

Evidence Brief: Urgent and Emergency Care

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Key publications – the big picture

[Paediatric same day emergency care](#) February 2024, NHS England

This guidance is for system leaders, commissioners and providers who are developing or improving paediatric SDEC services to reduce reliance on overnight admissions for patients who can safely be discharged home on the same day as arrival. It highlights the key principles and minimum standards for this service, including considerations for physical infrastructure, referral and access, workforce, diagnostics, discharge, counting and coding, and patient experience.

See: *Workforce*

[SAMEDAY strategy](#) February 2024, NHS England

A framework for the development and delivery of same day emergency care.

See: *Staffing*

[FRAIL strategy – a strategy for the development and/or improvement of acute frailty same day emergency care services](#)

February 2023, NHS England

A strategy for the development and/or improvement of acute frailty same day emergency care services.

While this strategy focuses on acute frailty services/SDEC and the key priorities in establishing or improving their provision, other services also support the avoidance of attendance at ED and/or admission including for older people; for example, urgent community response (UCR) services and virtual wards.

[Technology enabled care referral guidance](#) February 2024, NHS England

Technology enabled care (TEC) referral guidance (developed in partnership with TEC Services Association (TSA) and TEC Quality) provides direction on how TEC providers can establish

referral pathways into urgent community response (UCR) and how systems can self-assess the maturity of local provision.

See: *Develop and Implement*

[Winter Plan – 2023/24](#) 2023, NHS England

This paper outlines the approach to the development and operationalisation of the 2023/24 winter plan for the NHS in England.

The 2023/24 winter plan is comprised of the following core elements:

- High-impact priority interventions drawn from the UEC recovery plan that all systems will be asked to deliver and provide assurance against.
- Clear roles and responsibilities for each part of the system so that both shared and individual organisational accountability is clear.
- Returns from systems on system-level resilience and surge planning, to avoid systems becoming overwhelmed at times of peak demand.

[Access to urgent and emergency care](#) October 2023, House of Commons Public Accounts Committee

The Department and NHS England have set out ambitious plans to recover services and improve patients' access and experience, but there are significant assumptions and uncertainties attached to these plans. NHS England's recently published workforce plan maps out NHS staff requirements for the next 15 years, but only has funding of £2.4 billion confirmed by government to cover the costs of training in the first five years.

See *Section 3: Workforce*

[Urgent and Emergency Care Survey 2022](#) August 2023, Care Quality Commission

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People's experiences of urgent and emergency care are worse than in previous years. This applies more so to results for Type 1 services, where results have declined for all questions evaluating care. For some aspects of care in Type 3 services, results have remained positive, such as being listened to by health professionals.

[NHS Long Term Workforce Plan](#) June 2023, NHS England
The first comprehensive workforce plan for the NHS, putting staffing on a sustainable footing and improving patient care. It focuses on retaining existing talent and making the best use of new technology alongside the biggest recruitment drive in health service history.

[Delivery plan for recovering access to primary care](#) May 2023, NHS England

This plan has two central ambitions:

1. To tackle the 8am rush and reduce the number of people struggling to contact their practice. Patients should no longer be asked to call back another day to book an appointment, and we will invest in general practice to enable this.
2. For patients to know on the day they contact their practice how their request will be managed.

If their need is clinically urgent it should be assessed on the same day by a telephone or face-to-face appointment. If the patient contacts their practice in the afternoon they may be assessed on the next day, where clinically appropriate.

If their need is not urgent, but it requires a telephone or face-to-face appointment, this should be scheduled within two weeks.

Where appropriate, patients will be signposted to self-care or other local services (e.g. community pharmacy or self-referral services).

For workforce specifically see: [Capacity Building](#)

[General practice and secondary care Working better together](#)

March 2023, Academy of Medical Royal Colleges

The starting point in September 2022 was clear — find as many examples as possible of ways the friction has been reduced or removed. There were two other caveats. First, the solutions need to be able to be implemented at low or no cost, and second, they should already be proven to work across the general practice and secondary health and care landscape.

For specific urgent and emergency care examples see:

- *P45 Primary Care Access Line (PCAL)*
- *P56 Ambulatory Care Experience (ACE)*
- *P75 Neurology outreach into general practice*
- *P87 Same Day Emergency Care advice line linked to hospital@home*

[Delivery plan for recovering urgent and emergency care services](#)

January 2023, NHS England

To support recovery, this plan sets out a number of ambitions, including:

- Patients being seen more quickly in emergency departments: with the ambition to improve to 76% of patients being admitted, transferred or discharged within four hours by March 2024, with further improvement in 2024/25.
- Ambulances getting to patients quicker: with improved ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24, with further improvement in 2024/25 towards pre-pandemic levels.

[Emergency care](#) updated 2023, NICE

All NICE products on emergency care. Includes any guidance, advice and quality standards.

[Medical and Practitioner Workforce Guidance](#) updated 2023, Royal College of Emergency Medicine

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The Royal College of Emergency Medicine has collated information and guidance on the Emergency Department workforce. In this section you will find resources for service delivery, recommendations on expanding the consultant workforce, medical and practitioner workforce guidance and relevant toolkits.

[Re-envisioning urgent and emergency care](#) December 2022, NHS Confederation

This report provides the foundations to start looking more widely beyond the walls of acutes and re-emphasises the importance of building better relationships and establishing trust. It reminds us to put ourselves in other people's (services') shoes and see things from their perspective.

There are several opportunities for change and it feels like now is the time to truly make that happen. Small improvements in all parts of the system can have a massive impact when they happen all at once.

[What's going on with A&E waiting times?](#) Updated May 2022, The King's Fund

Waiting times in accident and emergency (A&E) departments are a key measure of how the NHS is performing, and they generate significant interest. Here, we look at who is using A&E services and why people have been waiting longer in A&E in recent years.

[We are the NHS: People Plan 2020/21 – action for us all](#) July 2020, NHS England

This plan sets out actions to support transformation across the whole NHS. It focuses on how we must all continue to look after each other and foster a culture of inclusion and belonging, as well as action to grow our workforce, train our people, and work together differently to deliver patient care. The principles

underpinning the action through 2020/21 must endure beyond that time.

[Getting It Right In Emergency Care](#) 2020, Getting it Right First Time

This advice pack has been developed to set out examples of interventions that NHS trusts can take to improve patient flow and help to manage these pressures. Improvements to patient flow in some areas have mitigated the worst of these pressures, enabling trusts to keep providing elective procedures whilst maintaining good A&E performance. Improving A&E performance requires a whole system approach. This guide focuses attention on the improvements that are within a trust's ability to control. In this respect it is important that we do not focus solely at the front door of the A&E department, but instead remember that maintaining good patient flow requires action across the whole trust. We therefore urge NHS providers to adopt a 'whole trust' ownership of the four hour operational standard.

[Safe, sustainable and productive staffing: An improvement resource for urgent and emergency care](#) June 2018, NHS Improvement

An improvement resource to help standardise safe, sustainable and productive staffing decisions in urgent and emergency care. It describes the principles for safe urgent and emergency nurse staffing to ensure services users receive high quality, safe care appropriate to their needs and wishes. This resource was informed by [Skill mix and new roles in Emergency and Urgent care: what is the evidence?](#)

[Coordinated, consistent and clear urgent and emergency care: implementing the urgent and emergency care vision in London](#) November 2017, Health Partnership London

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Professor Sir Bruce Keogh's national Urgent and Emergency Care Review called for the transformation of services to address the unsustainable pressures on the urgent and emergency care system and offered recommendations to deliver transformation. In London, they made significant strides in improving urgent and emergency services. They wanted to build on these efforts and draw from the Keogh review to accelerate transformation and deliver high quality, safe urgent and emergency care, seven days a week.

[Securing the future workforce for emergency departments in England](#) October 2017, Health Education England, NHS England, NHS Improvement and Royal College of Emergency Medicine

This plan aims to grow a multi-professional workforce, reduce attrition in medical training and ensure emergency departments in England are attractive places to work.

[Transforming urgent and emergency care and the vanguard initiative: learning from evaluation of the southern cluster](#) October 2017, RAND Europe

This RAND Europe evaluation aimed to examine the impact of the Urgent and Emergency Care (UEC) vanguards, the processes underpinning delivery and implications for future policy and practice.

