

Evidence Brief: Urgent and Emergency Care

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Produced by the HEE Knowledge Management team Evidence Briefs offer a quick overview of the published reports, research, and evidence on a workforce-related topic.

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Key publications – the big picture

[COVID19: Resetting Emergency Department Care The Royal College of Emergency Medicine](#)

The coronavirus pandemic continues to pose unprecedented challenges to our health service. As we progress beyond the first peak of the outbreak and core health services restart, radical changes need to be made to the delivery of care to ensure that COVID-19 can be managed safely in our Emergency Departments.

[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.

[What's going on with A&E waiting times? Updated March 2020, 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.

[2018 Urgent and Emergency Care Survey Statistical release October 2019, Care Quality Commission](#)

As with the previous survey carried out in 2016, this report shows that the majority of people were positive about most aspects of the urgent or emergency care they received in 2018. Despite widely recognised pressures and challenges on these

services, most results have not significantly changed between 2016 and 2018. Areas where results were less positive point to pressures on staff time or flag persistent issues with leaving hospital or the urgent care centre (also found in other NHS Patient Surveys).

[RCEM Workforce Recommendations 2018 Revised April 2019, The Royal College of Emergency Medicine](#)

Over the last decade, a number of RCEM documents have been produced (available on the RCEM website) that describe in detail ways in which ED staffing requirements can be calculated. The purpose of this document is to, for the first time, build upon these calculations, incorporate current working practices and describe future requirements for ED senior staffing in medium and large emergency care systems. This allows for a clear definition of the ways in which these SDMs can perform to contribute to safe and effective patient care. The staffing requirements for smaller EDs and remote and rural emergency care systems will be described separately.

[The NHS Long Term Plan January 2019, NHS England](#)

We have an emergency care system under real pressure, but also one in the midst of profound change. The Long Term Plan sets out action to ensure patients get the care they need, fast, and to relieve pressure on A&Es. New service channels such as urgent treatment centres are now growing far faster than hospital A&E attendances, and UTCs are being designated across England.

[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

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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](#)

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.

[Safer, faster, better: transforming urgent and emergency care August 2015, NHS Improvement](#)

A guide for local health and social care communities, which details how to redesign models of care through a fundamental shift in the way urgent and emergency care services are provided.

[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.

[Whole system solutions for Emergency and Urgent Care March 2014, ScHARR \(University of Sheffield\)](#)

This report examines the challenges facing emergency and urgent care and discusses the whole system solution which could help to create a system fit for purpose for the future.

[Transforming urgent and emergency care services in England: End of Phase 1 report November 2013, NHS England](#)

This evidence base set out to review the urgent and emergency system in England and draw out evidence to illustrate the main challenges it currently faces.

Case Studies

[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.

HEE Star

More resources and tools are available in the “**In hospital including urgent and emergency care**” section of the [HEE 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.

HEE National Data Programme

HEE 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

[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 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.

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[Easy come, easy go? Time to change our approach to staff retention in emergency medicine](#) June 2021, *Emergency Medicine Journal* (NHS OpenAthens 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.

[NHS aims to expand emergency department workforce to combat pressures](#) October 2017, *BMJ* (NHS OpenAthens required*)

The NHS has unveiled plans to expand the emergency department workforce to tackle current pressures and ensure that the health service meets its “core priority” of improving emergency performance. The blueprint, developed by the Royal

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College of Emergency Medicine, NHS England, NHS Improvement, and Health Education England, commits additional funding to help grow the clinical workforce, reduce attrition in medical training, and improve staff retention in emergency departments around England.

[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

[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 (Abstract only*)

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

[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.

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[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* (Abstract only*)

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.

[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.

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[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.

[Specialist physiotherapist leading in the frailty revolution in Ambulatory Emergency Care at the John Radcliffe Hospital, Oxford February 2020, Age and Ageing](#)

The Ambulatory Assessment Unit (AAU) at the John Radcliffe Hospital aims to provide excellent care for complex patients with varying range of medical presentations. It sees over 50% of the acute take in operational hours, with over 40% of AAU

patients over the age of 70. Staff feedback consistently identified a suboptimal service provided to the frail group within this patient cohort. A dedicated physiotherapist specialising in older people living with frailty joined the team in October 2018 to address this.

[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](#)

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

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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 sustainability of any clinical service. Nurses and paramedics 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* (Abstract only*)

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

[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*

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

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[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.

