The Medicine Needed for the Emergency Care Service
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The emergency care systems in England are facing their biggest challenge in well over a decade as they aim to cope with unsustainable workloads and a lack of sufficient numbers of qualified emergency nursing staff, middle grade doctors and consultants in emergency medicine to deliver consistent quality care.

The Royal College of Emergency Medicine (RCEM) and the Royal College of Nursing (RCN) recently held a summit to work together to develop some key recommendations to tackle the crisis facing emergency medicine. Both Colleges are committed to ensuring that emergency care in the UK is delivered to a high standard that is safe for patients and sustainable for the workforce.

Currently the system is overwhelmed by the demands upon it. Crowded and chaotic departments are dangerous for patients and demoralising for staff. The recommendations set out in this proposal comprise ‘the medicine’ needed for emergency care.

1. Education and training

A fifth of nurses have been unable to complete essential training in the last year due to staff shortages and both the RCEM and the RCN have noted persistent and pervasive difficulties recruiting qualified permanent staff.

At present staff burnout and high turnover amongst staff working in emergency care leads to training deficiencies and an inexperienced workforce.

At present there is inadequate funding for education and insufficient resources to facilitate time away from the clinical environment to conduct training in the workplace.

To build teamwork amongst all health care professionals working in emergency medicine, as a minimum, local joint training sessions are vital to increase training time and foster teamwork in a specialty that depends upon and champions professional collaboration to facilitate service delivery and optimise patient outcomes and experience.

To create resilience within the emergency department and increase the depth of cover, new roles need to be developed which allow those with the skills, competence and knowledge to carry out an extended range of patient care and treatment regardless of their professional background.

To enable sustainability in the workforce and aid development facing a future of continued service pressures staff need to feel valued, supported and able to care for their patients at every level of their emergency medicine career. There needs to be a commitment for both educational funding and provision of training time.

We need to support career paths across emergency medicine that provide sustainable and satisfying careers. Only by training, recruiting and retaining the right number of staff with the right range of skills can we meet the needs of an expanding and aging patient cohort. This means career progression that encourages personal development and training that supports an appropriate skills mix and specialisation. In this vein, RCEM, RCN and Health Education England (HEE) have embarked upon a national workforce survey to map out the gaps.

There needs to be an effective and realistic workforce planning strategy.
2. The A&E hub

After more than twenty years of unremitting growth in attendances, the power of the A&E brand shows no sign of weakening. Instead of mounting endless initiatives in the hope rather than expectation that demand might in some way be curbed, the government of the day would be better served by planning for the reality of higher attendances and admissions. This doesn’t just mean more resources, it means using those resources more effectively.

To do this, in our view, requires a new paradigm. Firstly, to recognise that while everyone who attends an A&E has the right to expect appropriate and dignified treatment; that treatment is often best delivered by a professional who is not an emergency medicine physician. Often that professional could, and should, be a co-located GP, pharmacist, specially trained nurse, geriatrician or other appropriate care provider. In this way we improve services for patients by responding appropriately to their needs whilst also improving the quality and timeliness of emergency department performance.

*A&E should become a hub not a department. Within this hub the emergency department would be just one, albeit key component.*

In partnership, RCEM, RCN and HEE, are conducting a census to collect information from all emergency departments in England about the full range of professionals that provide emergency care and co-located care. We will report on this in the future.

3. A new culture

The emergency department is a place where teamwork is vital to patient care. Whilst the spirit of the NHS is to work together, the pressures in the system push against this. A cultural change needs to accompany the *Five Year Forward View* so that the wider hospital system, the different parts of the health system and the professionals who work within it collaborate more deeply across disciplines to support their patients. Not only does this help us deliver the right care for patients, it also enhances workforce productivity, sustainability and development.

*There needs to be a cultural change towards even greater cross specialty collaboration.*