

NHS experts deployed to tackle corridor care

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NHS deploys specialist teams and expands urgent care services to tackle corridor care, cut waits and ease A&E pressure, targeting worst-affected trusts.

- Bespoke plans being drafted in Trusts with highest rates of corridor care – bringing the best of the NHS to bear on some of the country's worst offenders.
- Specialist teams working with Trusts to help meet government target of ending corridor care by the end of this Parliament.
- Move comes alongside confirmation of 40 new and expanded same day emergency care and urgent care centres to ease pressure on busy A&Es.

NHS leaders in trusts with the highest levels of corridor care are getting specialised and tailored support as part of plans to eradicate corridor care by the end of this Parliament.

Expert teams are being deployed to the most affected hospitals, providing bespoke clinical support to leadership staff, as early data shows the majority of corridor care is concentrated in a small number of NHS trusts.

The Getting it Right First Time (GIRFT) team are supporting leaders in the most affected hospitals to learn from those NHS trusts which have already made significant inroads into reducing corridor care this year – all at a time when significant progress is being made across urgent and emergency care, including the shortest A&E waiting times in four years and ambulance response times the fastest for half a decade despite record demand.

The specialist GIRFT teams provide tailored support to each hospital – including identifying how to improve discharge and flow, helping trusts to better understand their own data so they can improve predicting when surges in demand may appear and supporting clinical leaders in improved decision making.

Alongside introducing a new, measurable definition of corridor care, the targeted support is the latest in a series of steps the government is taking to drive urgent improvements and show it is serious about delivering for patients.

To further tackle pressures in busy hospital departments, the government can now confirm the locations for 40 new and expanded urgent care sites across England.

The programme, backed by £215.5 million, includes 10 new urgent treatment centres (UTCs), four expanded UTCs, five new same day emergency care (SDEC) services and 21 expanded SDECs, providing a significant increase in frontline capacity.

This will help ease pressure on A&E departments by ensuring more patients are treated in the right setting. Reducing waiting times and improving patient flow through hospitals to tackle corridor care.

Health and Social Care Secretary Wes Streeting said:

For too long, the normalisation of corridor care has been baked into our NHS – it's unacceptable, undignified and exactly why this government is shifting the dial for patients and staff.

We're sending in specialist teams of experts to identify the causes in some of the worst offending trusts and swiftly rectify the problems they find.

That, plus new and expanded urgent care centres will mean patients are treated more quickly and in the right place, while easing pressure on busy A&Es to care for the most serious cases.

We are cutting waiting times and moving away from unacceptable corridor care, building an NHS that treats patients with dignity.

After the NHS performed significantly better this winter, we are going further to strengthen services and build a system fit for the future, backed by record investment.

Despite corridor care continuing to affect a number of NHS hospitals, there are already green shoots of recovery. For example, at Queen's Hospital in Romford, where corridors are now clear of patients that were full during the peak of winter, as a result of improving flow and stronger working between Urgent and Primary Care Services.

A new initial assessment process was introduced, reducing the waiting times by 37 minutes and increasing access to a senior decision makers to ensure patients are being seen in the right place. The frailty Same Day Emergency Care Centre is also helping reduce the number of older patients being cared for in corridors, with multi-disciplinary teams focused on offering rapid, comprehensive assessment and intensive support so patients leave hospital as quickly and safely as possible.

The GIRFT team are making progress in emergency departments across the country, identifying the issues creating blockages and acting swiftly to rectify them:

- Hull: reduced ambulance handover delays by 27% and cut 12-hour waits by 47% - both of which have contributed to patients needing to spend less time on corridors and being treated more quickly. Ambulance colleagues were key to enabling this reduction in delays working closely with their A&E partners to ensure the right patients were getting the right care when needed.
- Royal Blackburn (East Lancs): the main corridor has been cleared of patients, with an 18% reduction in 12-hour waits. A key part of this successful approach was senior leaders including Medical Director and Chief Nurse taking responsibility over how to prioritise those patients who should be discharged home so that patients in A&E who needed hospital care could be moved onto wards.
- Blackpool: significant inroads to tackle corridor care have been made, with a 43% cut in 12-hour waits and reductions in their patient's length of stay and those waiting for discharge. This was achieved by executive members of the trust being present on the A&E floor, better use of data to predict busiest periods and better prepare alongside a new admission process through a 24 hour Medical Assessment Unit with patients avoiding A&E entirely.

NHS England published clear a definition of corridor care for the first time last month to allow trusts to begin collecting data, which will be published from May.

It has also outlined its 'model emergency department' - a blueprint for how services should operate from this year. This will involve more assessments and triage by senior clinicians earlier, allowing patients to be cared for away from busy A&Es where appropriate.

Alongside this, to tackle discharge delays, we are joining up NHS and social care through Neighbourhood Health Teams - so more people can get the care they need at home - and backing

adult social care with a £4.6 billion funding boost.

Professor Tim Briggs, NHS England's national director for clinical improvement, elective and UEC recovery, and Chair of the GIRFT programme, said:

We're working hard to support the trusts facing the biggest challenges with patient flow and we're seeing some good early evidence of reductions in corridor care for patients.

We have worked alongside these trusts to produce guidance and standards, as well as providing hands-on support, which will help them significantly reduce corridor care. Our focus over the next six months is to take what we've learned and cascade it across the whole NHS, so we can improve care for patients and eliminate this issue once and for all.

