Seventy-third report of Session 2022-23

Department of Health and Social Care

Access to urgent and emergency care

Introduction from the Committee

People who need unplanned or urgent care can access several different NHS services depending on the severity of their issue. These services include access to general practice; community pharmacy; 111 calls; 999 calls; ambulance services; urgent treatment centres; and accident and emergency (A&E) departments. These services have been under increasing pressure in recent years, particularly since the start of the COVID-19 pandemic. General practices have seen record levels of attendance, and December 2022 saw the highest number of recorded A&E attendances. Bed occupancy levels were similarly at record levels in the final quarter of 2022–23. In 2021–22 there were close to half a billion patient interactions across these key services. The total estimated annual cost of these services is some £21.5 billion a year.

In January 2023, the government and NHS England published a two-year delivery plan to reduce waiting times and improve patients' experiences of urgent and emergency care services. It is too soon to assess whether this plan is working, but the first indication will be how well the NHS copes with winter 2023–24 pressures on services. In June 2023, NHS England also published a long term workforce plan for the NHS, setting out projections of staff requirements for the following 15 years and how it intends to address these.

Based on a report by the National Audit Office, the Committee took evidence on 3rd July 2023 from the Department of Health and Social Care and NHS England. The Committee published its report on 25th October 2023. This is the government's response to the Committee's report.

Relevant reports

- NAO report: Access to Unplanned or Urgent care – Session 2022-23 (HC 1511)
- PAC report: Access to Urgent and Emergency Care – Session 2022-23 (HC 1336)

Government response to the Committee

1. PAC conclusion: The NHS has more money and staff than ever before but has made poor use of it to improve access for patients when they are in urgent need.

1a. PAC recommendation: NHS England should write to the Committee within six months to set out its understanding of the causes for the fall in NHS productivity after COVID-19 and how it will address them, including how it intends to reduce staff absences.

1.1 The government agrees with the Committee's recommendation.

Target implementation date: April 2024

1.2 Despite challenges arising from industrial actions and winter pressures, the NHS is making progress to recover the lost productivity as result of the COVID-19 pandemic. The latest analysis by the Office for National Statistics, the UK's official statistical body, indicate that this fall may have been entirely recovered, with growth in 2021 of between 22.2% and 30.9%. Part of the challenge the NHS has faced is that patients being treated are now more complex than pre-COVID. The higher than pre-COVID level of sickness absence level is another of the factors, affecting workforce productivity in recent years, although the trend is

now declining. The current measurement of productivity also does not fully capture the full range of activities and innovations the sector is delivering, such as expansions of out of hospital care, and is currently being reviewed.

1.3 However, there will always be more opportunity to improve, which is why a key component of the recovery plans for Urgent and Emergency Care and Primary Care and the NHS Long Term Workforce Plan is improving elements of productivity, including reducing staff absences and improving processes.

1.4 Demand for health services is linked both to the number of people the health service is looking after and to the age of the population. As people get older, they develop more long-term medical conditions and need more health care. Independent analysis shows that funding growth adjusted for inflation has been 1-2% in real teams, which is below all estimates of the level required to maintain or improve performance.

1.5 NHS England has encouraged providers to achieve even better performance over the second half of 2023 and launched an incentive scheme for those providers with a Type 1 A&E department to overachieve on their planned performance in return for receiving a share of a £150 million capital fund in 2024-25.

1.6 NHS England will elaborate on the understanding of the factors impacting productivity and plans to address these in its letter to the Committee. .

1b. PAC recommendation: The letter should also set out how it plans to better capture and manage patient flows across the whole system and, confirmation of what, if any, costed and budgets plans it has for investment in technology and infrastructure improvements in this area.

1.7 The government agrees with the Committee's recommendation.

Target implementation date: April 2024

1.8 One of the key ambitions of the Urgent and Emergency Care recovery plan is improving patient flow through hospitals, with plans to boost capacity with 5,000 extra core General and Acute beds. In addition to this, NHS England is working with systems to support implementation of digital tools that support decision making in near real time, including the development of System Control Centres (SCCs) and the use of electronic bed-management systems both in hospitals and across other health and care settings. NHS England will also continue to develop and roll out the A&E Admissions Forecasting Tool.

