Welcome to the 6th NHS Urgent and Emergency Care Conference!

7th May 2025
Etc venues Manchester, 8th Floor,
11 Portland Street M1 3HU

Chair Opening Address

Chris Morrow-Frost
National Clinical Advisor to Secondary Care
NHS England

Keynote Speaker

Charlotte Aston
National Director -
In hospital transformation - UEC

Panel Discussion

Alison Johnson
SVP UK Health
ORCHA Health

Catherine Withers
Assistant Director of UEC
Improvement NHSE

Sarah Williams
Associate Director for UEC and Patient Flow
Herefordshire and Worcestershire ICB

Refreshments & Networking

CONVENZIS TRAINING

Please scan the QR Code on the screen below to register your interest for our accredited training courses.

Chair Morning Reflection

Chris Morrow-Frost
National Clinical Advisor to Secondary Care
NHS England

CONVENZIS

Case Study

Consultant CONNECT

Case Study

Dr Gordon McNeish
Associate Medical Director and
Emergency Medicine Consultant
at NHS Lanarkshire

Kat James
Director of New Projects
Consultant Connect

Learnings from north of the border: Flow navigation in Scotland

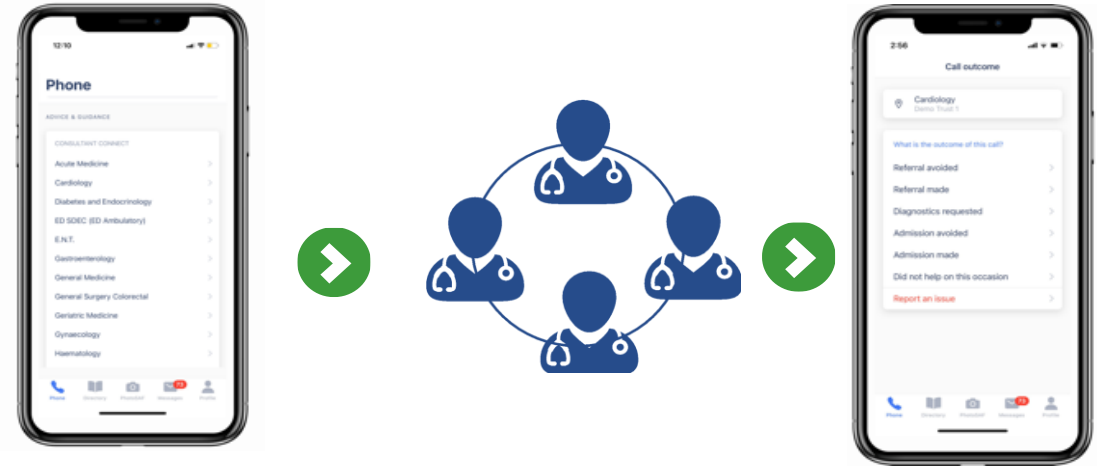
Dr Gordon McNeish / Kat James

May 2025

E: hello@consultantconnect.org.uk T: 01865 261467 W: consultantconnect.org.uk

Right patient, right place, right time

Immediate access to advice

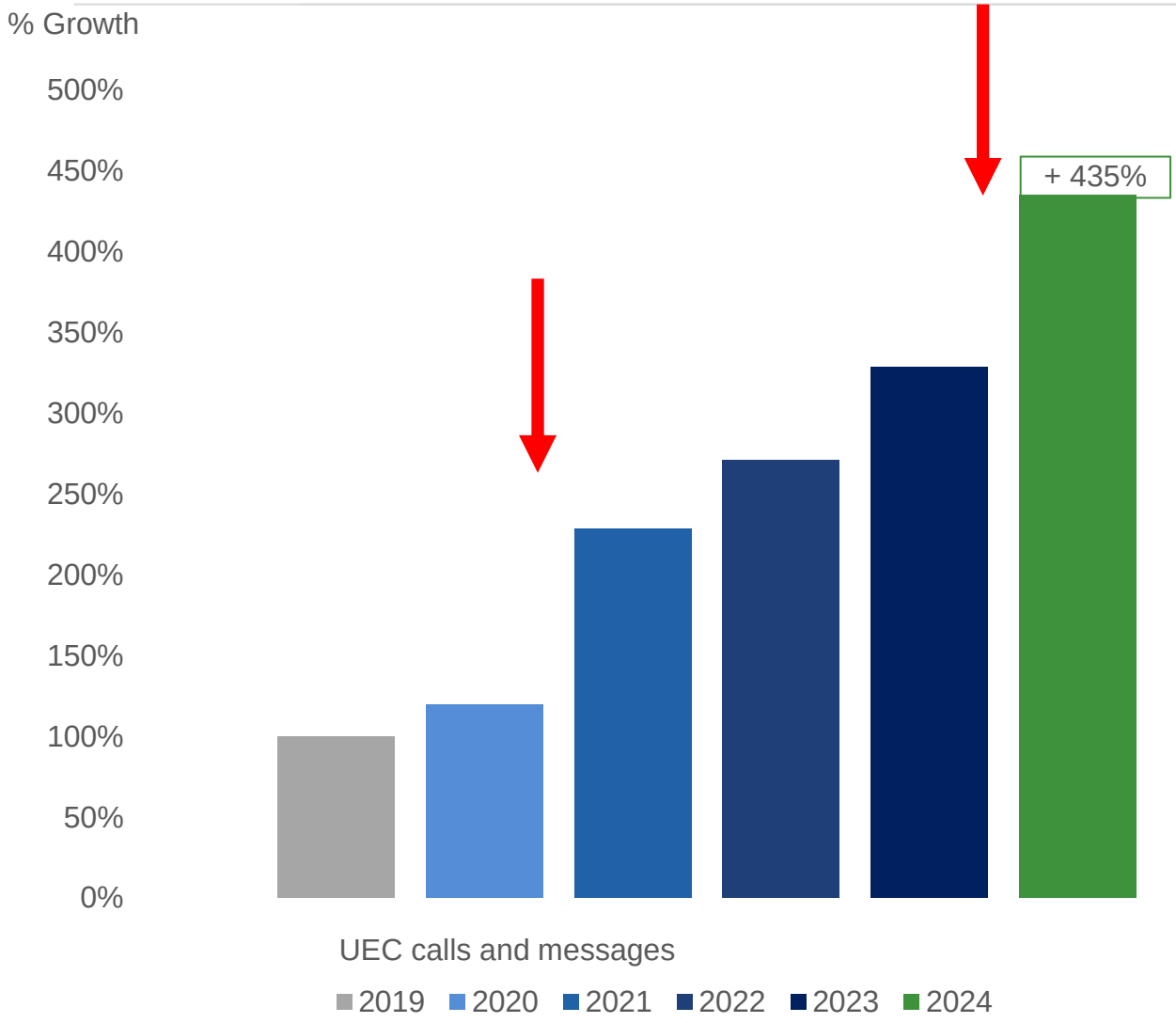


…in under 27 seconds

54% of activities **avoid hospital**

Consultant CONNECT

Single Point of Access (SPoA) pathways are the new normal



SEL ICS 20% from paramedics

NHS Wales 150,000 activities

How do these scale and sustain?

Simplicity

Never ending **engagement work**

Work with the **data**

Learn from the recordings

Flow Navigation in NHS Lanarkshire

Dr Gordon McNeish

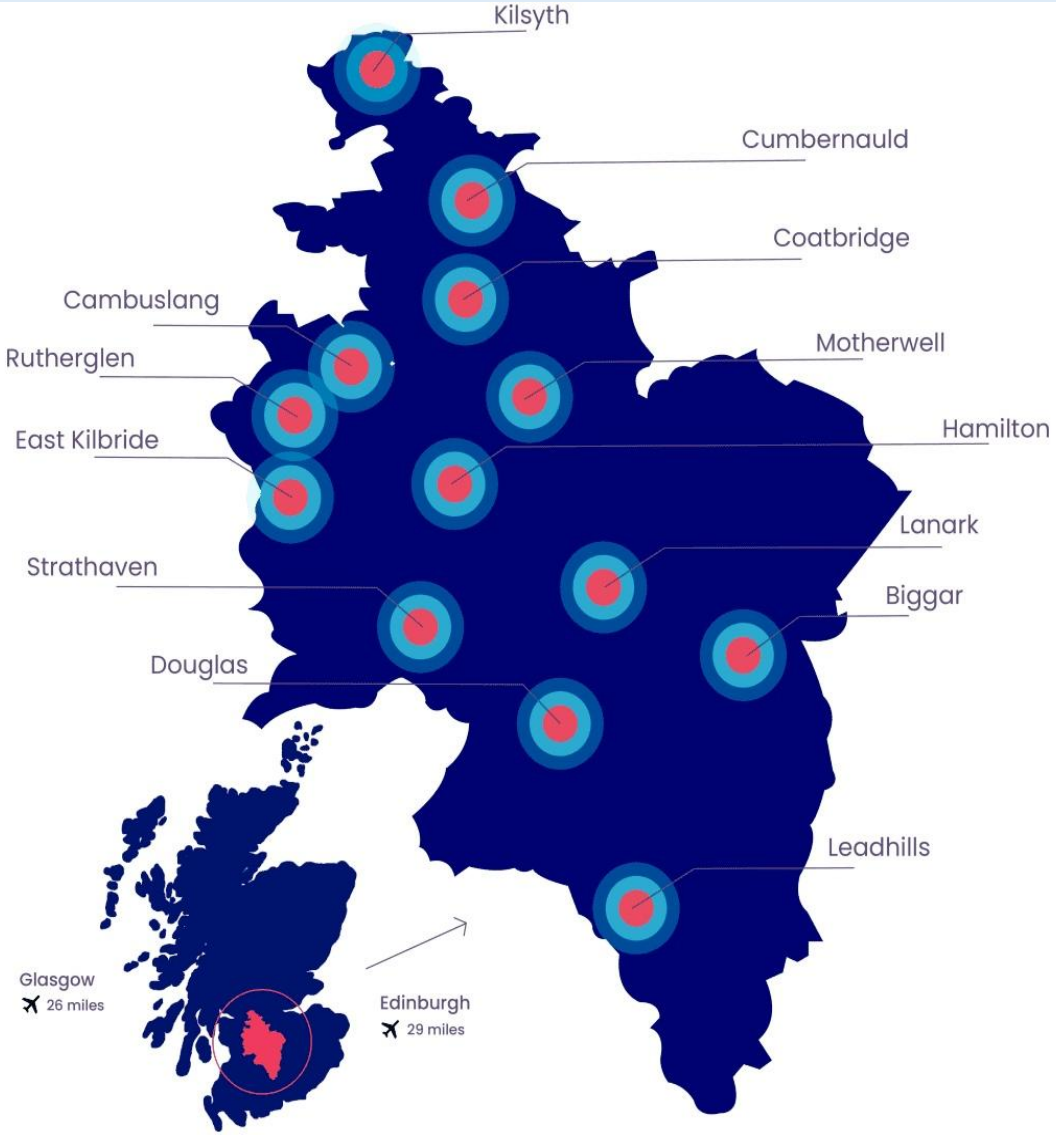
Consultant in Emergency Medicine

Associate Medical Director

Session Goals

- Flow Navigation in NHS Lanarkshire
- Functions/Principles of FNC+
- Call Before You Convey
- NHS 24 Pathway
- Clinical Governance

Lanarkshire

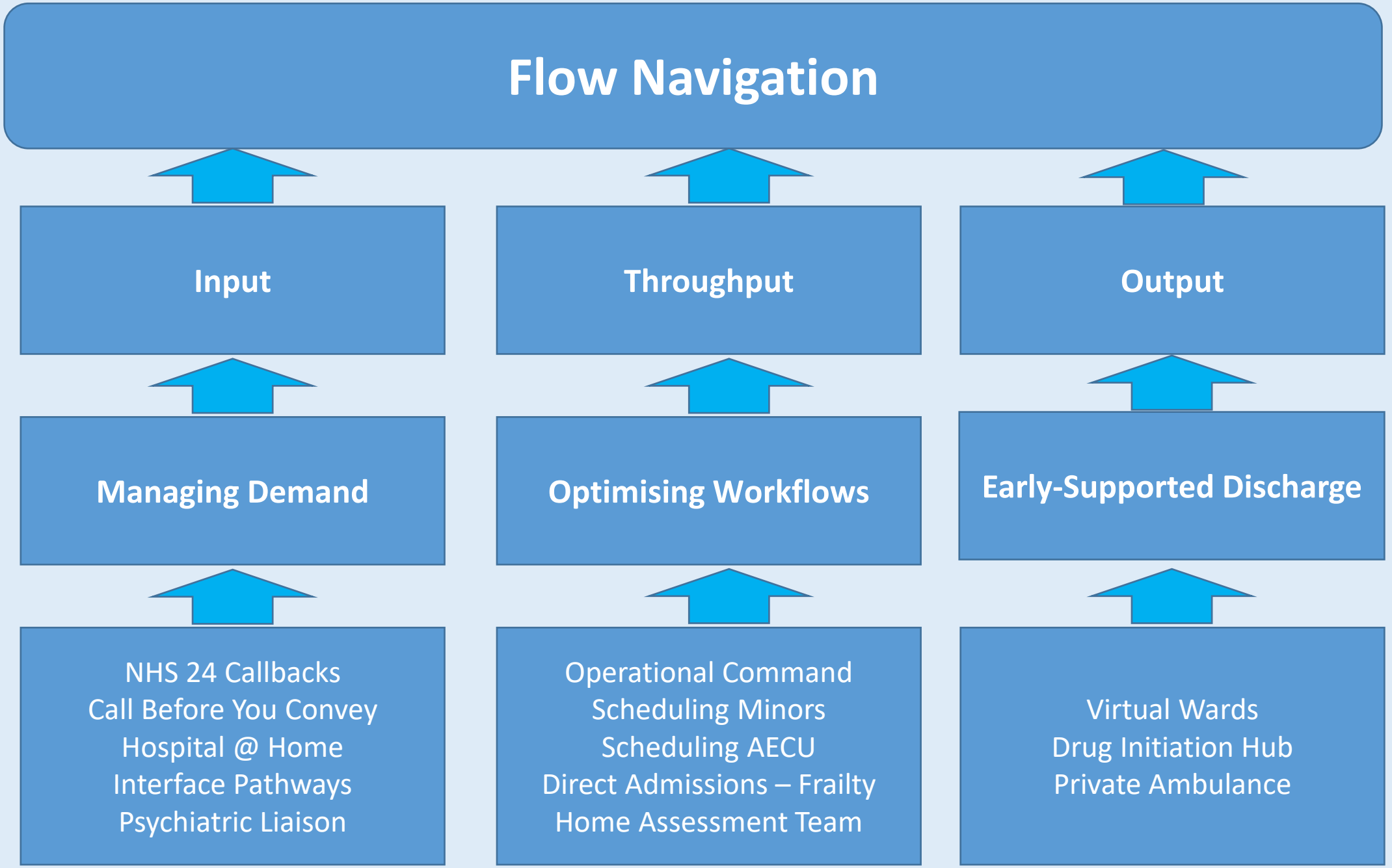


NHS Lanarkshire

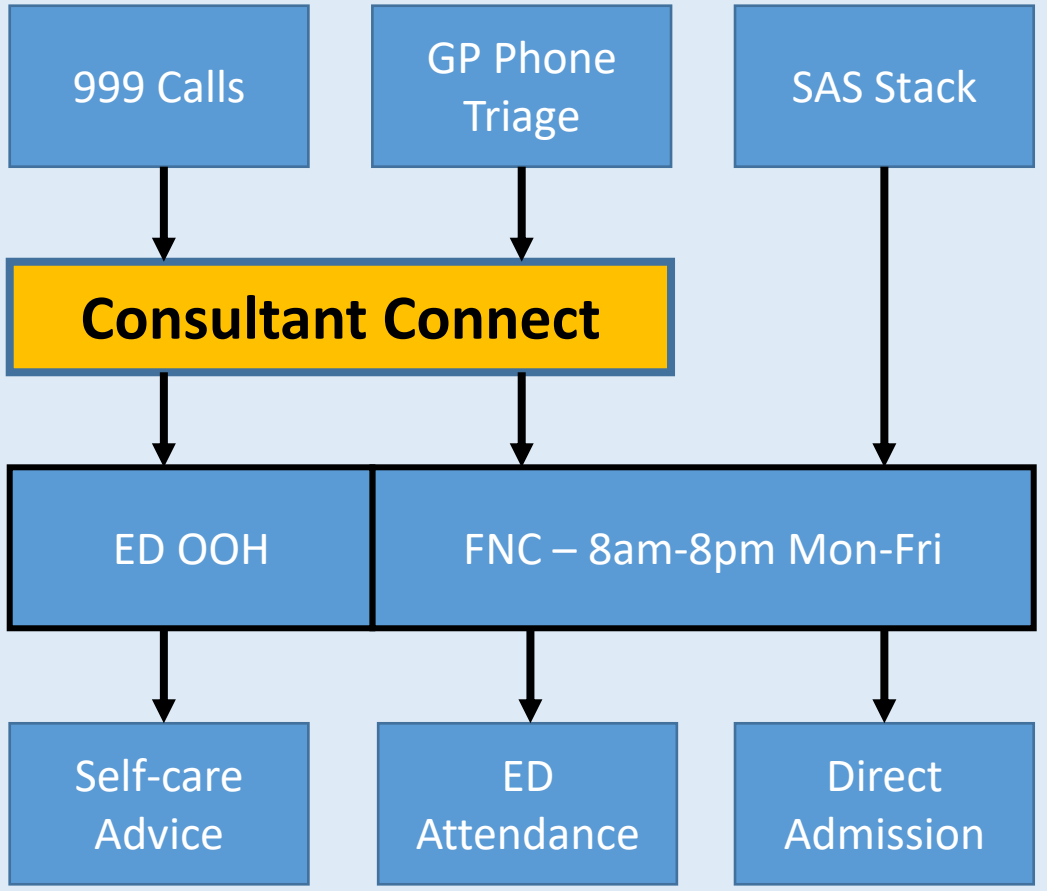
- 3rd Biggest Health Board in Scotland
- Bordered by 6 others
- 879 square miles
- Population 660,000
- 3 Acute Hospitals – Monklands, Wishaw and Hairmyres
- Longest travel time – 45 mins
- 93 GP Practices
- Mining/Industrial
- Deprivation
- Mixed Geography


