

Reference: FOI.ICB-2526/383

Subject: Urgent and Emergency Care (UEC) Plans

I can confirm that the ICB does hold some of the information requested; please see responses below:

QUESTION	RESPONSE
<p>The NHS 10-Year Plan states that all systems are expected to expand access to urgent and emergency care at home and in the community, in line with the Urgent and Emergency Care (UEC) Plan 2025–26.</p>	
<p>Please answer each of the 11 questions below separately.</p>	
<p><u>Section 1: Existence of Plans</u></p> <ol style="list-style-type: none"> 1. Does the ICB currently have an Urgent and Emergency Care (UEC) plan? 2. If a UEC plan exists, is it a single ICB-wide plan? 3. If not, are there multiple local UEC plans? 4. If there are multiple local plans, please list the localities covered. 5. If the ICB uses another arrangement for UEC planning, please describe this. 6. If any UEC plan(s) exist, please provide a copy of each plan or a link to where the plan(s) can be accessed. 	<ol style="list-style-type: none"> 1. Yes, a medium-term 3 year plan, which is currently in delivery. The ICB also works with NHS and local authority partners in developing its annual operational planning returns in line with national guidance; these plans cover various UEC metrics. These plans are in draft ahead of formal submission on 12 February. 2. Yes 3. Not Applicable 4. Not Applicable 5. Not Applicable 6. Please find 3-year plan enclosed

<p><u>Section 2: Development and Timescales</u></p> <p>7. If the ICB does not currently have a UEC plan, does it intend to develop one?</p> <p>8. If development is planned or underway, what are the expected timescales for producing, approving or publishing the plan?</p>	<p>7. Not Applicable</p> <p>8. Not Applicable</p>
<p><u>Section 3: Leadership and Responsibility</u></p> <p>9. Does the ICB have a designated lead for UEC planning?</p> <p>10. Does the ICB have any senior officers with responsibility for UEC planning?</p> <p>11. For each relevant lead or senior officer, please provide:</p> <ol style="list-style-type: none"> Name Job title Email address 	<p>9. Yes</p> <p>10. Yes</p> <p>11. Head of Urgent Care (including UEC and System Flow) and David Jarret, Chief Delivery Officer - Performance and Delivery Directorate.</p> <p>If you would like to contact this department, please use the following contact details, stating which department you require: bnssq.customerservice@nhs.net, Tel: 0117 900 2655 or 0800 073 0907 (freephone).</p>

The information provided in this response is accurate as of 11 February 2026 and has been approved for release by David Jarrett, Chief Delivery Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.

UEC 3-year tactical plan

July 2025



Introduction

Over the past few years, through working together in new ways, we have made significant improvements in urgent and emergency care in BNSSG from enhancements to Same day Emergency Care to more personalised care at home. However, despite best efforts our urgent care system is complex and is not well set up to face the growing needs of our local population.

Whilst there is a reason to be optimistic - we are ambitious and already have some of the building blocks in place for more integrated, responsive, personalised urgent care. We need to overcome weaknesses in our delivery including siloed ways of working, an inability to scale-up from pilot initiatives and barriers to access for some people. Continuous improvement alone will not be sufficient. Our urgent care system needs to evolve, and to deliver even more care in the community, near to where people live, if it is to be sustainable in the future.

Discovery and design

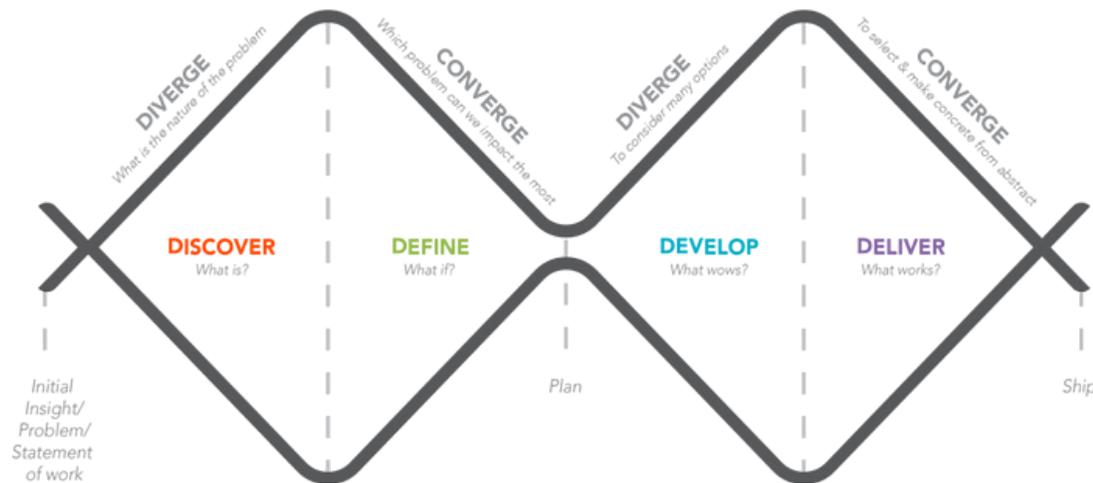
A partnership of senior system leaders undertook a period of discovery and design to coalesce around a shared problem and to design solutions based on an understanding of the experiences, needs and pain points of our urgent care system. The outputs from this work form the BNSSG 3-year UEC tactical plan, providing direction for our UEC system as we move into the near future.

