



National Audit Office



REPORT

Access to unplanned or urgent care

Department of Health & Social Care

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Access to unplanned or urgent care

Department of Health & Social Care

Report by the Comptroller and Auditor General

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Gareth Davies
Comptroller and Auditor General
National Audit Office

16 June 2023

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Key facts

711,881

A&E patients waiting over four hours from arrival to be admitted, transferred or discharged in December 2022, an all-time high

90,998

ambulance handovers to A&E taking longer than 30 minutes in March 2023, equivalent to 25.9% of all ambulance handovers

32.0mn

reported number of appointments in general practice provided in October 2022, an all-time high, compared with 27.1 million reported in October 2018

- 92.3%** general and acute hospital beds occupied during Q4 2022-23, representing record levels
- 88 seconds** mean time to answer 999 calls related to health issues in December 2022, an all-time high
- July 2015** the last time the NHS met its target for 95% of A&E patients to be admitted, transferred, or discharged within four hours of their arrival
- 8.4 million** 111 calls answered within 60 seconds in 2021-22, compared with 11.2 million to 13.3 million between 2014-15 and 2020-21
- 1.27 million** full-time equivalent NHS staff in February 2023, compared with the most recent low of 0.96 million in June 2013
- £21.5 billion** estimated annual cost in 2020-21 of providing the services reviewed in this report

Summary

1 NHS services have been under increasing pressure in recent years, particularly since the start of the COVID-19 pandemic. We have previously reported on the NHS's efforts to tackle the backlogs in elective care and its progress with improving mental health services in England. This report gives a factual overview of NHS services that may be used when people need rapid access to urgent, emergency, or other non-routine health services, and whether such services are meeting the performance standards the NHS has told patients they have a right to expect. It covers:

- general practice;
- community pharmacy;
- 111 calls;
- ambulance services (including 999 calls);
- urgent treatment centres; and
- accident and emergency (A&E) departments.

2 There were close to half a billion patient interactions across these services in 2021-22, with a total estimated annual cost of some £21.5 billion a year.

3 In January 2023, the government and NHS England (NHSE) 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. Specialist services such as optometry, dentistry, paediatrics, and tertiary care are outside the scope of this report. NHSE considers that the combination of StrepA, influenza and COVID-19 in winter 2022-23 significantly exacerbated the challenges it already faced. We have not sought to isolate or quantify the impact of these factors.

Key findings

Demand

4 Population changes are contributing to increasing demand for healthcare.

The likelihood of being disabled or experiencing multiple chronic and complex health conditions increases with age. People are living longer, with the population of England aged 65 or older increasing by 20.1% between 2011 and 2021 to 10.4 million people. Increasing numbers of people live with multiple long-term conditions and complex health needs. There were 8.5 million NHS hospital patients aged 65 and over in 2021-22, compared with 7.0 million in 2012-13. Academic research published in 2021 estimated that, in 2019, 52.8% of all adults in England had more than one long-term health condition, compared with 30.8% in 2004 (paragraphs 1.6 and 1.7).

5 Demand for unplanned or urgent care is increasing. In primary care, there were 336.0 million appointments in general practices in 2022-23 compared with 285.3 million in 2018-19, and monthly appointments recently reached record levels with 32.0 million provided in October 2022 compared with 27.1 million in October 2018. Community pharmacists also carried out an estimated 65 million consultations in 2022 compared with 58 million in 2021. For the most urgent pathways, annual calls to 111 increased by 9.5 million between 2014-15 and 2022-23, from 12.9 million to 22.3 million, and monthly calls peaked at a record 2.9 million in December 2022. Ambulance control rooms took 13.2 million calls in 2022-23 compared with 11.7 million in 2018-19, resulting in a record 101,089 Category 1 callouts in December 2022. There were 25.2 million A&E attendances in 2022-23, an increase of 3.6 million compared with the 21.6 million in 2011-12, peaking at a record 2.3 million attendances in December 2022 (paragraphs 2.7, 2.16, 3.4, 3.6 and 3.18, and Figure 9 and Figure 16).

NHS capacity

6 The number of general and acute hospital beds has increased slightly following a downward trend before the COVID-19 pandemic, but occupancy rates have also risen and patients are now staying longer in hospital compared with previous years. General and acute hospital bed capacity had been on a long-term downward trend since 2010 and, after allowing for COVID-19 restrictions, reached a low of 92,559 during the early stages of the pandemic. Bed numbers have since risen, but only back to pre-pandemic levels at 104,543 in Q4 2022-23, with occupancy rates for these beds at record levels (92.3% in Q4 2022-23). Higher levels of bed occupancy can increase the risk of bed shortages, periodic bed crises and increased numbers of hospital-acquired infections. Critical care patients are also staying longer in hospitals, with the average length of stay increasing from 4.0 days in 2017-18 to 4.8 days in 2021-22. The average number of patients remaining in hospital despite no longer needing to increased to 13,623 across Q4 of 2022-23, up by 1,505 (12%) compared with the same period in 2021-22 (paragraphs 1.9, 1.12 and 1.13, and Figure 2).