FNC+Plus

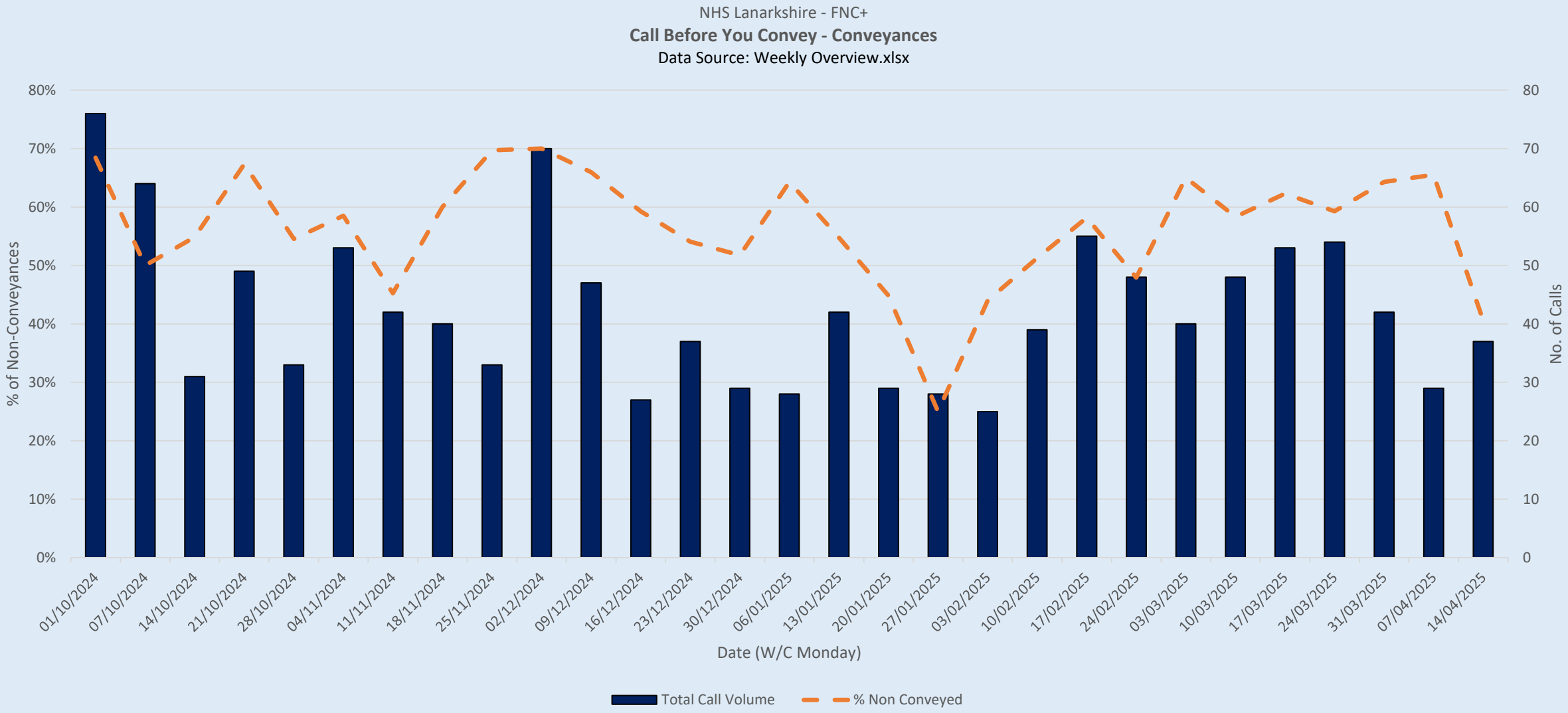

NHS
SCOTLAND
NHS
Lanarkshire
Emergency
Department
Consultant
Royal College of Emergency Medicine
Quality Board


Flow Navigation
Input
Throughput
Output
Managing Demand
Optimising Workflows
Early-Supported Discharge
NHS 24 Callbacks
Call Before You Convey
Hospital @ Home
Interface Pathways
Psychiatric Liaison
Operational Command
Scheduling Minors
Scheduling AECU
Direct Admissions – Frailty
Home Assessment Team
Virtual Wards
Drug Initiation Hub
Private Ambulance

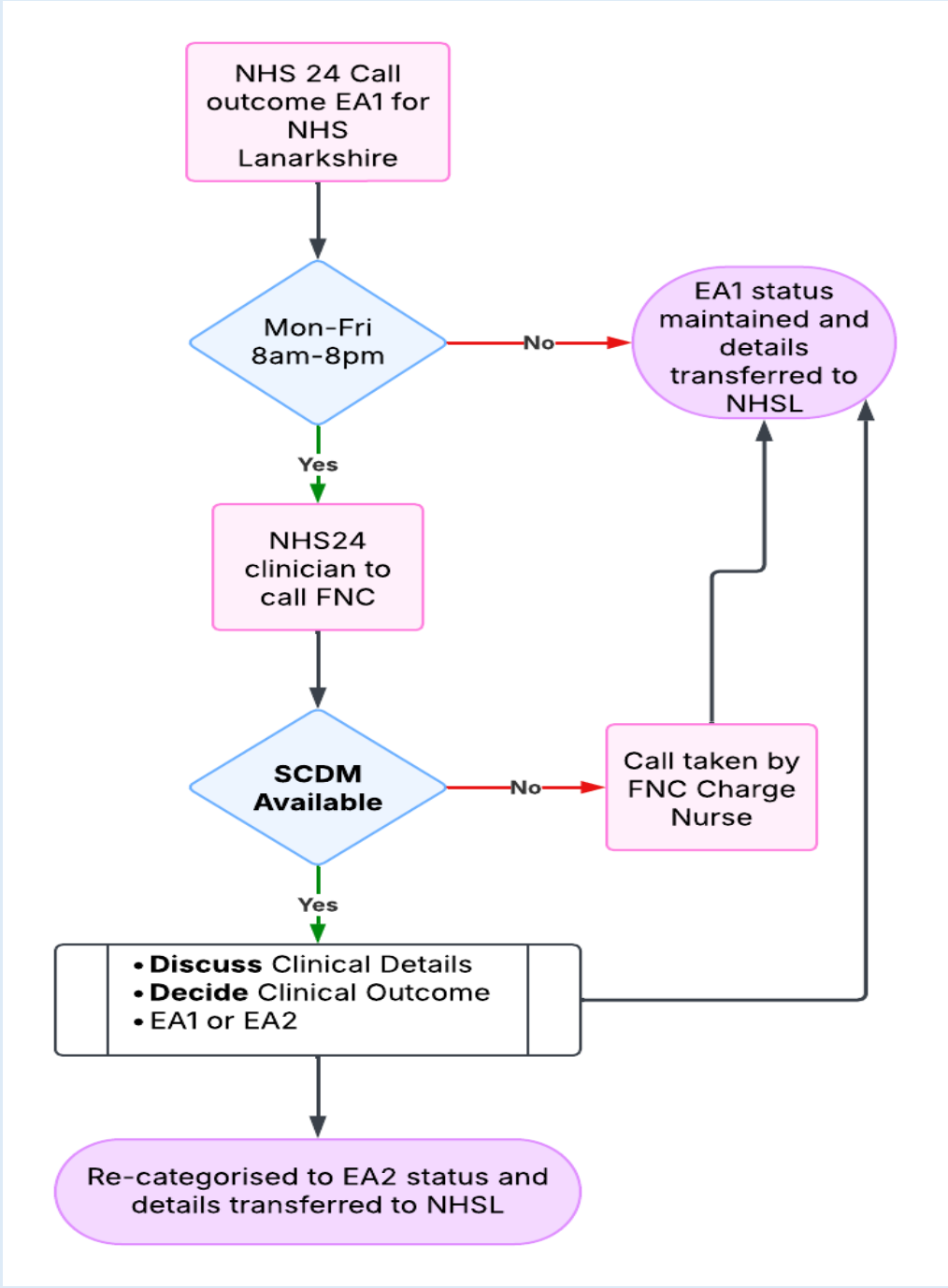
Call Before You Convey



CBYC – Call Volumes and Outcomes: Date Range: 01/10/2024 - 20/04/2025



NHS 24


NHS 24 Call outcome EA1 for NHS Lanarkshire
Mon-Fri 8am-8pm
No
EA1 status maintained and details transferred to NHSL
Yes
NHS24 clinician to call FNC
SCDM Available
No
Call taken by FNC Charge Nurse
Yes
• Discuss Clinical Details
• Decide Clinical Outcome
• EA1 or EA2
Re-categorised to EA2 status and details transferred to NHSL

Interface Division Governance

- Clinical Governance meetings quarterly
- Reports to Healthcare Governance Assurance Group

- Performance
- Return of Investment

- Quality Assurance
  - Call Recording Review
  - 7 day non-conveyance outcomes
  - Team-based Quality Review (TBQR)
  - Systems Engineering Initiative for Patient Safety (SEIPS)

- Complaints, feedback, SAER

InPhase reports

Thank you

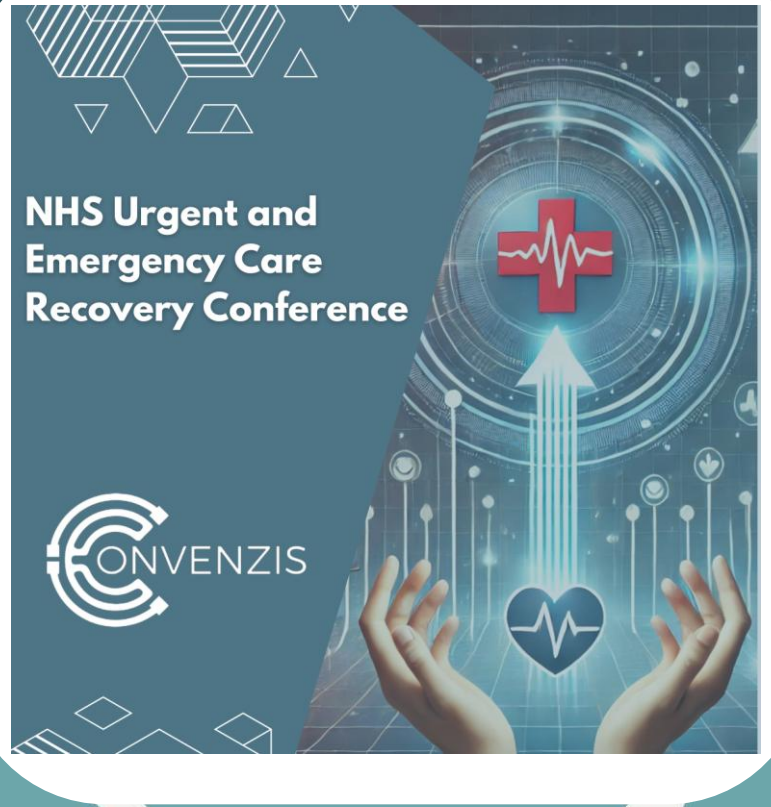
Any questions?

Consultant CONNECT

NHS Lanarkshire

Fireside Interview

Mr Reiss Bond
Deputy Director Urgent and Emergency Care- Urgent Treatment Centres
DHU Healthcare



Keynote Presentation

Faizan Rana
Senior Operations Manager
NHS England

Paul Vinters
Senior UEC Operations Manager
NHS England

Daniel Barnwall
Head of Operations
NHS England

Enhance Enable Effect

Optimising Operational Pressures for Enhanced Patient Safety

Presented by:
Daniel Barnwall - Head of Operations
Paul Vinters – Snr. UEC Operations Manager
Faizan Rana – Snr. UEC Operations Manager

Enhance
Enable
Effect

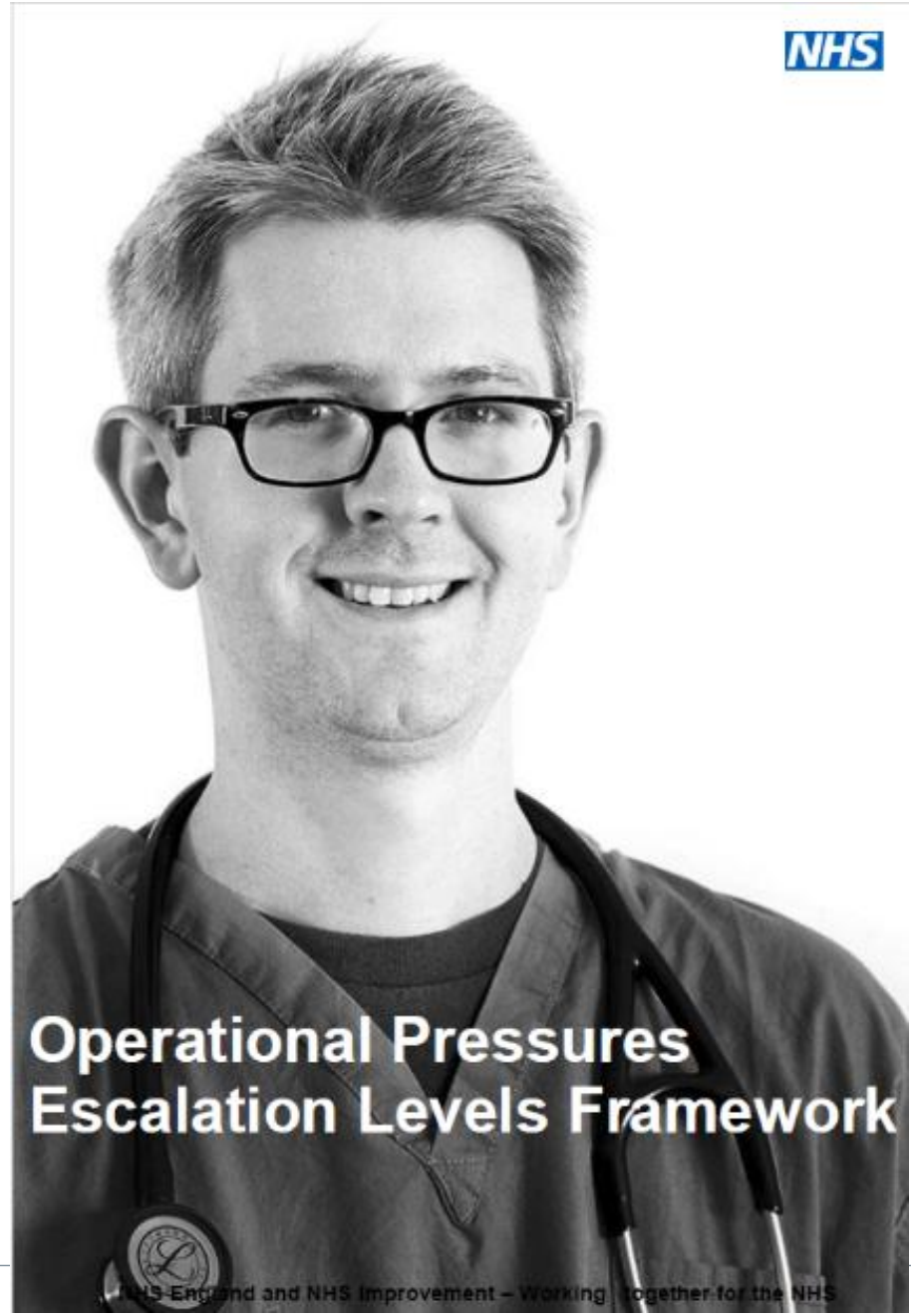

NHS
Operational Pressures
Escalation Levels Framework
NHS England and NHS Improvement – Working together for the NHS

Chart 1: The NEWS scoring system

Physiological parameter	Score 3	2	1	0	1	2	3
Respiration rate (per minute)	≤8		9–11	12–20		21–24	≥25
SpO_2 Scale 1 (%)	≤91	92–93	94–95	≥96			
SpO_2 Scale 2 (%)	≤83	84–85	86–87	88–92 ≥93 on air	93–94 on oxygen	95–96 on oxygen	≥97 on oxygen
Air or oxygen?		Oxygen		Air			
Systolic blood pressure (mmHg)	≤90	91–100	101–110	111–219			≥220
Pulse (per minute)	≤40		41–50	51–90	91–110	111–130	≥131
Consciousness				Alert			CVPU
Temperature (°C)	≤35.0		35.1–36.0	36.1–38.0	38.1–39.0	≥39.1	

NEW score	Clinical risk	Response
Aggregate score 0–4	Low	Ward-based response
Red score Score of 3 in any individual parameter	Low–medium	Urgent ward-based response*
Aggregate score 5–6	Medium	Key threshold for urgent response*
Aggregate score 7 or more	High	Urgent or emergency response**