1.9 NHS England is supporting trusts with delivery plans to ensure solutions are in place to benefit all organisations. Within the recovery plan, NHS England has worked with systems to agree plans on bed capacity, Virtual Ward capacity (already reaching the 10,000-bed capacity ambition), Same Day Emergency Care standardisation as well as specific growth in paramedic numbers.

1.10 NHS England will provide a full response and elaborate on the understanding of the factors impacting productivity and its plans to address these in its letter to the Committee.

2. PAC conclusion: NHS England's improvement plans rely on better staff recruitment and retention to address significant shortfalls in the NHS workforce, but we are not convinced that NHS England's current approach will achieve its very optimistic assumptions.

2. PAC recommendation: NHS England should write to the Committee within six months to provide an update on progress with reducing staff shortfalls and improving retention rates. This update should include details of action it has taken and an assessment of whether its original assumptions have proved accurate.

2.1 The government agrees with the Committee's recommendation.

Target implementation date: April 2024

2.2 NHS England has revised the scope of the retention programme, in response to the cost of living impacts and the need to maximise workforce capacity during the extremely challenging winter.

2.3 The Exemplar programme was launched in April 2022 and is based on the idea that by delivering the interventions aligned to the People Promise together in one place, at the same time, improved outcomes for staff, organisations and patients will be achieved, as well as optimum staff satisfaction and retention.

2.4 Exemplar organisations' leaver rates are improving faster than non-Exemplars. All staff leaver rate in Exemplars declined 0.6 percentage points (pp), from 8.9 to 8.3%, compared to 0.3pp in non-Exemplars (9.0 to 8.7%). Nursing leaver rate has declined 0.9pp, from 7.8 to 6.9%, whereas the non-Exemplar group has only decreased by 0.4pp (7.3 to 6.9%).

2.5 The NHS Long Term Workforce Plan considers the challenges facing the workforce over the next 15 years and sets out actions to address them. The collective impact of the Plan's proposals is projected to help reduce the overall leaver rate for NHS employed staff from 9.1% in 2022 to between 7.4% and 8.2% by 2037. This is equivalent to retaining 55,000–128,000 full-time members of staff.

3. PAC conclusion: The quality of patients' access to urgent and emergency care depends too much on where they live, particularly with wide variation in ambulance response times.

3. PAC recommendation: As part of its Treasury Minute response, NHS England should clearly set out the causes of variation in performance, and the specific initiatives it takes responsibility for to bring the worst-performing organisations closer to the standards being achieved by the best.

3.1 The government agrees with the Committee's recommendation.

Target implementation date: February 2024

3.2 NHS England is working to tackle unwarranted variation in performance. Making improvements to Emergency Departments and ambulance performance requires working between secondary, primary, community and social care so the Urgent and Emergency Care (UEC) tiering support offer is taking place at system level to ensure a whole-system approach.

3.3 The UEC recovery plan aims to improve and standardise processes to reduce unwarranted variation in the in-hospital UEC pathway. Specifically, NHS England is working with systems to improve their UEC performance through standardising service in the first 72 hours of care, increasing direct referrals to specialist care and Same Day Emergency Care (SDEC,) including paediatric SDEC, with focus on equitable access and consistency of delivery.

3.4 NHS England's approach will focus on providing maximum support to the most challenged systems, bringing in national experts, NHS England's Emergency Care

Improvement Team and a range of supporters from best practice organisations. A bespoke offer is provided to each system, helping them align their plans to ensure delivery of local UEC recovery. There has been significant improvement in emergency performance over 2023-24 compared to last year, and there is already evidence of these improvements in emergency performance being fastest in some of the most challenged.

3.5 NHS England will write to the Committee in February 2024 setting out the underlying causes of variation in performance as more information will be available at this time.

4. PAC conclusion: Not enough is being done to tackle delayed discharges, which cause inefficiencies both within hospitals and more widely across the care system.

4. PAC recommendation: As part of its Treasury Minute response, the Department should set out what it is doing to address delayed discharges caused by constraints within hospitals, problems in NHS community services, and shortfalls in social care.