[Acute and emergency care: prescribing the remedy](#) July 2014, Royal College of Physicians

This report set out 13 recommendations to address the challenges facing urgent and emergency care services across the UK and Ireland. Key challenges discussed include rising acuity levels, providing alternatives to emergency departments, complex discharge, and community integration, emergency department crowding and patient flow, acute care workforce

recruitment and retention and meeting specific patient group needs. It contains recommendations and proposals.

Case Studies

[Emergency floor transformation and staff investment proves a success](#) 2023, Isle of Wight NHS Trust

Over the past 12 months the emergency floor team has completed an innovative transformation resulting in zero nursing vacancies, less reliance on agency staff, an increase in positive feedback and a decrease in complaints.

[Urgent community response in Warrington](#) November 2022, NHS Confederation

Enabling 999 call handlers to divert calls directly to urgent community response (UCR) teams.

[Reducing ambulance dispatches in mid-Nottinghamshire](#)

November 2022, NHS Confederation

Working collaboratively to reduce ambulance dispatches and increase response capacity for non-injury falls through community first responders.

[Supporting admission avoidance in Hertfordshire](#) November 2022, NHS Confederation

Supporting admission avoidance along the urgent and emergency care (UEC) pathway.

[Preventing unnecessary ambulance trips to A&E and hospital admissions in Walsall](#) November 2022, NHS Confederation

Embedding community health services to prevent unnecessary ambulance trips to A&E and reduce hospital admissions.

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[Urgent community response across Mid and South Essex](#)

January 2022, NHS Confederation

A new urgent community response team provides a single integrated service responding to people experiencing an acute medical crisis.

[Implementation of a discharge to assess model](#) NHS England
Implementation of a discharge to assess model: 7-day discharge hub, change of placement structure, follow up calls – Barnsley Hospital NHS Foundation Trust and community partners.

[Swindon's discharge to assess model](#) NHS England
Swindon's Discharge to Assess model: Moving acute services to the community, integrated care, assessment at home within 24 hours.

[Home First + service](#) NHS England
The Home First + service brings together GPs, nurses, therapists, social care and NHS Continuing Healthcare (CHC) practitioners into a single integrated team.

[South Warwickshire out of hospital response](#) NHS England
South Warwickshire out of hospital response: Creating extra community capacity, retraining staff, increasing support at home.

[Integrated care in action – urgent care](#) 2019, NHS England
Understanding how integrated care systems are changing urgent and emergency care services.

[A simple red bag improving care for care home residents](#)
January 2019, NHS Long Term Plan
Care home residents are benefitting from the 'red bag', a dedicated bag that includes all their necessary paperwork, medication and personal items and accompanies them into hospital when they need hospital care. This is having a positive impact on their care and discharge.

[NHS 111 pharmacy scheme reduces pressures on wider health system](#) January 2019, NHS Long Term Plan

A NHS pharmacy scheme is speeding up access to clinical advice for patients, as well as reducing pressure on the wider health system. The Digital Minor Illness Referral Service enables trained NHS111 health advisors to refer people with minor health concerns to their chosen pharmacy for a clinical assessment and same-day booked consultation with a pharmacist, during the day, at the weekend and out of hours.

[Community First Responders: making a difference](#) January 2019, NHS Long Term Plan
Dispatching Community First Responders to people who have fallen without injury or need of a welfare check, is making a difference at South Central Ambulance Service. Leading to a reduction the number of patients taken to hospital and reduced impact on ambulance capacity, while patients benefit by staying in their own home.

The Star for workforce redesign

More resources and tools are available in the **In hospital including urgent and emergency care** section of [the Star](#)

Statistics

You can find relevant statistics on the [Health and Care Statistics Landscape](#) under “**Health and Care**” and by using “**urgent**” or “**emergency**” as search terms.

[Urgent and Emergency Care Daily Situation Reports 2023-24](#)

Weekly updates will commence on Thursday 30 November 2023 and will continue every Thursday at 09:30 through the winter, with a final publication on Friday 5 April 2024 covering the week ending Sunday 31 March 2024.

National Data Programme

Workforce, Training and Education staff can look at the [National Data Warehouse \(NDL\)](#) SharePoint site to find out more about datasets and Tableau products.

Published Peer Reviewed Research

Recruitment, retention and supply

[Perceived barriers and opportunities to improve working conditions and staff retention in emergency departments: a qualitative study](#) 2024, Emergency Medicine Journal

Staff retention in Emergency Medicine (EM) is at crisis level and could be attributed in some part to adverse working conditions. This study aimed to better understand current concerns relating to working conditions and working practices in Emergency Departments (EDs).

[The recruitment, retention and development of an integrated urgent care telephone triage workforce: a small-scale study](#)

2022, Journal of Integrated Care *OpenAthens login required** NHS 111 is a non-emergency telephone triage service that provides immediate access to urgent care 24 h a day. This study explored the recruitment, retention and development of one integrated urgent care (IUC) workforce in England, specifically the NHS 111 service and Clinical Hub.

[Perspectives of GPs working in or alongside emergency departments in England: qualitative findings from the GPs and Emergency Departments Study](#) 2022, British Journal of General Practice

Around 43% of emergency department (ED) attendances can be managed in general practice. Strategies to address this include directing appropriate patients to GPs working in or alongside EDs (GPED). Views of GPs choosing to work in GPED roles may inform planning and implementation of GPED services as well as wider general practice provision.

GPED may extend the clinical careers of experienced GPs and support recruitment and retention of more recently qualified GPs. Despite some benefits, GPED may destabilise core general practice and increase pressure on both environments.

[Retention of doctors in emergency medicine: A scoping review of the academic literature](#) June 2021, Emergency Medicine Journal

Workforce issues prevail across healthcare; in emergency medicine (EM), previous work improved retention, but the staffing problem changed rather than improved. More

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experienced doctors provide higher quality and more cost-effective care, and turnover of these physicians is expensive. Research focusing on staff retention is an urgent priority.

[Easy come, easy go? Time to change our approach to staff retention in emergency medicine](#)

June 2021, Emergency Medicine Journal *OpenAthens login required**

Why do Doctors leave their posts in emergency medicine? And what makes them stay? These are perennial questions for health service leaders concerned about staff and their workforce. However, what do we really know about the factors that influence doctors decisions to stay or go in the health service in general and specifically in emergency care?

[Validation of a grounded theory of nurse bullying in emergency department settings](#)

May 2021, International Emergency Nursing

*Abstract only**

Workplace bullying in health care settings is a significant and negative factor in the dynamics of patient care and nursing work culture. Workplace bullying has a significant impact on nurse retention. Workplace bullying may result in symptoms of secondary traumatic stress. This model of workplace bullying in emergency settings is theoretically coherent and may be used to design interventions.

[The recruitment, retention and development of an integrated urgent care telephone triage workforce: a small-scale study](#)

November 2020, Journal of Integrated Care *Abstract only**

NHS 111 is a non-emergency telephone triage service that provides immediate access to urgent care 24 h a day. This study explored the recruitment, retention and development of one integrated urgent care (IUC) workforce in England, specifically the NHS 111 service and Clinical Hub.

[Advanced Nurse Practitioners' \(Emergency\) perceptions of their role, positionality and professional identity: A narrative inquiry](#)

May 2020, Journal of Advanced Nursing

This study presents unique insights into the ANP role covering recruitment, organizational culture changes required and support to ease transition emerged. Better understanding the motivation to undertake the role, the transition experience and use of advanced practice skills sets will inform the targets for the future recruitment and retention of ANPs are met nationally and internationally. Dissatisfaction with previous management roles and wanting to be clinically close to patients were motivations to follow an advanced practice clinical career trajectory.

Positionality and emergent professional identity are key enablers ensuring that advanced practitioners' roles demonstrate the attributes of advanced practice. Educators could use the findings to develop recruitment, retention and progression strategies. Disseminating the role and scopes of practice could positively influence collaborative models of service delivery and policy development.

[How safe staffing can improve emergency nursing: time to cut the Gordian knot](#)

January 2020, Emergency Nurse *Abstract only**

Why you should read this article: • To understand how nursing presence can enhance emergency nurses' job satisfaction, staff retention and patient outcomes • To recognise the combined effects of fatigue, workplace bullying, moral distress and inadequate staffing levels on nursing presence and staff retention • To understand the various factors to consider when making safe staffing decisions in the emergency department.