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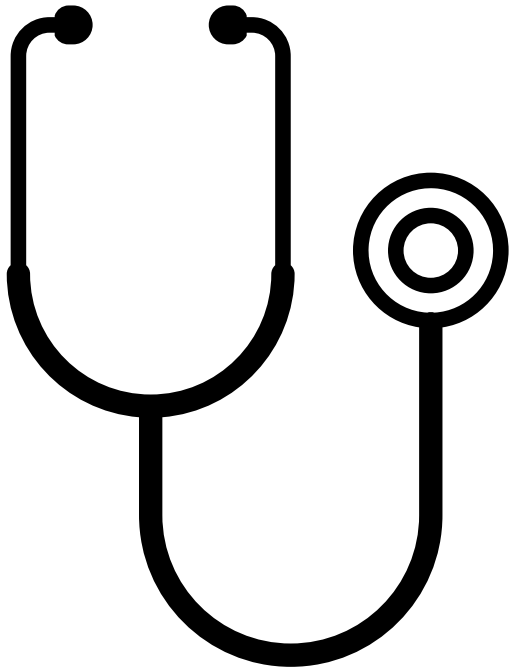
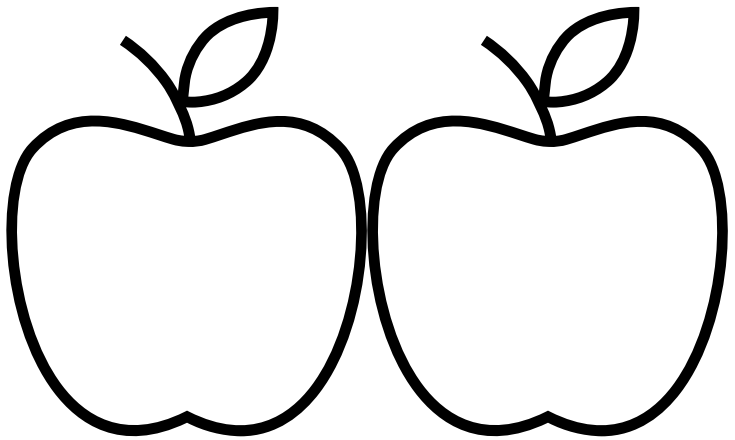


Clinically Relevant



Objective

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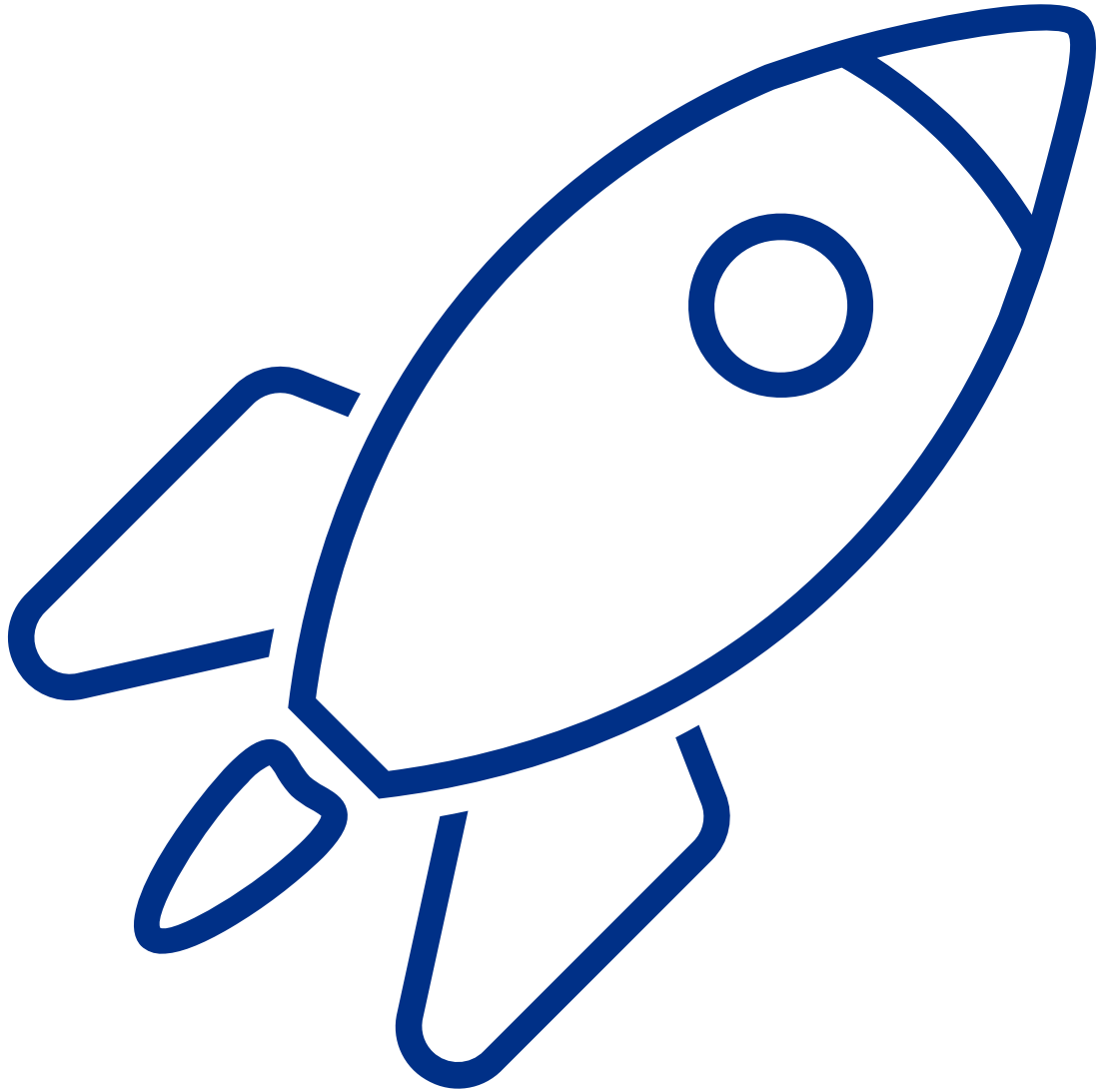
Question 

Question 

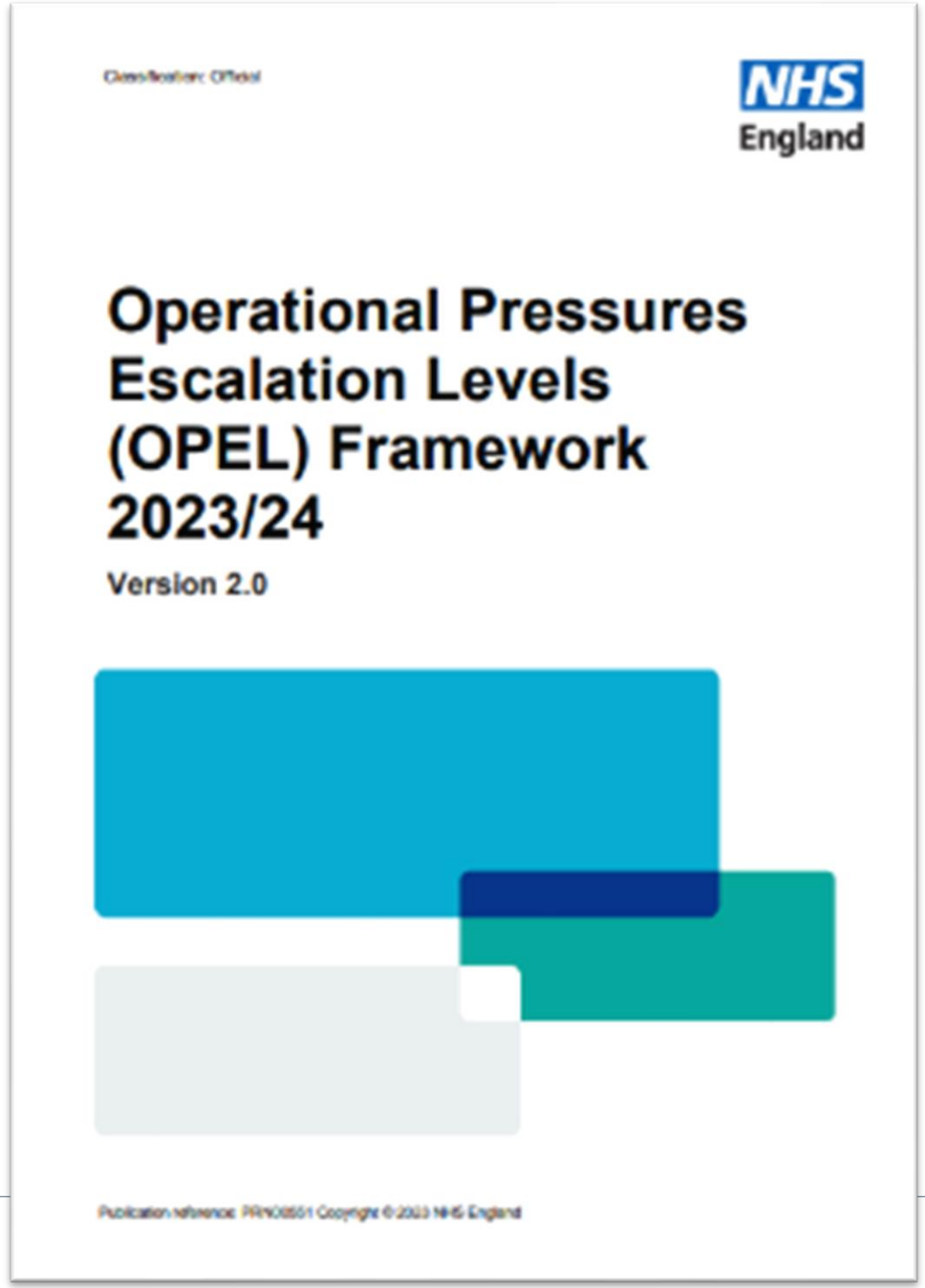
In your UEC career,
have you ever felt unsure whether
to escalate an operational issue…?

Question 

Who has experienced a situation where there was a clear risk to patient safety, but that situation wasn't recognised or escalated?



Enable maintenance of **patient safety** and access to care through consistent, objective review of specific providers OPEL and system OPEL


NHS
England
Operational Pressures Escalation Levels (OPEL) Framework 2023/24
Version 2.0

NHS England

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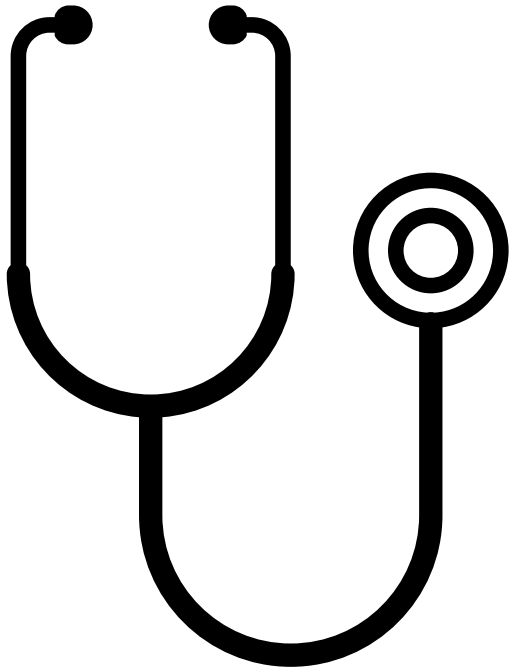
OPEL parameter	Score 0	1	2	3	4	5	6
Mean ambulance handover time previous 180 minutes.	<15 min		15–30 min		>30–60 min		>60 min
ED all-type 4-hour performance	>95%	>76–95%	>60–76%		≤60%		
ED all-type attendances	≤2%	>2–10%	>10–20%		>20%		
Majors and resuscitation occupancy (adult)	≤80%		>80-100%		>100–120%		>120%
Median time to treatment since midnight.	≤60 min	>60–90 min	>90–120 min		>120 min		
% of patients spending >12 hours in ED	≤2%	>2–5%	>5-10%		>10%		
% G&A bed occupancy	≤92%		>92–95%		>95–98%		>98%
% of open beds that are escalation beds	<2%	2–4%	>4–6%		>6%		
% of beds occupied by patients no longer meeting criteria to reside	≤10%		>10–13%		>13–15%		>15%



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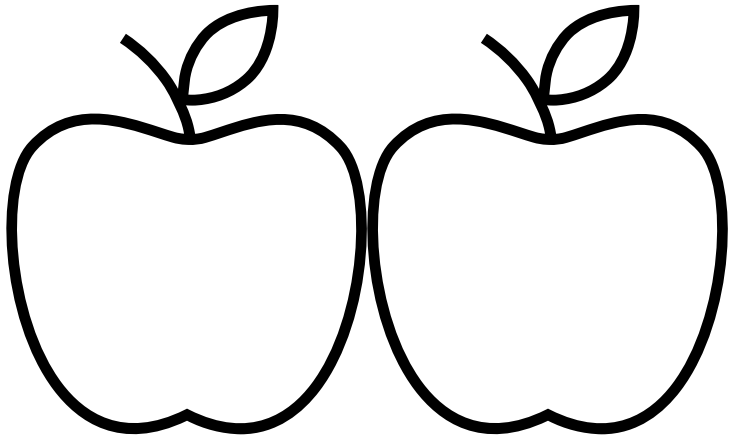
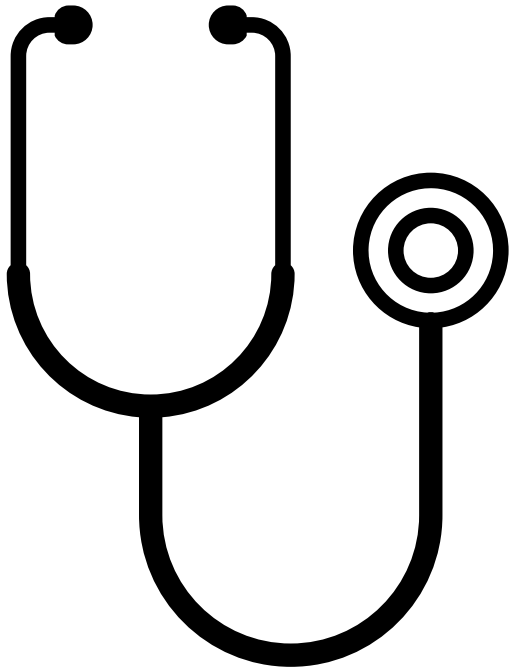


Objective



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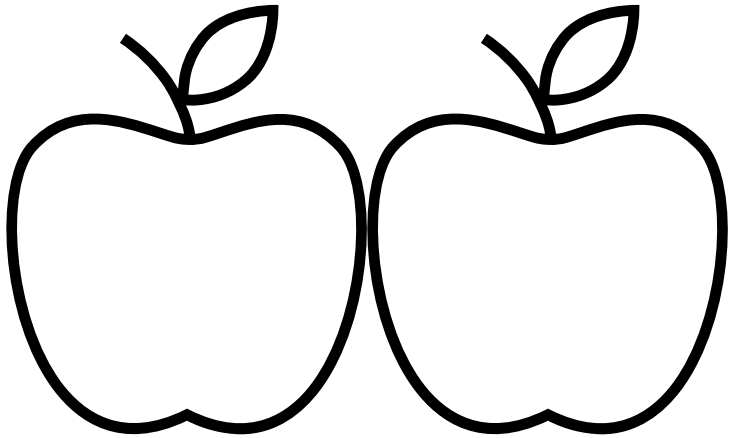

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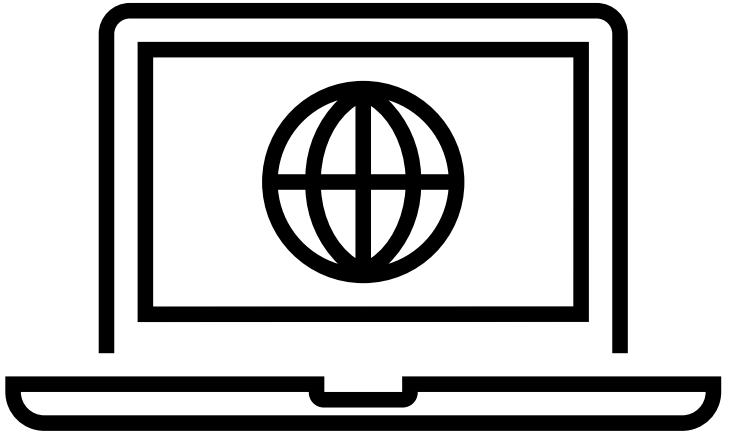

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Integrated operational pressures escalation levels (OPEL) framework 2024 to 2026

Document first published: 2 December 2024
Page updated: 6 February 2025
Topic: Community health services, Integrated care, Mental health, NHS 111, Urgent and emergency care
Publication type: Guidance

This Integrated operational pressures escalation levels (OPEL) framework 2024 to 2026 is for the management of operational pressures across NHS England's providers, including acute trusts, community health, mental health, and NHS 111 services and provides the core parameters that each of these types of provider must use to determine their OPEL.

Link

Integrated operational pressures escalation levels (OPEL) framework 2024 to 2026

Summary

Accessible content. Published 2 December 2024.

