NHS
North East and North Cumbria

NENC ICS 2025/26
Winter Priorities

Proposed Winter Priorities for 25/26

Delivering Safer Urgent & Emergency Care - Right Place, First Time

Enhancing the respiratory pathway

- Initiate actions to deliver a targeted proactive care approach
- Implement improved access and integration to urgent care including ARI hubs, hospital @home step up/down, 2Hr UCR

Maximising preventative & home facing offer

- Increase vaccination rates for those at risk
- Implement Care Coordination Hubs and MDT approach for Respiratory & Frailty patients across system
- Increase alignment with NENC Urgent Care principles & ensure existing urgent care provision is maximised across the system

Improve in-hospital flow and discharge

- Develop alternative pathways to ED for individuals in mental health crisis
- Ensure ambulance handover delays are to a maximum handover time of 45 minutes
- Embed Clinical Operational Standards
- Develop best practice recommendations for Infection Prevention & Control
- Reduce ED attendances through improved referral routes to SDEC

Ensure we clearly communicate, engage and involve the public and staff in understanding appropriate available services & access routes

Improve vaccination rates across staff groups

Ensure all available services are visible and appropriately prioritised within DOS

Tracking and monitoring progress through the respiratory lens as a key indicator of improvement

Respiratory Pathway Winter Focus

Focus on:

- Vaccinations
- COPD & Asthma proactive, preventative 'OPTIMISED' care

Improved Access and Delivery

- Pharmacy, ARI, UCR / H@H step-up
- Same Day Urgent & Emergency care
- Care Coordination Hubs

Improved Hospital Discharge

- In-hospital respiratory bundles
- Step-down to H@H
- Care Transfer Hubs

Proactive Care → **Responsive Care** → **Recovery Care**

Communications

- System wide winter comms plan - respiratory

Profiling/DOS

- All assets are visible and prioritised on the DOS
- Availability of enhanced access appointments profiled

Digital/Data

- ECDS and CSDS – visibility of activity aligned to UEC outcomes

Workforce

- Capacity & capability of community assets/services

Enhancing the Respiratory Pathway
Proactive Respiratory Care – Target focus

Vaccinations
Optimised Offer

Patients with COPD and Asthma are aware of the health benefits of vaccines to help reduce episodes of illness and associated complications during Winter

