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Lack of hospital beds leading to overcrowded emergency departments

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The Royal College of Physicians and Surgeons of Glasgow supports calls today by the College of Emergency Medicine for urgent action to address bed-blocking in Accident and Emergency Departments.

A lack of hospital in-patient beds is putting increasing pressure on A&E departments as patients cannot be moved from A&E. This leads to bed blocking in A&E departments and contributes to the serious capacity issues being experienced in many UK hospitals.

Reduced hospital bed numbers without question adds to the pressure on A&E departments, as do the challenges of discharging patients who need support in the community which is not available on a 24/7 basis.

Many patients who are referred to, or present at, A&E departments do not need to be there. A combined approach including better integration of health and social care along with earlier detection of illness and better preventative strategies are needed to reduce the strain on our hospitals.

Dr Frank Dunn, President of the Royal College of Physicians and Surgeons of Glasgow, said: “There is no easy solution to the critical issue of exit block. Protection of beds for elective patients for achieving targets clearly is one area which requires addressing. It is also vitally important that we avoid boarding of patients to inappropriate wards. It is well established that patients are put at increased risk with this practice. Optimally resourced and staffed wards must be made available to such patients at all times.

“In the longer term, the smooth transition of patients from the hospital to the community on a 24/7 basis and without delay is key. This will not be achieved without a major injection of resources into all aspects of community care. It is most unfortunate that the problems facing A and E departments relate to factors out with their department and their control.”

Emergency Medicine Consultant, Dr Jason Long, said: “Working with our colleagues throughout the hospital to ensure patient flow is essential in order to remove the pernicious effects of exit block. Full ownership of all hospital staff for the causes of exit block is required. Working collectively we can eradicate exit block and ensure safe and effective care for patients of all ages.”

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Notes to editors
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