[Using systems thinking to identify workforce enablers for a whole systems approach to urgent and emergency care delivery: a multiple case study](#)

August 2016, BMC health Services

Research

Overcrowding in emergency departments is a global issue, which places pressure on the shrinking workforce and threatens the future of high quality, safe and effective care. Healthcare reforms aimed at tackling this crisis have focused primarily on structural changes, which alone do not deliver anticipated improvements in quality and performance. The purpose of this study was to identify workforce enablers for achieving whole systems urgent and emergency care delivery.

Upskilling and workforce development

[Training the public health emergency response workforce: a mixed-methods approach to evaluating the virtual reality modality](#) 2023, BMJ Open

At a time when a trained emergency public health workforce is a critical need, VR may be an option for addressing this gap. Participants' impressions and feedback, in the setting of their high skill level and experience, highlighted the utility and benefit of using VR to deliver training. Further research is needed to determine skill acquisition through VR training among a pool of future responders with limited to no response experience.

[Emergency team competencies: scoping review for the development of a tool to support the briefing and debriefing activities of emergency healthcare providers](#) July 2023, Journal of Anesthesia, Analgesia and Critical Care

The literature analysed and the data identified, which are heterogeneous due to different study methodologies, objectives and types of interventions, suggest that human factors applied to emergency situations must deserve great attention and are still under-researched. The proposed briefing and debriefing tool identifies a framework of core competencies to be observed, discussed and assessed with the team and consisting of 8 domains, 33 elements and 42 behaviours. Further research is

desirable to deep the investigation on human factors involved into emergency situations and to generate new evidence to improve clinical practice and reduce the risk of error. In the near future, the authors will conduct further studies in order to test the validity of the Emergency Team Competencies tool in objectively measuring the performance of professionals and multidisciplinary teams.

[Pilot evaluation of a brief training video aimed at reducing mental health stigma amongst emergency first responders \(the ENHANcE II study\)](#) May 2022, Journal of Mental Health

First responders (i.e. police and ambulance staff) have increasingly become part of the mental health care system, often being the first port of call for those experiencing a crisis. Despite their frequent involvement in supporting those with mental health problems, there is evidence that mental health stigma is high amongst first responders.

The present study provides encouraging evidence that levels of mental health stigma can be improved using a resource-light training intervention.

[Does your emergency department match up to the new nursing workforce standards?: Meeting the RCN and Royal College of Emergency Medicine's standards for Type 1 emergency departments might prove challenging, warn leading nurses](#)

January 2021, Emergency Nurse *Abstract only**

Rigorous new standards for the number and skill mix of nurses in major emergency departments (EDs) will be challenging to meet for most hospitals, leading emergency nurses warn.

[Extended training to prepare GPs for future workforce needs: a qualitative investigation of a one-year fellowship in urgent care](#) June 2018, British Journal of General Practice

It has been argued that UK general practice specialist training should be extended to better prepare GPs for the challenges

facing 21st century healthcare. To investigate the experience of recently trained GPs undertaking a 1-year full-time fellowship programme designed to provide advanced skills training in urgent care, integrated care, leadership, and academic practice; and its impact on subsequent career development.

[Providing a navigable route for acute medicine nurses to advance their practice: a framework of ascending levels of practice](#) June 2016, Acute Medicine

This article conveys concerns raised by delegates at the International SAM conference regarding how to advance nursing practice in acute medicine. It endeavours to capture the essence of 'how to advance practice' and 'how to integrate advanced practice' within the workforce structures of an acute medicine unit (AMU). This article offers an early conceptual framework through which levels of advancement and potential transition points to advance nursing practice in acute medicine are articulated.

New and Extended Roles

[Impact of pharmacist interventions provided in the emergency department on quality use of medicines: a systematic review and meta-analysis](#) February 2023, Emergency Medicine Journal
*OpenAthens login required**

This systematic review aimed to synthesise evidence from studies examining the impact of interventions provided by pharmacists on the quality use of medicines in adults presenting to ED.

[GP roles in emergency medical services: a systematic mapping review and narrative synthesis](#) 2023, BJGP Open

A significant proportion of emergency medical services (EMS) work is for problems that may be amenable to timely primary care management and could benefit from GP input. Utilising GPs

in EMS may reduce avoidable emergency department (ED) conveyance, releasing emergency ambulances for higher-acuity care, and meeting patient needs earlier in the evolution of an emergency call.

[Radiographer-led discharge for emergency care patients, requiring projection radiography of minor musculoskeletal injuries: a scoping review](#) 2022, BMC Emergency Medicine
Pressure on emergency departments (EDs) from increased attendance for minor injuries has been recognised in the United Kingdom. Radiographer-led discharge (RLD) has potential for improving efficiency, through radiographers trained to discharge patients or refer them for treatment at the point of image assessment. This review aims to scope all RLD literature and identify research assessing the merits of RLD and requirements to enable implementation.

[Does the presence of general practitioners in emergency departments affect quality and safety in English NHS hospitals? A retrospective observational study](#) February 2022, BMJ Open
Emergency departments (EDs) in NHS hospitals in England have faced considerable increases in demand over recent years. Most hospitals have developed general practitioner services in emergency departments (GPEDs) to treat non-emergency patients, aiming to relieve pressure on other staff and to improve ED efficiency and patient experience. We measured the impact of GPED services on patient flows, health outcomes and ED workload.

[A paramedic's role in reducing number of falls and fall-related emergency service use by over 65s: a systematic review](#) May 2021, British Paramedic Journal

Around 10-25% of emergency calls for adults aged over 65 are attributed to falls. Regardless of whether injuries are caused, quality of life is often affected by fear of falling, leading to

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reduced confidence and activity, negatively impacting mobility and risking depression and isolation. Ambulance service staff are well placed to identify falls risk factors so patients can be directed to falls prevention services. This article aims to determine how the referral by paramedics of uninjured falls patients to community falls services may reduce future falls and emergency services use.

[Pharmacists in advanced clinical practice roles in emergency departments \(PARED\)](#) May 2021, International Journal of Clinical Pharmacy

Following evidence published in the Pharmacists in Emergency Departments (PIED 2016) study Health Education England funded novel advanced clinical practitioner training for pharmacists (ACP-p), to support service delivery. Objective: To explore experiences and clinical activity of trainee ACP-p, and opinions and recommendations of both trainees and clinical supervisors.

[Potential impacts of general practitioners working in or alongside emergency departments in England: initial qualitative findings from a national mixed-methods evaluation](#) May 2021, BMJ Open
To explore the potential impacts of introducing General Practitioners into Emergency Departments (GPED) from the perspectives of service leaders, health professionals and patients. These 'expectations of impact' can be used to generate hypotheses that will inform future implementations and evaluations of GPED.

[Respiratory improvement programme: Admission avoidance in the emergency Department by physician associates](#) February 2021, Thorax

This innovative way of working as part of the MDT not only provided a safer patient flow, but as respiratory PAs, patients received an excellent bundle of respiratory care within the acute

setting. The close links with local community respiratory teams and rehabilitation services enhanced the management and transition of care back to the community effectively.

[Comparing physician associates and foundation year two doctors-in-training undertaking emergency medicine consultations in England: a mixed-methods study of processes and outcomes](#) September 2020, BMJ Open

Physician associates in emergency departments in England treated patients with a range of conditions safely, and at a similar level to foundation year two doctors-in-training, providing clinical operational efficiencies.

[Impact of volunteers in the emergency department](#) September 2020, British Journal of Nursing

Fundamental aspects of patient experience have been reported as substandard in emergency departments. Hospital volunteers can improve the patient experience in inpatient settings. However, evidence is limited on their impact in emergency departments. Aims: To determine whether emergency department volunteers could enhance patient experience through assisting with the psychological aspect of patient care and patients' nutritional needs.

[How I make the emergency department less daunting: Lauren Johnston describes her work as a newly qualified learning disability nurse in a pioneering nursing role](#) September 2020, Emergency Nurse *Abstract only**

For patients with learning disabilities and/or autism, visiting a hospital's emergency department (ED) can be an especially frightening experience. To address this issue, a Merseyside trust has become one of the first in the UK to introduce a new nursing post to support vulnerable patients when in the ED.