Document

Appendix A: OPEL framework 2024 to 2026 normalised OPEL score process

Microsoft Excel 89 KB

Document

Appendix B: OPEL 2024 to 2026 acute parameters

Microsoft Word 136 KB

Document

Appendix C: OPEL 2024 to 2026 community health service parameters

Microsoft Word 105 KB

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Integrated operati levels (OPEL) fran

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Link

link

Integrated operational press escalation levels (OPEL) fra 2024 to 2026

Document

.xls

Appendix A: OPEL framewor 2026 normalised OPEL score

Microsoft Excel 89 KB

Document

.file

Appendix B: OPEL 2024 to 2 parameters

Microsoft Word 136 KB

Document

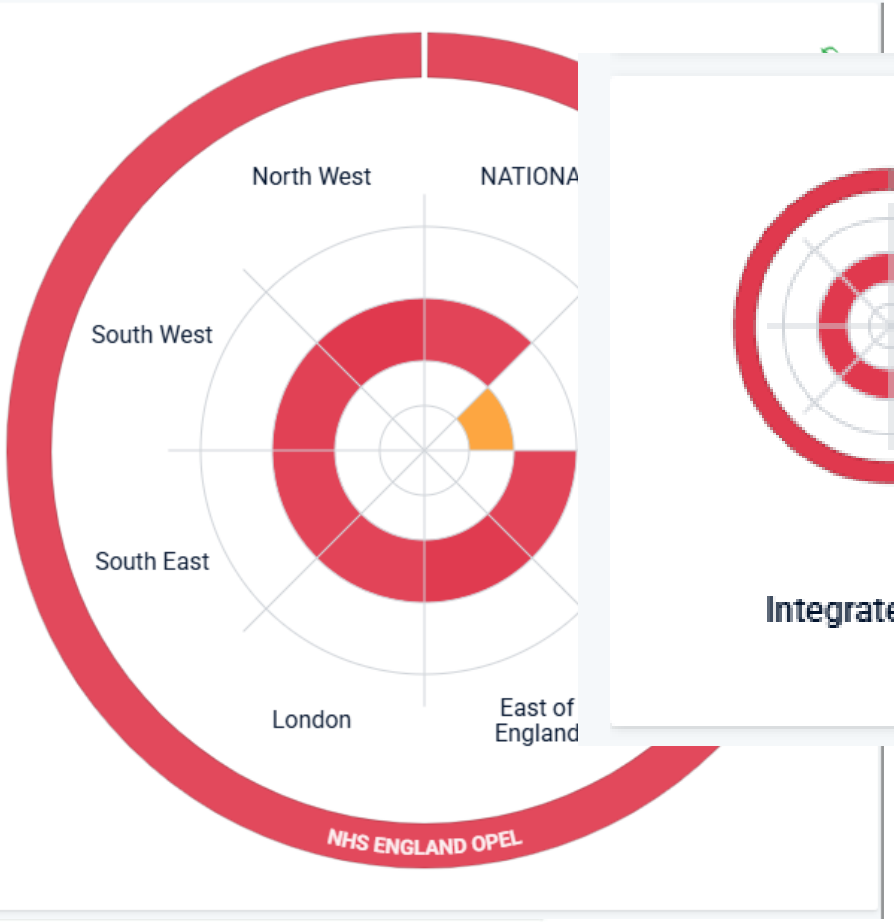
.file

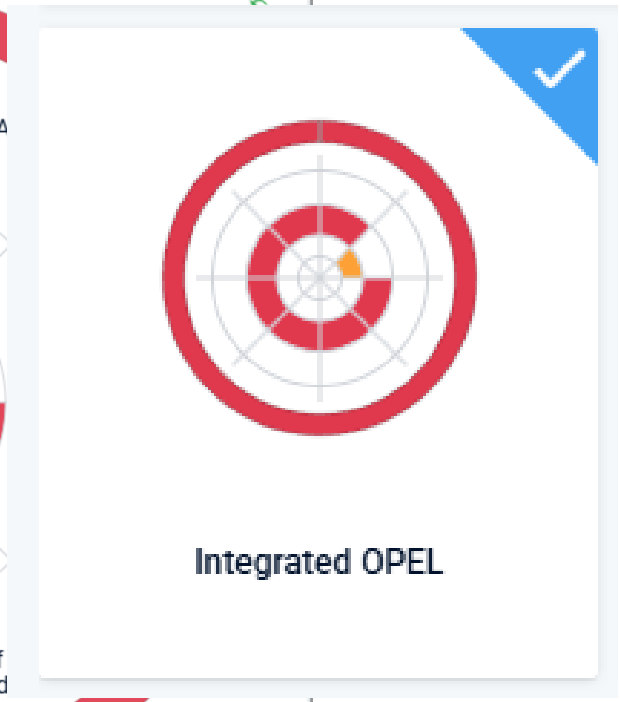
Appendix C: OPEL 2024 to 2026 community health service parameters

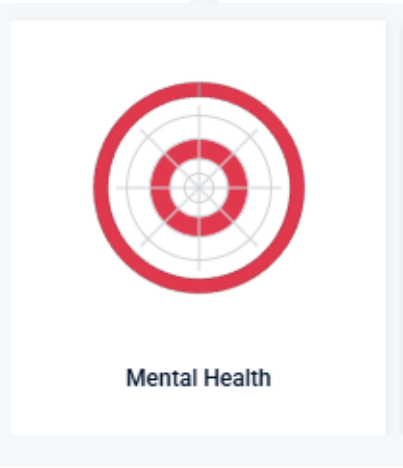
Microsoft Word 105 KB

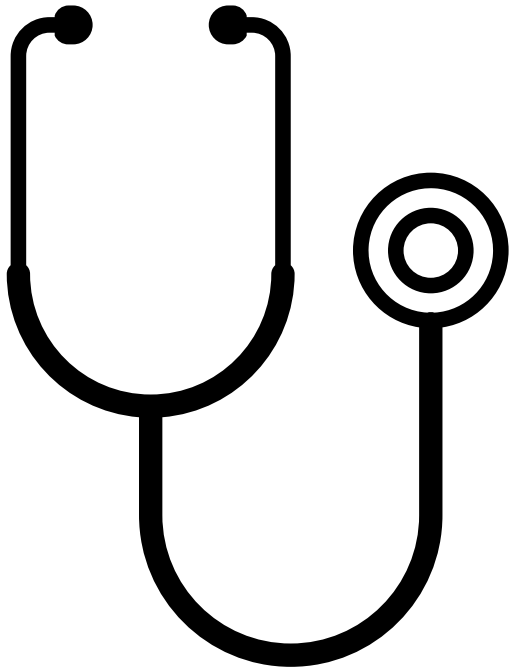
Integrated OPEL

Vantage → Dashboards









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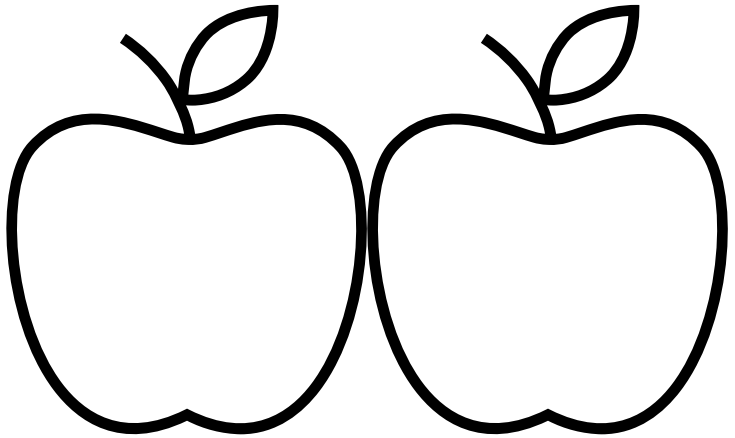

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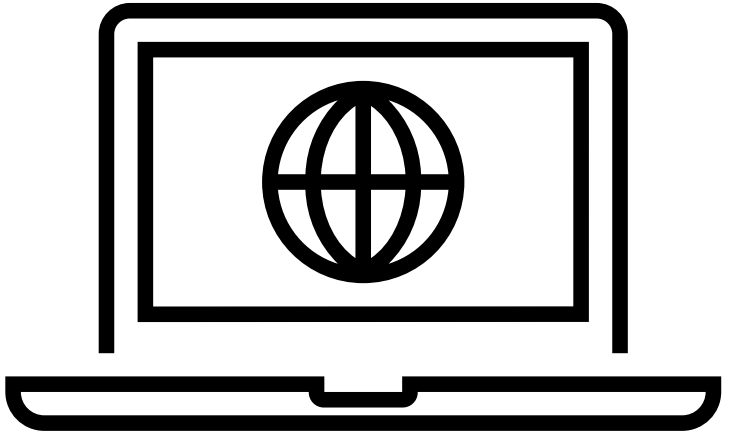

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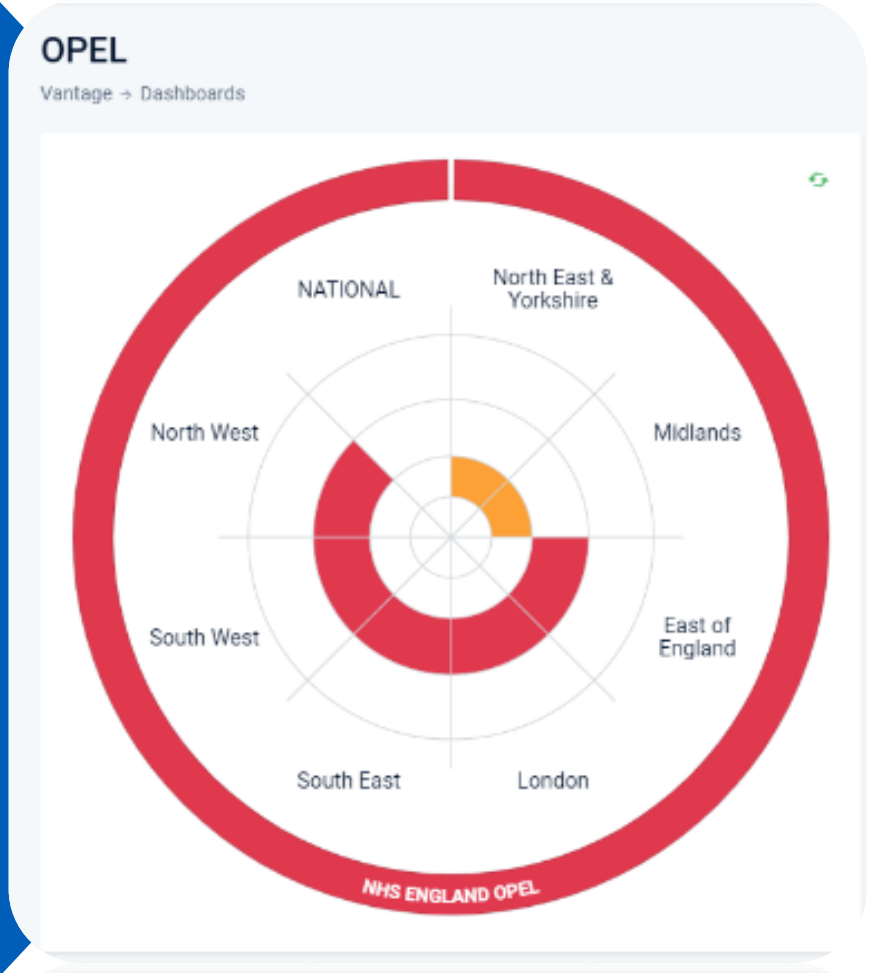

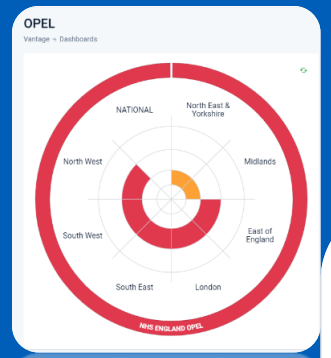

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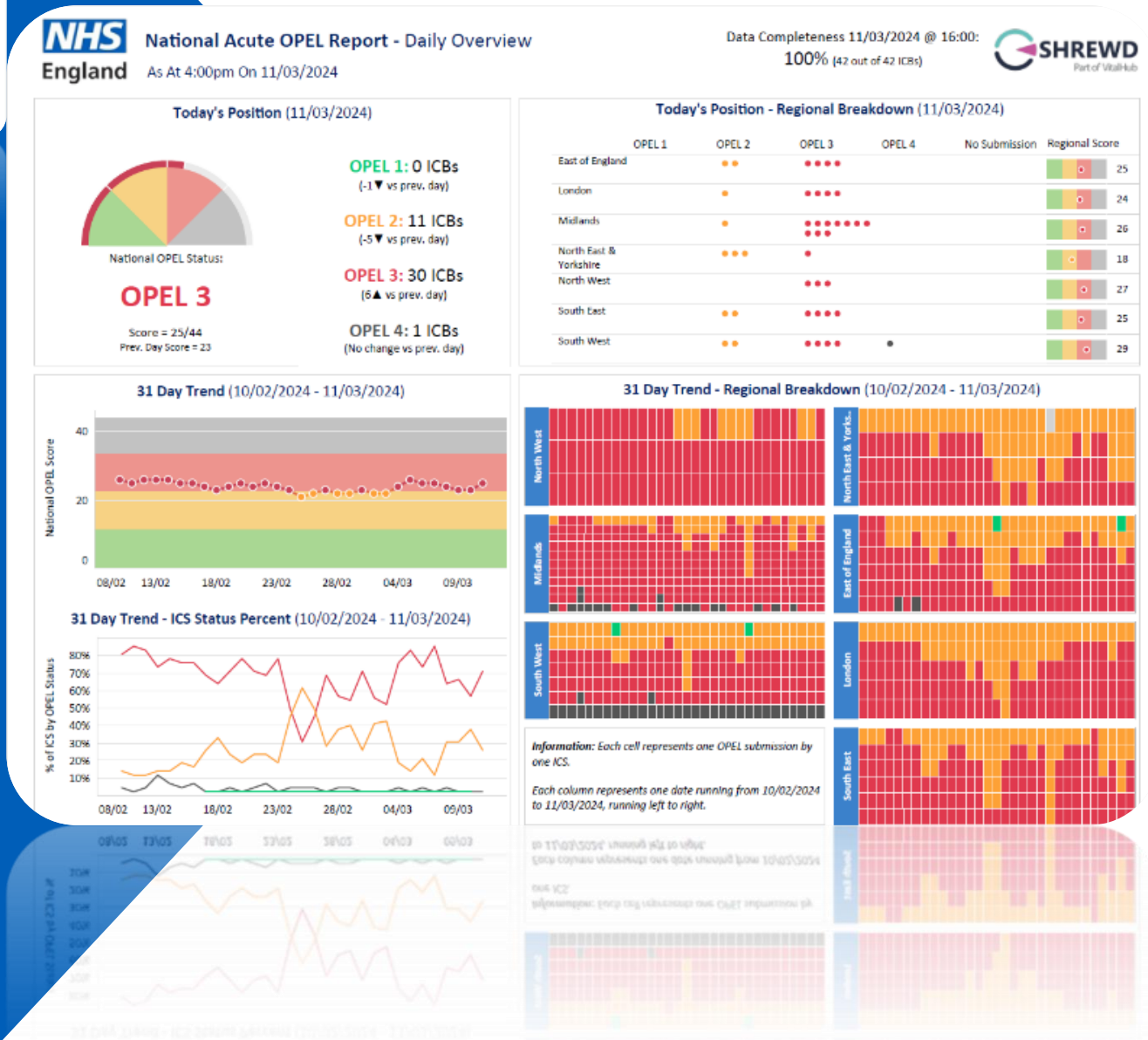

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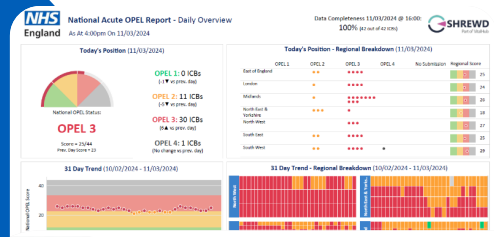

