RCEM VISION 2020

Fixing Emergency Department Staffing, Systems & Support to deliver excellent patient centred care
About the RCEM Northern Ireland

The Royal College of Emergency Medicine Northern Ireland 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 Northern Ireland. 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.

The College’s 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 Northern Ireland is to support, inform and champion the emergency medical needs of the Northern Ireland 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 Northern Ireland (RCEM) 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?

The challenges facing Emergency Departments (EDs) in Northern Ireland are less in the news, but the problems they face have not gone away. In our view the system is just coping and there is an urgent need for action to tackle the problems facing emergency care.

NHS Northern Ireland’s emergency medical workforce faces a significant challenge to meet the health needs of a growing and ageing population with increasingly complex needs. Since 2012/13 the number of people over 65 years of age has risen by 9.2% and the population as a whole has grown by at least 2.1%. Accompanying this growth is an increasing propensity to access health services. Within the space of five years, attendances at Emergency Care Departments in Northern Ireland have increased by 11.4%.

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 by 17%, four hour performance has declined from 78.5% (2012/13) to 74.4% (2016/17) and safety is increasingly compromised.

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 times of need. We must sufficiently resource them to match demand.

What is needed?

- **A minimum of 10 Consultants in every Emergency Department**
  A minimum of 10 Consultants is essential to deliver safe and effective care. This number should rise according to size and need.

- **A minimum of 50 extra Emergency Medicine consultants in Northern Ireland to achieve safe, sustainable staffing levels**
  Posts must be structured to allow good recruitment, retention and prevent career ‘burnout’.

- **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 to reduce pressure.

- **Emergency Care Transformation Programme**
  To achieve all of the above will require a robust workforce plan that will help to reduce the £14.7 million currently being spent annually on agency staff in Emergency Departments.

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[3] Ibid.
[4] Based on 2016/2017 attendance figures at Type 1 Departments, we have banded EDs groups and then allocated numbers of consultants to deliver a service.
[5] NHS Pay Review Body, Thirtieth Report 2017 noted that expenditure on agency staff in Northern Ireland has increased significantly over the past few years, from £44 million in 2010/11 to £92 million in 2015/16. Liaison’s review of agency staff spend shows A&E accounted for 16% of all agency spend in England. Using the same percentage, we can estimate that the total spend of agency staff in A&E in Northern Ireland is £14.7 million.
Priorities for 2017 to 2020

To improve Emergency Medicine and deliver what is needed in Northern Ireland, 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 is 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.

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

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

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 for Northern Ireland.
- Developing realistic recruitment and retention strategies to increase senior decision makers in Northern Ireland’s Emergency Departments (EDs).
- Forming a broader clinical workforce to include Advanced Nurse Practitioners and Physician Associates.
- Working to bring all EDs up to appropriate levels of staffing according to size and need.
- Supporting rural, remote and other EDs that find it particularly difficult to recruit.
- Providing expert advice on contracts and conditions of service to relevant stakeholders.
- Advising relevant bodies on future recruitment strategy and numbers, including the national Medical Training Initiative (MTI) programme.

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 over 11,000 patients a year in Northern Ireland. 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 NHS Northern Ireland 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 Northern Ireland’s 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 focusing on systems, not structures and campaigning for an increased capacity in social care.
- Promoting best use of space and appropriate facilities in 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. 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 or 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 to move patients through their treatment more quickly. It will mean that patients will not have to go to a different location if they can be treated by a service other than the Emergency Department.

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. It means 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 Advisory 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 the 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. This will allow staff to perform the best they possibly can, make the right choices for patients and help to improve the services patients use.
# RCEM Vision 2020

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## Staffing

**Workforce**
Recruiting and retaining a safe level of a trained clinical workforce to meet 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

## 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

## Support

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

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

**Data & Information**
Using data effectively to better understand patient need & design care services

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