'OPTIMISED COPD' care
Enhanced Offer

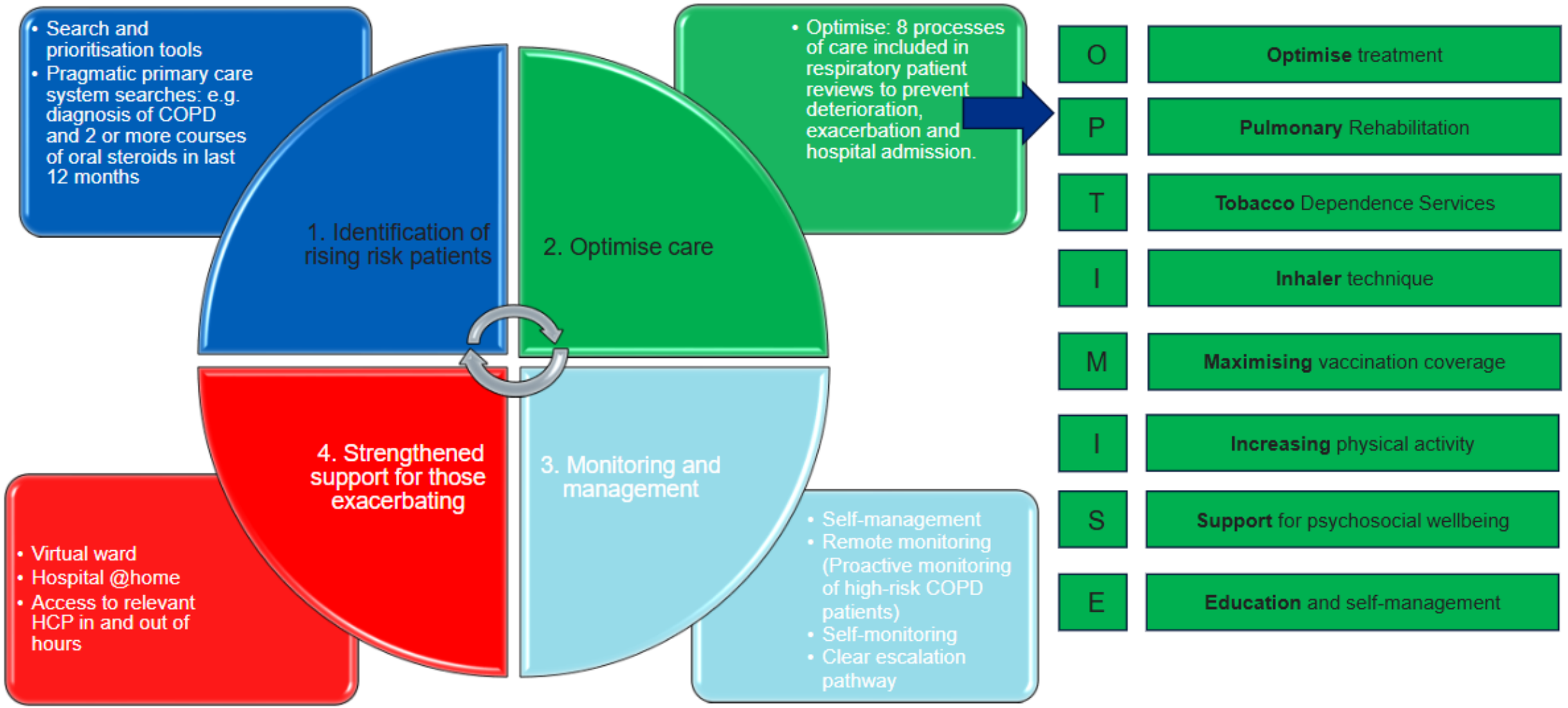
Patients with COPD at high risk of admission are offered proactive care to help reduce episodes of illness and associated complications during Winter

Proactive Care Focus

Enhanced Optimised Offer	➢ Communication plan developed improving awareness and understanding of vaccine benefits with clear signposting to appropriate access points	➢ A 'how-to' summary and supporting tools to all practices on an OPTIMISED approach ➢ 50 practices (AZ offer) or all practices (ICB offer) incentivised to deliver an OPTIMISED approach pre-Winter
Track	✓ Flu vaccination rates – COPD ✓ Flu vaccination rates – Asthma	✓ No of patients offered, declined and accepted an OPTIMISED offer ✓ No of COPD exacerbations rates in OPTIMISED patient versus non-OPTIMISED
Outcome	• Reduced COPD avoidable attendances and admissions to ED and hospital respectively	

Example Approach

COPD patient identification and management pathway



Maximising Preventative & Home Facing Offer
Responsive Respiratory Care - Delivery

Pharmacy *Optimised Offer*	Acute Respiratory Hub *Enhanced Offer*	Hospital @Home *Optimised Offer*
Patients with COPD and Asthma are aware of and directed to services offered through Pharmacy	Patients with respiratory illness have access and support to community-based ARI hubs with appropriate direct onward referral (if needed)	Patients with acute respiratory illness needing 'specialist' support are offer direct step-up to Hospital @Home services

Responsive Care Delivery

Enhanced Optimised Offer	➢ All practices refer or signpost to CSPC Service ➢ Patients are clear of most appropriate service for their need via 111	➢ Improved awareness (including appropriate DOS profiling) with robust monitoring of activity and outcomes (esp. Onward referrals)	➢ Improved awareness within the community of H@H with provider-level reviews of activity, interventions offered (namely IV therapies) and associated outcomes
Track	• No of patients referred to CSPC from primary care • No of patients referred to pharmacy from 111	• No of ARI appointments and utilisation • ARI outcomes including step-up rates UCR/ H@H, SDEC	• Utilisation rates and route of referral for hospital @home – step-up > step-down
Outcome	• Reduction in ED attendances and hospital admissions for patients with respiratory illness		

Maximising Preventative & Home Facing Offer
Responsive Respiratory Care - Access

	Community Care Coordination and Navigation - *Enhanced Offer*	Hospital Care Coordination and Navigation - *Enhanced Offer*
	Professionals have access to Care Coordination Hubs to navigate patients (esp. Care Homes) to community - based services / teams for acute and urgent care support	Patients and professionals will have streamlined direct access (with a standardisation of offer) to alternatives to ED