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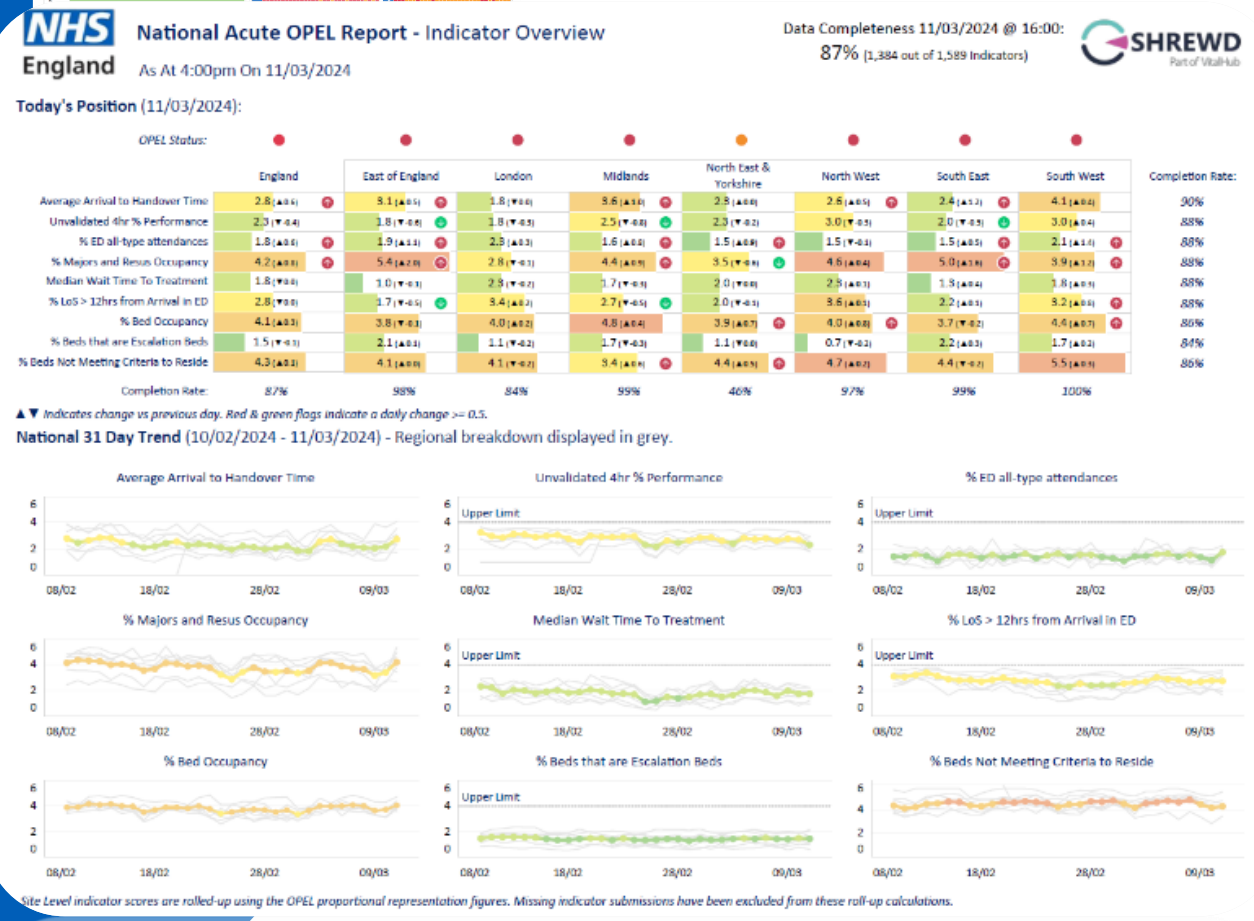

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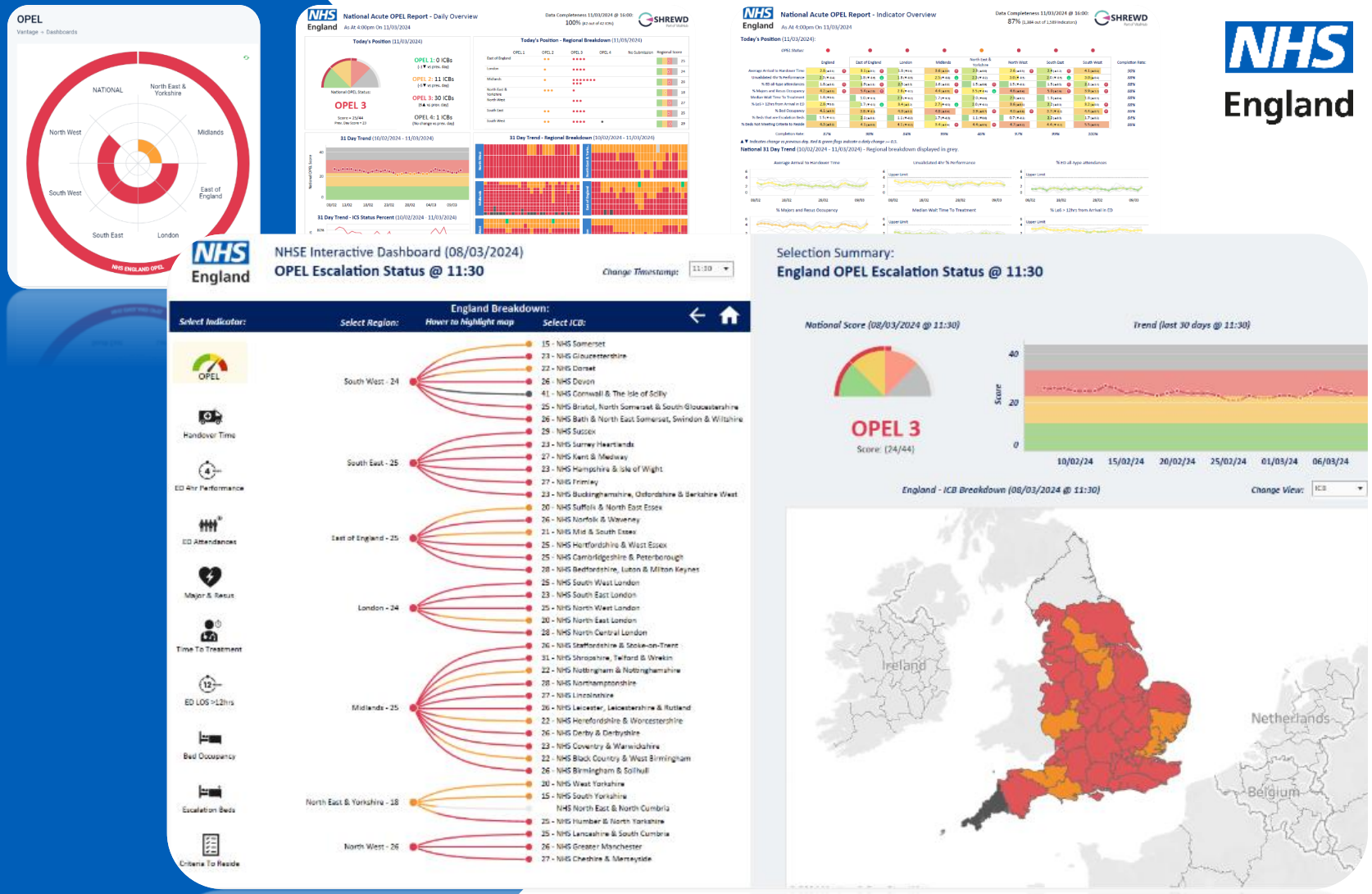

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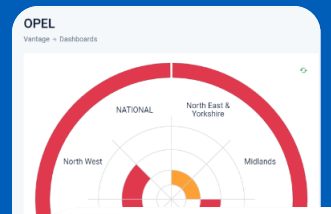
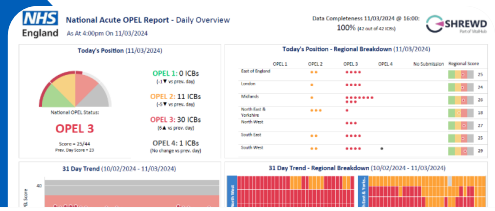
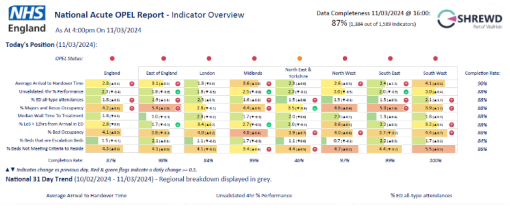




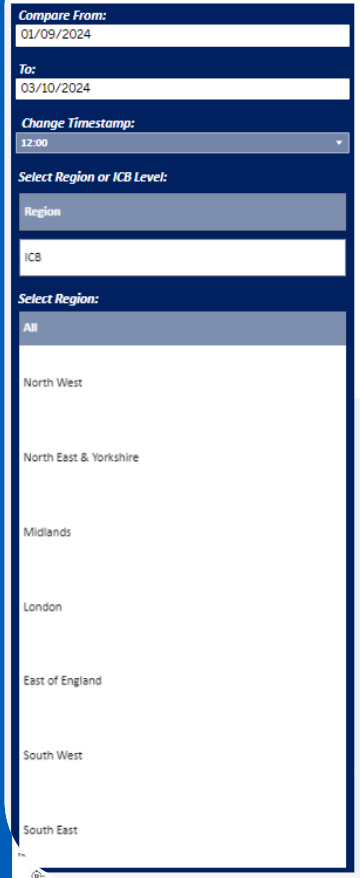


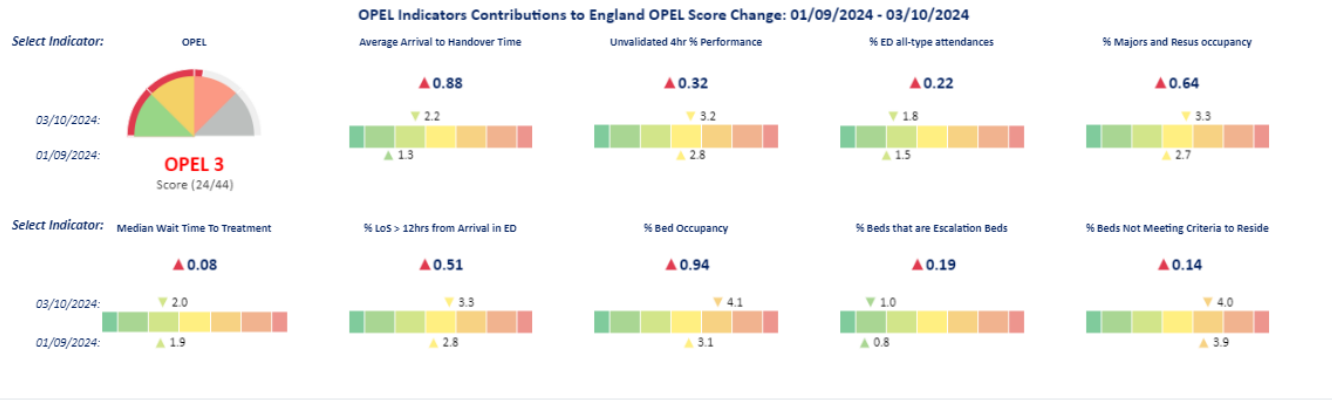
NHS England

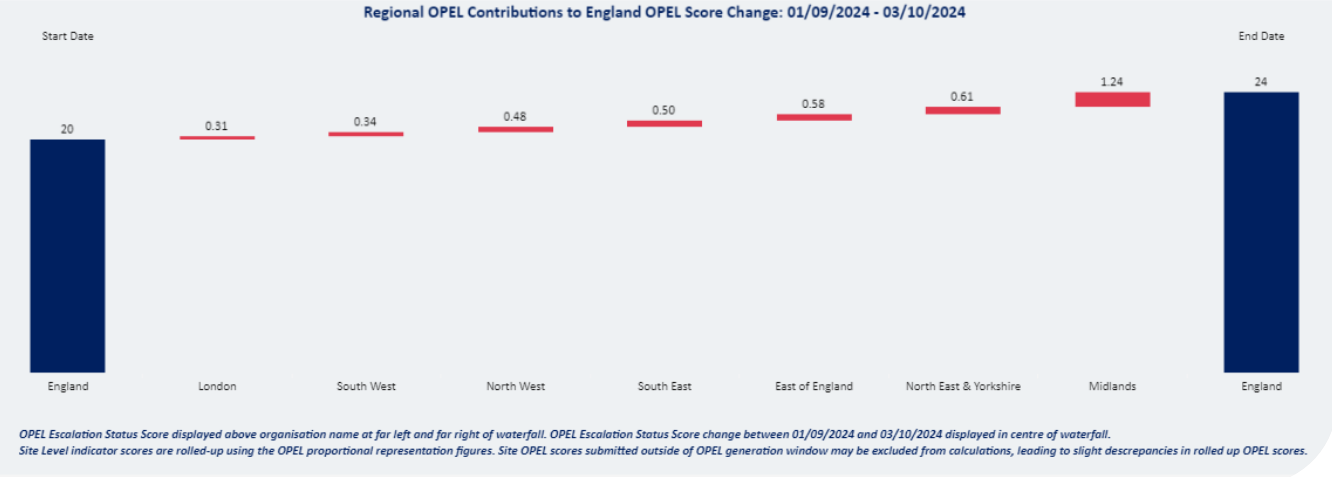
NHS England

OPEL Score Change Contributions: 01/09/2024 - 03/10/2024

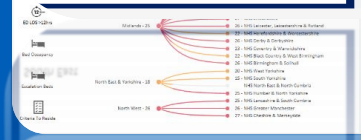
OPEL Score @ 12:00

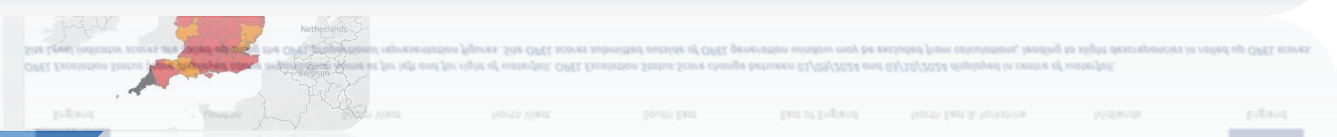




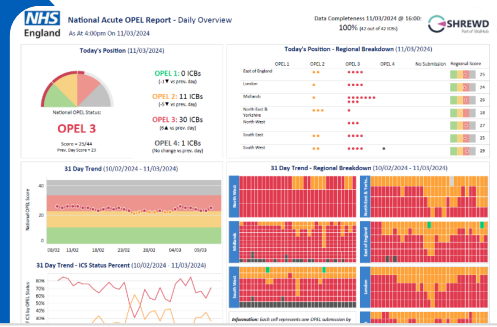


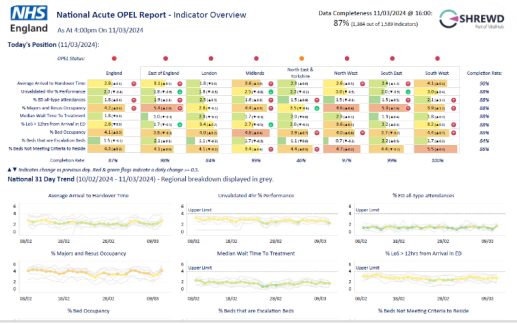
OPEL Escalation Status Score displayed above organisation name at far left and far right of waterfall. OPEL Escalation Status Score change between 01/09/2024 and 03/10/2024 displayed in centre of waterfall.
Site Level indicator scores are rolled-up using the OPEL proportional representation figures. Site OPEL scores submitted outside of OPEL generation window may be excluded from calculations, leading to slight descrepancies in rolled up OPEL scores.