Urgent treatment centres treat minor illnesses and injuries such as sprains, cuts and infections, with walk-in appointments available.

Same day emergency care services provide rapid assessment, diagnosis and treatment for patients with urgent but stable conditions – avoiding unnecessary hospital admissions.

Some of the new and expanded services will open later this year, further strengthening NHS capacity ahead of the winter.

Dr Ragit Varia, president-elect of the Society for Acute Medicine (SAM), said:

We welcome this initiative and back targeted action in those Trusts experiencing the greatest levels of corridor care, particularly where this involves practical support, shared learning and stronger system leadership.

Corridor care has unfortunately become commonplace and is unacceptable for both patients and staff, so we are pleased to see further action being taken as opposed to simply redefining the corridor.

SAM has been increasingly concerned that a definition which is open to interpretation risks encouraging 'gamification' rather than genuine improvement, which is why more active intervention is necessary.

The expansion of urgent treatment centres and appropriate use of same day emergency care as an admissions avoidance service also has the potential to make a meaningful difference.

Chris McCann, Acting Chief Executive of Healthwatch England said:

We welcome the support that's being given by specialist teams to trusts facing acute corridor care pressures.

We hope this will address the evidence we shared, along with nursing leaders, of distressing patient and staff experiences earlier this year.

Even one case of corridor care is one too many. It is vital that every NHS trust in England commits to preventing or ending corridor care, and that the public can see where progress is being made. The new, regular data due to be published from next month about the number of corridor care cases in every hospital is therefore welcome.

As new urgent care sites are rolled out, it will also be important for the NHS to make local communities aware of the most appropriate place to visit when they have an urgent care need.

Background

- The full list of new and expanded UTCs and SDECs can be found below:

New UTCs

Region	Trust	Site
Midlands	University Hospitals Birmingham NHS Foundation Trust	Heartlands Hospital
Midlands	University Hospitals Birmingham NHS Foundation Trust	Queen Elizabeth Hospital Birmingham
Midlands	University Hospitals Birmingham NHS Foundation Trust	Good Hope Hospital
SW	Salisbury NHS Foundation Trust	Salisbury District Hospital
Midlands	University Hospitals of Leicester NHS Trust	Leicester Royal Infirmary
Midlands	Northampton General Hospital NHS Trust	Northampton General Hospital
Midlands	University Hospitals of North Midlands NHS Trust	The Royal Stoke University Hospital
London	Royal Free London NHS Foundation Trust	North Middlesex Hospital
SE	University Hospital Southampton NHS Foundation Trust	Southampton General Hospital
SE	Hampshire Hospitals NHS Foundation Trust	Royal Hampshire County Hospital

Expanded UTCs

NW	Stockport NHS Foundation Trust	Stockport
SW	Dorset County Hospital NHS Foundation Trust	Dorset County Hospital
Midlands	Nottingham University Hospitals NHS Trust	Queen's Medical Centre
SE	East Kent Hospitals University NHS Foundation Trust	Queen Elizabeth The Queen Mother Hospital

New SDECs

NEY	Barnsley Hospital NHS Foundation Trust	Barnsley District General Hospital
NW	Alder Hey Children's NHS Foundation Trust	
SE	East Kent Hospitals University NHS Foundation Trust	Queen Elizabeth The Queen Mother Hospital
SE	Royal Surrey County Hospital NHS Foundation Trust	Royal Surrey County Hospital
SE	University Hospital Southampton NHS Foundation Trust	Southampton General Hospital

Expanded SDECs

London	Imperial College Healthcare NHS Trust	Charing Cross Hospital
London	Chelsea And Westminster Hospital NHS Foundation Trust	West Middlesex University Hospital
London	Chelsea And Westminster Hospital NHS Foundation Trust	West Middlesex University Hospital
Midlands	United Lincolnshire Hospitals NHS Trust	Lincoln County Hospital
NEY	North Cumbria Integrated Care NHS FT	Cumberland Infirmary
NEY	Doncaster And Bassetlaw Teaching Hospitals NHSFT	Doncaster Royal Infirmary
NEY	Harrogate And District NHS Foundation Trust	Harrogate District Hospital
NW	Wrightington, Wigan and Leigh NHS Foundation Trust	Bryn
SE	Oxford Health NHS Foundation Trust	Abingdon Community Hospital
SE	Frimley Health NHS Foundation Trust	Wexham Park Hospital
SW	Cornwall Partnership NHS Foundation Trust	St Austell Community Hospital
SW	University Hospitals Plymouth NHS Trust	Derriford Hospital
SW	Torbay And South Devon NHS Foundation Trust	Torbay District General Hospital
NEY	Mid Yorkshire Hospitals NHS Trust	MYHT
SE	Royal Berkshire NHS Foundation Trust	Royal Berkshire Hospital
NEY	The Newcastle Upon Tyne Hospitals NHS FT	Royal Victoria Infirmary
NEY	Hull University Teaching Hospitals NHS Trust	Hull Royal Infirmary
SW	Royal Devon and Exeter NHS Foundation Trust	Northern site
SE	Frimley Health NHS Foundation Trust	Frimley Park
NEY	Sheffield Teaching Hospitals NHS Foundation Trust	Northern General Hospital
SE	East Kent Hospitals University NHS Foundation Trust	William Harvey Hospital

<https://www.gov.uk/government/news/nhs-experts-deployed-to-tackle-corridor-care>