Enhanced Optimised Offer	➢ Improved awareness, delivery (achieving core components and robust interface with ambulance) and monitoring of outcomes (to community assets) of Care Coordination Hubs	➢ All GP practices and paramedics will have direct access to SDEC services ➢ All patients presenting to hospital will be assessed and navigated directly or via a Care Coordination Hub to the most appropriate (with a standardised offer) service (if needed)
Track	• No of patients accessing UCR and H@H from all routes (esp. Ambulances, SDEC, ED, UTC, Care Homes, GP) • No ambulance Hear and Treat, See and Treat and See and Convey	• No of patients referred (including accepted, rejected) directly to SDEC from primary care or ambulance/ paramedic services • No of patients referred to alternative services (SDEC, Acute Frailty, UTC, community UCR, H@H) No of patients discharged with no intervention
Outcome	• Reduction in Cat 3 and 4 ambulance dispatches / conveyances, ED attendances, hospital avoidable admissions including 0-1 LoS for patients with respiratory illness	

Improve In-Hospital Flow and Discharge
Recovery Respiratory Care – delivery and access

Hospital @Home Step Down *Enhanced Offer*	Recovery Care *Optimised Delivery*
Patients and professionals have access to Hospital @Home from an in hospital setting to support early discharge and recovery care at home	All eligible inpatients receive support and advice to manage their condition post discharge from hospital and appropriate recovery care at home through coordinated use of services

Recovery Care Delivery and Access

Enhanced Optimised Offer	➢ Improved awareness within trusts of H@H with provider-level reviews of step-down activity, interventions offered (namely IV therapies) and associated outcomes	➢ Improved COPD and Asthma care bundle delivery with clear follow up arrangements, advice and actions shared with Primary Care/Pharmacy ➢ Improved alignment of Care Transfer Hub discharges as part of Care Coordination Hub
Track	• Utilisation rates and route of referral for hospital @home – step-down	• No of patients receiving COPD/asthma care bundle • Progress on BCF plans and metrics (e.g. DRD, Discharge Pathways)
Outcome	• Reduction in hospital readmissions and length of stays for patients with respiratory illness over Winter	

Improve In-Hospital Flow and Discharge
Urgent & Emergency Care - Delivery and access

Ambulance Handover - *Enhanced Offer*

Patients are receiving appropriate and timely care, reducing the undifferentiated risk to patients in the community

Mental Health Offer *Enhanced Offer*

Optimise pathways within ED for those in mental health crises
Optimise alternative pathways to ED via 111 and community resource

Improving In-Hospital Flow and Discharge

Enhanced Optimised Offer	➢ Improved ambulance handover times to a maximum 45 minutes across NENC ➢ NENC wide procedures and policies revised and embedded ➢ Implementation of predictive modelling enabling planning for periods of surge	➢ Intensive case management for SMI patients to reduce relapse ➢ Identification & interventional support for repeat attendances ➢ Greater visibility & use of community provision ie Safe Havens & Alternative crisis beds
Track	➢ Ambulance arrivals and ambulance handovers (no & %) under and over 45minutes	➢ Reduced out of area placements ➢ Reduced 24hr waits in ED for Mental health admission ➢ Optimised 111 Option 2 performance- capacity & dispositions
Outcome	• Reduction in number of undifferentiated patients waiting in the community. Increasing the number of patients receiving more timely care and reducing risk of patient harm.	

Improve In-Hospital Flow and Discharge
Urgent & Emergency Care - Delivery and access

Infection, Prevention Control - *Enhanced Offer*

Patients are receiving appropriate and timely care, reducing the undifferentiated risk to patients in the community

Clinical Operational Standards *Optimised Delivery*

A system approach to supporting improved flow of patients from the front door to specialty

Recovery Care Delivery and Access

Enhanced Optimised Offer	• Actionable IPC strategies in place across all Trusts • Develop best practice recommendations through collaborative working across IPC leads	• Standards embedded with open executive leadership support • Improved standardised referral pathways • Greater patient visibility which improves flow & reduces harm • Improved decompressions at ED
Track	• No of escalation spaces with agreed definitions • Beds closed due to IPC escalation with agreed definitions • Improved vaccination rates for at risk & frontline staff	• Standards in place , staff engagement plan • In-trust champion leadership • GAP analysis & pathway redesign for next winter
Outcome	• Reduction in number of undifferentiated patients waiting in the community. Increasing the number of patients receiving more timely care and reducing risk of patient harm.	