[Primary care streaming in emergency departments-contexts and mechanisms associated with perceived effectiveness outcomes: A realist evaluation](#) December 2020, Emergency Medicine Journal

Recent policy has encouraged emergency departments (EDs) to deploy nurses to stream patients from the ED front door to GPs working in a separate GP service operating within or alongside an ED. We aim to describe mechanisms relating to effectiveness of streaming in different primary care service models identified in emergency departments. We explored whether patients were appropriately streamed to emergency care, primary care, other hospital services or community primary care services; patient flow (including effects on waiting

times and length of stay in the emergency department); and safe streaming outcomes.

[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.

[How hot is the new 'hot clinic'? Improving access to early consultant review for ambulatory emergency paediatric surgical patients](#) June 2020, British Journal of Surgery

NHS England advocate the use of Ambulatory Emergency Care (AEC) to provide early consultant review of emergency patients not requiring hospital admission. At RMCH, a new paediatric

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surgical 'Hot clinic' was introduced in January 2019 to help alleviate the on-call workload, avoid unnecessary admissions, and facilitate early consultant review of patients. The clinic runs 3 afternoons a week, with 6 patients per clinic. We aimed to evaluate and improve its efficiency.

[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 multitasking and role overlap, and explores the behaviors and organizational conditions that drive flexibility.

[Concepts in Practice: Geriatric Emergency Departments](#) February 2020, *Annals of Emergency Medicine*

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.

[The Role of Health and Social Care Professional Teams in the Emergency Department: A Qualitative Study of Key Stakeholders' Views...67th Annual & Scientific Meeting of the Irish Gerontological Society, Innovation, Advances and Excellence in Ageing, 26–28 September 2019, Cork, Ireland](#) September 2019, *Age & Ageing*

Background Introducing Health and Social Care Professional (HSCP) teams to the emergency department (ED) has increasingly demonstrated benefits for ED patient and process outcomes. However, there is a dearth of research exploring the views of key ED stakeholders on the role of HSCP teams in care delivery in the ED. This qualitative study investigated the perspectives of a wide range of ED stakeholders about HSCP teams working in the ED.

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[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.

[An evaluation of primary care streaming in a tertiary paediatric emergency department](#) May 2019, Archives of Disease in Childhood (NHS OpenAthens required*)

Over the last 5 years, attendances at major emergency departments (ED) have increased by 3000 patients per day. Primary care streaming has the potential to mitigate this increased demand. However, while one UK study in a tertiary paediatric ED found that a co-located General Practitioner (GP) significantly reduced waiting times and admissions, a Cochrane review has concluded there is a lack of evidence to support the effectiveness of primary care services in ED.

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

As attendances and acuity rise, providing exemplary care in the Paediatric Emergency Department (PED) whilst maintaining

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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.

[Impact of Emergency Medicine Consultants and Clinical Advisors on a NHS 111 Clinical Assessment Service April 2019, Emergency Medicine Journal \(NHS OpenAthens required*\)](#)

To compare outcome of clinical advice given by emergency physicians (EPs) versus non-physician clinical advisors (NPCAs) on a UK National Health Service 111 centre. METHOD This was a prospective study conducted between July 2016 and February 2017. We targeted calls in which call handlers using standard NHS 111 clinical decision support software would have advised the caller to attend a hospital ED. These calls were passed to a clinical assessment service (CAS) and reviewed by either an EP (July to November 2016) or an NPCA (December 2016 to February 2017).

[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* (Abstract only*)

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

[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

["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 \(NHS OpenAthens required*\)](#)

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 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.

[Factors associated with burnout in paediatric emergency medicine physicians](#) May 2019, *Archives of Disease in Childhood* (NHS OpenAthens required*)

Healthcare professionals often enjoy the variability, uncertainty and pressure of working in paediatric emergency care, but it is well recognised that working in this environments can lead to stress and burnout. Burnout has a significant impact on the individual themselves, on the patients and patient safety, and on the organisation, with increased sick leave and turnover of staff. Action is required to reduce stress and burnout in healthcare professionals.

[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.

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

[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

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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 \(NHS OpenAthens required*\)](#)

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

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.

Ophthalmology

[The Common Clinical Competency Framework for Non-medical Ophthalmic Healthcare Professionals in Secondary Care: Acute and Emergency Care](#) November 2016, The Royal College of Ophthalmologists

The framework benefits the non-medical HCP workforce within a hospital setting so they can continue to take on expanded roles to help manage demand and to continue to provide safe and efficient care for patients with competencies that are transparent, transferable and based on recognised training. The Framework will also improve opportunities to recruit more non-medical healthcare professionals to take on expanded roles.

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 2028, 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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