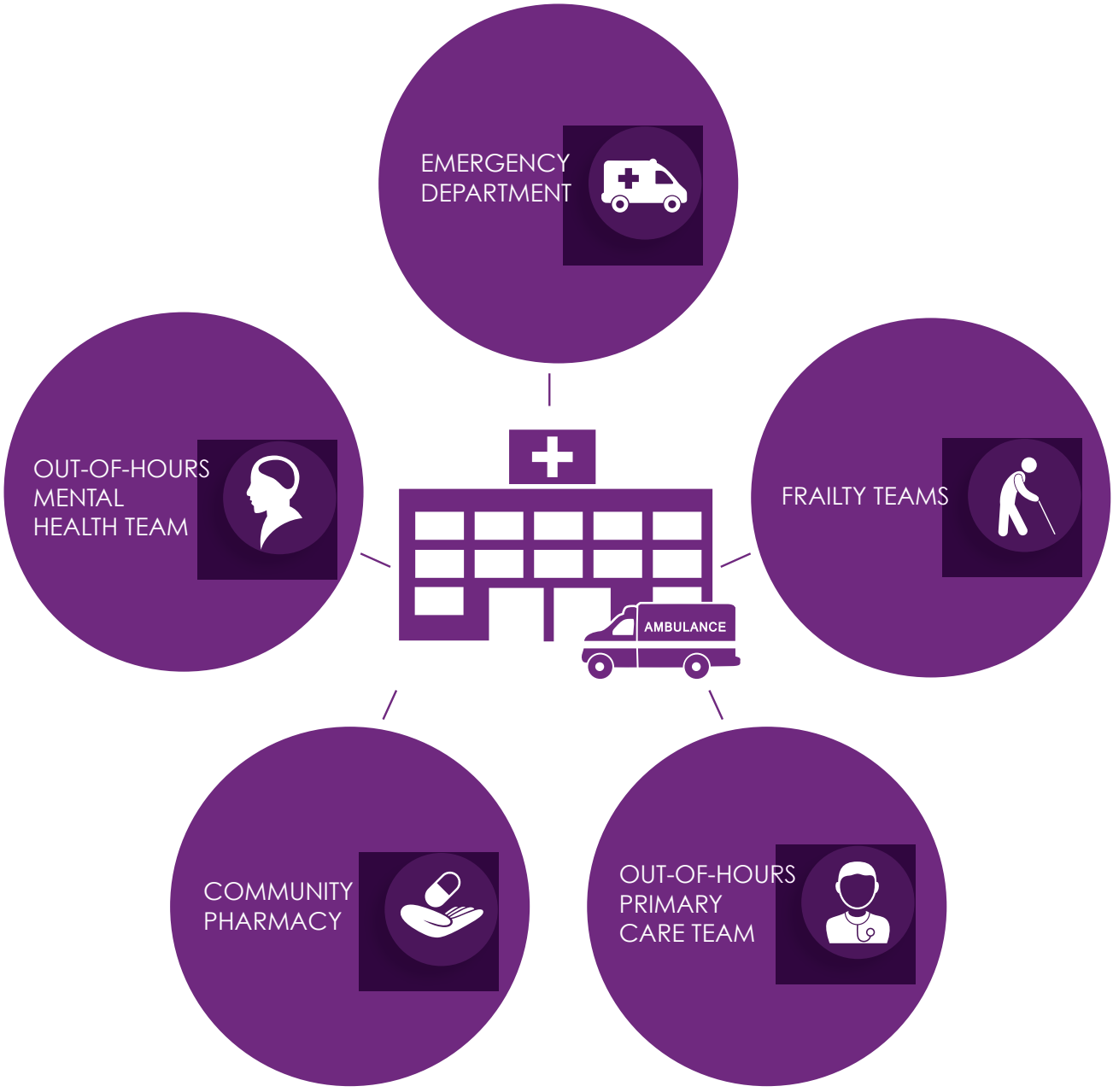
The Royal College of Emergency Medicine

The A&E Hub Concept



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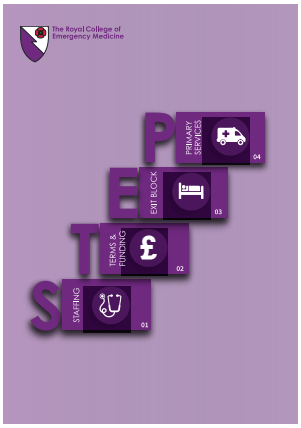
http://bit.ly/1nT1pbE



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The pressures on A&E departments have risen every year for the last ten years[i]. It is extraordinary that this pattern is never accepted. Every year we hear of robust plans to reduce attendances and admissions. Such expectations have a Canute like naivety.

The Royal College of Emergency Medicine has campaigned for a number of years to create resilient systems of urgent and emergency care. Beginning with the CEM10 (2013) and evolving into the STEP campaign (2014).

We need to recognise that A&E departments are often required to see patients who are not best served by them. Usually this occurs because they are, or are perceived to be, the only available service. In addition they are easily identified, conveniently located and unlike almost all other services their activity levels are not capped by appointment systems.

A&E has become 'Anything and Everything' especially out of hours. Rather than rail against this trend we must recognise it and configure services to meet patients' needs. A&E should become a hub not a department. Within this hub the emergency department would be just one, albeit key component.

Key to delivering this model is the provision of co-located urgent primary care outside normal GP opening hours. The inclusion of other services – pharmacy and crisis mental health within an 'A&E hub' – would simplify the access routes to services when urgently required. The A&E hub emphasises the specific skill sets of each team whilst providing a cohesive service properly focused on patients rather than organisations.

A key partner in this endeavour is the British Geriatric Society. The NHS Confederation has estimated that in England alone, demographic changes mean that the number of people aged over 85 will increase by an average of 88,000 per year between now and 2037[ii]. Many of this cohort that attend A&E have co-morbidities and issues of frailty that are ill served by the EM paradigm but successfully addressed using a Comprehensive Geriatric Assessment methodology. There is good evidence that an acute admission is associated with both physical and psychological decompensation of a significant number of frail elderly patients. Ensuring elderly medicine specialists are resourced to provide an in-reach service to the A&E hub is essential if we are to reduce not just inappropriate but actually self-defeating admissions.

Patients find it easy to access 'A&E departments' whilst the Patients Association[iii] have demonstrated that this is often not the case for other services. 'Ignoring the Prescription[iv]' highlighted that 60% of Emergency Departments have no co-located services at all. In consequence the term emergency department and A&E department are often erroneously seen as synonyms.

Building on the strengths of the A&E brand, acknowledging the need to provide geographically aligned urgent care whilst promoting accountability and affordability is a real option for the NHS.

We are delighted that the BGS, RCGP, RCPsych, Royal Pharmaceutical Society and the Patients Association recognise these issues and this solution and now urge the NHS throughout the UK to adopt the 'A&E hub'.

(i) NHS providers: quarterly performance report (quarter 2, 2015/16)
(ii) NHS Confederation – Key statistics on the NHS, May 2016
(iii) Time to Act – Urgent Care and A&E: the Patient Perspective. RCEM/Patients Association. June 2015
(iv) 'Ignoring the prescription' RCEM. Feb 2015