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[Productivity of Advanced Clinical Practitioners in Emergency Medicine: A 1-year dual-centre retrospective analysis](#) July 2020, *International Emergency Nursing Abstract only**
This paper sets a national benchmark for other EDs by reporting ACP productivity and contributes to the evidence by reporting productivity in other clinician groups. The data presented may be helpful in future national workforce planning for UK Eds.

[Contribution of paramedics in primary and urgent care: a systematic review](#) June 2020, *The British journal of General Practice*
Within the UK, there are now opportunities for paramedics to work across a variety of healthcare settings away from their traditional ambulance service employer, with many opting to move into primary care. AIM: To provide an overview of the types of clinical roles paramedics are undertaking in primary and urgent care settings within the UK.

[The Emergency Physiotherapy Practitioner \(EPP\)-a descriptive case study of development and implementation in two Danish hospitals](#) May 2020, *Apotheker Zeitung Abstract only**
Role of physiotherapists in the emergency department is a recent professional development and is still limited to few western countries. There is a degree of uncertainty on the role, its benefits and implementation of the role in the healthcare systems. Therefore, this case study aims to describe the development, implementation and evaluation of the emergency physiotherapy practitioner (EPP) role in two Danish hospitals.

[Impact of the primary contact physiotherapy practitioner role on emergency department care for patients with musculoskeletal injuries in New South Wales](#) April 2020, *Emergency Medicine Australasia Abstract only**
To determine the impact of the emergency physiotherapy service provided through different models of care on service quality

indicators, patient flow, staff and patient satisfaction. METHOD: A mixed method prospective observation study was conducted between September 2014 and April 2015 in 19 EDs where a physiotherapy service is provided. RESULTS: Patients seen by the primary contact physiotherapist (PCP) were associated with a significant reduction in ED length of stay by 108 min, wait time to treatment by 10 min (n = 4 EDs) and time-to-first analgesia by 18 min (n = 19 EDs) compared to those seen through usual care processes.

[Benefits of Musculoskeletal Physical Therapy in Emergency Departments: A Systematic Review](#) September 2019, *Physical Therapy*
Over the past few decades, physical therapists have emerged as key health care providers in emergency departments (EDs), especially for patients with musculoskeletal disorders (MSKD). Purpose The purpose of this review was to update the current evidence regarding physical therapist care for patients with MSKD in EDs and to update current recommendations for these models of care.

[Clinical Care Pharmacists in Urgent Care in North East England: A Qualitative Study of Experiences after Implementation](#) August 2019, *Pharmacy*
Our objective was to explore the implementation of a novel NHS England (NHSE)-funded pilot project aimed at deploying clinical pharmacists in an integrated urgent care (IUC) setting including the NHS 111 service. Eight integrated urgent care clinical pharmacists (IUCCPs) within the participating North East of England Trusts.

[Extending the scope of community pharmacists' practice to patients requiring urgent care – An evaluation of a training programme using the Theoretical Domains Framework](#) July 2019, *Health & Social Care in the Community*

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Redesigned health systems could meet the rising demand for healthcare, with community pharmacy currently an underused resource for the treatment and management of patients requiring urgent care. This study aimed to investigate whether a training intervention delivered over 2 days to community pharmacists resulted in behaviour and practice change.

[Advanced clinical practitioners in emergency care: past, present and future](#) September 2018, British Journal of Hospital Medicine
Developing a consistent and skilled workforce is critical to the have formed part of the emergency care workforce for many years and the extended role of these staff groups has supported patient care as the demand has risen and outstripped the capacity of the medical staff. In many hospitals and health-care systems, these extended roles have developed in response to local demand and case mix, resulting in inconsistent role descriptions and lack of transportable qualifications. Even for established roles such as emergency nurse practitioners, there is no UK-wide defined scope of practice or curriculum to support the role. In 2014 a joint working group of the Royal College of Emergency Medicine and Health Education England agreed a programme of work to support a sustainable emergency care workforce.

[Skill mix changes and new roles in emergency and urgent care](#) January 2018, Nursing Times *Abstract only*
To try and respond to pressures in emergency departments and urgent care, new roles have been introduced and the skill mix altered. What is the evidence around these changes?

[Examining the emerging roles for pharmacists as part of the urgent, acute and emergency care workforce](#) February 2017, The Pharmaceutical Journal
In the future, acute and emergency medicine clinical workforce, new models of care and care delivery need to be developed, in

order to maintain and enhance standards of safe and accessible patient care. A departure from traditional (doctor-led) approaches to workforce planning, and an understanding of scope and governance surrounding emerging clinical roles is necessary to develop a sustainable, multi-skilled workforce across primary, community and secondary care.

New ways of working

[Non-medical practitioners in the staffing of emergency departments and urgent treatment centres in England: a mixed qualitative methods study of policy implementation](#) November 2023, BMC Health Services Research
Patient demand, internationally, on emergency departments and urgent care treatment centres has grown. Shortages of staff, particularly of emergency medicine doctors, have compounded problems. Some countries are pursuing solutions of including non-medical practitioners e.g., nurse practitioners and physician associates/assistants in their emergency department workforces. This study investigated at the macro and meso level of the health system in England: what the rationale was and the factors influencing the current and future employment, or otherwise, of non-medical practitioners in emergency departments and urgent treatment centres.

[Improving the safety and effectiveness of urgent and emergency care](#) November 2023, Future Healthcare Journal
Delays and waiting in urgent and emergency care (UEC) services are causing avoidable harm to patients and affecting staff morale. Patients are often having a poor experience of using UEC services, increasing stress and anxiety for both their families and themselves, delaying their recovery. Despite the constraints of available permanent staffing, funding and competing NHS priorities, changes along the whole UEC pathway in and out of hospital, admitted and non-admitted

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pathways need to be made safe, timely and accessible, to provide clinically appropriate care for patients. Changes in clinician behaviour, culture, and training toward the management and sharing of clinical risk differently along the whole UEC pathway are also required. Modifying operational processes with a focus on patients in different UEC settings will improve productivity, flow and the patient experience. There is a need to do things differently rather than continuing as we are and expecting a different result to unlock the perennial UEC crisis.

[Identifying models of care to improve outcomes for older people with urgent care needs: a mixed methods approach to develop a system dynamics model](#) September 2023, Health and Social Care Delivery Research

We aimed to understand urgent and emergency care pathways for older people and develop a decision support tool using a mixed methods study design.

We have reaffirmed the poor outcomes frequently experienced by many older people living with urgent care needs. We have identified interventions that could improve patient and service outcomes, as well as implementation tools and strategies to help including clinicians, service managers and commissioners improve emergency care for older people.

[Supporting High-impAct useRs in Emergency Departments \(SHarED\) quality improvement: a mixed-method evaluation](#) 2023, BMJ Open Quality

The need to better manage frequent attenders or high-impact users (HIUs) in hospital emergency departments (EDs) is widely recognised. These patients often have complex medical needs and are also frequent users of other health and care services. The West of England Academic Health Science Network launched its Supporting High impAct useRs in Emergency Departments (SHarED) quality improvement programme to

spread a local HIU intervention across six other EDs in five Trusts.

[Mapping the Patient and Family Liaison Role in UK Helicopter Emergency Medical Services: A Service Evaluation](#) 2022, Air Medical Journal

Patient and family liaison practitioners are a relatively recent addition to UK helicopter emergency medical services to support patients with their recovery. A service evaluation was completed that mapped the current provision of patient and family liaison practitioner roles in helicopter emergency medical services in the United Kingdom.

[Exploring the potential for social prescribing in pre-hospital emergency and urgent care: A qualitative study](#) May 2021, Health & Social Care in the Community

There is a sustained increase in demand for emergency and urgent care services in England. The NHS Long Term Plan aims to reduce the burden on emergency hospital services through changing how pre-hospital care operates, including increased delivery of urgent care. Given the recognised potential of social prescribing to address wider determinants of health and reduce costs in other settings, this study aimed to understand the role that social prescribing can play in pre-hospital emergency and urgent care from the perspectives of staff.