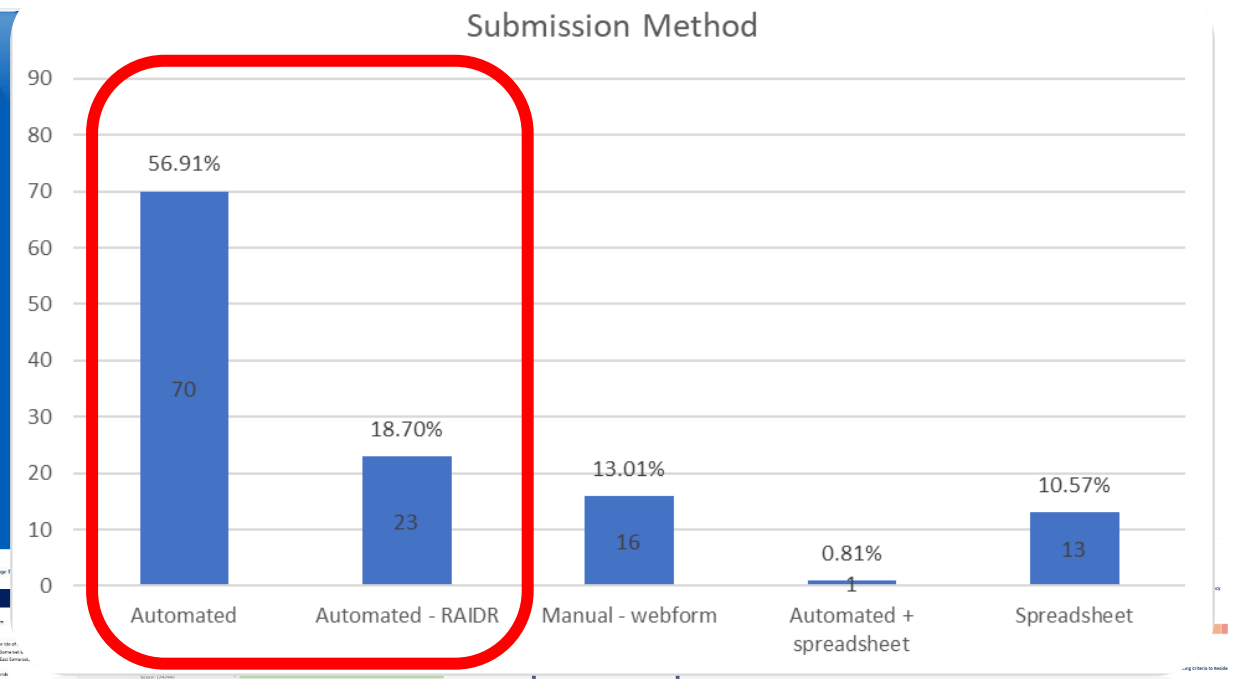


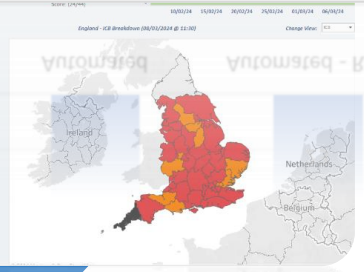


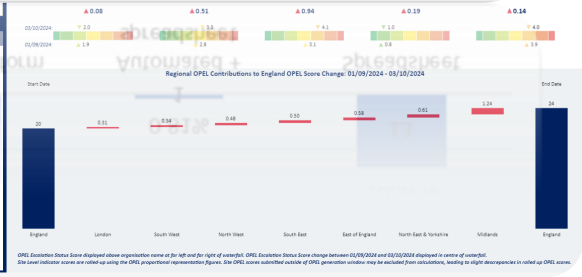
Digitally Enabled



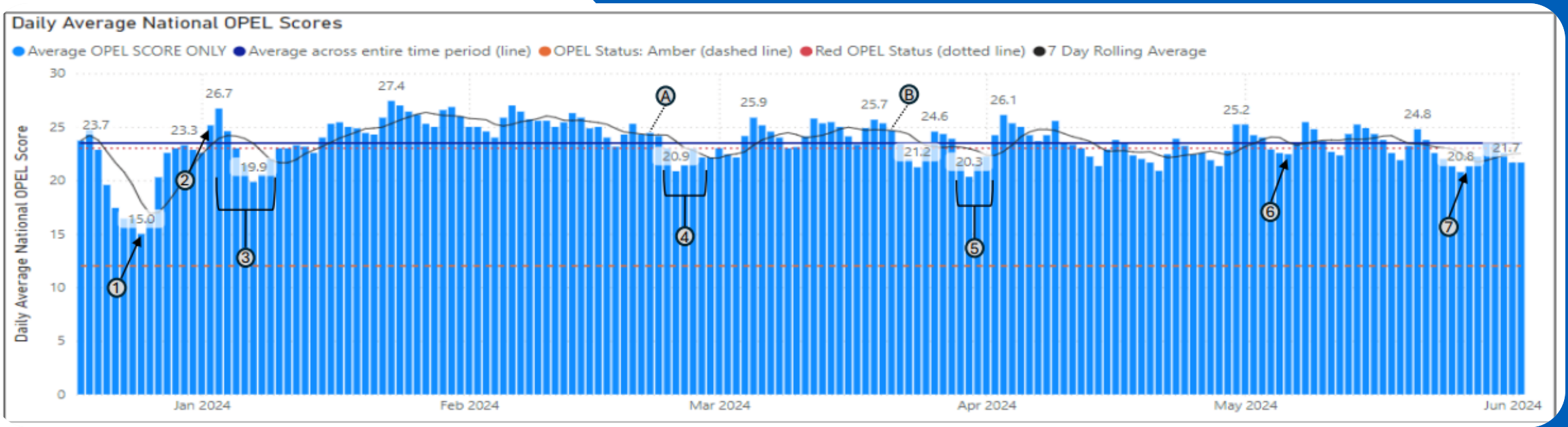








Analysis


Daily Average National OPEL Scores
Average OPEL SCORE ONLY
Average across entire time period (line)
OPEL Status: Amber (dashed line)
Red OPEL Status (dotted line)
7 Day Rolling Average
Daily Average National OPEL Score
30
25
20
15
10
5
0
23.7
15.0
23.3
26.7
19.9
27.4
20.9
25.9
25.7
24.6
21.2
20.3
26.1
25.2
24.8
20.8
21.7
1
2
3
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A
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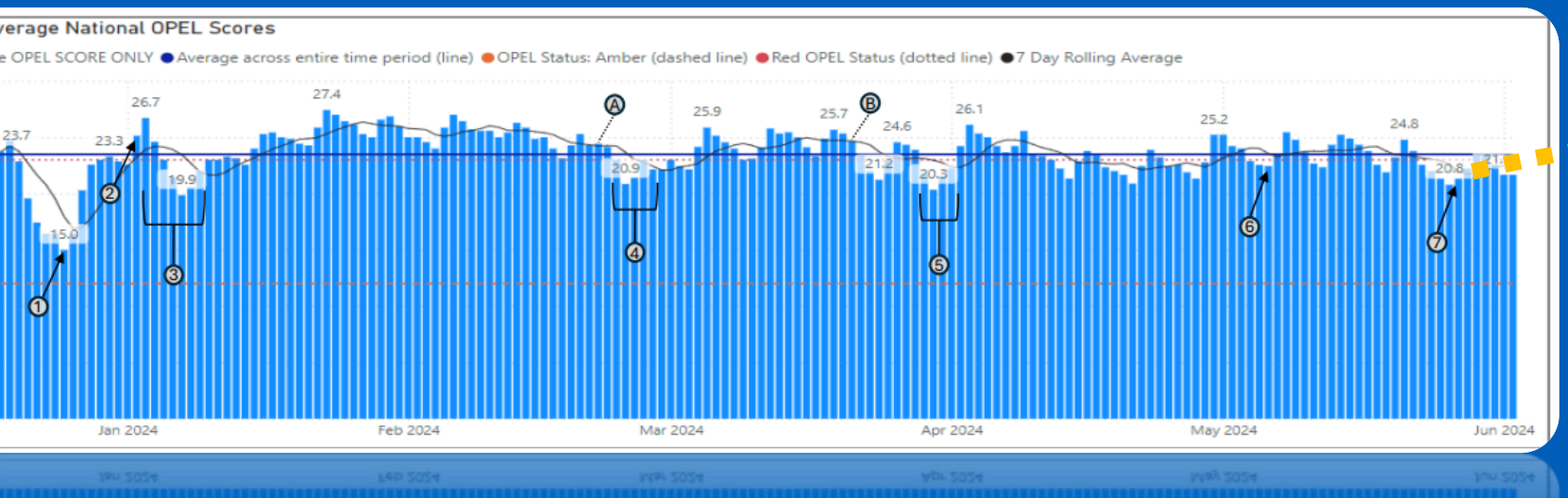
Jan 2024
Feb 2024
Mar 2024
Apr 2024
May 2024
Jun 2024

NHS England

Analysis

Prediction

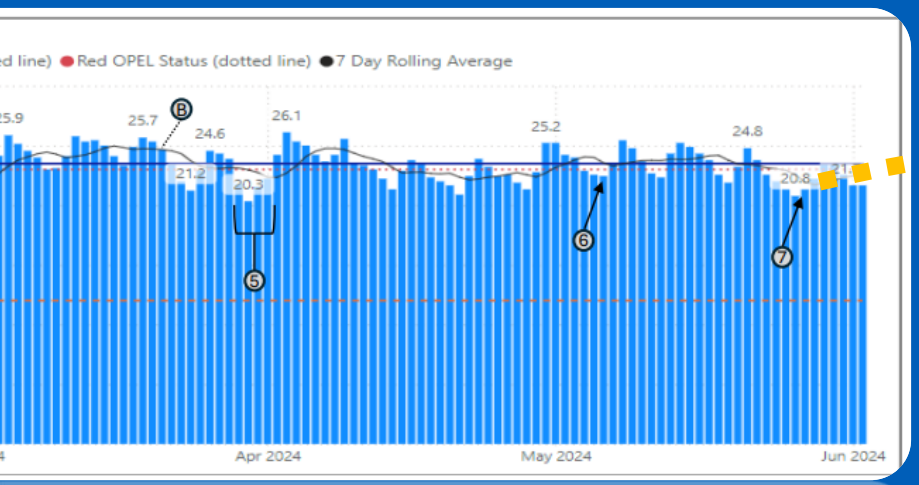


NHS England

Analysis

Prediction

Prevention

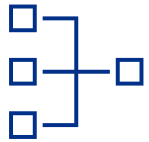


What's next for OPEL

What's next for OPEL

Consolidate OPEL use and improve data quality

Stakeholder engagement, operational maturity and OPEL use



Work with ICBs into new operating model

Mission statement:

"Ensure patient safety and operational resilience in UEC pathways by effectively using OPEL data. Foster teamwork to deliver high-quality, equitable care.

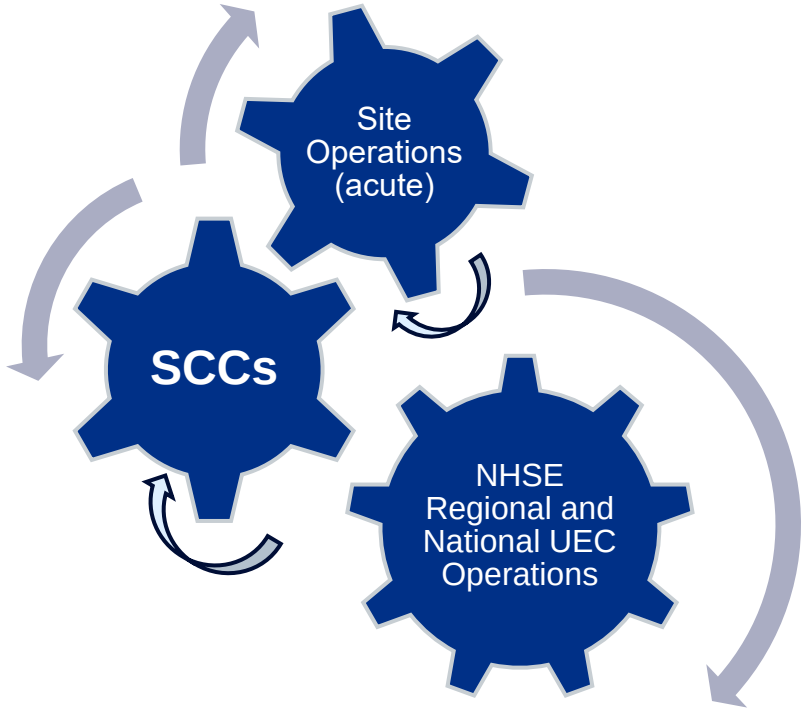
Supporting the shift from analogue to digital, hospital to community, and sickness to prevention."

Enhance

Enable

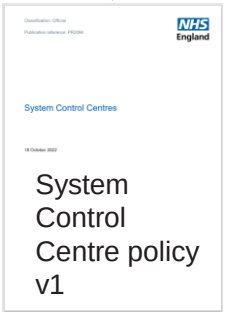
Effect

The journey so far – UEC operations in England

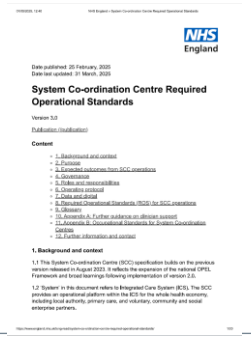


Pandemic and the need for system response - ICCs

2020 | 2022 | 2023 | 2025 | ?



System Control Centre policy v1



There a need for …..

Consistency in standards and escalation

Co-ordination of capacity and action

Shared situational awareness

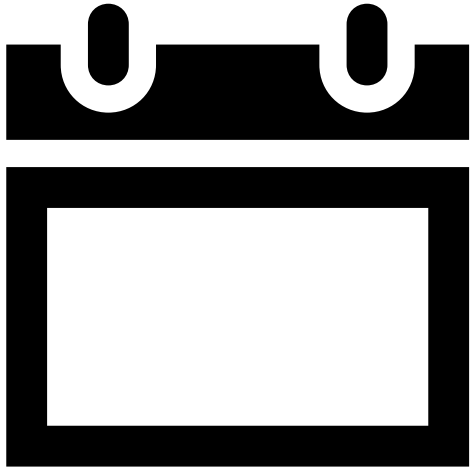
Equity of access and disparity in outcomes

Learning and continuous improvement

Common understanding of risk

…at a system level

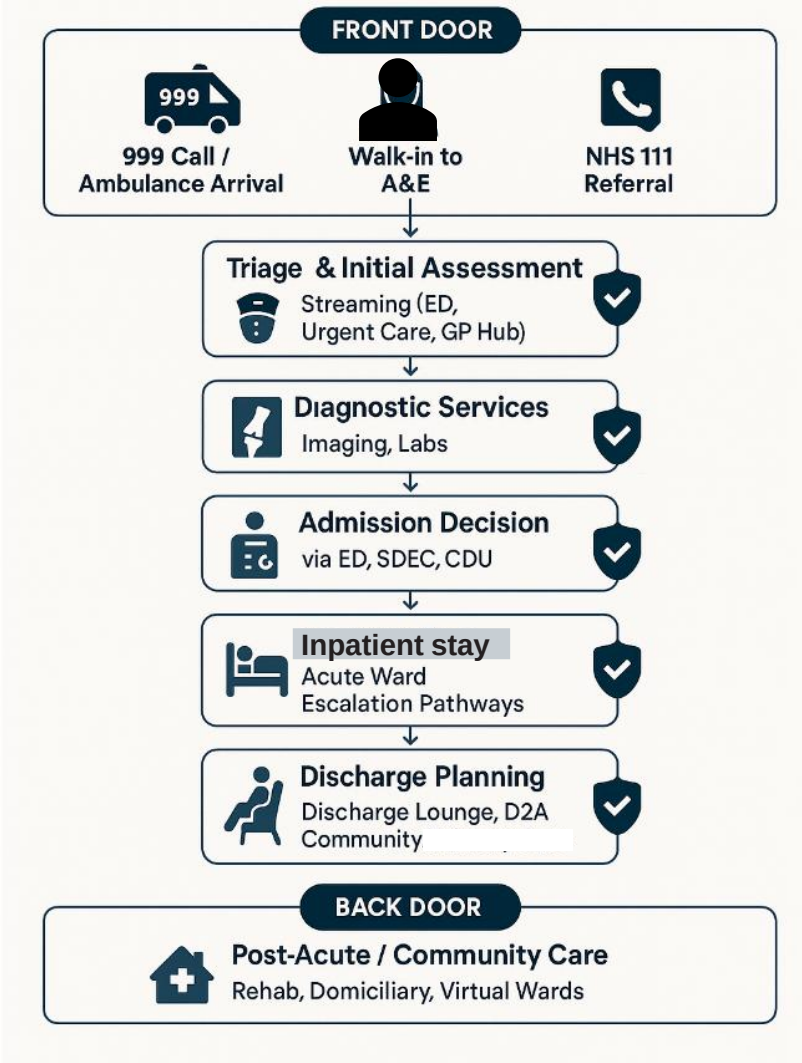
Knowns and Unknowns

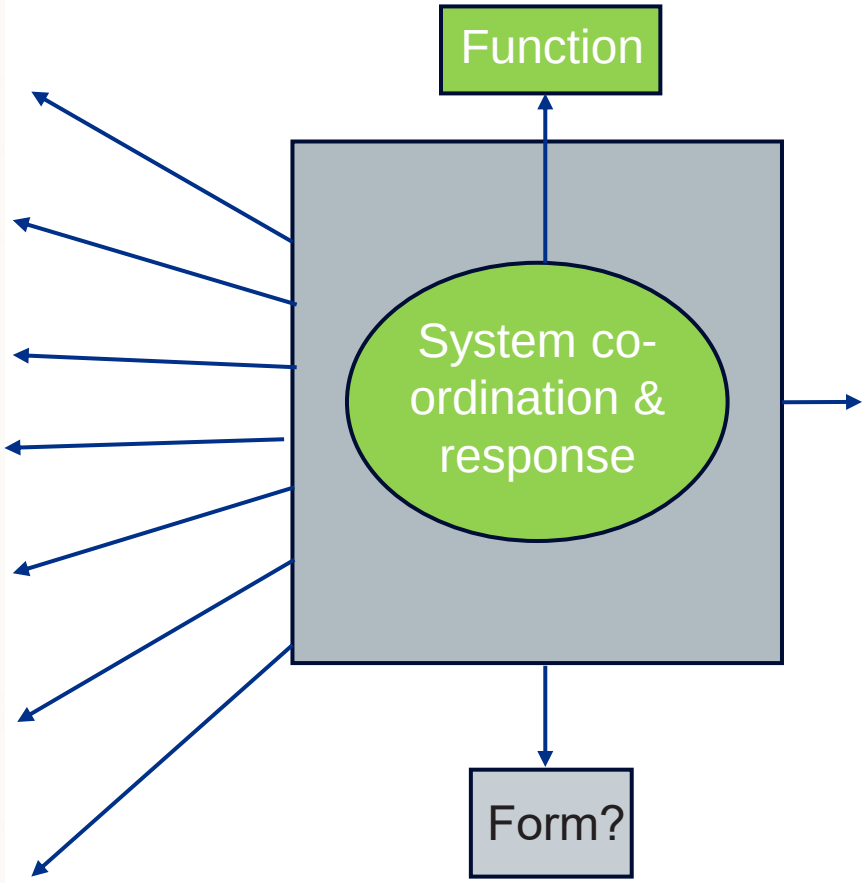


Unknown:
Timeline

Known:
Need for a system response

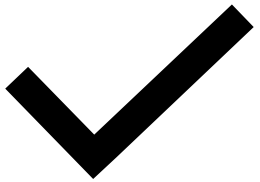
What relevance does this have for me …..



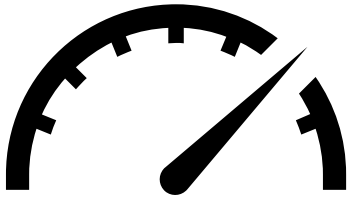


- Interhospital transfers / patient repatriations to other ICS or home nations
- Enact protocols to support de-escalation
- Ambulance diverts and conveyancing
- Escalation to region
- Dynamic Risk Assessment
- Predictive modelling
- Patient safety incidents – system response
- CRITCON response
- Workforce training and support

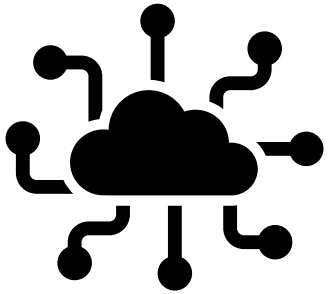
What have we achieved?



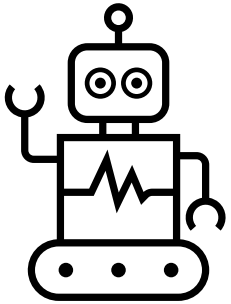
1 exists in each system – 42 in total



Improved speed of system response to local pressures



Real time co-ordination of capacity and action



100% Digital enablement at system level

Multiple SCCs achieved benchmarkable maturity in 24/25

How can this programme benefit me…..

