



RCEM
Royal College
of Emergency
Medicine

Patron: HRH Princess
Royal
Octavia House
54 Ayres Street, London
SE1 1EU

Tel +44 (0)20 7404 1999
rcem@rcem.ac.uk
www.rcem.ac.uk

RCEM briefing on Oral questions: Financial resources allocated for additional beds, extra ambulances, and the recruitment and training of extra NHS staff to fulfil the Prime Minister's pledge to strengthen the NHS

May 2023

To fulfil the Prime Minister's pledge to strengthen the NHS, the Government and NHS England must continue to invest in and implement the Delivery Plan for the Recovery of Urgent and Emergency Care services. The allocation of financial resources remains critical to the recovery of the emergency care system and our ability to ensure the provision of timely and high-quality care to patients. In addition, transparent and meaningful metrics that facilitate performance improvements and better patient outcomes are integral to driving positive change. Therefore, whilst we welcome the first steps taken by the Government and NHS England, we must ensure that good progress is being made against the plan in order to fulfil its pledges over the next two years.

Insights

- In March 2023, there were 823 fewer general and acute beds in service than in January 2023 when the Government published the recovery plan.
- NHS England has started to publish Time of Arrival (TOA) data as part of their monthly A&E attendance and admission release. We welcome the publishing of these data as an essential step toward transparency and recovery.
- Hospitals and Emergency Departments (EDs) continue to experience a lack of flow, resulting in long and unnecessary waiting times in EDs.
- This lack of flow is evident in bed occupancy. So far in 2023, bed occupancy has hovered at 93%, 8 percentage points above the 85% recommendation.
- In February 2023, 125,505 patients waited 12 hours or more from their TOA, 21.5% higher than in February 2022.
- The prevalence of 12-hour Decision to Admit (DTA) waits has increased, which means that our most vulnerable patients are spending prolonged lengths of time in EDs.
- In England the number of care hours per full time equivalent Emergency Medicine consultant and nurse have doubled since 2019, despite 2019 and 2022 having a comparable number of attendances.
- 800 new ambulances were promised with a 10% fleet increase. However, vehicles being ordered by Trusts are primarily replacements.

Policy context

Our emergency care system faces an unprecedented crisis. For a long time, there has been a burgeoning mismatch between demand and capacity in Emergency Departments (EDs) and the wider health and social care system, compromising the delivery of timely and effective emergency care. Unfortunately, 2022 was a record-breaking year for poor performance across the emergency care pathway. Our hospitals ran too full and hot; challenges in the discharge system and high levels of general and acute bed occupancy resulted in poor patient flow throughout hospital systems. This poor patient flow triggers a domino effect, causing delays to the admissions of our most vulnerable and sickly patients, overcrowded EDs with the worst four-hour performance on record and an inability to accept new patients, with significant ambulance delays. December 2022 saw record-low four-hour

performance; record-high waits of 12 hours or more from when the decision to admit was made; and the worst ambulance waits in memory. In January 2023, the [Government outlined major plans for the Recovery of urgent and emergency care services](#).

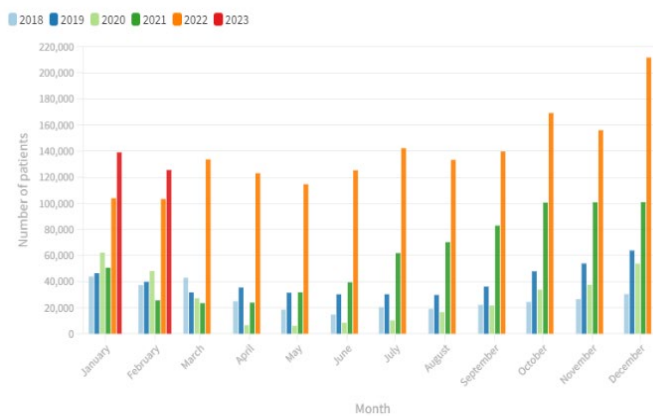
The two-year delivery plan pledged to improve waiting times and patient experience by increasing capacity, dedicating £1 billion of funding toward additional capacity, 5,000 new beds as part of the permanent bed base with the ambition to reduce general and acute bed occupancy to 92% or below, and over 800 new ambulances on the road by next winter. The recovery plan proposed greater use of 'virtual wards', pledging to create 3,000 beds to provide over 10,000 in total by this autumn.

We have long campaigned for meaningful, transparent, and patient-centred metrics that facilitate improvements in patient care and drive positive change. Thus, we welcomed the recovery plan's announcement that NHS England would publish more data on waiting times from April, including 12-hour waits from the patient's TOA. In April, we were pleased to see the publication of these data, representing an essential step in NHS England's implementation of the recovery plan.

