A statement on winter pressures from the Faculty of Intensive Care Medicine (FICM) and the Royal College of Emergency Medicine (RCEM)

December 2018

As winter approaches, the NHS will continue to face increasing pressures on its services. As the Academy of Medical royal Colleges has already noted: http://www.aomrc.org.uk/wp-content/uploads/2018/12/2018-12-14_Running_to_a_stand_still.pdf

"The prospect of long waits in emergency departments, patients in corridors, ambulances queuing outside hospitals which are full beyond capacity, cancelled operations, over-burdened primary and social care services, delayed discharges and exhausted, stressed staff is all too familiar."

Critical and emergency care team are primarily involved in the care and resuscitation of critically ill and injured patients. These two hospital services have to function effectively to ensure both emergency and elective patients can be safely managed, but both will be stretched to the limits of their available resources this winter.

The ever-increasing challenge of complexity and demand

The year on year increase in the patient need for both services continues.

Independent sources, including NHS Digital, indicate an annual growth in need for critical care services of between 4-5%. The Faculty's report Critical Capacity (Mar 2018) (https://www.ficm.ac.uk/sites/default/files/ficm_critical_capacity_-_a_short_research_survey_on_critical_care_bed_capacity.pdf), highlighted that:

- the majority of units are already experiencing workforce gaps among their medical and nursing staff, leading to beds being closed and impacting quality and safety of care;
- the bed fill rate across the four nations of the UK was above that considered appropriate to safely manage care.
- Non-clinical transfers were already happening in four fifths of units and will inevitably increase over winter, with the added issue of dangerous winter roads.

Across the UK, emergency services are managing more and more patients with the same resource:

In England

- From Quarter 1 2011-12 to Quarter 4 2017-18, the number of people waiting more than 12 hours from decision to admit to admission increased by 2,248 (11,831%)

- From Quarter 1 2010-11 to Quarter 4 2017-18, the number of people waiting more than four hours from decision to admit to admission increased by 211,367 (1,468%)

In Scotland

- From 2011-12 to 2017-18, the number of people who spent more than 12 hours in an Emergency Department increased by 2,282 (300%)
- From 2011-12 to 2017-18, the number of people waiting more than eight hours in an Emergency Department rose by 9,159 (184%)

In Wales

- From 2013-14 to 2017-18, the number of people who spent more than 12 hours in an Emergency Department increased by 27,421 (238%)
- From 2011-12 to 2017-18, the number of people who spent more than eight hours in an Emergency Department rose by 52,878 (205%)

The impact of winter

The added complexities that the winter months will bring, along with the normal seasonal variation, only piles even more pressure on our services. For many critical care units and emergency departments, the heightened issues caused by 'winter pressures' will already have begun back in November or even earlier due to longer term issues with chronic under-resourcing. This all mounts further stress upon our patients, their families and staff.

As always, critical care and emergency department teams around the UK will ensure they do all they can to give patients quality and safe care. They will have developed escalation plans to manage capacity issues and ensure that they can prioritise resources. Patient safety will be the priority of NHS staff at all times. It is essential that all members of these teams, including those in training, should not be put in positions where they are expected to practice beyond their clinical competence. Doctors in training should not be disadvantaged in their training experience by any redeployment of their clinical work.

Closer collaboration

The College and the Faculty will both continue to lead on national projects, which may help ease some of the growth in the need for our services. Where escalation of treatment can be proactively managed by the whole hospital this winter, it may help to ensure that critical care services are open for the patients that need them most.

The major issue for all staff in our two specialties is to ensure good communication, handover and support for each other in these tough times so that we can care for our patients to the best of our abilities. The College and Faculty are also working closely together to develop a more established platform for collaborative working and we look forward to providing further information in early 2019.

A call to action

Both the College and the Faculty have met with senior stakeholders across the health service and we would continue to urge them to heed the concerns we have raised. For the sake of critically ill patients and their families, this needs to be a UK-wide priority.

For critical care, we would strongly advise the whole UK to follow the route now taken by the Welsh Government, which instigated a multi-faceted review of critical care services, including a focus on their provision over winter.

For emergency medicine, emergency departments need:

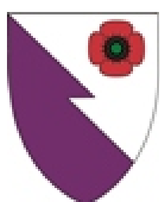
- High quality patient experience
- Adequate staffing
- Wider system engagement
- Excellent system leadership

So the priorities are as set out in *Improving Safety in The Emergency Department This Winter* (https://www.rcem.ac.uk/RCEM/Quality_Policy/Policy/Winter_Planning/RCEM/Quality-Policy/Policy/Winter_Planning.aspx?Winter%20Planning) as follows:

1. Maintaining safety, time-critical care (based on clinical acuity) and dignity for all patients

2. Supporting system performance (adequate staffing and acute bed capacity for system flow)

3. Ensuring training is always supported



The Royal College of Emergency Medicine

The Faculty of Intensive Care Medicine