

1) Why are our hospital Emergency Departments so busy?

Emergency Departments across the UK and Ireland are all facing significant pressures. This reflects an ever rising level of demand for Emergency Department (ED) care.

In the last five years, the overall number of ED attendances in N Ireland has increased by 24%. Significantly, in this same period, there has also been an increase in the most seriously ill patients attending (patients triaged in categories 1&2).

These are often frail and elderly patients, who can require longer in-patient stays and then more complex social care packages when they are ready to leave hospital. These increases are on top of an already very busy system, and responding to spikes in pressures is increasingly more difficult.

During March 2018, across all of the age profiles, the highest number of attendances were by people aged 75 and over and this was an increase from the same period last year.

All Health and Social Care (HSC) organisations are working very closely to ensure that the sickest patients are admitted to a bed as quickly as possible, and those who are assessed as clinically fit can leave hospital in a timely way and receive the care they need at home or in a community setting.

The challenges are further compounded by a significant number of nursing vacancies across the system impacting on staffing rotas and the ability to have flexibility in the number of beds in the system. These issues have all contributed to pressures throughout the entire Health and Social Care system (HSC).

2) What is the HSC doing to address the challenges?

The length of times some people have had to wait is unacceptable and we would apologise to them for this.

There is a need for continued efforts across the HSC to further embed transformation initiatives that will improve people's access to emergency care. Examples of these initiatives include:

- **Direct referrals by GPs to Ambulatory Care services** - which offer same day emergency care to patients at the hospital without going through an Emergency Department. This means that patients are assessed, diagnosed, treated for certain conditions (e.g. respiratory, gastroenterology, diabetes) and are able to go home the same day, without being admitted into a hospital bed overnight wherever possible. Plans are being developed to enhance existing services or to introduce new services.
- **Discharge to Assess** where people's ongoing needs, including care support, are assessed in their home environment. This will help ensure that people are supported to leave hospital in a more timely way when they are clinically fit to do so, and will also ensure the appropriate care is provided when they need it.
- **Acute/Enhanced Care at Home** to enable appropriate people to access specialist care in their own home from a team of medical and nursing staff. This will help avoid attendance at ED and will also help support people to leave hospital when they are medically fit to do so.
- **Domiciliary Care Services** – work is ongoing to ensure a more stable domiciliary care workforce, examining pay, terms and conditions and career structures within this area. Work will be undertaken to develop new models of care to support a robust and sustainable domiciliary care service.
- **Nursing Home In-reach** – building on the existing initiative in the Northern Trust, the nursing home in-reach service aims to enhance the skills set of nurses within nursing homes to improve the patient experience. This will help prevent residents attending the Emergency Department when it can be avoided.

3) Is the answer more hospital beds and more funding?

Whilst we have seen pressures on hospital beds in recent months, there have been many patients in hospital, assessed as clinically fit, awaiting to return home or to a community setting. Unfortunately, they have been unable to do so for a variety of reasons, including the pressures currently facing the community and domiciliary care sector, which has impacted on the availability of care home placements and care packages. Also, the growing complex health and social care needs, particularly amongst the frail elderly, has meant that more specialist care is required when a person returns home which often can take longer to organise.

Therefore, there is a need to continue with our transformational plans for HSC in Northern Ireland. Inevitably this will mean reconfiguring services, investing in workforce, providing additional beds in key areas, and developing and enhancing community capacity all of which will require additional funding.

Whilst the number of beds is kept under constant review, increasing permanent beds to deal with seasonal pressures does not always represent the best use of resources or best meet patients' needs. Patients, who are supported to return to a community or a home setting in a timely way once they are medically fit to leave hospital, will receive the ongoing care they require in the most appropriate place. They will also regain a level of independence quicker. This will help ensure those patients requiring a hospital bed can access it more quickly.

4) Is it going to get better?

In the short term it is likely that Emergency Departments and other urgent care services will continue to face pressures in the months ahead.

Health and Social Care colleagues across Trusts, the Health and Social Care Board, Public Health Agency, Northern Ireland Ambulance Service and GP Services are working very closely together to address pressures, and staff continue to prioritise the most clinically urgent patients. Regrettably, those with less urgent conditions will have to wait longer.

Transformation is the only long-term sustainable answer to improving people's access to emergency care.

5) What needs to happen?

Our core focus is to assist people in avoiding hospital in the first place through helping them stay well. We are also working hard to ensure people, if they require hospital treatment, move quickly and safely through the hospital system and back into the community when their treatment in hospital has been completed.

The public are reminded that they should only attend hospital Emergency Departments for urgent and life threatening conditions. There are a range of alternative services that people can access if they do not need emergency care. These include using the online [A-Z symptom checker](#), seeking advice from a pharmacist, going to a Minor Injury Unit, or contacting a GP or the GP Out of Hours services (if their medical condition can't wait until the GP surgery reopens). People can also check the average waiting times in their [local Emergency Department](#).