This work has been co-produced with partners and developed in tandem with Healthier Together 2040 and our emerging neighbourhood health and care approach. It seeks to improve UEC provision in the near term, particularly focused on the needs of those who experience inequality.



Process

Design Thinking 'Double Diamond' Process Model



The Design Thinking 'Double Diamond' process was used to guide the development of our discovery and design process. This was led and overseen by a Steering Group, including members from across our local health and care system.

Discovery

We sought a wide range of opinions at the early stage of our discovery process, this included 121 interviews, a stakeholder workshop, public insight and data analysis. We also drew on previous work including the 'Spaces In-between' workshop held in the summer 2024. We then focused on the recurrent themes and pain points that emerged throughout this period of discovery before summarising into 9 key insights.

A write-up of this work was included with a discovery report, published in April 2025, and shared with a wide range of stakeholders.

Design

We sought a wide range of opinions through a design process that guided stakeholders through a series of iterative steps to create the solutions to the problems we face identified in discovery. This helped to break down complex problems into manageable stages and to refine the solutions that are needed. This included a stakeholder workshop, attended by over 50 professionals from across the health and care system.

The problems

What is meant to happen

Efficient delivery of right care, right place, right time urgent care that meets the needs of the BNSSG population, and helps to reduce health inequalities

What is happening now

Patients are waiting for care, and are not always receiving the right care, in the right place at the right time:

- UEC services, including General Practice urgent care, are under increasing pressure from rising demand, impacting performance and public confidence
- Avoidable ambulance dispatches and conveyances
- Avoidable admission due to limited step-up care
- The system is complex and interdependent, solutions are not always system-wide
- Problems in one part of the system can affect other parts
- The system needs to adapt to changing technology and population needs
- Some populations groups may experience barriers to access

What needs to happen next

Operational challenges persist due to a lack of strategic medium-term planning for UEC services in BNSSG. The systems needs to address multi-year issues in the delivery of UEC services to:

1. Establish a timeline for the 'left shift' of resources, to strengthen urgent care services in the community, and within general practice
2. Develop further and clarify the 'step up' front door model for UEC, drawing on Integrated Care Coordination and potential social care resource
3. Agree a model of care of lower acuity UEC presentations, including location and nature of UTC/MIU services, and the capital implications of this and interdependencies with other estates priorities
4. Undertake longer-term demand analysis for UEC services, including General Practice, based on population need
5. Draw on fresh insights from our population regarding their experience of UEC services and explore health inequalities in accessing UEC services
6. Ensure digital enablers support the above
7. We use our influence through contracting and other mechanisms to shape local UEC provision that sits outside our direct control

A medium term UEC plan is essential to ensure the efficient delivery of UEC in BNSSG.

Key insights from discovery

We sought a wide range of opinions at the early stage of our discovery process, this included 121 interviews, a stakeholder workshop, public insight and data analysis. The following bullet points are the key insights from this work.



- There is a high level of value attached to our UEC system, and some innovative examples of best practice e.g. the new Frailty-Assessment and Coordination of Emergency Care (F-ACE service)
- Many people, including clinicians, have difficulty navigating our UEC system, as it can be complex and inefficient. There was consensus that our UEC system needs to integrate more and to coordinate care and access especially for our frail and complex patients
- Many people use our emergency departments as the default option, but this may not be the best option and can add to demand pressures in hospitals
- The public perception of primary care, particularly general practice, has altered over recent years. This is largely due to difficulties in accessing services, including appointment booking and waiting times. Strengthening in hours capacity within primary care, alongside digital technology, and different ways of working will be an important factor in shifting this perception
- Professionals identified missed opportunities for supporting high intensity users of UEC, including those with poor mental health, to access holistic care that meets their needs and prevent unnecessary escalation
- There was consensus that tackling health inequalities is crucial and that we need to reduce barriers to UEC care that can exacerbate health inequalities
- Integrating urgent and emergency care for children and young people was described as important to improve experience and reduce pressure
- Our digital systems and governance can sometimes inhibit integration, collaboration and data sharing
- The financial climate means that there is not enough money to fund everything, a new shared approach to UEC budget allocation and management is needed that unlocks the delivery of our UEC strategic priorities, and supports the shift from hospital to community
- Many people agreed that we need to develop innovative workforce approaches that allow more flexible ways of working across the system

Our vision generated from the workshops



We will transform our urgent and emergency care services into an integrated, patient centred system that delivers timely, high quality and equitable care.

