



The Royal College of Emergency Medicine

Patron: HRH The Princess Royal
7-9 Bream's Buildings
London
EC4A 1DT

Tel +44 (0)207 404 1999
Fax +44 (0)207 067 1267
www.rcem.ac.uk

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Please vote to save our hospitals

Dear Member of Parliament,

I am writing to you ahead of Tuesday's vote on lockdown tiers to inform you of the immense pressures facing our hospitals.

The **Royal College of Emergency Medicine (RCEM)** works to ensure high quality care for patients by setting and monitoring standards of care in Emergency Departments; we are the professional voice of 10,000 Emergency Medicine clinicians across the UK.

Before the coronavirus pandemic, our NHS Emergency Departments were dangerously overcrowded and were operating at maximum capacity. Our doctors were frequently offering care to the sickest and most vulnerable patients in corridors due to a lack of hospital resources, namely the number of available staffed hospital beds.

We entered this pandemic alarmingly under-resourced. Yet we were able to rise to the challenge of delivering appropriate patient care and we witnessed a huge transformation in how care was delivered in the NHS.

After we passed the first wave of the pandemic, I and the College campaigned to [end crowding and corridor care for good](#). I made it very clear that [the risk of hospital-acquired coronavirus meant it would be unconscionable](#) to allow crowding to return to our Emergency Departments.

We now have a situation where vulnerable patients are being cared for in busy corridors where it is not possible to socially distance. **In essence, our NHS Emergency Departments are overcrowded.** We entered the winter months with reduced resources: [we have lost at least 5,500 beds](#) due to infection prevention measures and staff absence rates are already high due to coronavirus. **Performance figures for October 2020 showed:**

- A staggering **1,267 patients waited longer than twelve hours in an Emergency Department.** This is an increase of 280% from the previous month and represents the third worst month of 2020 for long waits. This figure only represents the tip of the iceberg – NHS England records 12 hour waits from when doctors make a decision to admit the patient, rather than from the moment the patient arrives in the Emergency Department. The reality is that there will be thousands more waiting on trolleys in busy corridors.

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- Nearly **1 in 4 patients are waiting longer than four hours to be seen, admitted, or discharged from hospital.**
- **Ambulance response times are up** on last month and the same month last year.

I have seen the damage hospital-acquired coronavirus does to individual patients and I am concerned about public confidence in the emergency care system when patients are faced with coronavirus and crowded Emergency Departments. If we do not manage the levels of coronavirus in the community, I worry that the sickest and most vulnerable patients will suffer at home due to fears of catching coronavirus in hospital.

As members of the medical community, we agree that we must give equal regard to other lethal killers like cancer, dementia, heart disease, and consider those suffering with mental health problems. We are also acutely aware of the impact of poverty and difficult economic circumstances on people's health. Coronavirus has shone a light on the stubborn levels of health inequality that existed before the pandemic, and now there is a real danger of the economic crisis exacerbating these disparities.

However, **if we do not suppress the rate of coronavirus transmission, an overwhelmed National Health Service will not be able to offer safe and timely care** to the sickest and the most disadvantaged in our society who rely heavily on the services offered at their local Emergency Department.

Before you decide how to vote on Tuesday, please consider this: **hospitals are not empty** – on the contrary our **Emergency Departments are already full**, many are over full. **We are trying to manage more patients with limited space** and additional infection-prevention processes. **Staff numbers are reduced** due to sickness and self-isolation. **Bed numbers have been further reduced** due to the need to socially distance. Despite our best efforts, **ambulances are queuing outside** hospitals, unable to offload patients, and the most vulnerable are languishing on trolleys in crowded corridors.

We are working hard to manage a disease that can affect any one of us and are doing everything we can to support patients. Under these circumstances, it is becoming very difficult to provide safe and timely care to all.

I cannot imagine how we will cope if we are left without the public health measures being put forward to Parliament on Tuesday. With the arrival of mass vaccination by Spring, we are asking you to consider supporting these short-term measures so the NHS can continue to offer vital non-COVID19 care to those in need.

Yours sincerely,



**Dr Katherine Henderson MB BCHIR FRCP FRCM
President of Royal College of Emergency Medicine**