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NEWS

"Frailty units" would help take pressure off emergency departments, say specialists

Matthew Limb

London

The College of Emergency Medicine has called for a radical overhaul of the way emergency care is designed, run, and funded in the United Kingdom.[1]

It said that the current system was in crisis, with hospital emergency units facing their "biggest challenge in more than a decade."

Staff members dealing with unsustainable workloads and often intolerable conditions were struggling to provide consistent and safe care, as "performance deteriorates across the wider healthcare system," said the college's report on achieving a safe and sustainable service.

The college recommends a further expansion of consultant numbers, minimum nurse staffing levels, and better resourced and more accessible primary care services.

Its vice president, Taj Hassan, said, "Emergency departments are massively congested. We need to identify those cohorts of patients who could be better managed elsewhere." He said that there was "no quick solution" but that with better collaboration across the system many improvements would take under a year to plan or implement, with the development of new services such as "frailty units" to focus on the emergency care of elderly people.

The college has more than 4000 fellows and members who are doctors and consultants in emergency departments in the UK, Ireland, and elsewhere.

The college's report comes amid widespread concern over the rising numbers of acute and emergency hospital admissions and the launch of a new support and recovery plan by NHS England.[2] The report was based on the results of a survey of 131 UK emergency departments carried out between 2011 and 2012, described as "the largest and most comprehensive study of its kind."

Other recommendations include redesigning systems to manage workloads and to "decongest" emergency departments; introducing more "sustainable" working practices for staff; rethinking the funding of emergency care; and introducing better ways to measure performance than focusing on four hour waiting time targets.

The report described the pressures facing services, including rising numbers of attendances by older patients. It said that despite many initiatives to reduce demand over the past decade, "none seem to have successfully created sustained change and diversion of work away from emergency departments."

The college said that commissioners, doctors, and other clinical staff must work together to better manage workloads in emergency departments and ease blockages that caused overcrowding.

Urgent care centres and co-located primary care services could manage 15-30% of existing emergency department workloads, it said. Emergency departments faced "very serious medical workforce challenges," and consultant staffing levels fell below recognised standards in most hospitals, it added. Further expansion of emergency medicine consultant numbers was vital to ensure adequate cover during peak periods and at weekends, it said.

The college also said that the new commissioning bodies were not communicating sufficiently with emergency medicine clinical staff. Clinicians, commissioners, and senior managers should have a "shared vision" for their emergency systems that could be delivered in a timely fashion, said the report.

It called for more "holistic" measures of quality in emergency care rather than just the four hour target. Six per cent of emergency departments in the survey reported that a "never event" had occurred in 2011-12.

The college added that informatics systems needed urgent improvement, noting that 81% of emergency departments reported that their information system was either poorly integrated with or isolated from hospital and primary care systems.

Hassan told the *BMJ* that the tariff structures that recognised clinical activity in emergency departments were "not fit for purpose" and must be reviewed.

The college said that more effort needed to be put into measuring patients' experience as a vital marker of quality care.

Its president, Mike Clancy, said that people relied on their local emergency department as the ultimate safety net when they were acutely ill or injured and that the college's commitment to the departments was "unswerving." He said, "We must get it right. Effective clinical care means safe, high quality care seven days a week that is consistent across the UK."

Clancy said that if all the report's recommendations were implemented they would lead to stability and consistency in the care delivered in emergency departments.

"Failure to improve could have grave consequences for our patients, our staff, and our ability to attract the high quality

trainees of the future that are vital to drive the quality care agenda," he said.

1 College of Emergency Medicine. The drive for quality: how to achieve safe, sustainable care in our emergency departments. May 2013. www.collemergencymed.ac.uk.

2 Limb M. Rescue boards are set up in England to deal with "significant deterioration" in A&E departments. *BMJ* 2013;346:f3065.

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