Urgent and Emergency Care (1/6)

South East London Integrated Care System

Vision

To deliver an integrated safe and responsive Urgent and Emergency Care model that meets population needs and enables people to access the care they need, in the least intensive setting, when they need it and minimising the time spent in hospital through a resilient and sustainable service offer.

Deliverables / Improvements since 2023/24

Embedded the SEL UEC recovery process including arranging monthly reviews of system recovery plans and delivery of a recovery and winter planning workshop for system partners.

Development and agreement of SEL Discharge Standards to support working towards parity in transfers of care for both physical and mental health patients.

Development and agreement of the SEL Streaming and Redirection Strategy and working towards the objectives including consistent triage and UTC standards to support the long term move to increased use of digital front door.

Key Challenges / Opportunities Remaining

Continued increases in demand for urgent and emergency care, including mental health urgent and emergency care, including associated resource implications.

Limitations on estate and capital investments which restrict some of the improvements that can be made in our ED and UTCs.

Increased pressures on local authority budgets and the complex care home market which impact on transfers of care for patients who require ongoing packages of care in their own home or a new nursing or care home placement.

Competing priorities within the healthcare environment mean that UEC improvement is only one of several priorities, particularly for our Acute trusts, and this can mean there is not the resource available to implement some of the improvements we plan or that timescales slip.

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	What are our priority areas for 2025/26 (Max 4)	Why has this been identified as a priority areas?
1	Front Door – ensuring high quality care including improving the timeliness of UEC responses and sustainability of UEC performance standards (all age, ref CYP Programme; ref Mental Health Programme).	Work we have done to date which includes missed opportunity and streaming audits that show we do not have consistent ways of staffing or managing people arriving at the front door of our hospitals. This variation can lead to increased waits and different patient experiences depending on which hospital they attend. We want to work with system partners to ensure that patients are triaged to the most appropriate setting quickly, which includes improvements in training, efficiency, patient experience and outcomes
2	Discharge – ensuring nobody spends more time in hospital that is necessary with supportive transfers of care and delivery of discharge standards (mental and physical health, adults).	Delays to discharge impact on patient experience, with longer stays in hospital increasing the risk of people becoming less independent. It also means that beds are not available to patients arriving via ED who need to be admitted. This can result in patients being cared for in spaces that are not optimal for privacy or experience. It is important to improve our hospital flow across our hospitals so that people can receive care and then safely return to their home
3	Contributing to the SEL System sustainability plan across UEC pathways by implementing the National Criteria to Admit (CTA) tool for all specialities prior to admission from the ED	Implementation of the national criteria to admit (CTA) tool is a London urgent and emergency care (UEC) priority and is being implemented Nationally. Evidence shows that implementing the tool can result in: • a reduction in admissions of approximately 10-15% (some audits have identified a 29% opportunity) • a reduction in length of stay in EDs • a reduction in variation of practice between individual clinicians

Urgent and Emergency Care (3/6)

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Priority Area:

Front Door – ensuring high quality care including improving the timeliness of UEC responses and sustainability of UEC performance standards (all ages, ref CYP Programme; ref Mental Health Programme).).

What are the actions we will deliver in 2025/26

- Achieve consistency of streaming pathways (e.g. direct to SDEC and specialty) across all ages and including in mental health. *NB please review the mental health care pathway section for more detailed actions regarding the acute and crisis care pathway*
- Pathway specific developments (e.g. woundcare, catheter care, feeding tubes)
- Trusted assessor (e.g. from LAS to acute frailty units, GP into SDEC)
- High frequency users – going beyond our existing high intensity user services to target patients who don't meet the criteria for HIU services
- Continued exploration of digital front door models and outcomes

Population Health and Inequalities Impact

Consistent streaming models across SEL to support the delivery of parity of access to urgent and emergency care for all ages. Where required, pilots and pathways supporting those from Core20+ groups to improve access and experience.Targeted actions will also help to reduce the longest waits in EDs for mental health patients.

System Sustainability Impact

Streaming patients to the most clinically appropriate destination will reduce the pressure on EDs and improve system performance against UEC performance standards.

Priority Area:

Discharge – ensuring nobody spends more time in hospital that is necessary with supportive transfers of care and delivery of discharge standards (adults, mental and physical health).

