



The Royal College of Emergency Medicine

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The Royal College of Emergency Medicine receives requests for advice from people and organisations in areas where there are plans to reconfigure or downgrade emergency departments and centralise services at a larger site. Decisions in each case will be influenced by complex and varying local factors beyond the scope of this document.

Any reconfiguration proposal must start by considering the needs of the communities served. Thus the key issue is the impact on patients and patient care at the site from which services will be removed or reduced. Secondary, though important, are the consequences for services at sites that would be required to absorb the diverted patient flows. The additional stress on local primary care systems must also be considered.

The College recognises that recruitment and retention of staff is often cited as a relevant factor. However this is commonly a consequence of historical poor planning and resourcing; in itself it is poor justification for service reconfiguration.

Wherever reconfiguration of services is planned the following issues must be considered and addressed. Any proposals should be predicated on a proper risk assessment of these key issues which should be published for consultation.

Travel

1. Relocating services has a disproportionate effect on the very young, the very old, patients with mental health issues, those with chronic illness or reduced mobility.
2. Relocation also has a greater impact on poorer socioeconomic groups through difficulties with transport.
3. The likelihood of transportation difficulties will be higher in rural areas.
4. Increased travel times are associated with worse outcomes for some patient groups with time critical illness¹.
5. The increased demands on ambulance services brought about by longer transport times are seldom properly modelled.
6. Similarly, repatriation issues are often ignored. Patients in hospitals at a distance from their homes may be harder to discharge and so increase hospital occupancy rates.

Excellence in Emergency Care

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Utility

1. Short-term staffing shortages cannot be a rationale for permanent reconfigurations. Longer term patient outcomes will be compromised
2. Moving resource / capacity issues does not solve them. The necessary increased capital and revenue expenditures at the receiving site(s) are seldom properly modelled.

Finance

The King's Fund have demonstrated that the cost efficiencies associated with such reconfigurations are largely illusoryⁱⁱ.

Unintended consequences/ self fulfilling consequences

There is an inherent unintended consequence of rendering other services at the same site non-viable; by limiting the case-mix and case-load, reconfiguration exacerbates recruitment and retention issues in non-EM services such that a self-fulfilling, non-viability scenario is created.

Sufficient size

Emergency departments in the UK are substantially larger than international comparators - even small UK departments are relatively large in relation to European, American and Australasian departments.

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ⁱ The relationship between distance to hospital and patient mortality in emergencies: an observational study Emerg Med J. 2007 Sep; 24(9): 665–668.

ⁱⁱ The reconfiguration of clinical services. What is the evidence? The King's Fund 2014