

Urgent and Emergency Care and Flow (England)

September 2024

Older people must be supported to live well and avoid the need for urgent and crisis care wherever possible. For those that need emergency support, services and staff must be equipped to fully and accurately assess their needs and respond to them in a timely and effective manner.

A fundamental working principle of NHS and social care services should be that every effort is taken to avoid and prevent the need for urgent and emergency care. This can include comprehensive, proactive support to prevent deterioration and to effectively manage risk in people living with frailty, particularly severe frailty, and for people at the end of life. The NHS must also be equipped to provide effective and timely care for when urgent and emergency care needs do arise.

Currently, the NHS is not fully delivering on either of these principles. In 2022/23, there were just over 1 million emergency admissions to hospital involving older people that could have been avoidedⁱ. These include 290,000 for acute conditions that could be prevented with the right care in the communityⁱⁱ and 250,000 for people over 75 that were readmitted within 30 days of a previous admissionⁱⁱⁱ.

Older people represent around 29% of all adult A&E attendances^{iv}, but they make up nearly half of all those arriving by ambulance^v. Once in A&E, older people are much more likely to have extremely long waits. The Royal College of Emergency Medicine reports that two thirds of people that wait 12 hours or more from decision to admit to admission are older people and that these waits are linked to excess deaths^{vi}. In 2023/24, 439,411 attendances experienced such a wait^{vii}. In the year before the pandemic (2019/20) it was 12,435 and ten years previous (2013/14) it was just 240^{viii}.

One cause of these long delays is the lack of available beds to admit those that need one, which can be caused by delayed discharges. These are beds that are still in use despite the person being medically fit for discharge, often held up because of a lack of care in the community. Over the winter of 2023/24, around 12,000 beds were occupied in this way on a typical day^{ix}, up from around 4,500 in 2019/20^x. In the majority of cases, they are waiting for social care provision, such as a package of care at home or a care home bed. Virtually all people delayed in this way are older people.

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These challenges have been severely exacerbated by the pandemic, but they are not new. Failing to tackle flow of people through hospital is not only detrimental to older people themselves but also to the effective operation of the hospital and its capacity to undertake other tasks such working through the historically high waiting lists for elective treatment. For older people, there is a severe risk of deteriorating while waiting for admission; deconditioning through an extended stay in hospital; and returning home without adequate support to recover. Older people must be the centre-piece of any recovery plan for urgent and emergency care.

Public Policy Proposals

- Integrated Care Systems must assess locally and plan for community-based interventions to prevent older people from experiencing urgent and emergency care needs. This includes recognising the role of GP access in managing long-term care needs and where people are left with A&E as their only option for care.
- NHS England must achieve full cover of Acute Frailty Services, as promised in the NHS Long Term Plan (2019). This means, at a minimum, 70 hours of cover by multi-disciplinary teams in Type 1 A&Es that can carry out comprehensive assessments of frailty and plan for either a targeted admission or same-day discharge.
- There must be urgent action on lowering the 12+ hour waits in A&E. This will require a comprehensive plan across the hospital to ensure that:
 - the right staff are available at the front door, primarily older people specialists;
 - that same-day emergency care services are available and operating to evidence-based standards; and
 - there are beds available when needed, including significant reductions in delayed discharge.
- Hospitals must capture and act on detailed patient experience measures to ensure that services are responsive to people's needs and that the psychological and mental well-being aspects of long waits in A&E has real consequences for how performance is measured.
- Hospitals should proactively bring in local voluntary sector services to support urgent and emergency care pathways. Local Age UKs have long-standing experience of embedded support in A&Es as well as helping to identify and support needs at home to help people avoid an admission. Such approaches should be commissioned more widely.
- There must be a targeted effort to implement best-practice across the hospital, including [Six steps to better care for older people in hospital](#) (GiRFT/BGS, 2023) and the [Silver Book II](#) (BGS, 2021). This should be supported by clinical champions within each setting and collaboration with the local voluntary sector.

Want to find out more?

Age UK has agreed policy positions on a wide range of public policy issues. Our policies cover money, health and care, housing and communities, and equalities issues. See <https://www.ageuk.org.uk/our-impact/policy-research/policy-positions/> for more information.

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ⁱ Age UK analysis (2024), based on a combination of: *Unplanned hospitalisation for chronic ambulatory care sensitive conditions; Emergency admissions for acute conditions that should not usually require hospital admission; Emergency readmissions to hospital within 30 days of discharge; and Emergency hospital admissions due to falls in people aged 65 and over*

ⁱⁱ NHS Digital (2024). *Emergency admissions for acute conditions that should not usually require hospital admission*

ⁱⁱⁱ NHS Digital (2024). *Emergency readmissions to hospital within 30 days of discharge*

^{iv} NHS Digital (2023). *Hospital Accident & Emergency Activity, 2022-23*

^v NHS Digital (2022). *Hospital Accident & Emergency Activity, 2021-22*

^{vi} <https://www.telegraph.co.uk/news/2023/10/29/nhs-elderly-waiting-long-emergency-care-age-discrimination/>

^{vii} NHS Digital (2024). *A&E Attendances and Emergency Admissions 2023-24*

^{viii} NHS Digital (2021). *Hospital Accident & Emergency Activity 2019-20*

^{ix} NHS Digital (2024). *Discharge delays (Acute)*

^x NHS Digital (2020). *Delayed Transfers of Care Data 2019-20*