Measures of success – inputs to outcomes

INPUT MEASURES

- COPD/Asthma vaccination rates
- High risk patients receiving proactive care
- Patients referred to pharmacy from 111
- Patients referred to pharmacy through CSPC
- No of ARI hub appointments available, utilisation rates,
- No of patients accessing UCR and H@H (step-up / step-down) from all routes
- No ambulance Hear and Treat, See and Treat and See and Convey
- No of patients referred directly to SDEC from primary care or ambulance
- No of ED patients referred to alternative services
- Ambulance arrivals and ambulance handovers (no & %) under and over 45minutes
- No of patients receiving COPD/asthma care bundle
- Progress on BCF plans and metrics (e.g. DRD, Discharge Pathways)

OUTPUT MEASURES

- Reduction in avoidable ED attendances for patients with respiratory illness
- Reduction in hospital admissions (including 0-1 Length of Stay) for patients with respiratory illness
- Reduction in Cat 2, 3 and 4 ambulance dispatches / conveyances for patients with respiratory illness
- Reduction in hospital readmissions for patients with respiratory illness
- Reduction in length of stays (over bed-utilisation) for patients with respiratory illness

OUTCOME MEASURES

- Category 2 patients receive an ambulance within 30 minutes
- Eradicate lengthy ambulance handover delays to a maximum handover time of 45 minutes
- Minimum 78% of patients who attend an A&E to be admitted, transferred or discharged within 4 hours
- Number of patients waiting over 12 hours for admission or discharge from ED is <10% of the time
- Reduce number of patients who remain in ED >24 hours while awaiting a mental health admission
- See more children within 4 hours than in 24/25
- Reduce delays in patients waiting once they are ready to be discharged – starting with patients staying 21 days over their discharge-ready-date

Clinical Operational Standards

Previously known as Internal professional standards

- NHSE Sept 2024 "UEC Acute patient flow improvement guide"
- GIRFT UEC "Further Faster" meeting Nov 2024
- ECIST Rapid Improvement Guide
- SDEC Continuous Improvement Event Nov 2024 & Winter debrief
- DHSC/NHSE Urgent & Emergency care plan 25/26
- Discussed at CAG/LAWP 10th July 2025 "a system priority"

Key issues

- Non-standardised inefficient referral pathways
- Speciality-to-Speciality disputes
- Lack of visibility which impacts flow & harms patient care
- Perception that this is just a problem for emergency departments (EDs) to solve
- Reality is that most answers are external to EDs

Clinical Operational Standards – Principles

1. Statement about staff values, honesty, respect & teamwork
2. ED decision making clinician will see new patients as close to arrival as possible in the ED.
3. ED team will not admit a patient likely to be able to go home just to avoid a breach of the emergency care standard.
4. Speciality review within 30mins & no misuse of ED resources to investigate.
5. Primary care referrals direct to speciality & not ED.
6. Partnership working between ED/specialities to manage risk & patients previously under speciality care.
7. Prioritisation of critical care patients from ED to inpatient beds.
8. ED consultants having direct admission rights if specialities will not agree.

"All staff have two jobs. First the day job, second a role to support hospital flow"

CAG/LAWP chair Dr Robin Hudson

Clinical Operational Standards – UECN to endorse

Previously known as Internal professional standards

- Do you have Clinical Operational standards?
- Were they written by & agreed with clinical leaders (medical/nursing)?
- Are they openly supported by trust executive teams?
- Are they succinct & unambiguous?
- What plans are in place for implementation?
  - Operational/ clinical teams to identify gaps & collaborate on solutions
  - Inter-speciality working & bipartisan agreements
  - Digital tools for patient tracking & visibility
- What change can be implemented for next winter?
- What support is needed from the UEC network?