency Nurses by this time to reach adequate staffing numbers to deliver safe care.
2. In England, invest at least £3.9 billion in adult social care by 2023/4 so hospitals are able to discharge people promptly when their medical care is complete.
3. Set, monitor, and review metrics that promote patient flow and prioritise care of the most seriously ill and injured patients, including:

    Introduce a metric which monitors and improves ambulance offload times.

    Replace the 12-hour Decision to Admit metric with a metric on 12-hour stays from point of registration. No patient should need to stay in an Emergency Department for over 12 hours

What you could do to support us:

1. Tweet your support for our campaign, specifically to help eradicate crowding from our Emergency Departments. Please use the hashtag #RCEMCARES and our twitter handle @RCollEM
2. Table parliamentary questions for our campaign on acute bed numbers and staff testing

If you have any questions or would like to table parliamentary questions please get in touch with Pooja Kumari, Policy Manager, Royal College of Emergency Medicine pooja.kumari@rcem.ac.uk