

Written evidence submitted by the Royal College of Emergency Medicine (ASC0021)

Introduction

The Royal College of Emergency Medicine (RCEM) welcomes the opportunity to provide evidence to the Health and Social Care Select Committee's inquiry on adult social care. As the professional body representing Emergency Medicine clinicians, we have a unique perspective on how the challenges in adult social care impact the wider health system, particularly emergency departments (EDs), and the patients we serve.

The crisis in adult social care is inextricably linked to the pressures faced by the NHS. Emergency departments often serve as the safety net for individuals whose social care needs are unmet, leading to avoidable hospital admissions, longer stays, and delays in discharging patients safely back into the community. These inefficiencies not only strain NHS resources but also compromise the quality of care for patients and their families. We believe that meaningful reform of adult social care is critical to addressing these issues and ensuring that health and social care services work together seamlessly.

Inaction Costs

One of the most visible consequences is the issue of delayed discharges from hospital, where patients who are medically fit for discharge cannot leave hospital because appropriate social care arrangements are unavailable. There are a variety of metrics for this, including Delayed Transfer of Care (DTC) in 2023-24, over 2.4 million bed days were lost due to DTC in England alone, costing the NHS an estimated £500-600 million annually. On average, 13% of those in a bed are medically fit for discharge but unable to leave, often due to a lack of appropriate social care. These delays also exacerbate crowding crisis in EDs, contributing to record-high waiting times and jeopardising patient safety.

In 2023, more than 1.5 million patients waited 12 hours or more in EDs, with 65% awaiting admission into a bed. In 2024 so far, more than a quarter (28.5%) of patients waiting 12 hours or more went on to wait 24 hours or more - 400,000 people waited 24 hours or more in an Emergency Department. It is well accepted that delays in the ED are associated with increased mortality, a [thematic analysis of 'Prevention of Future Deaths' report](#) relating to UEC found that delays were the leading theme, either to assessment, investigation or treatment. [Jones et al.](#) found that between 2016 and 2018 there was a statistically significant linear increase in mortality from 5 hours after time of arrival at the ED. Applying Jones' et al methodology to the long waits experienced by patients awaiting a bed represented in the previous slide, an estimated 275 excess deaths occurred **each week** in 2023 due to delays.

The human cost of these inefficiencies is equally profound. Patients, particularly older adults, experience unnecessary hospital stays, which can lead to physical and cognitive decline, loss of independence, and increased reliance on long-term care. For example, a week-long delay in discharge can result in a 20% reduction in muscle strength in older patients, significantly impacting their recovery prospects.

Recommendations

- Allocate targeted funding to reduce delayed discharges and expand access to community-based services, ensuring individuals receive the support they need to remain in their homes or transition out of hospital safely.
- Establish a long-term funding model for adult social care that accounts for rising demand due to demographic changes, preventing recurrent crises caused by short-term financial measures.
- Accelerate the integration of health and social care services, with a focus on shared accountability, joint commissioning, and aligned funding streams to deliver seamless, person-centred care.
- Scale up successful pilot programs, such as hospital-at-home models and rapid response teams, to reduce reliance on acute hospital settings and improve patient outcomes.
- Expand preventive care initiatives, including early intervention services and comprehensive care packages, to reduce emergency admissions and alleviate pressure on EDs.
- Treat adult social care with the same strategic importance as the NHS, acknowledging its vital role in maintaining system-wide resilience and ensuring timely access to care for the population.
- Incorporate the costs of inaction on social care reform into fiscal decision-making processes, including the Budget and Spending Reviews, to provide a full assessment of its impact on public services and the economy.

December 2024