Different metrics capture different patient journeys and clinical pathways. The number of TOA and DTA waits, as well as performance against the four-hour standard, are all metrics that measure distinct aspects of patient crowding in EDs. The recovery plan clarified that the four-hour standard will stay, affirming a commitment to the standard by setting an intermediate target of 76% to be achieved by the end of 2024. Four-hour performance in England has not exceeded 76% since May 2021. Moreover, we are concerned that such an unambitious target will incentivise hospitals to prioritise minor patients, allowing them to meet the target while neglecting patients needing admission.

What the data tells us

Emergency Department attendances of 12 hours or more, measured from patient's time of arrival.



Source: NHS England



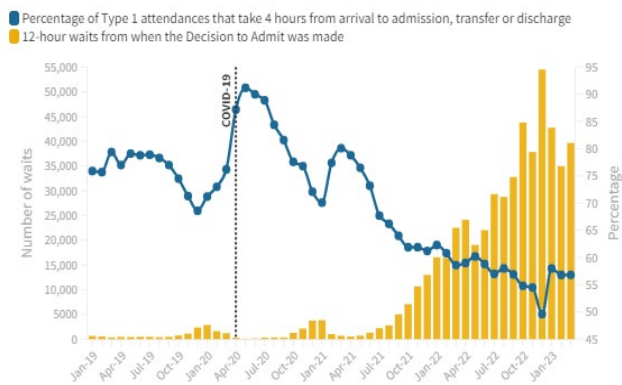
Hospital bed occupancy and ED waiting times are important indicators of pressures in the health system. To ensure patient flow and safety, [a hospital should be at most 85% bed occupancy](#). In 2022, general and acute bed occupancy consistently hovered around 95% and never dropped below 93%. Despite the ambitions and targets outlined in the recovery plan, general and acute bed occupancy in 2023 has remained high, hovering around 93%. In March 2023, there were 99,223 general and acute beds in service, nearly 1% less than in January 2023 (100,046 beds) when the Government published the recovery plan.

The effects of high bed occupancy can be seen in the increasing prevalence of extremely long patient waiting times in EDs. In 2022, Type 1 performance against the four-hour standard in England did not once exceed 63%, averaging 57.5%. So far in 2023, Type 1 performance against the four-hour standard has not exceeded 58%. In 2022, NHS England reported that 347,703 patients waited 12 hours from the DTA was made, and 1,656,206 patients waited 12 hours or more from their TOA at an ED, accounting for 10.2% of all Type 1 attendances.

So far this year, DTA and TOA performance is already worse than in the same months in 2022. In February 2023, 125,505 patients waited 12 hours or more from their time of arrival, 21.5% higher than in February 2022 (103,302 TOA waits). This means that in February 2023, 11.17%

of Type 1 attendances waited 12 hours or more from their time of arrival. In February 2023, 34,976 patients waited 12 hours or more from when the decision to admit them was made, 113.2% higher than in February 2022 (16,404). These are often the most vulnerable of our patients, and they are being placed at greater risk of harm due to unnecessarily long waits for admission.

The Relationship Between the 4-Hour Target and 12-Hour Waits



Source: NHS England



In our analysis of Emergency Care Winter Situation Reports, we found that despite a yearly decrease in ambulance arrivals (-8.2%), a larger percentage and a larger overall number of ambulances experienced delays. 28.3% of all ambulances in England (21,536 ambulances) experienced delays of 30 minutes or more. This is an increase of 31% on winter 2021/22 which saw 21.6% of ambulances delayed (18,027 ambulances). Two paramedics staff each ambulance, so one ambulance being delayed represents two paramedics out of action. Winter 2022-23 saw a total of 462,161 hours lost due to ambulances being delayed.

Recommendations

We welcome and recognise the Government and NHS England’s much needed investment in the Emergency Care system and the wider health and social care system. To fulfil the Prime Minister’s pledge and the recovery plan for emergency care services, we make the following recommendations:

- The Government and NHS England must open enough staffed beds so that hospitals run at no more than 85% occupancy.
- UK Governments must fund an expansion of community and social care to ensure patients are discharged safely and promptly when their medical care is complete.
- The Government must resource the health and social care system and outline plans to meet the 95% four-hour standard in the long term.
- The Government must publish hospital-level performance figures to provide transparency and better opportunities for benchmarking.

Help us to improve patient care by highlighting progress against the recovery plan, and our recommendations. These problems are fixable and together we can [Resuscitate Emergency Care](#). If you have any questions, please get in touch with the Policy team via policy@rcem.ac.uk.