

Delivery plan for recovering urgent and emergency care services

In the [Autumn Statement 2022](#), the government set out two headline targets for recovering urgent and emergency care (UEC) performance across the NHS. They were reducing average category two ambulance response times to 30 minutes and improving A&E waiting times over 2023-24, with further improvements expected in 2024-25.

The current [operational planning guidance](#) is clear that improving patient flow and reducing bed occupancy to at least 92% is key to achieving the required improvement. The [new UEC recovery plan published today](#) builds on both of these, setting specific measures and actions trusts and systems can take to achieve these ambitions over the next two years.

This briefing highlights the key points from the recovery plan and includes NHS Providers' view of the priorities and actions.

Key points

- The delivery plan acknowledges that staff across the NHS prepared extensively to meet winter pressures, following [NHSE's Winter Resilience Plan](#). It highlights that delayed discharge alongside high demand caused by Covid-19 and flu, has meant bed occupancy was too high and patient flow has been too slow.
- As such, the recovery plan is clear that the challenge of recovering urgent and emergency care performance is not confined to ambulance services and emergency departments. The solution will require collaborative working between different providers, across the acute, community, mental health, primary care and social care sectors, led by local systems.
- Meeting these challenges will require a long-term, sustained effort and the plan describes how future reform and improvement needs to be focussed on five key areas; increasing

capacity in UEC, growing the workforce, improving discharge, expanding out of hospital care and improving patient choice. This plan sets out initial steps across each of these areas.

- The key deliverable over the next two years will be improving patient flow, in order to improve UEC performance – specifically working toward improving average category two ambulance response times and reducing A&E waiting times. The government has previously committed funding to achieve this, including £1 billion to build UEC capacity, £150 million capital funding to support mental health UEC and £1.6 billion of additional social care discharge funding to be pooled into the Better Care Fund. The plan describes how this previously announced money will be used.

Increasing urgent and emergency care capacity

The recovery plan explains NHSE's view that to reduce time spent in A&E and reduce bed occupancy levels, increasing bed and ambulance numbers is key.

Additional bed capacity

Compared to the 2022/23 plan, there will be 5,000 more beds across the NHS in 2023/24. To ensure that this additional capacity is distributed equitably and sustainably, systems are asked to undertake demand and supply profiling by April 2023 to identify areas with the greatest need.

Increasing ambulance capacity

According to NHSE's analysis, handover delays are not the only cause of slower ambulance response times. Increases in staff sickness absence is also a key factor, while an increasing complexity of workload means incidents take longer.

As such, increasing ambulance capacity is key to reducing waiting times. To deliver this, NHSE is asking ambulance services and lead commissioners to:

- Determine their capacity plans for 2023/24 by March 2023 and identify gaps, including looking at ways to reduce sickness absence.
- NHSE will also work with ambulance services and systems to increase capacity by putting in place consistent access to clinical advice, implementing a single point of access for paramedics to get advice from qualified clinicians to ensure patients are referred to the most appropriate services and unnecessary conveyances are cut.

- By Autumn 2023, NHSE plans to increase clinical assessment of calls in ambulance control centres. Work will also continue to develop the “Intelligent Routing Platform” to manage the distribution of calls across England when individual services come under greater pressure.
- In line with the Long-Term Plan, NHSE also plans to increase mental health expertise in ambulance services. This will include ensuring that mental health professionals are embedded in emergency operations centres ahead of winter 2023/24.

Improving processes and standardising care

Reducing variation in care when patients arrive at A&E and ensuring greater consistency in referrals to specialist care, and access to same day emergency care (SDEC) so patients avoid unnecessary overnight stays is a core priority.

Embedding system control centres and implementing new response times for urgent mental health care are also seen as key to improving experience and balancing clinical risk at a population level. To achieve this, NHSE will put in place the following:

- By April 2023, there will be a new “improvement programme” in place to support standardisations.
- Working with systems, NHSE will work to spread best practice in ensuring SDEC services are more resilient next winter and that SDEC capacity is not diverted to other emergency care provision.
- A new frailty Commissioning for Quality and Innovation (CQUIN) incentive will support delivery of frailty services and link funding to quality improvement.
- System control centres will become year-round. Systems will work with local authorities and other partners to ensure capacity, including in care providers, is used effectively and that the NHS provides support where needed.
- Trusts are expected to have electronic bed management capabilities by summer 2023 and NHSE will support all trusts to have implemented appropriate solutions by the end of the year. NHSE will also continue to develop and roll out the A&E admissions forecasting tool.