By fostering collaboration, prioritising proactive care and enhancing community-based interventions and coordination, we will ensure that patients receive the right care, at the right time as close to home as possible.

This vision has guided the priorities set out within this plan. These priorities set the near-term building blocks towards this vision, and towards our wider system vision for neighbourhood health. They seek to improve UEC provision in the near term, particularly focused on the needs of those who experience inequality, and address some of the performance challenges we experience today.

Moving beyond our 3-year tactical plan, we will continue to work in partnership to drive our vision for neighbourhood health and a fully integrated, patient centred UEC system that delivers the right care, at the right time as close to home as possible.

3-year UEC tactical plan

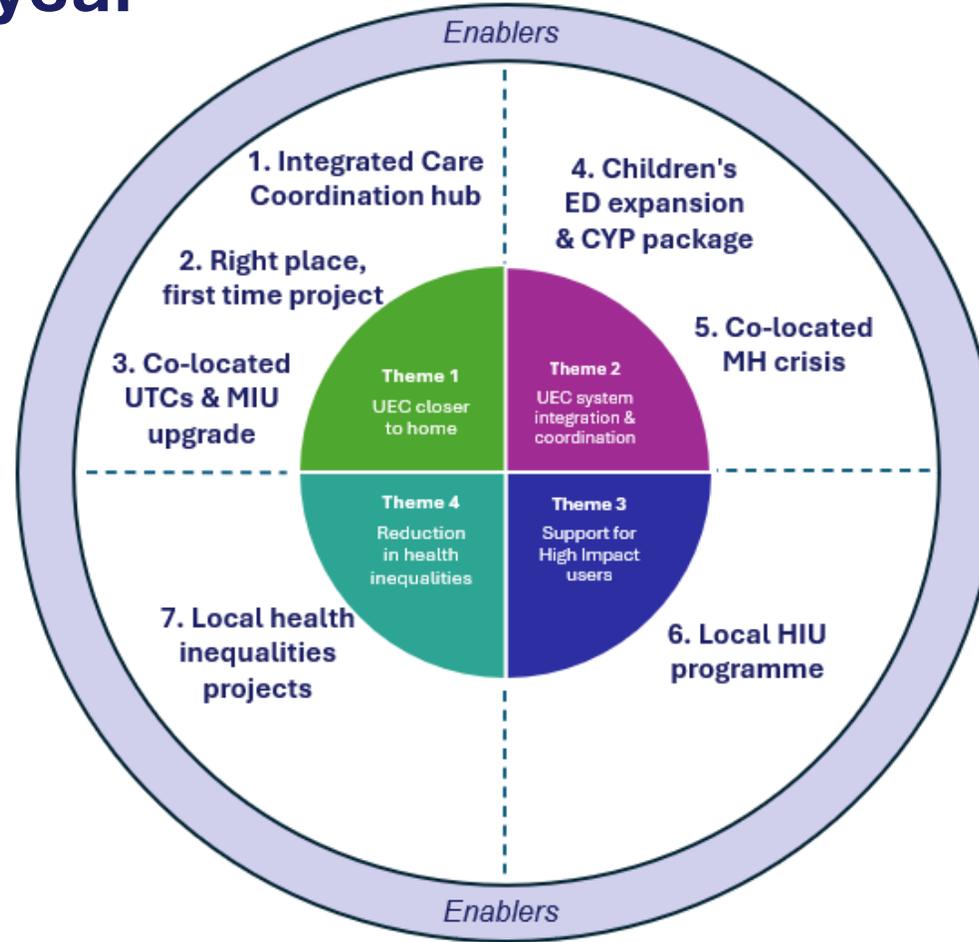


The following slides set out 7 priorities to improve our UEC care over the next three years.

These priorities provide the direction and focus for our UEC provision, ensuring we target resources effectively and focus on the things we have said matter the most. More work will be needed over the forthcoming months to develop these priorities into delivery plans, including whether they are all age, and if there is an opportunity to include paediatrics for example priority 5 ‘co-located mental health crisis’.

These priorities have not been developed in isolation and will be embedded into the Healthier Together 2040 strategic commissioning approach, with primary care and integrated neighbourhood health as key delivery vehicles for this. At their core, these priorities reinforce the importance of coordinated urgent care with a focus on care closer to home.

