**Recommendations issued on medical pathways for acute care**

As the NHS begins to rebuild services back up following the peak of the [**coronavirus**](https://eur03.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.nationalhealthexecutive.com%2FSearch%2Fcoronavirus&data=02%7C01%7C%7C04d86c38578a42be6ac008d82d4ee234%7C84df9e7fe9f640afb435aaaaaaaaaaaa%7C1%7C0%7C637309164104680628&sdata=RGKg4Kg%2FiNVC%2Bd8pkA43VKq%2F3Xjpke4xTRJaDc2%2BB8o%3D&reserved=0) pandemic, a series of recommendations has been issued into how we can improve medical pathways for acute care by several of the colleges and societies involved.

The Royal College of Emergency Medicine (RCEM), Royal College of General Practitioners (RCGP), Royal College of Physicians (RCP) and the Society of Acute Medicine (SAM) have come together to issue the guidance, outlining 10 principles which they feel could successfully support the immediate, positive transformation of urgent and emergency care pathways.

Following Covid-19, patient confidence will need to be rebuilt that they can receive urgent and emergency care in a safe environment, with clinical admissions and numbers of people seeking treatment falling significantly during the lockdown period.

Delivery of that care must remain timely, despite the backlog accrued, and delivered on the basis of clinical need, whether by primary or secondary care services, in the eyes of RCEM, RCGP, RCP and SAM. They have cautioned that inaction could likely lead to crowding, which is dangerous for patients and carers, and makes infection prevention and control impossible.

The 10 outlined principles are:

1. The government should increase investment in primary care, social care, and ambulance services. This will enable us to deliver more care in primary care settings and the patients’ homes 7 days a week. Such care includes minor injury, dressings, and catheter care.
2. Before making any changes or introducing new options, hospitals and local health systems should systematically consider the impact of their plans on equality. They should carry out a rapid impact assessment to make sure plans are not going to exacerbate health inequalities. Where possible, they should aim to improve access.

3.   Secondary care should improve primary care access to specialist advice via dedicated telephone lines. This will increase the ability of primary care to be the gateway to accessing most services and minimise referrals.

4.   Local health systems must develop a 7-day range of options to which 999, general practice and helpline services such as NHS 111 can direct patients. They include pharmacy, minor injury unit, urgent care unit and out of hours GP services, as well as secondary care services. This will strengthen the ability of general practice, 999, NHS 111 and similar to deliver consistent, clinician validated advice as standard.

5.   Hospitals should urgently expand or establish same day emergency care (SDEC) options for primary care, 999 and helpline services such as NHS 111. A wide range of generalist and specialist clinicians should be involved. This will mean more patients receive the right care at the right time.

6.   Any specialty that is responsible for patients who are ‘clinically extremely vulnerable’ should consider SDEC services and alternative points of access for advice or admission. This will protect these patients from being exposed to undifferentiated patients in urgent or emergency assessment areas.

7.   All hospital specialties must prioritise patient flow and work to eliminate delay. Specialty referrals need a rapid response and a management plan that minimises unnecessary admission. This will enable us to quickly move patients from ambulances to be managed in safe areas.

8.   Diagnostic services must be available 7 days a week to maintain patient flow. The standards identified by the Royal College of Radiologists should be taken into account when designing such a service.

9.   Local Authorities and local health systems should expand community care acute follow up schemes. This will help us to reduce delayed transfers of care.

10.  Before someone is discharged from hospital, we must carefully assess the situation they are being discharged to. We need to use intermediate care beds and agree a testing strategy in advance. This will help us rebuild trust between the health and social care sectors.

The full version of the recommendations can be [**read here**](https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.rcem.ac.uk%2Fdocs%2FPolicy%2FImproving_medical_pathways_for_acute_care.pdf&data=02%7C01%7C%7C04d86c38578a42be6ac008d82d4ee234%7C84df9e7fe9f640afb435aaaaaaaaaaaa%7C1%7C0%7C637309164104690627&sdata=9hvUvqNu1Vwm3Qo4gelEA%2BOJLwFfvI6XdI4NmMBAROY%3D&reserved=0), detailing the reasoning and benefits behind each of the proposed changes.