Increase workforce size and flexibility

The plan acknowledges that staff in UEC services have faced increasing pressure. Over the coming years, NHSE plans to help staff by growing the workforce including a focus on new roles, freeing up staff from the unnecessary burdens which they face in their day-to-day work, and allowing staff to work more flexibly.

A full long-term workforce plan will be published this year, as such NHSE can only set out limited actions to support and grow parts of the workforce in the short term. Specific actions include:

- From April 2023 NHSE will launch a promotion campaign for working in NHS 111 and integrated urgent care. This highlights scope for flexibility in such roles.
- Projected paramedic workforce gaps will be mitigated through undergraduate student intake. A focussed retention improvement plan will also be developed in agreement with ambulance services as part of the current planning process.
- Emergency medical technician numbers will be increased over 2023/24 as part of the plan to grow ambulance sector capacity.
- Increasing the numbers of advanced practitioners in priority areas including in emergency care.
- There are plans to continue the expansion of the mental health workforce within UEC. This includes clinical roles, such as ambulance mental health workers staffing specialist new vehicles.
- NHSE is asking systems as part of the 2023/24 planning round to develop and implement integrated UEC workforce plans based on capacity and demand assessments in line with local population need. These plans will need to consider wider out-of-hospital services, including community services such as rehabilitation, therapy and reablement, and community nursing.
- To scale virtual wards, NHSE will develop a national workforce recruitment capacity and capability plan. This plan will include multi-disciplinary teams, including with training in frailty, access to specialist and consultant oversight required to deliver hospital level care at home, and the therapy workforce.
- Work is also underway with the Home Office to allow greater flexibility for overseas workers and make the visa sponsorship system more straight forward.

Improving discharge

NHS sets out its view that to improve discharge there must be an increase in capacity in step-down services ('intermediate care') and social care, especially domiciliary care. This requires sustained long-term investment, in particular in the social care workforce given the scale of vacancies in the sector. Plans to improve discharge sit across three areas, each with specific actions:

Improving joint discharge

NHSE will continue to support implementation of best practice interventions set out in the [100-day discharge challenge](#). A key example of this is [care transfer hubs](#).

Scaling up intermediate care

Six new 'national discharge frontrunners' have been announced, of which three will focus on intermediate care. NHSE is also doing intensive work with two additional sites to test innovative approaches to intermediate care, including reablement and wrap-around care.

By autumn 2023, NHSE will develop a new planning framework and national standard for rapid discharge into intermediate care, building on the learning from the frontrunner sites.

Scaling up social care

At the Autumn Statement 2022, the government made available up to £2.8 billion in 2023/24 and £4.7 billion in 2024/25 of additional funding to support an increase in capacity and improve the quality of and access to care. The government will set out further details as part of the Local Government Finance Settlement and guidance to local authorities in February, but a key focus will be to increase capacity in social care.

Expanding care outside of hospital

NHSE explains that recovering UEC also presents an opportunity, to provide more care outside of hospital. They set out their ambitions under two headings.

Expanding and better joining up new types of care outside hospital

Key actions here include:

- Improving urgent and community response times, consistently meeting or exceeding reaching 70% of patients within two hours by next winter. Continuing roll out will be achieved through national support and targeted funding, meaning an increase in referrals to UCR in winter 2023/24 and an increase in transfer of patients from ambulance to community services.
- The NHS will roll out adult and paediatric acute respiratory infection (ARI) hubs to provide timely access to same day urgent assessment, preventing hospital attendance and ambulance conveyances.
- Expanding community mental health services and building on the recent expansion of community-based crisis services to ensure that all systems have a range of open-access age-appropriate services which meet local population needs, alongside 24/7 crisis resolution and home treatment provision.
- Systems will continue to roll out high intensity user services, adopt good practice in supporting patients who are experiencing homelessness or rough sleeping, and embedding family

support workers in A&E settings to provide additional support to children and families presenting with non-urgent issues.