System wide escalation policies

Dynamic Risk Assessment

Patient Safety Incident Framework

Digital oversight

Webinars and training

Directory of contacts

Training and support – Tools and support

SCC Futures page

CRITCON	Model Health System	Dynamic Risk Assessment
Patient Safety Incident Response	Performance Overview Dashboard	Virtual Ward Operational Framework
IUC 111 Dashboard	A&E Forecasting Tool	Community Tracker
Performance Overview Dashboard	SEDIT and SAPIT	MH Operational Framework

Enhance
Enable
Effect

Thank you

Lunch & Networking

Chair Afternoon Address

Chris Morrow-Frost
National Clinical Advisor to Secondary Care
NHS England

Keynote Presentation

Nikki Teesdale
Director of Health and Care Integration and Improvement
Medway and Swale Health and Care Partnership

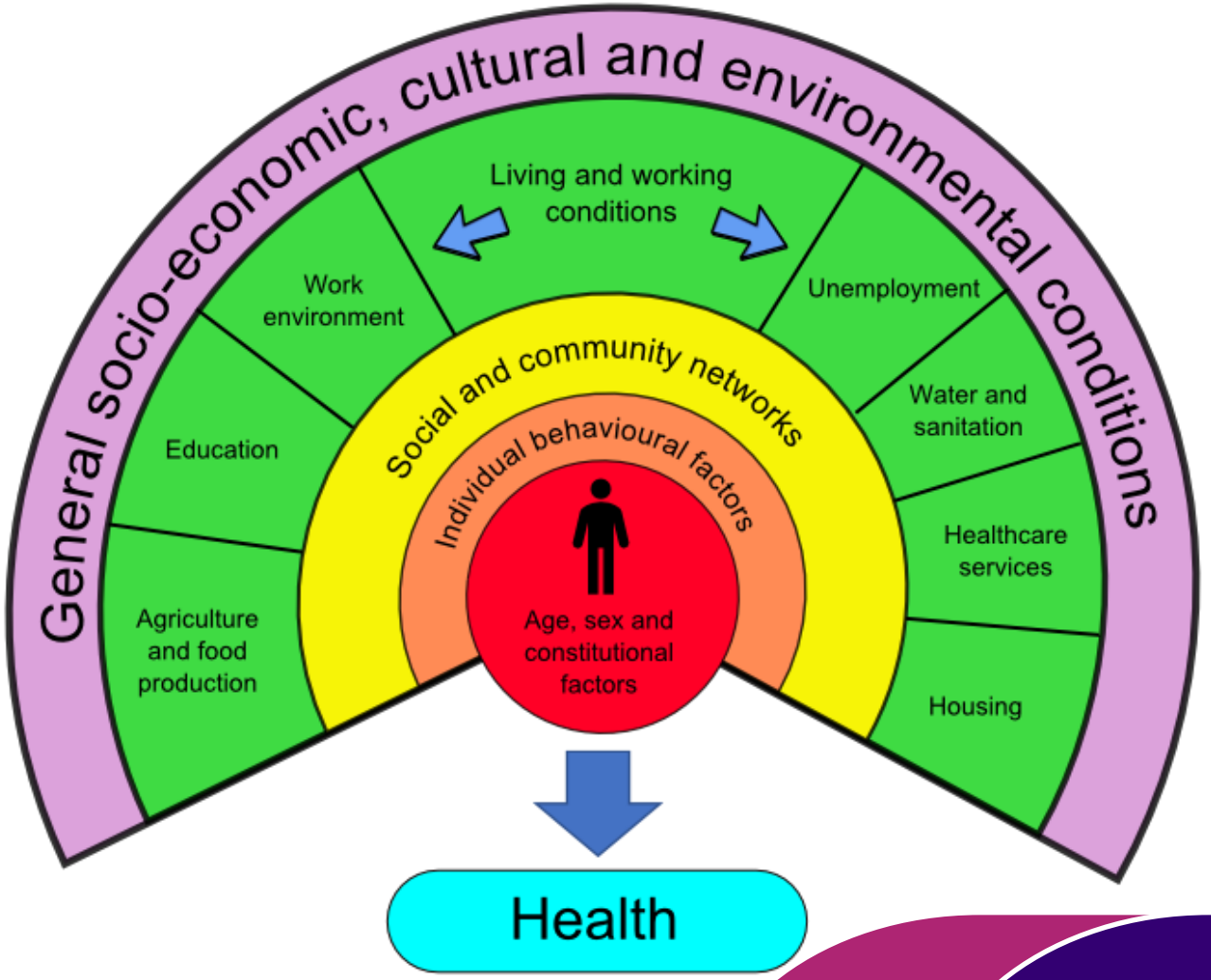
Social Regeneration Building Communities

Medway and Swale Health and Care Partnership

Nikki Teesdale – Director of Health and Care Integration and Improvement

Medway and Swale
Health and Care Partnership

Factors attributing to our health



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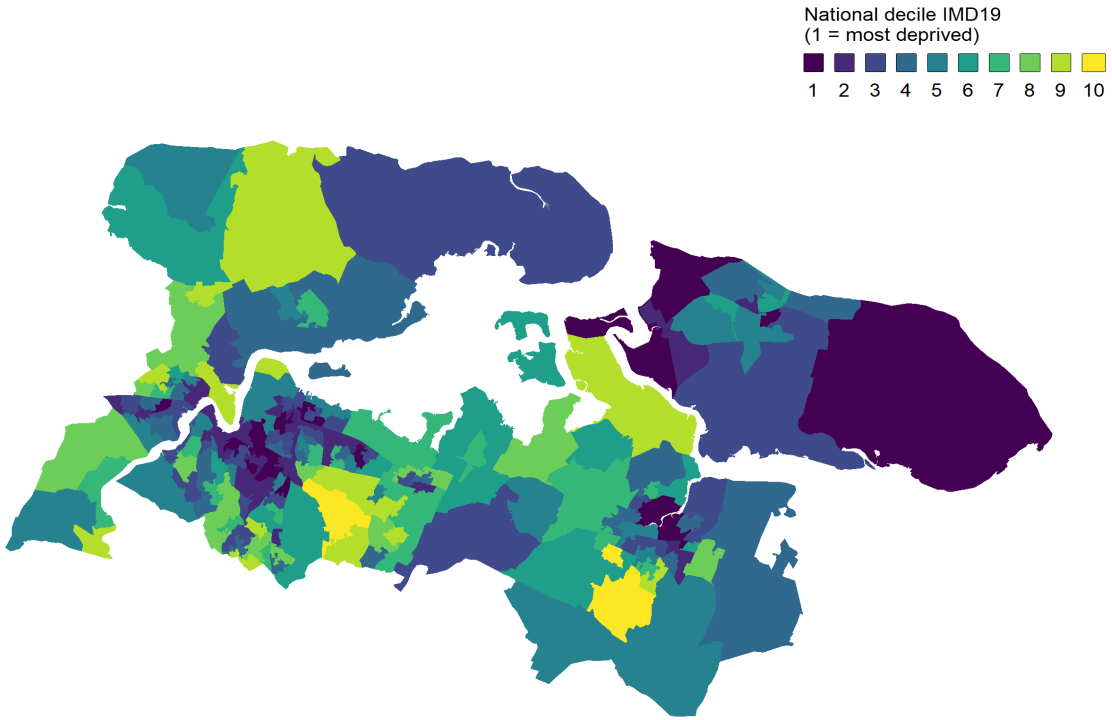
Health and Care Partnership

Deprivation



Ministry of Housing, Communities & Local Government. English indices of deprivation 2019
Contains National Statistics data © Crown copyright and database right 2019
Contains OS data © Crown copyright and database right 2019
Produced by Medway Public Health Intelligence Team, Medway Council 2024-11-19

Version 6.0 © Medway Council, Public Health Intelligence Team, 19/11/2024

Source: GOV.UK. Ministry of Housing, Communities and Local Government. English Indices of Deprivation 2019.

- On average **34.5%** of households in Medway are **deprived in one dimension**, **35.2%** in Swale though this is as much as **51.9%** in some LSOA's
- **40.1%** of people in **Swale** and **36.9%** of people in **Medway are economically inactive.** This is as much as **70%** in some LSOAs
- **23.7%** of **children** in Sheerness live in **absolute low-income families** (870 children)
- Across Medway and Swale, there are an estimated **180 people rough sleeping**
- In 23/24, there were **4,240 homelessness assessments** across Medway and Swale
- **20%** of people in Swale & **17%** of people in Medway are **classified as disabled** under the Equality Act
- The rate of **unplanned hospital admissions** for chronic **Ambulatory Care Sensitive Conditions** across Medway and Swale is 1,106 per 100,000 – significantly worse than the England average. **This is double the England average in the most deprived areas**

Medway and Swale
Health and Care Partnership

People in the most deprived 10% have multiple morbidities equivalent to people 10 years older in the least deprived decile

Summary: Medway and Swale

Compared with England: Better Similar Worse Not compared
Compared with England: Lower Similar Higher

Indicator	Compared to England
School readiness	Similar
Average Attainment 8 score	Worse
Pupil absence	Worse
Unemployment	Worse
Children living in relative poverty	Better
Fuel poverty	Not compared
Homelessness	Worse
Violent crime	Higher
Life expectancy (male)	Worse
Life expectancy (female)	Worse
Smoking prevalence	Worse
Adult excess weight	Worse
Year 6 excess weight	Worse
Physical inactivity	Worse
Alcohol admissions	Better
Air pollution	Not compared
Prescribed antibiotics	Similar
Breast cancer screening	Worse

Indicator	Compared to England
Cervical cancer screening	Better
Bowel cancer screening	Worse
Infant mortality	Similar
Low birth weight	Similar
AE attendances (0-4 yrs)	Worse
Dental decay (5 yrs)	Similar
Under 18s conceptions	Worse
Asthma admissions (<19 yrs)	Similar
Epilepsy admissions (<19 yrs)	Worse
Diabetes admissions (<19 yrs)	Worse
Mental health admissions (0-17 yrs)	Similar
Self-harm admissions (10-24 yrs)	Worse
Substance misuse adms (15-24 yrs)	Worse
Hypertension prevalence	Higher
Diabetes prevalence	Higher
CHD prevalence	Lower
CKD prevalence	Higher
Stroke prevalence	Lower

Indicator	Compared to England
Circulatory mortality (<75 yrs)	Worse
Cancer mortality (<75 yrs)	Worse
ACSC admissions	Worse
Depression prevalence	Higher
Serious mental illness prevalence	Lower
Suicide (persons)	Worse
Suicide (male)	Worse
Dementia diagnosis rate	Not compared
Falls admissions (>65 yrs)	Better
Hip fracture admissions (>65 yrs)	Similar
Osteoporosis prevalence	Similar

Summary: Sheppey

Compared with England: Better Similar Worse Not compared
Compared with England: Lower Similar Higher

Indicator	Compared to England
Pupil absence primary [%]	Worse
Unemployment	Worse
Fuel poverty [% households]	Lower
Life expectancy (Female) [Years]	Worse
Life expectancy (Male) [Years]	Worse
Smoking prev 15+ [%]	Higher
Year 6 excess weight	Worse
Obesity prev 18+ [%]	Higher
Alcohol admissions	Better
Prescribed antibiotics [ISR]	Higher
Breast screening [%]	Similar
Cervical screening [%]	Better
Bowel screening [%]	Worse
Low birth weight	Better
A&E attendances (0-4 years)	Worse
Asthma admissions (<19 yrs)	Worse
Self-harm admissions (10-24 yrs)	Similar
CHD prevalence	Similar

Indicator	Compared to England
Stroke prevalence	Similar
PAD prevalence	Similar
Heart failure prevalence	Higher
AF prevalence	Similar
Hypertension prevalence	Higher
CKD prevalence	Higher
Cancer prevalence	Similar
Diabetes prevalence	Higher
COPD prevalence	Higher
Serious mental illness prevalence	Lower
Depression prevalence	Higher
Dementia prevalence	Lower
ACSC adm [DSR/100,000]	Worse
All cause deaths <75 [DSR]	Worse
Cancer deaths <75 [DSR]	Worse
Circulatory deaths <75 [DSR]	Worse
Osteoporosis prevalence (>50 yrs)	Similar
Hip fracture admissions (>65 yrs)	Worse

Intra-Borough Disparities – Life Expectancy

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Health and Care Partnership

Housing and Health

- **Non-decent homes**: Approximately **2.4 million homes** in England (about **10% of the total housing stock**) are considered non-decent (English Housing Survey, 2022). These homes often have issues such as **damp, cold**, and **mould**, which are linked to or can exacerbate **respiratory conditions** like asthma and COPD.

- **Overcrowding**: As of 2021, **over 800,000 households** in England were overcrowded (MHCLG). Overcrowding increases the spread of **close-contact infections** like **gastroenteritis**, **flu**, and **COVID-19**, and can negatively affect **sleep** and **mental wellbeing** due to lack of privacy and space.

- **Poor affordability**: In 2022, more than **1 in 3 private renters** in England spent over **30% of their income** on rent, placing them under financial strain (ONS). This financial stress is strongly linked to **anxiety**, **depression**, and reduced ability to prioritise **health and wellbeing**.

- **Cost to the NHS**: Poor housing is estimated to cost the **NHS at least £1.4 billion per year**, with cold homes alone contributing **£848 million** annually (Building Research Establishment, 2021).

- **Cumulative harm**: Each housing issue independently affects health. Experiencing multiple issues – such as damp, crowding, and affordability – **compounds risk**, particularly for vulnerable populations including **children**, **older adults**, and those with pre-existing conditions.

- **Homelessness**: The **cost-of-living crisis** has caused a rise in homelessness, with **over 100,000 households** in England in **temporary accommodation** by late 2023 (Shelter). Homelessness is associated with **chronic stress**, increased rates of **mental illness**, and higher incidence of **long-term physical health conditions**.

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Employment and Health

- **Increased Risk of Long-Term Conditions**
  Unemployment is linked to a **63% higher risk** of poor general health and significantly higher rates of **chronic conditions** such as cardiovascular disease and depression.
  Long-term unemployment increases the risk of **mental illness** by up to **3 times**.
  (Sources: Marmot Review 10 Years On; Public Health England)

- **Lower Income, Poorer Working Conditions & Health Outcomes**
  People in insecure or low-paid work report **worse physical and mental health**, and higher rates of **musculoskeletal disorders**, **stress**, and **anxiety**.
  Those in routine/manual jobs are **2x more likely** to die prematurely compared to those in professional roles.
  (Source: ONS; Institute for Health Equity)

- **Employment & Health Inequalities**
  In the **most deprived areas**, only **62.5%** of people aged 16–64 are in employment, compared to **79.6%** in the least deprived.
  Job quality (control, security, work-life balance) strongly influences both **mental wellbeing** and **long-term health**.
  (Source: ONS, Employment Inequalities; Health Foundation)

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Health and Care Partnership

How Education Shapes Health

Increased Risk of Long-Term Conditions

- Each additional year of education reduces mortality risk by 2%.
- Completing primary, secondary, and tertiary education reduces mortality by **up to 34%**.
  (Source: *The Guardian*, Jan 2024; *PubMed*)

Lower Health Literacy & Reduced Self-Management

- People with more education are significantly more likely to report "very good" or "good" health.
- Higher educational attainment improves health knowledge and self-care capabilities.
  (Source: ONS, *Health Inequalities*; *UK Health and Lifestyle Survey*)

Higher Rates of Unemployment & Health Inequalities

- Only **36.5%** in low Healthy Life Expectancy (HLE) areas have higher-level qualifications, compared to **56.8%** in high HLE areas.
- Smoking rates are **1.7x higher** in low HLE areas, correlating with lower educational attainment.
  (Source: ONS, *Health Inequalities*)

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Health and Care Partnership

What is Social Regeneration?

"Social regeneration is about ensuring that the places where people live, now and in the future, create new opportunities, promote wellbeing and reduce inequalities so that people have better lives, in stronger communities, and achieve their potential"

Medway & Swale
SOCIAL REGENERATION

Medway and Swale
Health and Care Partnership

Five Pillars of Social Regeneration

Lifelong Learning

Empowering individuals and communities with adaptable skills and knowledge for collective success

Economic Empowerment

Enabling communities to gain control over their financial resources, opportunities, and decision making, thereby improving their economic status and overall wellbeing.

Living Environment

Surroundings and conditions in which people reside, encompassing physical, social and cultural aspects that impact their daily lives and well-being.

Structuring Success

Implementing strategies and initiatives that prioritise the improvement and revitalisation of our communities

Community Cohesion

Strength of connection and unity among people within a community.

Improving Diabetes Outcomes Through Community Collaboration

HaCP & VCSEF partners worked together to:

- Map and target Gypsy, Roma, and Traveller communities for **better screening / attendance access**.
- Address **systemic barriers** in outlying populations including SMI and LD.
- Ethnic Minority Groups, interventions to **target social stigma, language barriers, mistrust of HCPs** and normalisation of symptoms with preferred traditional remedies.

Primary Care-Driven Prevention with support from influential Faith / VCSEF leaders

- Implemented **bespoke targeted interventions** in Medway & Swale GP practices to:
  - Identify **high-risk** or **undiagnosed** patients.
  - Ensure patients receive **annual long-term condition checks**.
  - Refer patients to **lifestyle & prevention programmes**.