[A classification of primary care streaming pathways in UK emergency departments: Findings from a multi-methods study comprising cross-sectional survey; site visits with observations, semi-structured and informal interviews](#) May 2021, International Emergency Nursing *Abstract only**

Variation in initial assessment methods at emergency departments in with primary care service models and a conflated terminology causes difficulties in assessing relative performance,

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improving quality or gathering evidence about safety and clinical effectiveness. We aim to describe and classify streaming pathways in emergency departments in different models of emergency department primary care services in England and Wales.

[Experience of using video support by prehospital emergency care physician in ambulance care - an interview study with prehospital emergency nurses in Sweden](#) April 2021, BMC Emergency Medicine

The use of video communication as a complement of medical support when referring to self-care is still an unexplored method in a prehospital setting. Our study aimed to elucidate ambulance nurses' experience of video consultation with RMS physician during the assessment of patients considered to be triaged to self-care.

[Management of non-urgent paediatric emergency department attendances by GPs: a retrospective observational study](#)

January 2021, The British Journal of General Practice
Non-urgent emergency department (ED) attendances are common among children. Primary care management may not only be more clinically appropriate, but may also improve patient experience and be more cost-effective. AIM: To determine the impact on admissions, waiting times, antibiotic prescribing, and treatment costs of integrating a GP into a paediatric ED.

[Stakeholders' perspectives on models of care in the emergency department and the introduction of health and social care professional teams: A qualitative analysis using World Cafés and interviews](#) October 2020, Health Expectations

There is some evidence that health and social care professional (HSCP) teams contribute to enhanced patient and process outcomes in increasingly crowded emergency departments

(EDs), but the views of service users and providers on this model of care need investigation to optimize implementation.

[Emergency department clinical leads' experiences of implementing primary care services where GPs work in or alongside emergency departments in the UK: a qualitative study](#)

August 2020, BMC Emergency Medicine

To manage increasing demand for emergency and unscheduled care NHS England policy has promoted services in which patients presenting to Emergency Departments (EDs) with non-urgent problems are directed to general practitioners (GPs) and other primary care clinicians working within or alongside emergency departments. However, the ways that hospitals have implemented primary care services in EDs are varied. The aim of this study was to describe ED clinical leads' experiences of implementing and delivering 'primary care services' and 'emergency medicine services' where GPs were integrated into the ED team.

[Clarifying workforce flexibility from a division of labor perspective: a mixed methods study of an emergency department team](#) March 2020, Human Resources for Health

The need for greater flexibility is often used to justify reforms that redistribute tasks through the workforce. However, "flexibility" is never defined or empirically examined. This study explores the nature of flexibility in a team of emergency doctors, nurse practitioners (NPs), and registered nurses (RNs), with the aim of clarifying the concept of workforce flexibility. Taking a holistic perspective on the team's division of labor, it measures task distribution to establish the extent of multiskilling and role overlap, and explores the behaviors and organizational conditions that drive flexibly.

[Concepts in Practice: Geriatric Emergency Departments](#)

February 2020, Annals of Emergency Medicine

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This article describes 4 geriatric ED models of care to provide practical examples and guidance for institutions considering developing geriatric EDs: a geriatric ED-specific unit, geriatrics practitioner models, geriatric champions, and geriatric-focused observation units. The advantages and limitations of each model are compared and examples of specific institutions and their operational metrics are provided.

[A randomised controlled trial exploring the impact of a dedicated health and social care professionals team in the emergency department on the quality, safety, clinical and cost-effectiveness of care for older adults: a study protocol](#) October 2019, *Trials*
Older people are frequent emergency department (ED) users who present with complex issues that are linked to poorer health outcomes following the index visit, often have increased ED length of stay, and tend to have raised healthcare costs. Encouraging evidence suggests that ED teams involving health and social care professionals (HSCPs) can contribute to enhanced patient flow and an improved patient experience by improving care decision-making and thus promoting timely and effective care. However, the evidence supporting the impact of HSCP teams assessing and intervening with older adults in the ED is limited and identifies important methodological limitations, highlighting the need for more robust and comprehensive investigations of this model of care. This study aims to evaluate the impact of a dedicated ED-based HSCP team on the quality, safety, and clinical- and cost-effectiveness of care of older adults when compared with usual care.

[Impact of early assessment and intervention by teams involving health and social care professionals in the emergency department: A systematic review](#) July 2019, *PLoS ONE*
Dedicated Health and Social Care Professional (HSCP) teams have been proposed for emergency departments (EDs) in an effort to improve patient and process outcomes. This systematic

review synthesises the totality of evidence relating to the impact of early assessment and intervention by HSCP teams on quality, safety and effectiveness of care in the ED. **Methods** A systematic literature search was conducted in April 2019 to identify experimental studies examining the effectiveness of ED-based HSCP teams providing services to adults aged 18 years old and including two or more of the following disciplines: occupational therapist, physiotherapist, medical social worker, clinical pharmacist, or speech and language therapist.

[Implementing an allied health team intervention to improve the care of older adults in the emergency department: Protocol for a process evaluation](#) July 2019, *BMJ Open*
Health and social care professionals (HSCPs) have increasingly contributed to enhance the care of patients in emergency departments (EDs), particularly for older adults who are frequent ED attendees with significant adverse outcomes. For the first time, the effectiveness of a HSCP team intervention for older adults in the ED has been tested in a large randomised controlled trial.

[A mixed methods study of the impact of consultant overnight working in an English Emergency Department](#) May 2019, *Emergency Medicine Journal*
There is a growing expectation that consultant-level doctors should be present within an ED overnight. However, there is a lack of robust evidence substantiating the impact on patient waiting times, safety or the workforce. **OBJECTIVES:** To evaluate the impact of consultant-level doctors overnight working in ED in a large university hospital. **METHODS:** We conducted a controlled interrupted time series analysis to study ED waiting times before and after the introduction of consultant night working. Adverse event reports (AER) were used as a surrogate for patient safety.

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[An emergency department based children's mental health liaison service](#) May 2019, Archives of Disease in Childhood

*OpenAthens login required**

To measure the safety, quality and cost-effectiveness of a child and adolescent mental health service (CAMHS) embedded in a paediatric emergency department (PED). Methods A prospective interventional study. Children and young persons (CYP) aged up to 16 years presenting to the PED with a psychiatric emergency during Monday to Friday between the hours of 0800 to 2300 were assessed by a CAMHS clinician based in the department over a 3 month period.

[Triple R: Rapid registrar review to improve flow through majors in the paediatric emergency department](#) May 2019, Archives of Disease in Childhood

*OpenAthens login required**

As attendances and acuity rise, providing exemplary care in the Paediatric Emergency Department (PED) whilst maintaining safe patient flow can challenge even the most organised departments. This is particularly important for the sickest children in PED: those in majors. Although Rapid Assessment and Triage/Treatment (RAT) in adult patients is well described in the literature, very little has been published about its use in paediatrics. We aimed to develop a paediatric RAT tool.

[The impact of general practitioners working in or alongside emergency departments: a rapid realist review](#) April 2019, BMJ

Open

Worldwide, emergency healthcare systems are under intense pressure from ever-increasing demand and evidence is urgently needed to understand how this can be safely managed. An estimated 10%-43% of emergency department patients could be treated by primary care services. In England, this has led to a policy proposal and £100 million of funding (US\$130 million), for emergency departments to stream appropriate patients to a co-located primary care facility so they are 'free to care for the

sickest patients'. However, the research evidence to support this initiative is weak.

[The impact of different liaison psychiatry models on the emergency department: A systematic review of the international evidence](#) April 2019, Journal of Psychosomatic Research

This review aimed to evaluate the current evidence for what impact different Liaison Psychiatry (LP) services are having on Emergency Departments (ED). Mental Health (MH) problems contribute to 12 million annual US ED attendances and 5% in the UK. METHODS: Databases were searched for articles describing LP services for adult MH patients attending EDs which reported ED care-related outcomes, published since 2000.

[Review article: A scoping review of physiotherapists in the adult emergency department](#) February 2019, Emergency Medicine Australasia

*Abstract only**

To provide an overview of the literature that considers physiotherapists working in the ED in relation to their roles, training levels, patient profile, safety, effectiveness, efficiency, cost-effectiveness and the provision of low-value care.