Expanding virtual wards

NHSE is currently developing virtual wards at scale through investment in community provision for conditions including frailty, acute respiratory conditions and heart failure. 7,000 virtual beds have already been rolled out, and the plan is to scale up capacity to above 10,000 by next winter. Utilisation of virtual wards should increase from 65% to 80% by September 2023. In the longer term, as advances are made in 'point of care' diagnostics and remote monitoring, virtual wards will be a standard alternative to acute care in hospital across a range of conditions.

Making it easier to access the right care

The central ambition here is make it easier for patients to access care without feeling they have to go to A&E or call 999. To help achieve this NHSE will:

- Expand advice offered through nhs.uk and NHS 111 online to provide dedicated paediatric advice and guidance for families to support decision making around care options.
- Undertake a review of 111 services, including trials of 111 First. The review will also explore the potential to incorporate advancements in technology, including AI and machine learning, within 111 services.
- ICBs will also be asked during 2023/24 to commission the clinical assessment of a greater proportion of NHS 111 category 3 or 4 ambulance dispositions.

Delivering the plan

The recovery plan is intended to set out a framework for systems to deliver improvements. Delivery should align with [the NHS operating framework](#) and ICBs will be accountable for improving the core performance standards. ICBs are expected to work with partners, including trusts, to agree plans to achieve recovery in the next two years.

ICBs and local authorities should also work with providers to undertake systematic capacity and demand planning, with the aim of understanding the expected levels of need for social care and intermediate care services in their local area and developing shared plans to meet this need.

Delivery of local plans will be monitored by regional and national teams, providing oversight, support and intervention as appropriate to ensure delivery of the plans.

NHS Providers view

Given the scale of the pressures facing the NHS and its impact on patients and staff, this plan offers an important step forward to help address unprecedented demand for urgent and emergency care pathways and ensure patients can access timely care in the right setting

We are particularly pleased to see the plan acknowledge the need to build capacity in a number of services across the system in order to alleviate pressures on UEC pathways. This includes investment in ambulance services and the provision of more specialist mental health ambulances, an expansion of urgent community response, virtual wards and rehabilitation and reablement and a focus on recruitment and retention within 111 services.

The targets to recover UEC will be challenging for trusts, but trust leaders tell us they are realistic. In our view, the government is right to be taking a multi-year approach to recover performance against these indicators.

NHSE's assessment of the challenge also rings true. We agree that high bed occupancy and delays discharging people from hospital to their own homes with support, or into community and social care settings, are key drivers of delays in patient flow and consequently in urgent and emergency care. In conjunction with the other measures announced within the plan, a clear focus on increasing bed numbers is one important step in the right direction.

However, the success of the plan will depend on the recruitment and retention of staff with the right skills mix to expand capacity and meet the new commitments. We look forward to the publication of the NHS long-term workforce plan, which must bring forward clear measures and funding to tackle record the workforce shortages in the NHS. More focus will also be needed to support staff wellbeing and tackle stress, a core driver of high sickness rates.

We also continue to make the case to government for sufficient capital investment in the NHS. This will be critical if trusts are to expand their bed base, expand the ambulance fleet and expand virtual wards, sustainably as described in the plan. The measures in the plan require investment in safe, high quality environments in which staff can care for patients - as well as investment in equipment and new technologies.

We look forward to working with NHSE, and government, and with trust leaders, as the delivery plan is implemented.

Commenting on the delivery plan, Saffron Cordery, Interim Chief Executive at NHS Providers said:

“New measures including the expansion of virtual wards and services for falls and frailty will help ease some of the strain on urgent and emergency care services. It is a timely announcement as trust leaders battle with record-high pressures on the entire health and care system.

“Throughout what has been an incredibly challenging winter for the NHS, trusts have been working tirelessly to boost capacity via more beds, virtual wards, investment in mental health pathways and ramping up the number of 111 and 999 call handlers.

“However, though these new measures are welcome, they are not enough in themselves. We desperately need action to tackle the vast workforce shortages, staff exhaustion and burnout, and the inability to free up capacity by discharging medically fit patients in a safe and timely way.”