Clinical Impact (2024-25)

- **Diabetes Register**: +351 patients (↑5.1%)
- **Hypertension Register**: +320 patients (↑2%)
- **Total new diagnoses treated**: 702 patients
- **Diabetes patients treated to target**: +160
- **Emergency Care Reduction**: *£2.76M* saved in A&E and outpatient-related admissions.

– **Care Process Improvement**

- Completion of diabetes care processes improved from **28.0% (2023-24)** to **42.7% (2024-25)**.
- National benchmark: 54.2% – work ongoing to close the gap.

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Health and Care Partnership

Impactful Solutions: Meet Jaden

Demographics

- Caribbean 6-year-old male
- Lives in a high area of deprivation (which is a national outlier for Childhood Asthma outcomes)

Medical history

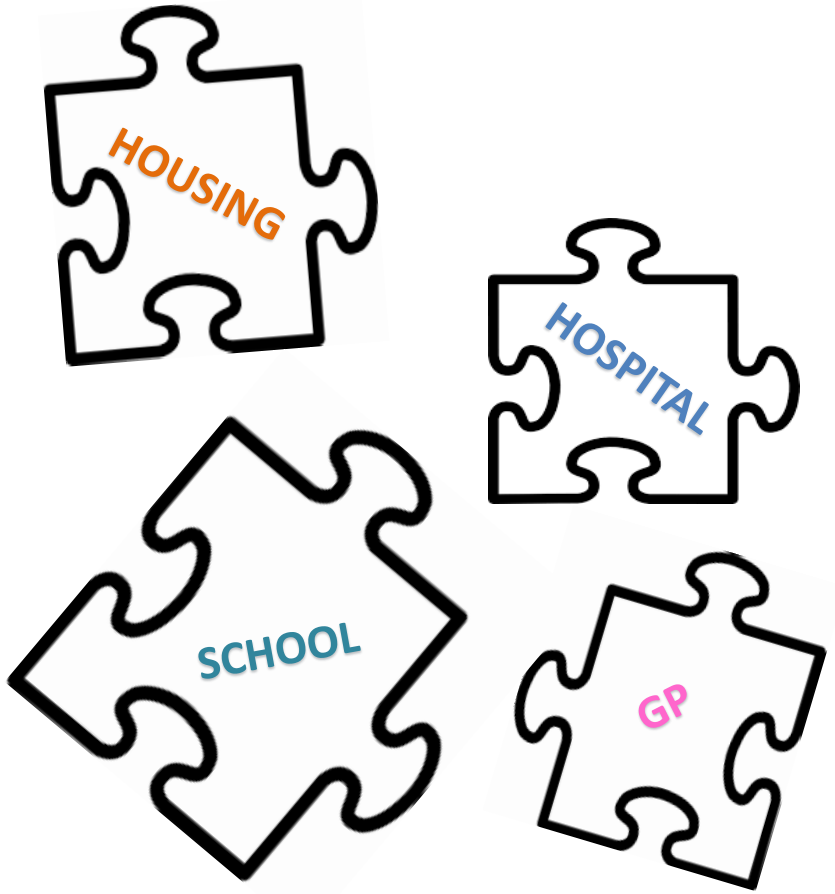
- Regular attendances to A&E
- Excessive use of blue emergency inhaler (salbutamol)
- Repeated emergency GP appointments

Social

- Lives in social, tower block flat with mould on the walls and ineffective electric heating or water system
- Windows are single glazing and have visible cracks in the window frame
- Unable to pay most recent energy bill and is in debt with the energy provider
- Mum attends the local community centre and accesses the foodbank

Home

- Lives at home with his Mum who is a single parent
- Poor school attendance due to parental concerns of the ability of the school to manage Jaden's condition
- Jaden's mother is a smoker but states that she smokes outside



WIDER SUPPORT

ASTHMA FRIENDLY MEDWAY & SWALE

JADEN

- Parent education sessions
- Personal, social, health and economic (PSHE) lessons
- Targeted training for GP's, Practice nurses.
- Training to local charities EG; Green Doctors
- Training offered to Social Care
- Woking with young carers

- Asthma Friendly Schools
- Asthma Friendly Children Centres
- Asthma Friendly Sports Clubs
- Anaphylaxis and Asthma training delivered to Sports Clubs and Schools
- Impacts of poor housing conditions on Asthma training and support delivered to local housing providers

- Collaborative working with the Sheppey food bus to deliver an Asthma service to the most underserved communities in Sheppey
- Supporting Cookham Wood in becoming Asthma Friendly, delivering training, empowering staff
- Launch of Paediatric Asthma prescribing guidelines
- Asthma discharge packs for primary and secondary care (Aimed at Parents)
- Collaborative working with Medway Parent Carer forum to support Children with Special Educational Needs
- Collaborative working with SECAmb (South East Coast Ambulance)
- Nurse attending family events and groups to share asthma key messages
- Supporting and attending Sheppey Community Development Forum meetings
- Nurse attending food banks to offer Asthma support and education
- Supporting GP practices to identify at risk children
- Collaborative working with Air Quality and Eco Hubs

Addressing Lifelong Learning Together: Place-Based Action for Better Health

Place-Based Interventions carried through across multi-agency interventions.

- **Careers Compass** – 300+ young people & parents engaged
- **SEND Careers Event** – 30 students supported
- **Care Leavers Programme** – 10 care leavers into employment
- **University Talks & T-Level Support** – 7 orgs involved, laptops donated through business sector
- **Teacher & Adviser Engagement** – 41 educators experienced healthcare & non-education workplaces
- **Youth health and wellbeing Roadshows** – 3,500+ Yr9 students from 18 schools
- **Apprenticeship Levy for VCSEF** – £84K invested, 23 individuals upskilled
- **Able Futures** – Mental health support to stay in or return to work
- **Youth Volunteering Passport** – New infrastructure to support volunteering pathways onto employment

Impact

💼 More skills → 🎓 Better employment → ❤️ Healthier communities

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Keynote Presentation

Stephanie Gillibrand
Research Fellow
The University of Manchester

REVAL
NIHR Rapid Service Evaluation Team

FUNDED BY
NIHR | National Institute for Health and Care Research

Independent evaluation of NHS England's 2023-2025 UEC Recovery Plan

Phase 2

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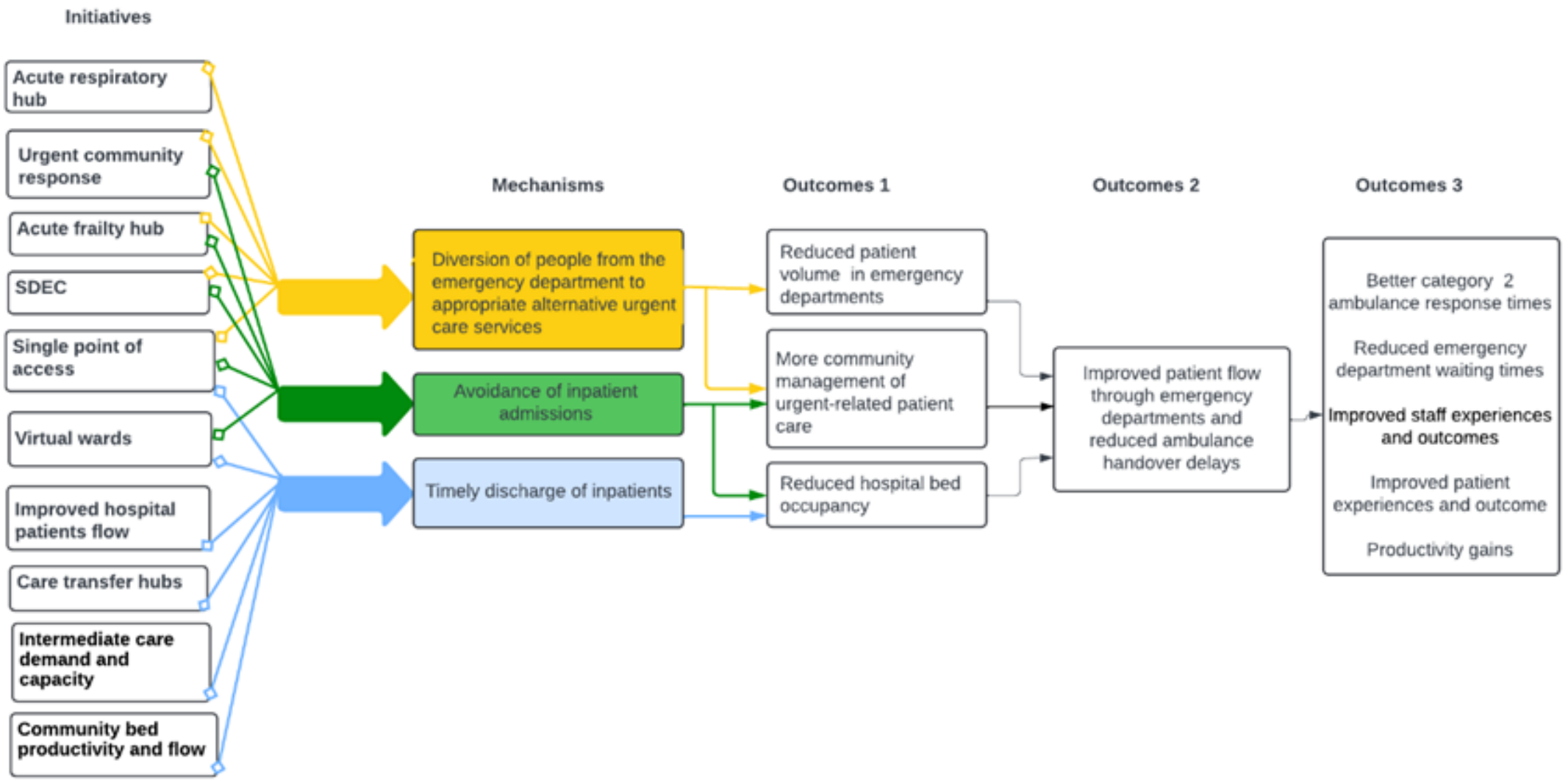
About us

- Funded by NIHR HSDR Programme.
- REVAL is based at the University of Manchester with expertise in all aspects of evaluating service transformation in health and social care.
- Responsive real time evaluations of innovations and developments in the organisation, delivery and integration of health and care services.
- https://sites.manchester.ac.uk/reval/.

Background to the evaluation

- REVAL commissioned by the NIHR to undertake an independent evaluation of **NHSE's Urgent and Emergency Care Recovery Plan (2023-2025**)
- Evaluation focus: the delivery of the Recovery Plan, including whether prioritisation and delivery of the 10 high-impact initiatives has impacted UEC performance nationally.
- Insights from the evaluation will inform future decision-making plans.


Initiatives
Acute respiratory hub
Urgent community response
Acute frailty hub
SDEC
Single point of access
Virtual wards
Improved hospital patients flow
Care transfer hubs
Intermediate care demand and capacity
Community bed productivity and flow
Mechanisms
Diversion of people from the emergency department to appropriate alternative urgent care services
Avoidance of inpatient admissions
Timely discharge of inpatients
Outcomes 1
Reduced patient volume in emergency departments
More community management of urgent-related patient care
Reduced hospital bed occupancy
Outcomes 2
Improved patient flow through emergency departments and reduced ambulance handover delays
Outcomes 3
Better category 2 ambulance response times
Reduced emergency department waiting times
Improved staff experiences and outcomes
Improved patient experiences and outcome
Productivity gains

Aims & research questions

Aim: To investigate delivery of high impact initiatives in urgent and emergency care

Timelines: Provisionally August 2024 to July 2025

Stage 1 (using national level data)

1. What 'clusters' of high impact initiatives are being implemented in NHS Trusts in England?
2. How has NHS UEC performance changed over time including during the 2023-24 recovery plan period?
3. Is there an interaction between UEC performance and the 'clusters' of high impact initiatives being implemented?

Stage 2 (using case level data)

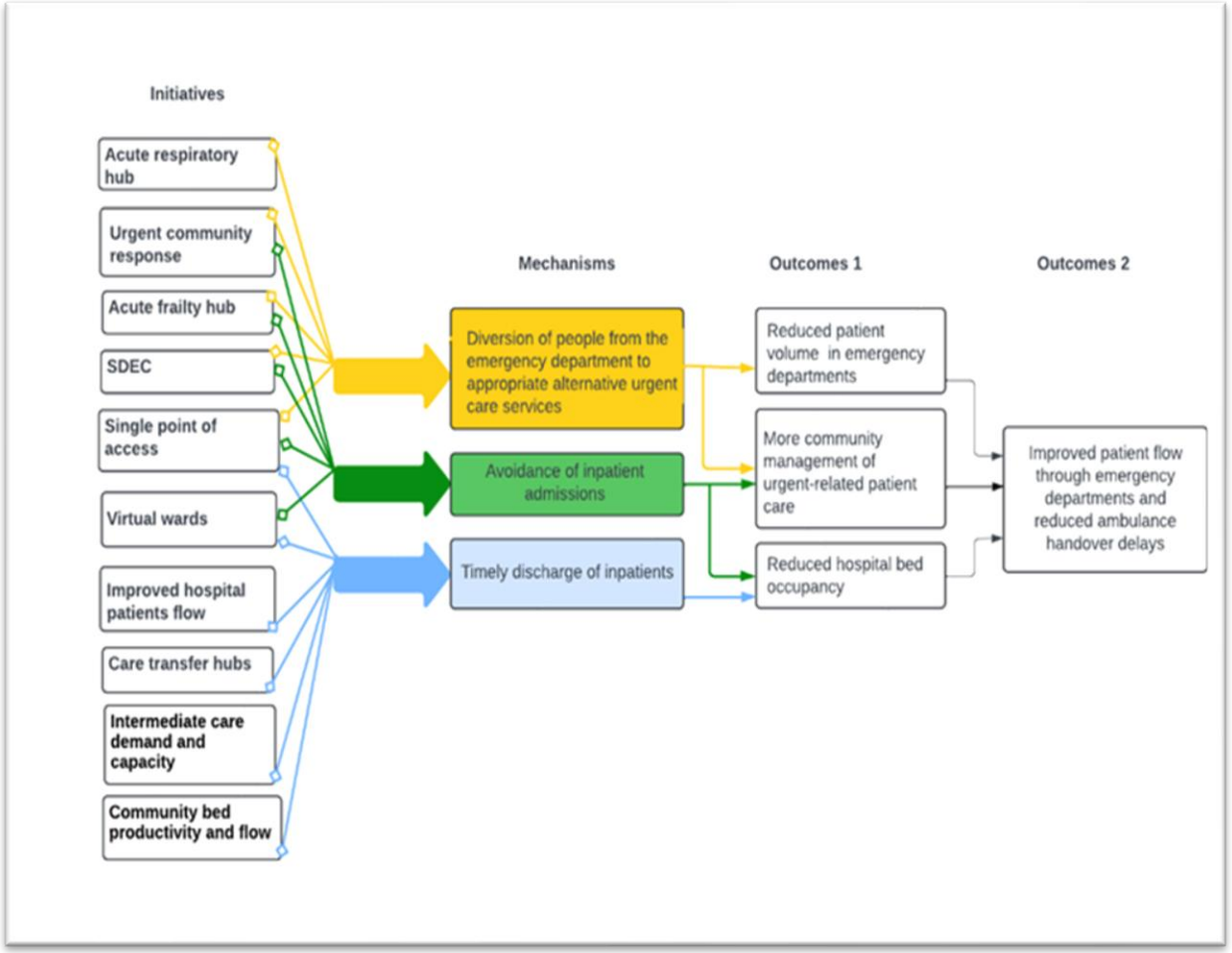
4. How are the high impact initiatives being delivered locally and what are their key service components?
5. How do the 'clusters' of high impact initiatives link with other services in the wider health system and how might this influence their impact?
6. Are there key features of NHS Trusts that enhance / inhibit organisational receptiveness and capacity to improve around delivery of UEC outside of A&E?

Stage 1

National data analysis	
National survey	Aimed at Trusts with Type 1 ED Identify local initiative delivery and priority high-impact initiatives. Identify ‘clusters’ of the initiatives
Exploration of Trust-level UEC performance data	Use of routine A&E data to assess at a Trust level Analyses of changes over time: pre, during and post Recovery Plan period. Sensitivity analysis (UEC Tiers)

Exploration of Trust-level UEC performance data

Mechanism	Outcome metrics	
Diversion of people from emergency department to appropriate alternative urgent care services	Number/ percent total attendances <4 hours	Cat 2 mean response times; % within 30 minutes
Avoidance of inpatient admissions	% of available /occupied beds	
Timely discharge of patients		



Stage 2

Case level analysis	
‘Deep dives’ (at Trust level)	8 Trusts across England (high/low, consistently performing Trusts) Interviews with key staff (e.g. service managers, clinical and operational leads); ICS and regional UEC leads etc. To understand how the priority HII services (or processes) are structured and delivered.

Key questions

- How has the Recovery Plan been delivered and operationalised?
- What are the key mechanisms and processes which enable the delivery of the high-impact initiatives?
- What role does the SCCs play?

Contact us

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Phase 1 & final evaluation report

https://sites.manchester.ac.uk/reval/current-evaluations/urgent-emergency-care-uec/

Phase 2 & evaluation protocol

https://sites.manchester.ac.uk/reval/current-evaluations/uec-phase-2/

Panel Discussion

Catherine Withers
Assistant Director of UEC
Improvement NHSE

Troy Profit
Senior Commissioning Manager –
Urgent and Emergency Care
South East London ICB (Bromley Place)

Food, Drinks & Networking