[A study of nurse-based Injury Units in Ireland: An emergency care development for consideration worldwide](#) January 2019,

The International Journal of Health Planning and Management

*Abstract only**

The aim of this 2018 research study was to determine why nurse-based Injury Units were developed in Ireland and how they function in the Irish healthcare system, including what they contribute in relation to addressing the healthcare needs of Irish citizens. A document review was completed and interviews of nurse practitioners and physicians working in Irish Emergency Rooms (ERs) and Injury Units, as well as nurse managers with responsibility for Injury Units and health service executives who helped design Injury Units.

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[General practitioners and emergency departments \(GPED\)-efficient models of care: a mixed-methods study protocol](#)

October 2018, BMJ Open; Oct 2018

Pressure continues to grow on emergency departments in the UK and throughout the world, with declining performance and adverse effects on patient outcome, safety and experience. One proposed solution is to locate general practitioners to work in or alongside the emergency department (GPED). Several GPED models have been introduced, however, evidence of effectiveness is weak.

[Prudent healthcare in emergency departments: a case study in Wales](#)

March 2018, Emergency Nurse

To deliver a patient-centred service, emergency departments (EDs) must be efficient, effective and meet the needs of the local population. This article describes a service redesign of unscheduled care in a hospital in Wales, which followed the principles of prudent healthcare to improve patient experiences.

[Occupational therapists in emergency departments: a qualitative study](#)

March 2018, British Journal of Occupational

Therapy *Abstract only**

Globally occupational therapists are establishing their role in emergency care, especially in emergency departments. This practice development merits investigation due to its nascence and the challenges that face emergency department professionals. The researchers concluded that occupational therapists are establishing their presence in the emergency department; professional identity is forming and the practice paradigm requires further consideration.

[Ambulatory emergency care: improvement by design](#)

February 2018, Medicine Journal

Ambulatory emergency care (AEC) has been developed by clinicians as a means of providing emergency care without the

traditional bed base of a hospital. Given that AEC is provided in a clinic-style setting, it can continue to operate during periods of high bed occupancy, alleviating bed pressures and continuing to provide timely care for selected patients.

[Emergency Departments and Occupational Therapy: Integration, unscheduled care and over-crowding](#)

October 2017, International Journal of Integrated Care
Occupational therapists are well-placed to address some of the issues around unscheduled care. This is because they assess and treat people directly in the Emergency Department and determine whether a discharge directly home is feasible. There are good reasons why occupational therapists are well-placed to address issues of overcrowding in the Emergency Department. However, based on current evidence, there can only be a limited understanding of its role and efficacy. There is a need for largescale, well designed research studies of occupational therapy within emergency care.

[Primary care services co-located with Emergency Departments across a UK region: early views on their development](#)

October 2017, Emergency Medicine Journal

Co-location of primary care services with Emergency Departments (ED) is one initiative aiming to reduce the burden on EDs of patients attending with non-urgent problems. However, the extent to which these services are operating within or alongside EDs is not currently known. This study aimed to create a typology of co-located primary care services in operation across Yorkshire and Humber (Y&H) as well as identify early barriers and facilitators to their implementation and sustainability.

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[Using systems thinking to identify workforce enablers for a whole systems approach to urgent and emergency care delivery: a multiple case study](#) August 2016, BMC Health Services Research

Overcrowding in emergency departments is a global issue, which places pressure on the shrinking workforce and threatens the future of high quality, safe and effective care. Healthcare reforms aimed at tackling this crisis have focused primarily on structural changes, which alone do not deliver anticipated improvements in quality and performance. The purpose of this study was to identify workforce enablers for achieving whole systems urgent and emergency care delivery.

[Unplanned, urgent and emergency care: what are the roles that EMS plays in providing for older people with dementia? An integrative review of policy, professional recommendations and evidence](#) January 2016, Emergency Medicine Journal

The use of EMS by OPWD is not well understood, although the literature reviewed demonstrated a concern for this group and awareness that services are not optimum. Research in dementia care should consider the role that EMS plays, particularly if considering crises, urgent care responses and transitions between care settings. EMS research into new ways of working, training or extended paramedical roles should consider specific needs and challenges of responding to people with dementia.

Covid-19 and lessons learned

[Evaluating emergency service response to COVID-19: A scoping review](#)

February 2024, BMC Emergency Medicine

The issue of how emergency services (police, fire, ambulance, local authorities) respond to pandemics has received greater research focus recently in relation to the COVID-19 outbreak, which saw agencies going beyond usual roles to support

communities for prolonged periods. A critical appraisal is needed of this published evidence to take stock of what is known about the effectiveness of emergency service response to Covid-19.

[Looking after the emergency medicine workforce: lessons from the pandemic](#) February 2023, Emergency Medicine Journal

In this month's EMJ, there are two reports looking at the well-being of emergency medicine staff during the early stages of the pandemic. These are both small qualitative studies, one from Canada and one from the USA, but the findings will resonate with many clinicians worldwide. The authors have performed a useful service to document and archive their findings to inform better responses in future pandemics. This qualitative research compliments existing quantitative work.

[Frontline experiences and perceptions of Urgent Dental Care centre staff in England during the COVID-19 pandemic: a qualitative study](#) September 2021, British Dental Journal

Following the World Health Organisation declaration of COVID-19 as a global pandemic, routine dental care in the UK ceased, and Urgent Dental Care centres (UDCs) were established to offer remote and face-to-face urgent dental treatment for those in need.

Participants reported experiencing a number of emotional challenges that appeared to be exacerbated by an unsupportive environment, often due to lack of leadership. However, positive experiences and coping strategies were also identified.

Collective and sustained efforts at system level to improve the resilience and mental wellbeing of the current and future dental workforce and integration of dentistry into wider healthcare infrastructures are needed.

[The future of dentistry post-COVID-19: perspectives from Urgent Dental Care centre staff in England](#) September 2021, British Dental Journal

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The pandemic has highlighted the desire from the dental profession for urgent reform of the current NHS dental contract in England. This was directed towards a more resilient, responsive and equitable dental service that is better prepared for current and future challenges.

[Emergency medicine response to the COVID-19 pandemic in England: A phenomenological study](#) December 2020, Emergency Medicine Journal

The COVID-19 pandemic has stretched EDs globally, with many regions in England challenged by the number of COVID-19 presentations. In order to rapidly share learning to inform future practice, we undertook a thematic review of ED operational experience within England during the pandemic thus far.

Health and wellbeing

[Digital stressors and resources perceived by emergency physicians and associations to their digital stress perception, mental health, job satisfaction and work engagement](#) February 2024, BMC Emergency Medicine

Digital technologies are increasingly being integrated into healthcare settings, including emergency departments, with the potential to improve efficiency and patient care. Although digitalisation promises many benefits, the use of digital technologies can also introduce new stressors and challenges among medical staff, which may result in the development of various negative work and health outcomes. Therefore, this study aims to identify existing digital stressors and resources among emergency physicians, examine associations with various work- and health-related parameters, and finally identify the potential need for preventive measures.

[Exploring compassion satisfaction and compassion fatigue in emergency nurses: a mixed-methods study](#) March 2024,

Emergency Nurse *Abstract only**

Compassion fatigue can have detrimental effects on emergency nurses and the quality of patient care they deliver. Ongoing challenges such as operational pressures and the coronavirus disease 2019 (COVID-19) pandemic may have increased nurses' risk of experiencing compassion fatigue.

[The influence of nurse managers' authentic leadership style and work environment characteristics on job burnout among emergency nurses](#)

2023, International Emergency Nursing *Abstract only**

Emergency nurses experience excessive workloads and high job burnout. Limited evidence exists exploring the role of authentic leadership and nurse work environment on job burnout among emergency nurses. Results suggest the importance of providing effective leadership, adequate support to staff, maintaining optimum staffing and resources, and developing nurse managers' authentic leadership to reduce nurses' job burnout.

[Advanced clinical practitioners' inter-shift need for recovery: a cross-sectional survey in emergency medicine](#) July 2022, BMJ

Open

Emergency departments (EDs) in NHS hospitals in England have faced considerable increases in demand over recent years. Most hospitals have developed general practitioner services in emergency departments (GPEDs) to treat non-emergency patients, aiming to relieve pressure on other staff and to improve ED efficiency and patient experience. We measured the impact of GPED services on patient flows, health outcomes and ED workload.