7 The number of NHS staff has increased, including those working in unplanned or urgent care. Full-time equivalent staff in the NHS workforce increased by 32.4% from the most recent low of 963,471 in June 2013 to an all-time high of 1,275,354 in February 2023. The numbers of GPs, ambulance staff and doctors in emergency departments have all increased in recent years (paragraphs 1.14, 2.12, 3.15 and 3.24, and Figure 3, Figure 8, Figure 15 and Figure 20).

8 The number of staff vacancies across the NHS rose from the start of 2021 but has recently fallen. Vacancies reached a low of 76,084 full-time equivalent staff in Q4 2020-21, before steadily rising to a high of 131,596 in Q2 2022-23 and falling to 112,498 in Q4 2022-23. The greatest increases between the low in Q4 2020-21 and Q4 2022-23 related to the acute sector, where vacancies rose by 21,522, and for mental health roles, where vacancies rose by 10,176. The average rate of staff leaving across all ambulance trusts has increased, from 7.5% in 2010-11 to 8.4% in 2020-21, and 42.9% of ambulance staff in the 2022 NHS staff survey said they often think about leaving their organisations. A survey of GPs carried out by the Royal College of GPs in 2022 found that 39% of respondents were considering leaving their profession within five years. In 2020, the government committed to providing 6,000 additional GPs but has since stated that achieving this is unlikely. NHSE has said it will publish a long-term workforce plan in 2023, setting out its workforce challenges and actions to address them. We, and the Committee of Public Accounts, have previously noted there have been repeated delays to the publication of NHSE's long-term workforce plans (paragraphs 1.15, 2.14, 3.15 and 4.10, and Figure 4).

9 Spending on the NHS continues to increase. The total budget for NHSE in 2022-23 was £152.6 billion, some £28.4 billion more than in 2016-17 at 2022-23 prices. We estimate that NHSE's spending on providing the services for unplanned or urgent care covered in this report is some £21.5 billion per year. The cost of different services ranges widely. We estimate that, in 2020-21, ambulance incidents cost £2.6 billion, emergency departments £4.6 billion, and general practices £12.6 billion (paragraph 1.2 and Figure 1).

Performance

10 Patients' access to services for unplanned or urgent care has worsened.

The mean time taken to answer ambulance-related 999 calls in March 2018 was 14 seconds, but this had increased to a high of 88 seconds in December 2022, and was 17 seconds in March 2023. The mean ambulance response time for Category 2 incidents was 39 minutes 33 seconds in March 2023, compared with 27 minutes 44 seconds in March 2018. In March 2023, 57% of patients in Type 1 A&E departments were admitted, transferred or discharged within four hours of their arrival, compared with 95% in March 2011. In December 2022, 711,881 A&E patients waited over four hours from their arrival to be admitted, transferred or discharged, an all-time high (paragraphs 3.8, 3.11 and 3.20, and Figure 12, Figure 13 and Figure 18).

11 There is considerable variation in service performance and access, both between regions and between different providers.

In March 2023, proportions of Type 1 A&E patients being admitted, transferred or discharged within four hours of arrival varied from 53.3% in the Midlands to 62.1% in the South-East. Ambulance response times for Category 1 incidents vary significantly, with a mean time of 6 minutes 51 seconds for the London ambulance service in 2021-22, compared with 10 minutes 20 seconds for the South-West ambulance service. Response times for answering 999 calls similarly vary, with an average time in 2021-22 of 5.4 seconds for the West Midlands ambulance service, compared with 67.4 seconds for the South-West ambulance service. The number of patients per GP in different Integrated Care Systems varied between 1,430 and 2,198 (paragraphs 2.13, 3.9, 3.12 and 3.21).

12 COVID-19 had, and continues to have, an adverse impact on the NHS's capacity to meet healthcare needs.

A proportion of NHS hospital beds are occupied due to COVID-19 cases, which rises and falls in line with wider infection rates. Absence rates in the NHS workforce have been higher following the pandemic than they were before. The average rate of absence between April 2009 and February 2020 was 4.2%, compared with 5.1% between March 2020 and October 2022, with the rate standing at 5.6% in October 2022. Measures in hospitals for COVID-19 infection control may also reduce the number of available beds and limit hospitals' ability to move patients between wards in what could otherwise be the most efficient way (paragraphs 1.11 and 1.14).

13 The NHS has not met key operational standards for unplanned or urgent care since before the pandemic. The last time the NHS met its target for 95% of A&E patients to be admitted, transferred or discharged within four hours of arrival was in July 2015. Data to show performance against the NHS's target that no ambulance handovers should take longer than 30 minutes have been available from November 2017. The target has not been met throughout that time, with 25.9% of handovers exceeding this threshold in March 2023 (paragraphs 3.14 and 3.20, and Figure 14).