4.1 The government agrees with the Committee's recommendation.

Recommendation implemented

4.2 The Department of Health and Social Care is investing an additional £1.6 billion over 2023-24 and 2024-25, on top of the extra £500 million invested in 2022-23, to enable the NHS and local authorities to commission a greater range of services for people who need short-term packages of care and support for rehabilitation, reablement and recovery and to prevent avoidable delays to hospital discharge.

4.3 The Urgent and Emergency Care recovery plan, published in January 2023, sets out a wide programme of measures to tackle delayed discharges from hospital and community settings and improve outcomes for patients. In addition to increased discharge funding, this includes action to improve discharge processes; introduce care transfer hubs in all areas of the country to streamline and improve management of discharges for patients with more complex health and/or social care needs; improve models of rehabilitation and reablement; increase adult social care capacity; provide a more integrated approach to supporting improvements in discharge across health and social care; and improve the use of data and metrics to drive improvements in discharge.

5. PAC conclusion: Given long-standing declines in performance, we are not convinced the Department has sufficiently held NHS England to account for meeting targets and improving urgent and emergency care.

5. PAC recommendation: The Department must improve how effectively it holds NHS England to account for performance against targets for access to urgent and emergency care. It should clearly articulate the respective roles of the Department and NHS England and set out the key steps the Department takes when its monitoring highlights underperformance.

5.1 The government disagrees with the Committee's recommendation.

5.2 While the department approaches all its work in a spirit of continuous improvement, the government nonetheless disagrees with the Committee's recommendation. Parliament has itself articulated the respective roles of the Secretary of State and NHS England in the NHS Act 2006 as subsequently amended (most recently by the Health and Care Act 2022).

5.3 The department maintains effective oversight of NHS England, including over urgent and emergency care and the actions being taken to address the impact of the pandemic and

long-term sectoral challenges under the Delivery Plan for recovering urgent and emergency care services.

5.4 The Secretary of State for Health and Social Care is accountable to parliament and the public for health and care and sets objectives NHS England must seek to achieve through the mandate to NHS England, last published in June 2023. This is assessed annually, bringing together governance for performance against individual objectives in the mandate. The mandate for 2023-24 includes the achievement of urgent and emergency care recovery ambitions.

5.5 NHS England has responsibilities for the oversight and support of health service providers and intervening in the case of poor performance. The NHS Oversight Framework details the overall principles, responsibilities and ways of working for oversight, including the key metrics and factors NHS England will consider when determining support needs, and the circumstances in which it considers formal regulatory intervention may be necessary to address issues. NHS England has also implemented an urgent and emergency care tiering performance and improvement approach to support the delivery of recovery ambitions under the delivery plan, providing targeted support to challenged systems and ambulance trusts on performance issues.

5.6 The department maintains close oversight of NHS England's delivery of emergency care recovery ambitions, including through regular ministerial progress meetings, ongoing engagement with No10 and regular stocktakes led by the Prime Minister. This oversight is underpinned by clear metrics agreed in the Urgent and Emergency Care recovery plan. Headline commitments to improve ambulance and accident and emergency waiting times are closely monitored through official public statistics and a wide range of management information. This informs discussions with the NHS on how to work together to address underperformance.

6. PAC conclusion: The unfunded and uncosted NHS Long Term Workforce Plan risks building in unsustainable financial pressures.

6. PAC recommendation: As part of its Treasury Minute response, NHS England should provide an update to the Committee on the full cost of implementing its workforce plan over the next 15 years, including ongoing staff costs, training and recruitment costs, and the costs and underlying assumptions of necessary wider enablers such as technology and innovation, social care, and infrastructure.

6.1 The government disagrees with the Committee's recommendation.

6.2 In support of the NHS Long Term Workforce Plan, the government has committed £2.4 billion to fund education and training costs up to 2028-29. NHS England will submit its estimate to the government of the full cost of the NHS from 2025-26 onwards, which will include the financial implications of the NHS Long Term Workforce Plan, as part of the next Spending Review process. The outcome of the Spending Review process and what that expenditure covers will be published by HM Treasury in the usual manner.