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[Peer assessment after clinical exposure \(PACE\): an evaluation of structured peer support for staff in emergency care](#) November 2021, British Journal of Nursing *Abstract only**

There is an increasing body of evidence that identifies psychological stressors associated with working in emergency medicine. Peer Assessment After Clinical Exposure (PACE) is a structured programme designed to support staff following traumatic or chronic work-related stressful exposure. The first author of this study created the PACE programme and implemented it in one emergency department (ED).

[How emergency nurses cope and motivate themselves to sustain their caring work: An integrative literature review](#) April 2022, Journal of Clinical Nursing *Abstract only**

To sustain themselves in caring work, emergency nurses need to be intrinsically and extrinsically motivated and know how to cope effectively with stressors and work demands. There is need for research examining the relationships between these aspects of emergency nursing work.

["I don't have any emotions": An ethnography of emotional labour and feeling rules in the emergency department](#) April 2021, Journal of Advanced Nursing

This study aims to apply Hochschild's theory of emotional labour to emergency care, and uncover the 'specialty-specific' feeling rules driving this labour. Despite the importance of positive nurse well-being, the emotional labour of nursing (a great influencer in wellbeing) remains neglected.

[The prevalence of stress and burnout in UK emergency ambulance service workers and its impact on their mental health and well-being](#) March 2021, British Paramedic Journal *Abstract only**

To assess the prevalence of burnout among emergency ambulance service workers in one ambulance station; to

determine if there are any variances based on socio-demographic information such as gender, clinical grade and length of service; to examine the distinctions between personal, work-related and patient-related burnout; to identify current workplace interventions to reduce stress and burnout that will improve mental health and well-being.

['You keep going because you don't want to let your team down': Winter pressures and rising COVID-19 cases have put emergency departments at the eye of the storm – and front-line staff are struggling](#) March 2021, Emergency Nurse *Abstract only**

Winter combined with COVID-19 was always set to be the perfect storm for emergency departments (EDs). And with the current wave of the virus peaking at the busiest time of the year for hospitals, it has proved to be just that.

[Insights into nurses' precarious emotional labour in the emergency department](#) January 2021, Emergency Nurse *Abstract only**

The ED is an environment that requires sophisticated but precarious forms of emotional labour. Recognising, valuing and supporting the emotional aspect of an ED nurse's role is essential if emergency services are to remain functional, efficient and humane.

[Measuring 'Need for Recovery' as an indicator of staff well-being in the emergency department: a survey study](#) September 2020, Emergency Medicine Journal *OpenAthens login required**

The Need for Recovery (NFR) Scale is an 11-item questionnaire that assesses how work affects intershift recovery. Items are summated to form a score with a maximum value of 100. Previously reported scores range from 38 in nurses to 55 in miners. This study aimed to determine the NFR Score among ED staff and to identify whether the NFR Score was associated

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with characteristics potentially implicated with recovery from work.

[Effectiveness of interventions to reduce emergency department staff occupational stress and/or burnout: a systematic review](#)

June 2020, JBI Evidence Synthesis

The prevalence of occupational stress and burnout among busy emergency department staff requires urgent attention. This review summarizes the current evidence to provide recommendations on interventions to reduce occupational stress in the emergency department.

[Effectiveness of interventions to reduce emergency department staff occupational stress and/or burnout: a systematic review](#)

June 2020, JBI Evidence Synthesis

The objective of this review was to synthesize the best evidence for the effectiveness of interventions to reduce occupational stress and/or burnout in the emergency department. The prevalence of occupational stress and burnout among busy emergency department staff requires urgent attention. This review summarizes the current evidence to provide recommendations on interventions to reduce occupational stress in the emergency department.

[A longitudinal assessment of occupational stress in Emergency Department Nursing Staff](#)

January 2020, Journal of Nursing Management

To examine perceptions of occupational stress in Emergency Department (ED) nurses and measure the impact of interventions to address them. Background: Cross-sectional studies internationally have established that Emergency Department (ED) nursing staff experience high levels of occupational stress.

['I actually only come to work for the banter': A qualitative study into contributors to emergency department care providers' transitory emotional state](#)

December 2019, Emergency Medicine Journal *Abstract only**

Our affective (emotional) state has far reaching and well recognised implications relating to well-being, teamwork and patient safety. The aim of this novel study was to gain an in depth understanding of factors that influence the transitory emotions of Emergency Department (ED) care providers whilst at work. Method and results Using a pragmatist theoretical lens, a qualitative methodology was selected to explore staff members' experiences of factors generating positive and negative emotions.

[Burnout in the emergency department: Randomized controlled trial of an attention-based training program](#)

May 2019, Journal of Integrative Medicine *Abstract only**

Burnout (encompassing emotional exhaustion, depersonalization and personal accomplishment) in healthcare professionals is a major issue worldwide. Emergency medicine physicians are particularly affected, potentially impacting on quality of care and attrition from the specialty. Objective(s): The aim of this study was to apply an attention-based training (ABT) program to reduce burnout among emergency multidisciplinary team (MDT) members from a large urban hospital.

[Evaluating an intervention addressing stress in emergency department clerical staff](#)

December 2018, Occupational Medicine

The sustained improvements in addressing occupational stressors in these ED clerical workers are encouraging. Further work should examine whether similar improvements can be achieved in clinical staff and for other work stressors such as effort-reward imbalance and organizational justice.

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[The psychological health and well-being of emergency medicine consultants in the UK](#) July 2017, *Emergency Medicine Journal* *OpenAthens login required**

EM consultants experience considerable physical and mental strain. This strain is dynamically related to consultants' experiences of diminishing self-worth and satisfaction, alongside current sociopolitical demands on EM services. Recognising the psychological experiences and needs of EM consultants and promoting a sustainable EM consultant role could benefit individual psychological well-being and the delivery of emergency care.

[Workplace pressures are driving nurses out of emergency care](#)

December 2016, *Emergency Nurse Abstract only**
Nurses are being deterred from working in pressured emergency departments (EDs) because of the associated stress, MPs have warned. A Commons health committee report on winter pressures in emergency care says poor performance has 'become the norm' for some NHS trusts, due to increasing demand for services, insufficient staff numbers and bed-blocking.

Other relevant articles

[Impact of junior doctor strikes on patient flow in the emergency department: a cross-sectional analysis](#) February 2024, *European Journal of Emergency Medicine Abstract only**

Healthcare worker strikes are a global phenomenon. Mortality and morbidity seem to be unaffected by doctor strikes, but there is little evidence on the impact on emergency department (ED) flow and patient characteristics. In March and April 2023, two consecutive UK junior doctor strikes occurred.

[Mapping study for health emergency and disaster risk management competencies and curricula: literature review and cross-sectional survey](#) February 2024, *Globalization and Health*

With the increasing threat of hazardous events at local, national, and global levels, an effective workforce for health emergency and disaster risk management (Health EDRM) in local, national, and international communities is urgently needed. However, there are no universally accepted competencies and curricula for Health EDRM. This study aimed to identify Health EDRM competencies and curricula worldwide using literature reviews and a cross-sectional survey.

[Protecting Emergency Medical Services \(EMS\) Staff from Aggression and Violence in Conflict Encounters \(PEACE1\): A survey of Wales Adults attitudes in 2022](#) 2023, *Journal of*

Psychiatric & Mental Health Nursing

Findings are of particular relevance to individual EDs and NHS England. Addressing the challenges staff are reporting can have positive implications for staff wellbeing, as well as a patient's experience and journey throughout the ED.

[Emergency department staff views of NHS 111 First: qualitative interview study in England](#) 2023, *Emergency Medicine Journal*

NHS 111 is a phone and online urgent care triage and assessment system that aims to reduce UK ED demand. In 2020, 111 First was introduced to triage patients before entry to the ED and to offer direct booking for patients needing ED or urgent care into same-day arrival time slots. 111 First continues to be used post pandemic, but concerns about patient safety, delays or inequities in accessing care have been voiced. This paper examines ED and urgent care centre (UCC) staff experiences of NHS 111 First.

