



Rebuilding the NHS

Improving medical pathways for acute care

As the COVID-19 pandemic continues, the public must be confident that they will receive urgent and emergency care in a safe environment. That care must be timely and delivered on the basis of clinical need, whether by primary or secondary care services.

Pandemic infection prevention and control measures are complex and must be addressed proactively. The Royal College of Emergency Medicine (RCEM), Royal College of General Practitioners (RCGP), Royal College of Physicians (RCP) and the Society for Acute Medicine (SAM) believe that transformation of the urgent and emergency care pathway is needed now. Without it there will be crowding, which is dangerous for patients and carers, and makes infection prevention and control impossible.

The key principle is that patients and carers should only have to attend hospital when it is essential or the added clinical value outweighs the risk. No patient should be admitted because of failures of the system to deliver care or diagnostics in a timely way.

Access to urgent and emergency care is already unequal. While actions to reduce systemic health inequality must be led by government and the NHS at a national level, we must be careful not to exacerbate health inequalities when making changes locally.

These changes will only be possible if all of us continue to work together. We are encouraged by the increase in multispecialty working during the pandemic and are committed to helping it continue.

1. The government should increase investment in primary care, social care and ambulance services. This will enable us to deliver more care in primary care settings and the patients' homes 7 days a week. Such care includes minor injury, dressings, and catheter care.
2. Before making any changes or introducing new options, hospitals and local health systems should systematically consider the impact of their plans on equality. They should carry out a rapid impact assessment to make sure plans are not going to exacerbate health inequalities. Where possible, they should aim to improve access.
3. Secondary care should improve primary care access to specialist advice via dedicated telephone lines. This will increase the ability of primary care to be the gateway to accessing most services and minimise referrals.
4. Local health systems must develop a 7-day range of options to which 999, general practice and helpline services such as NHS 111 can direct patients. They include pharmacy, minor injury unit, urgent care unit and out of hours GP services, as well as secondary care services. This will strengthen the ability of general practice, 999, NHS 111 and similar to deliver consistent, clinician-validated advice as standard.

5. Hospitals should urgently expand or establish same day emergency care (SDEC) options for primary care, 999 and helpline services such as NHS 111. A wide range of generalist and specialist clinicians should be involved. This will mean more patients receive the right care at the right time.
6. Any specialty that is responsible for patients who are 'clinically extremely vulnerable' should consider SDEC services and alternative points of access for advice or admission. This will protect these patients from being exposed to undifferentiated patients in urgent or emergency assessment areas.
7. All hospital specialties must prioritise patient flow and work to eliminate delay. Specialty referrals need a rapid response and a management plan that minimises unnecessary admission. This will enable us to quickly move patients from ambulances to be managed in safe areas.
8. Diagnostic services must be available 7 days a week to maintain patient flow. The standards identified by the Royal College of Radiologists should be taken into account when designing such a service.
9. Local authorities and local health systems should expand community care acute follow up schemes. This will help us to reduce delayed transfers of care.
10. Before someone is discharged from hospital we must carefully assess the situation they are being discharged to. We need to use intermediate care beds and agree a testing strategy in advance. This will help us rebuild trust between the health and social care sectors.



To discuss anything in this statement, or for more information, please contact us via policy@rcem.ac.uk, policy@rcgp.org.uk, policy@rcplondon.ac.uk or communications@acutemedicine.org.uk.