



BRIEFING: Urgent and Emergency Care Recovery 10 Point Action Plan

The Urgent and Emergency Care (UEC) Recovery 10 Point Action Plan was published in September 2021. It detailed how the whole system would work together to recover UEC services. Despite this, Winter 2021/22 was one of the worst winters on record for the NHS. RCEM welcomes the Chief Executive of NHS England's recent comments about the current level of operational pressure placed on the UEC system, particularly the recognition of the unacceptable levels of crowding and corridor care that exists in our Emergency Departments (EDs). The forthcoming winter plan must outline steps for recovery, and contain clear timelines, targets, and lines of accountability in order to facilitate recovery of the UEC system. This briefing assess performance against the stated aims of the 10 Point Plan.

KEY

Good	
Requires improvement	
Inadequate	

Commitment	Assessment	Status
Supporting 999 and 111 services	This commitment was backed by £150 million funding to support 999 and 111. The time taken to answer NHS 111 calls was lower in the first three months of this year than the preceding three months and the proportion of calls abandoned also fell. However, this did not help to ease crowding in EDs. Ambulance response times continue to exceed national standards although in May only 387 patients waited 10 or more hours for hospital handover down from 700 in March 2022. There should be none over 60 mins.	
Supporting primary care and community health services to help manage the demand for UEC services	Capacity needs to be expanded to allow primary care to take ownership of unscheduled patients that do not require urgent or emergency treatment. The plan did not detail steps the NHS would take to expand capacity in the primary care service and the size of the GP workforce is falling. Community health teams have not been adequately supported as data published on urgent response services for April 2022 revealed huge regional variation in the number of referrals for a two-hour response.	
Supporting greater use of Urgent Treatment Centres	Attendances to UTCs increased when compared to winter 2020/21, however they were still well below pre-pandemic levels. Despite this, 4-hour performance declined, raising questions about the role and suitability of UTCs in increasing slack in the UEC system.	
Increasing support for Children and Young People	Although there has not been a significant increase in mental health presentations for children aged 5-14, young patients presenting to EDs with mental health concerns requiring admission continue to endure long stays in the inappropriate environment of a busy ED.	
Using communications to support the public to choose services wisely	There is no indication of whether the communication campaigns helped the public make informed decisions about where to access urgent and emergency care. Furthermore, even if patients were successfully informed, this does not mean that there are services available.	
Improving in-hospital flow and discharge	The plan failed to address and improve patient flow through hospitals. This winter, average bed occupancy stood at 91.9%, six percentage points higher than the year before. This winter also saw the highest numbers of long stay patients in hospital for seven, 14 and 21 days or more since winter 2017/18. There was a substantial increase in ambulance handover delays. By week 13 of the Winter Sit Reps, delays as a proportion of arrivals were 2.7 times higher than the previous year.	
Supporting adult and children's mental health needs.	Mental health patients continue to endure long stays in the ED. There is no transparency on whether commitments were met and no indication whether NHS England shared data with providers and ICS' on total attendances and 12 hour waits in ED for mental health patients. If this commitment was met, the data was not published. This was intended to bring transparency and identify systems with highest mental health pressures for the first time.	
Reviewing Infection Prevention and Control (IPC) measures to ensure a proportionate response.	Despite the plan outlining an expectation of no corridor care, in March 2022, NHS England reported the largest monthly increase on record for the number of 12-hour waits from decision to admit, with an increase of more than 6,000 from the 16,404 recorded in the previous month. Most IPC measures have now been removed, yet EDs continue to experience high instances of corridor care. Any future UEC strategy must tackle the root causes of crowding by eliminating exit block. High numbers of covid associated admissions is adding to staffing and capacity pressures.	
Ensuring a sustainable UEC workforce.	The Secretary of State's workforce plan is yet to be published, which presents a major barrier for UEC recovery, impacting staff morale and capacity in the system. Same Day Emergency Care (SDEC) can help to prevent unnecessary admissions and ease workload pressures on already strained staff. RCEM's November 2021 Snap Survey of Clinical Leads revealed only 10% had wide ranging SDEC in place for 12 hours a day, seven days a week. 81% of Trusts that responded had limited or no effective SDEC in their department.	

The 10 Point Action Plan has failed in its aims to mitigate against current pressures and improve performance in all settings. The plan itself acknowledged that full recovery of the UEC pathway "will take time and require actions beyond this plan". Despite this, the Government has recently indicated that the 10-Point Plan is the recovery plan for the UEC system. There must be greater transparency and accountability in any forthcoming UEC strategy if we are to see improvements in performance and standard of care.