[Psychological safety during the test of new work processes in an emergency department](#) March 2022, *BMC Health Services Research*

Emergency medicine is a complex setting for healthcare delivery which relies on communication, negotiation, teamwork, trust, and

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shared dialog. The nature of the work comprises dealing with emotionally challenging situations and acting under uncertainty. For healthcare staff this poses the need to be adaptive and open to change. Psychological safety is an important component of productive teamwork and learning in such contexts. Edmondson's model of team psychological safety highlights factors which contribute to the development of psychological safety for staff groups and the mediating role this has for team performance.

[Interprofessional barriers in patient flow management: an interview study of the views of emergency department staff involved in patient admissions](#) June 2021, Journal of Interprofessional Care *Abstract only**

Patient flow in emergency departments (EDs) is notoriously difficult to manage efficiently. While much of the attention has focused on the procedures, protocols and pathways in which patients receive their first hours of care, less attention has been paid to the relational factors that make it happen. Our study is the first, to our knowledge, to consider the role of interprofessional barriers, defined as suboptimal ways of working, as perceived by ED staff in patient flow management.

[Important factors for planning nurse staffing in the emergency department: A consensus study](#) May 2021, International Emergency Nursing *Abstract only**

Nurse staffing in EDs requires the consideration of multiple factors to optimise staffing. The complexity of EDs and contextual differences influences the way staffing should be done. Staffing of ED's should be further investigated with specific focus on acuity and workload. Planning adequate nurse staffing in the emergency department (ED) is challenging. Although there are models to determine nurse staffing in EDs, these models do not consider all the factors.

[The practice of emergency radiology throughout Europe: a survey from the European Society of Emergency Radiology on volume, staffing, equipment, and scheduling](#) May 2021, European Radiology *Abstract only**

To obtain information from radiology departments throughout Europe regarding the practice of emergency radiology Methods: A survey which comprised of 24 questions was developed and made available online. The questionnaire was sent to 1097 chairs of radiology departments throughout Europe using the ESR database.

[Solving workforce challenges and promoting flexible working through innovative rostering technology use at Birmingham children's hospital emergency department](#) October 2020, Archives of Disease in Childhood

Workforce management is one of the biggest NHS challenges and the largest expenditure. Workforce recruitment/retention is a growing concern; there is need to better support workforce and flexible working preferences. Better use of technology is seen by many as a route to addressing this. The NHS have mandated electronic rostering by 2021.

[The interplay of roles and routines: situating, performances and patterning in the emergency department](#) June 2020, Journal of Health Organization & Management *OpenAthens login required**

While previous research acknowledges the influence of roles on routine dynamics, roles are largely taken for granted. The purpose of this paper aims at examining how roles and routines interplay in accomplishing work in organizations.

[What does the ideal urgent and emergency care system look like? A qualitative study of service user perspectives](#) April 2020, Emergency Medicine Journal

Policies aimed at diverting care from EDs to alternative services have not been successful in reducing ED attendances and have

contributed to confusion for service users when making care-seeking decisions. It is important that service users are at the heart of decision making to ensure new services meet the needs of those who will be accessing them. In this study, service users were encouraged to think freely about the desirable qualities of an ideal urgent and emergency care (UEC) system.

[Developing an integrated career and competence framework for a whole systems approach to urgent and emergency care delivery](#) January 2020, International Emergency Nursing
The impact of crowding in emergency departments on patient safety, staff wellbeing, residents' education and performance of the wider healthcare systems is a global concern. Attention to whole systems healthcare strategies to improve service efficiency is growing, but staff are not well prepared to deliver care across organizational boundaries. Our study aimed to develop an integrated career and competence framework for whole systems urgent and emergency care.

[Multidisciplinary team attitudes to an advanced nurse practitioner service in an emergency department](#) January 2020, Emergency Nurse *Abstract only*
The aim of this study was to examine an emergency department's (ED) multidisciplinary teams' (MDTs) attitudes towards an advanced nurse practitioner (ANP) service.

[Has the NHS 111 urgent care telephone service been a success? Case study and secondary data analysis in England](#) June 2017, BMJ Open
To explore the success of the introduction of the National Health Service (NHS) 111 urgent care service and describe service activity in the period 2014-2016. DESIGN Comparative mixed method case study of five NHS 111 service providers and analysis of national level routine data on activity and service use.

Competency Frameworks

Urgent and Emergency Care

[Same Day Emergency Care: Competency Framework](#) 2023, NHS England

The Same Day Emergency Care (SDEC) competency framework has been developed in collaboration with a group of SDEC specialists working across a variety of settings across the UK. Contributors include clinical staff such as nursing leads, clinical educators, advanced clinical practitioners in addition to colleagues at NHS England and NHS Elect. We believe that this document will help to support and contribute to the continued growth and development of the nursing workforce within SDEC.

[Urgent and Emergency Care – Emergency Practitioner Framework](#) 2023, NHS England

This document aims to outline the framework for developing the Emergency Practitioner (EP) workforce within the Urgent and Emergency Care (UEC) setting. The aim is to provide the necessary information for those wanting to develop an Urgent Treatment Centre (UTC) service with the necessary information to develop the EP workforce to deliver such a service. The document defines the training and competencies required at the various levels of practice within this workforce. It is noted that UTC services can be either a stand-alone community based or co-located within an acute service, this document provides a framework for both models.

Emergency nursing

[National Curriculum and Competency Framework: Emergency Nursing \(Level 1\)](#)

[National Curriculum and Competency Framework: Emergency Nursing \(Level 2\)](#)

June 2017, Royal College of Nursing

These frameworks, developed by leading emergency nursing experts, are founded on nursing philosophy and detail the depth and breadth of knowledge and skills required of emergency nurses. They offer long overdue clarity on the nomenclature of nursing roles in emergency care settings and provide a clear career structure for those wishing to advance in this specialism.

Paramedics

[Paramedic Specialist in Primary and Urgent Care Core Capabilities Framework](#) College of Paramedics

Health Education England commissioned the development of this Paramedic (Specialist in Primary and Urgent Care) core capabilities framework to support those paramedics working in primary and urgent care and the transformation of services that employ these clinicians in new environments. The capabilities set out what a paramedic is able to do, recognising that the paramedic working in primary and urgent care must be adaptable and not constrained by protocols or prescriptions for practice. The framework describes the knowledge, skills and behaviours that must be acquired, developed and demonstrated in order to safely and effectively manage service users across the lifespan and in often quite challenging situations, whilst retaining responsibility and accountability for those service users.

Ophthalmic / non-medical eye healthcare practitioners

[Ophthalmic Common Clinical Competency Framework \(OCCCF\)](#) Health Education England and The Royal College of

Ophthalmologists

The Ophthalmic Common Clinical Competency Framework (OCCCF) provides standards and guidance for the knowledge and skills required for non-medical eye healthcare professionals to deliver patient care. It is well known that there is a need for a systematic patient-centred approach to multi-disciplinary education and training in order to ensure standardised and recognised competences across all ophthalmic secondary care locations in the UK.

See 4. Acute and Emergency Eye Care

111/Clinical assessment service

[NHS 111 Workforce Blueprint: Workforce Governance Guide](#)

March 2018, NHS England and Health Education England

This document brings together best practice from across the IUC professions to: describe what good support of clinical practice looks like; provide assurance for providers, patients and healthcare professionals; and mitigate against increased indemnity. Caters for the range of registered and non-registered staff working within IUC / NHS 111 call centres including in the Clinical Assessment Service (CAS).

[NHS 111 Workforce Blueprint: Career Framework Competency Based Job Descriptions: Skills for Health Levels 2-6](#) March 2018,

NHS England and Health Education England

This document provides clearly defined roles, supported by competency-based job descriptions and person specifications for roles at Skills for Health Levels 2 to 6 operating within IUC / NHS 111 call centre services.

[NHS 111 Workforce Blueprint: Career Framework Competency Based Job Descriptions: Skills for Health Levels 7-9](#) March 2018, NHS England and Health Education England

This document outlines the person specifications, core and specialist competences for the registered workforce roles at Skills for Health Levels 7-9 within the IUC Clinical Assessment Service (CAS), to provide remote and direct patient contact, clinical supervision and support of non-registered staff.

[NHS 111 Workforce Blueprint: Accreditation and Qualifications Guide](#) March 2018, NHS England and Health Education England

This document provides employers with the information they need to map current job roles to appropriate accredited training or qualifications, including apprenticeship standards.

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