14 Performance against operational standards, and more widely, has deteriorated further since the onset of the pandemic. Numbers of 111 calls answered within 60 seconds remained relatively constant between 2014-15 and 2020-21 at around 11 million to 13 million each year, despite increasing call volumes, but fell sharply to 8.4 million in 2021-22 and 8.1 million in 2022-23. Ambulance response times for Category 2, 3 and 4 incidents rose after February 2021, and ambulance handovers exceeding 30 minutes began increasing in 2021-22, peaking in December 2022 at 118,692, before falling and standing at 90,998 in March 2023. Numbers of A&E patients waiting longer than 12 hours to be admitted to a ward began rising rapidly in May 2021 and were at record levels in December 2022, before starting to fall. Patient satisfaction with general practice appointment times reached their lowest levels over the last five years in 2022 and positive satisfaction rates with 111 also fell from an average of 88.8% between 2011-12 and 2020-21, to 78.7% in 2021-22 (paragraphs 2.11, 3.4, 3.11, 3.13, 3.14 and 3.22, and Figure 7, Figure 9, Figure 13, Figure 14 and Figure 19).

15 Overall performance of the unplanned and urgent care system has been worsened by delays transferring patients from one service to another. There are multiple dependencies between unplanned and urgent care services. For example, challenges with discharging patients when they are medically fit for discharge reduces available bed capacity, which in turn slows admissions from A&E departments, which in turn slows the rate at which ambulances can hand over new patients. This then reduces ambulance capacity and therefore the timeliness of ambulance responses. Numbers of A&E patients waiting longer than four hours for admission to wards following a decision to admit reached an all-time high in December 2022 at 170,121. More patients waiting longer in A&E departments has limited ambulance services' capacity to transfer patients, and handovers exceeding 30 minutes were 74,473 in February 2023 compared with 47,480 in February 2018. Longer handover delays have in turn reduced ambulance services' ability to attend new incidents and response times have deteriorated, with the mean times for responding to Category 2, 3 and 4 incidents at record highs in December 2022. While the NHS measures the performance of individual services, it does not currently have an overall measure capturing patient flows across its services or dependencies between services (paragraphs 1.8, 3.11, 3.14 and 3.22, and Figure 13, Figure 14 and Figure 19).

16 The NHS has not been able to secure the full benefits of increased spending and staff numbers and productivity has fallen since the onset of the COVID-19 pandemic. Analysis published by the Centre for Health Economics in 2020 concluded that, from 2004-05 to 2017-18, NHS productivity increased by 18% and that since 2009-10 NHS productivity growth had improved substantially faster than the overall economy. However, across 2019-20 and 2020-21, covering the onset of the COVID-19 pandemic, the Centre calculated that NHS productivity decreased by 23%, a reduction not echoed by a similar decline in the wider UK economy. It attributed this to overall NHS output decreasing by 16.1%, when adjusted for quality, and NHS inputs growing by 9.0%, when measured using a combination of direct and indirect inputs. The NHS recognises that it continues to face productivity challenges, some a direct result of the pandemic, such as increased staff absences and infection control measures. Other factors NHSE identified include a reduced willingness by staff to offer discretionary overtime and an increase in delayed discharges (paragraphs 4.11 to 4.13).

17 NHSE has a plan to reduce waiting times and improve patients' experiences. In January 2023, the government and NHSE published a two-year urgent and emergency care recovery plan. The plan focusses on increasing capacity, workforce growth, improving discharge, joining up care outside of hospitals, and improving access, and is accompanied by more than £2.5 billion of funding together with a commitment to publish more performance data to improve transparency. The recovery plan sets interim ambitions for key operational standards, which will apply for 2023-24 only, to monitor progress in returning performance to expected levels. This includes ambitions for the percentage of A&E patients to be admitted, transferred or discharged within four hours to be 76% by March 2024 (compared with a standard of 95%), and for Category 2 ambulance response times to be 30 minutes on average (compared with a standard of 18 minutes). In May 2023, the Department of Health & Social Care (DHSC) and NHSE published a *Delivery plan for recovering access to primary care*, with key ambitions to improve patients' contact with GP practices and improve patients' information about how requests to their GPs would be managed (paragraphs 4.4 and 4.6 to 4.9).

Concluding remarks

18 More people than ever before are receiving unplanned and urgent NHS care every day. To support these services, the NHS is spending increasing amounts of public money and employing record numbers of people. Nevertheless, patients' satisfaction and access to services have been worsening, suggesting there is no single, straightforward solution to improving what is a complex and interdependent system. NHSE's recovery plan for urgent and emergency care aims to improve services by March 2024. The long-term trends in workforce, activity, spending and performance indicate this will be a significant challenge.

19 The rest of this report sets out:

- how the NHS provides unplanned and urgent care;
- services for unplanned incidents, including primary and community care;
- services for urgent incidents, including emergency care; and
- NHSE's plans for improving these services.