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RCEM briefing on: Current performance of the NHS and innovation in the health service.

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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. 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 May 2023, there were 2,002 fewer general and acute beds in service than in January 2023 when the Government published the recovery plan.
- NHS England has started to publish data on the number of patients waiting 12 hours or more from arrival 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 fluctuated around 93%, 8 percentage points above the College's recommendation of 85%.
- In May 2023, 113,100 patients waited 12 hours or more from their time of arrival, accounting for 8.1% of Type 1 Emergency Department attendances.
- 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.

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.

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 time of arrival. The recovery plan reaffirmed a commitment to the four-hour 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 patients who have less complex medical needs, allowing them to meet the target.

Additionally, we are calling on NHS England to publish performance data by hospital, rather than Trust. There is a disparity between Trust-level and Type 1 performance. The NHS Trust level scores conceal the decline in Type 1 performance, the gap between these figures has increased overtime. In 2022, there was, on average, a 14.1 percentage point difference between Type 1 performance and NHS Trust level performance. National figures also mask huge variation across different NHS Trusts. Providing more granular data can help policymakers and clinicians identify areas where improvements are needed and take action to address them, ultimately leading to better health outcomes for patients.

What the data tells us

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



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%. In May 2023, there were 98,404 general and acute beds in service and the occupancy rate was 93.2%,

The effects of high bed occupancy can be seen in the increasing prevalence of extremely long patient waiting times in EDs. Four-hour performance at Type 1 Emergency Departments was 60.4%. This represents a 0.5 percentage point decrease from the

previous month and 0.2 percentage point increase from May 2022. Additionally, 122,423 patients spent more than four hours in an Emergency Department from decision to admit to admission (also referred to as 'trolley waits') this is a 7.9% increase compared with April, and a 0.3% decrease compared with May 2022. High bed occupancy levels and 'trolley' waits are closely linked as delays in discharging patients mean EDs are unable to admit patients to a bed, causing delays for patients and poor flow through our hospitals. The system continues to be gridlocked.

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.