

To: Local A&E Delivery Board Chairs

CC: CCG Clinical Leaders
CCG Accountable Officers
Acute Trust Chief Executive Officers
Ambulance Trust Chief Executive Officers
Mental Health Trust Chief Executive Officers
Community Trust Chief Executive Officers
Local Authority Chief Executive Officers

14 July 2017

Gateway Reference Number: 06969

Dear colleague,

Preparation for winter 2017/18

Last winter was a challenging period for the NHS. Thanks to the huge efforts of frontline staff, patients continued to receive safe care during this period. Over 85 in 100 patients were admitted, transferred or discharged from A&E within four hours, and this figure has since recovered to 90 out of 100 patients. However it is clear that the system remains under pressure, and in order to meet the challenges of this winter we need to learn from the experiences of last year. I am writing to you today to describe our priorities for the next few months, together with actions that have already been taken to build resilience ahead of next winter.

1. Ensuring there is enough capacity to meet the pressures of winter

Reducing delayed transfers of care

DTOCs remain a significant barrier to improving patient care on emergency care pathways and performance against the four hour standard. Since the standard was last met, the NHS has lost the equivalent of 2,500 beds to DTOCs, which has increased occupancy and left systems less resilient to operational pressures. Last winter the NHS actually opened more beds than in the previous year. However it lost almost twice as many to DTOCs, leading to occupancy hitting its highest-ever levels and the system struggling to respond to periods of high demand.

Our ability to collectively free up 2,000-3,000 beds will be one of the key determinants of quality and performance this year. The government announced last week that councils will be expected to deliver half of this national ambition to reduce DTOCs, drawing on the £1bn allocated in the Spring Budget 2017 for the purposes of meeting adult social care needs; reducing pressures on the NHS including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care provider market is supported.

Each Local Authority will need to agree their plan for meeting those goals in line with expectations set by government. The Government will take stock of progress in

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November and consider reviewing 2018/19 allocations of the social care funding provided in the Spring Budget 2017 for any areas that remain performing poorly. This funding will all remain with Local Government and will be used for adult social care.

Reducing delays must, however, be a shared endeavour. CCGs, Community Trusts, Mental Health Trusts and Acute Trusts will need to work together to deliver the NHS's half of this ambition. Some of the NHS-related DTOCs are driven by internal process issues and poorly managed handoffs between acute and community health services, and some by suboptimal CCG assessment processes for NHS Continuing Healthcare. Target reductions in NHS-related DTOCs are in the process of being agreed between the NHS locally via CCGs with our regional teams.

In addition, the Government has asked CQC to review 12 areas to identify how well people move through the health and social care system, with a particular focus on the interface, and what improvements could be made. Their findings should provide a solid basis for rapid improvement in performance in the poorest performing areas.

The BCF planning process this year will reflect these developments. BCF plans and associated funds transfer will only be approved if the relevant LA and CCG(s) have agreed health and social care-related DTOC reduction targets and a credible plan to deliver them, having consulted the relevant local Trust(s). These target DTOC reductions need to be consistent with the expectations set by Ministers and NHS England. Provisional trajectories must be submitted by 21 July. Indicative targets and guidance for all Local Authorities and CCG areas can be found in Appendices 1 and 2.

Graduation from the BCF will also be conditional on sufficient progress against agreed targets. Any areas approved for graduation in 2017/18 could still have their IBCF allocations reviewed if they do not achieve the required DTOC reduction.

Reducing variation in best practice

To provide support to Trusts to reduce delays as outlined above, NHS Improvement has published on its website a good practice guide: *Focus on Improving Patient Flow*. [The guide](#) has been written in collaboration with a wide range of stakeholders and outlines priorities that should be implemented systematically and comprehensively to improve flow. All NHS Trusts should review the guidance and confirm their plans to adopt best practice in the context of the development of their winter plans by early September.

Primary Care streaming

£100m was made available in the March budget to support improvements in Emergency Departments; specifically, for all systems to implement a robust primary care streaming model. The first tranche was allocated on 21 April 2017, when 63 Trusts received a total of £55m. The allocation of the second tranche was confirmed in June 2017 and 27 Trusts received a total of £21m.

This funding is conditional on implementation of agreed actions by the end of October 2017, to deliver improved services in time for winter 2017/18. This service

improvement is a national priority over the coming few months. Operational guidance to support primary care streaming was issued on 7 July 2017 and we are happy to discuss any queries that you may have on proposed operating models.