What are the actions we will deliver in 2025/26

We will focus on four main areas:

1) Pathway zero – up to 90% of discharges fall into pathway 0 so even short delays can add up to a significant number of bed days that could be used to support better flow,
2) Understanding the capacity and models we have in place for pathway 2 beds across SEL and whether this meets demand.
3) Investigating ways to meet the needs of pathway 3 patients given the challenging care and nursing home market in SEL.
4) Support our mental health trusts to embed the 10 principles of mental health discharge

Population Health and Inequalities Impact

Consistency in meeting the SEL discharge standards for both mental and physical health discharges helps us work towards parity for all patients who require supported discharge and transfer of care.

System Sustainability Impact

Reducing the number of patients who are clinically ready for discharge but continue to reside in hospital provides a large opportunity within the system sustainability programme to reduce costs around escalation beds, boarding and agency staff if we can deliver tangible improvements in this area.

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Priority Area:
Contributing to the SEL System sustainability plan across UEC pathways by implementing the National Criteria to Admit (CTA) tool for all specialities prior to admission from the ED.

What are the actions we will deliver in 2025/26
• Completion of initial audit at sites to understand the opportunity and identify pathway improvements from ED. • Share findings of audits across SEL and plan implementation • Implementation – prioritising highest admitting specialities and ensuring exec sponsorship to support culture change needed for successful implementation • Review – to monitor impact on relevant metrics, consider agreeing local targets and repeat CTA audits to identify improvements ready for winter 25/26

Population Health and Inequalities Impact
Consistency in the admission threshold and criteria for all specialities prior to admission from ED and reduces variation of practice between individual clinicians. Patients seen in a more appropriate setting, utilising alternative appropriate pathways.

System Sustainability Impact
Reduction in admissions and reducing bed costs; patients seen in a more appropriate setting and utilisation of alternative pathways.

Urgent and Emergency Care (5/6)

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Priority Area	What are the outcomes we are aiming to achieve?	How are we measuring our impact?
Front Door	• All SEL front door triage provides an initial assessment within 15 minutes with an agreed approach to how this is measured and recorded • Agreement of high quality and effective initial assessment • Zero harm to patients because of undifferentiated queuing • All patients have a safe and consistent approach when accessing services within SEL • Improvements against baseline in missed opportunities audits (streaming) • Reducing the longest waits in EDs for mental health patients.	• National SDEC measurements (Sara to add) • Missed opportunities audits • Escalation/boarding beds open by site • ED LOS data
Discharge	• Increase in patients discharged by 1pm against 23/24 data • Ability to accurately capture Pathway 0 discharge delays in addition to Pathways 1-3 • Subsequent improvement in Pathway 0 discharge delays against baseline • Improvement in performance against SEL Discharge Standards against baseline	Discharge data • Discharge by 1pm • Number of admitted patients not discharged by discharge ready date (by pathway) • Number of days patients remaining admitted beyond their discharge ready date (by pathway)
Criteria to Admit (CTA)	• Consistency in the admission threshold and criteria for all specialities prior to admission from ED and reduces variation of practice between individual clinicians. • Reduction is LoS in EDs improving the patient experience and supporting patients being seen in the right place. • Reduction in admissions and reducing bed costs; patients seen in a more appropriate setting and utilisation of alternative pathways.	• Improvement in conversion rate (% admitted from ED) • Reduction in patients admitted in over 12 hours from the time of arrival (%) • Mean time in department - admitted patients (minutes)

Urgent and Emergency Care (6/6)

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What do we need from enablers and partners to deliver?

Improved reporting for sites with EPIC. The ability to have accurate data for these sites has been impacted since EPIC go-live in October 2023 and the loss of reporting that resulted. We expect this position to improve over coming months.

Partner engagement for SEL UEC priorities recognising the competing demands on acute, mental health, community and local authority services.

Clinical engagement across SEL acute sites and senior level buy-in

Alignment with

How will we work in collaboration with our system?

System convening through regular meetings (e.g. SDEC, front door, DSIG) and workshops (e.g. winter planning). Ensure appropriate links and communications with Place based UEC Boards

Strong clinical engagement through SEL UEC clinical leadership across the UEC portfolio, including working with local CCPLs.

Maintaining strong working relationships with regional and national colleagues through regular meeting attendance and touch points.

Where possible, provide in-reach support to system partners to help with delivery of improvement programmes.

How will we engage with our population?

We will support and participate in the broader communications work aimed at helping people find their way to the right care.

New initiatives may require targeted communications to raise awareness of service developments and changes and to help and manage patient expectations

We will seek opportunities to work in partnership with our local voluntary and community sector providers.

How will we monitor and share progress?

We will monitor progress using our identified measures including data and audits used in our pathway groups.

We will share progress via highlight reports and progress discussions at the SEL UEC Board.