



## COVID19: Resetting Emergency Care

**The coronavirus pandemic continues to pose unprecedented challenges to our health service. As we progress beyond the first peak of the outbreak and core health services restart, radical changes need to be made to the delivery of care to ensure that COVID-19 can be managed safely in our Emergency Departments.**

Corridor care must never return to our hospitals again. Crowding and COVID-19 are fundamentally incompatible, we cannot maintain safe social distancing and infection control in overcrowded departments. The challenge this represents cannot be underestimated; managing the risk of hospital-acquired COVID-19 in Emergency Departments requires a systemic transformation across our health and care service.

Policymakers must act now to keep patients safe from COVID-19 in Emergency Departments. Our campaign, *Resetting Emergency Care*, outlines three key areas of focus for the Government to help Emergency Departments provide safe care and prevent unnecessary deaths.

### 1. Improve infection control

The coronavirus pandemic has highlighted the importance of high-quality infection prevention and control. Emergency Departments have been extensively reconfigured to separate patients more likely to have COVID-19 from those less likely. This will need to continue with a focus on minimising hospital-acquired infections. Staff will need appropriate levels of Personal Protective Equipment (PPE) to manage the risk of working with undifferentiated patients. COVID-19 testing infrastructure must also be expanded for rapid turnaround of results.

Recommendations:

- UK Government should ensure there is adequate stock of PPE available for all Emergency Medicine staff for the foreseeable future.
- Public Health England should ensure that testing infrastructure for major Emergency Departments allows for rapid turnaround in results.
- UK and devolved governments to ensure there is extra bed capacity in hospitals as we progress beyond the peak of the pandemic. Hospitals must never operate at full bed occupancy again.
- UK and devolved governments should work with Emergency Departments to identify metrics that promote good infection control.

### 2. Reduce crowding and improve safety

Emergency Departments have become less crowded and there is a moral imperative to ensure hospitals never become crowded again. This represents a significant challenge as Emergency Departments must avoid exceeding maximum occupancy whilst enforcing safe social distancing. During the first wave of the pandemic, we witnessed a behaviour change from the public, with a drop in attendances to Emergency Departments from lower acuity patients and an increase in NHS 111 calls. Alternative pathways must be in place for lower risk patients whilst maintaining access for seriously ill patients who need the services of Emergency Departments. This will help to reduce hospital occupancy and lower COVID-19 infection risk to patients and staff. The joined-up approach between hospitals and social care has helped to significantly reduce the numbers of 'stranded patients' in hospitals. This must continue as we progress beyond the peak of the pandemic.

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## Recommendations:

- A. UK and devolved governments to expand clinical involvement in NHS 111 and national equivalents.
- B. NHS England and national equivalents to launch a public information campaign on A&E referral pathways for the duration of the pandemic. Local management must ensure there is adequate capacity to do this.
- C. NHS England and national equivalents to engage the public in how to obtain optimal care for unscheduled care. The Emergency Department should not be the default option for failures elsewhere in the system.
- D. UK and devolved governments should rapidly expand Same Day Emergency Care across all acute hospitals to help relieve pressure from Emergency Departments.
- E. Expand the Emergency Medicine workforce to ensure there is adequate capacity in Emergency Departments. This includes delivering at least 2500 WTE Emergency Medicine consultants and 4,000 WTE Emergency Nurses by 2025.
- F. UK and devolved governments to facilitate close collaboration between Local Authorities and acute hospitals to provide adequate and sustainable social care to allow safe and rapid discharge of medically fit patients.
- G. UK Government must implement new metrics from the clinically led Review of Standards in England. Devolved governments should review and implement new metrics that reduce crowding.

### 3. Physical Emergency Department redesign

Emergency Departments have not been physically designed to promote good infection control. Maintaining high levels of infection control as we resume other health services has significant implications for capacity and design of our hospitals. Although departments have adapted their physical environments, these efforts must be consolidated into sustainable long-term solutions. For example, Emergency Departments need to have enough side rooms to protect patients who are at high risk of dying from hospital acquired infections. Some departments may need to continue to adapt within current structures, whilst others will need to be redesigned and rebuilt to keep patients and staff safe.

## Recommendations:

- A. UK Government to support structural rebuilding of Emergency Departments to promote good infection control. Emergency Departments must be able to provide isolation facilities for patients.
- B. UK Government to support redesigning and rebuilding selected parts of acute hospitals to promote good flow and safe infection control.
- C. UK Treasury should introduce a multi-year capital plan to redesign and rebuild Emergency Departments to promote good patient flow and safe infection control.

We are at the beginning of a long period of transformation for the NHS. Policymakers must act quickly to ensure that COVID-19 – and similar diseases – can be managed safely alongside regular Emergency Care. The failure to do so will risk the lives of more patients and staff.

## What you could do to support us:

1. Tweet your support for our campaign. Please use the hashtag #ResetCare
2. Table parliamentary questions for our campaign

If you have any questions, please get in touch with Pooja Kumari, Policy Manager, [pooja.kumari@rcem.ac.uk](mailto:pooja.kumari@rcem.ac.uk)