2. Reforming and redesigning the wider Urgent and Emergency Care system

Urgent Treatment Centres

The *Next Steps on the Five Year Forward View* document published in March described a process to end the confusing array of Urgent Care Centres, Minor Injury Units, Walk-In-Centres and other forms of urgent care provision outside of A&Es. We are creating a more standardised offer for patients, which will be known as Urgent Treatment Centres (UTCs). UTCs will provide a more standardised, consistent offer, including:

- A service open 12 hours a day, seven days a week, integrated with local urgent care services;
- Treatment by clinicians with access to diagnostic facilities that will usually include an X-ray machine; and
- Appointments that will be bookable through 111 as well as GP referral.

We expect to designate the first 150 facilities by December 2017. We have today published the national standards which UTCs will need to meet, together with FAQs. These can be accessed [here](#). In addition, a pro-forma will be made available shortly to assist local areas in reviewing their current facilities.

Support for regions and local areas to implement the UTC standards will be provided through our national urgent and emergency care delivery PMO and regional PMOs.

The Ambulance Response Programme

There have long been concerns about the way in which the ambulance service currently operates – including inefficient ‘multiple dispatching’, long-waits for ‘non-urgent’ patients, and significant disparities between urban and rural response times. These issues are more acute during the winter period and can impact on the quality and safety of patient care.

The Secretary of State for Health has accepted Sir Bruce Keogh’s [recommendations](#) to fundamentally re-design the service’s operating model. Key components of this re-design are:

- Quicker identification of life-threatening conditions using a pre-triage system;
- Introduction of new response times standards which cover every single patient, not just those in immediate need;
- A new dispatch model, giving staff more time to identify patients’ needs; and
- A change to the rules around what “stops the clock”, so standards can only be met by doing the right thing for the patient.

This new operating model will be live in all Trusts by this winter and bring significant clinical benefits for patients.

3. Flu planning

The National Flu Immunisation Programme was launched by Public Health England on 20 March 2017, and all systems should be working to ensure that comprehensive immunisation programmes are delivered and that all high risk groups are targeted to the maximum extent possible.

Full details of the programme and associated guidance can be found [here](#).

In addition, a CQUIN will remain in place for Trusts to ensure high uptake of flu vaccinations amongst their workforce. Vaccination rates last year increased by over 30%, equivalent to an additional 120,000 staff. Building on this excellent progress will benefit both our staff and our patients.

4. National support and winter planning

NHS England and NHS Improvement will be more aligned to better support local systems through the winter months. For the first time, 2017/18 will see formal winter planning starting in July, with final local plans to be submitted in early September as per the timetable below. To ensure local systems have sufficient time for proper planning and discussion with partners, we are setting out the key planning and assurance dates for the entire winter period, with general resilience plans right up to Easter.

In developing their overarching winter plans, Local A&E Delivery Boards should prioritise the following:

- Demand and capacity plans
- Front door processes and primary care streaming
- Flow through the UEC pathway
- Effective discharge processes
- Planning for peaks in demand over weekends and bank holidays
- Ensuring the adoption of best practice as set out in the NHS Improvement guide: *Focus on Improving Patient Flow*.

The key actions and dates are set out below, with more detail in Appendix 2.

Action	Description	Deadline
Overall winter plans submitted	Local A&E Delivery Boards to submit final winter plans covering resilience arrangements from the start of December up to Easter. More information on what these plans should cover is given in the annex.	Submitted to NHS E/I regional teams on Friday 8 September 2017
Late December/Early January plans submitted	Local A&E Delivery Boards to submit more detailed plans setting out what resilience arrangements are in place to get them through the Christmas/New Year bank holiday and highly pressured early January period.	Submitted to UNIFY on Friday 1 December 2017
Easter bank	Local A&E Delivery Boards to submit plans to	Submitted to

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holiday plans submitted	ensure system resilience during and immediately after the Easter bank holiday	NHS E/I regional teams on Friday 2 March 2018
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Summary

During my time in this role I have visited almost a third of A&Es in England, and I am constantly aware of how much time and effort you are all investing in improving your local urgent and emergency care services. Whilst the system remains under pressure, the extra investment this year in Social Care and streaming facilities in particular give us a real opportunity to improve performance.

Thank you for your leadership and to your staff for their enormous efforts. I look forward to working together to ensure this opportunity is realised.

Yours sincerely,



Pauline Philip

**National Urgent & Emergency Care Director
NHS England and NHS Improvement**