

Second phase NHS response and impact on Critical Care

The Departments of Health and Social Care across the four nations of the UK retain an overview of the number of new patients presenting to the NHS with COVID-19. At present, it appears that the measures of social distancing and lockdown have worked and we have reached the peak of new cases per day, with the number now plateauing. This has been managed by stopping a lot of NHS activity, including elective surgery, and redeploying staff to help with the critically ill. Many critical care staff, including doctors, nurses and Advanced Critical Care Practitioners, are working significant additional hours or periods on-call to manage the current numbers of patients.

FICM and BACCN therefore recommend that NHS activity that has currently been frozen should not be reintroduced in a Health Board / Trust if it is likely to have a detrimental impact on critical care until we reach double surge capacity (a ratio of 2 patients to every 1 ICU qualified nurse).

Dr Alison Pittard, Dean of the Faculty of Intensive Care Medicine, said:

“ There is an understandable need to begin discussions on how to restart normal NHS activity. However, just as the Government is taking an evidence-based view that lockdown measures must be lifted carefully to prevent another increase in cases, we must make the same cautious approach to reintroducing normal NHS activity that impacts on critical care.

Ms Nicola Credland, Chair of the British Association of Critical Care Nurses, said:

“ We currently remain in full surge (with an average ratio of 6 patients to every 1 ICU qualified nurse) and a reintroduction of activity that requires critical care would not currently be sustainable. We need to ensure that discussions regarding restarting normal NHS activity take into consideration the impact on critical care nurses who have been working under extreme conditions and who are physically tired and psychologically traumatised. Patient and staff safety must be given priority whilst accepting we must be pragmatic and mindful of the needs of non Covid patients.

NOTES TO EDITORS:

The Faculty of Intensive Care Medicine was founded in 2010 and has well over 3,500 members, making it the largest organisation of critical care medical professionals in the UK. The Faculty is the professional and statutory body for the specialty of intensive care medicine, the doctors who lead critical care services and Advanced Critical Care Practitioners. <https://www.ficm.ac.uk/faculty-membership/about-faculty>

The British Association of Critical Care Nurses is a leading non-profit organisation dedicated to the promotion of nursing in critical care. It provides a national voice to shape the strategy for critical care nursing. <https://www.baccn.org/about/>

Intensive Care, also known as critical care, is a place in every acute hospital that manages patients who are critically ill. Critical care is normally divided into two units, a Higher Dependency Unit and an Intensive Care Unit (although they may physically inhabit the same floorspace). <https://www.ficm.ac.uk/faculty-membership/about-intensive-care>