BNSSG UEC 3-year tactical plan - summary



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Enabler 1 - We **maximise digital solutions** and provide data driven care
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Enabler 2 – We **manage the UEC budget** to unlock the delivery of the interventions
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Enabler 3 – We **develop new workforce models** that improve patient flow, access and outcomes, and support staff

Primary care – in-hours UEC provision

Alongside the delivery of the plans 7 priorities and 3 enablers, we will work with primary care colleagues to explore in hours primary care urgent care capacity and demand, and how we might come together as a UEC system to support access to in-hours appointments in a timely way.



UEC closer to home

Intended outcome: We unlock the left shift of resources and provide urgent and emergency care closer to home and, in the community, aligned with neighbourhood health

How:

1. Integrated care coordination hub



This intervention seeks to deliver a continued shift of activity out of hospital through a central hub for managing and coordinating urgent and emergency care across different health and social care services based in the community, ensuring patients receive the right care at the right time. It acts as a coordination hub, improving collaboration between organisations and professionals to streamline patient care pathways for all frail patients and complex patients. This is an amalgamation and build on existing models like F-ACE, CEMS, SPA and the weekday professional line.

This priority will also need to consider the role of virtual wards, increased same-day step up care, and community access to diagnostics

2. Co-located UTCs & MIU upgrade



Upgrade of existing MIUs to UTCs to meet community needs. Urgent Treatment Centres near to emergency departments to allow for improved access to diagnostics, efficient patient flow, and reduced pressure and better local outcomes.

Benefits

We increase the number of patients receiving urgent care in primary and community settings

People receive the right urgent care, in the right place in a timely way and we improve system efficiency, reducing wait times

We improve flow through hospitals



UEC closer to home

Intended outcome: We unlock the left shift and provide even more urgent and emergency care closer to home and, in the community

How:

3. Right place, first time project



This initiative is focused on ensuring patients with lower acuity receive the appropriate level of care in the most suitable setting such as General Practice (GP), avoiding unnecessary hospital visits. This involves directing patients to the most appropriate service, whether it is self care, a community pharmacy, a GP, or an urgent treatment centre before resorting to an emergency department. It will also involve enhanced public communication and easy access to information promoting alternative pathways such as urgent treatment centres or a community pharmacy.

Benefits

People receive the right urgent care, in the right place in a timely way and we improve system efficiency, reducing wait times.

We increase the number of patients receiving urgent care in primary and community settings

We improve flow through our UEC system



Integrated and coordinated care

Intended outcome: Our urgent and emergency care system is integrated, and care is coordinated for people experiencing MH crisis, children and young people

How:

4. Children's ED enhancements, plus a package of interventions to shift activity out of hospital



Redevelopment of children's ED in BRHC to meet growing demand and to ensure children are seen within 4 hours. Plus, a package of activity, to be further developed in partnership with children's stakeholders, to support a continued shift to the community including Paediatric-ACE (assessment and coordination).

5. Co-located mental health crisis capacity



Dedicated mental health crisis assessment and treatment capacity, building on existing provision such as the Integrated Access Partnership, to provide timely and effective support during a mental health emergency.

Benefits

We increase the number of patients receiving the right MH crisis care in the right place, in a timely way

A continued shift of activity out of hospital through better coordination

A focus on ensuring children are seen in Emergency Departments within 4 hours



Support for high impact users

Intended outcome: Our high intensity users are supported to access the right care, and we prevent escalation

How:

6. Targeted high intensity user initiative



Develop and deliver high intensity user projects that are integrated to meet the needs of individuals who frequently use urgent and emergency care services. These projects should understand who the high intensity users are, and their underlying needs of and connect them with appropriate support and interventions, reducing reliance on emergency services through improved access, engagement, care and coordination in the community.

There is an opportunity to align these projects with integrated neighbourhood health, as well as other integrated physical and mental health initiatives.

Benefits

Improve patient outcomes

Increase the number of patients receiving the right care in the right place, in a timely way

A continued shift of activity out of hospital through coordination

Improve flow through our UEC system



Reduction in health inequalities

Intended outcome: We reduce health inequalities in access, experience and outcomes

How:

7. Targeted health inequalities intervention projects



Commission projects that address health inequalities within Urgent and Emergency Care, by better understanding the barriers to access and improving access to the right urgent and emergency care, close to home, for local population groups who experience inequity. This should involve working with communities and analysing data to identify specific needs and barriers, develop targeted UEC interventions, and fostering collaboration between the voluntary sector and community members. It should also be developed with and alongside the emerging neighbourhood health approach.

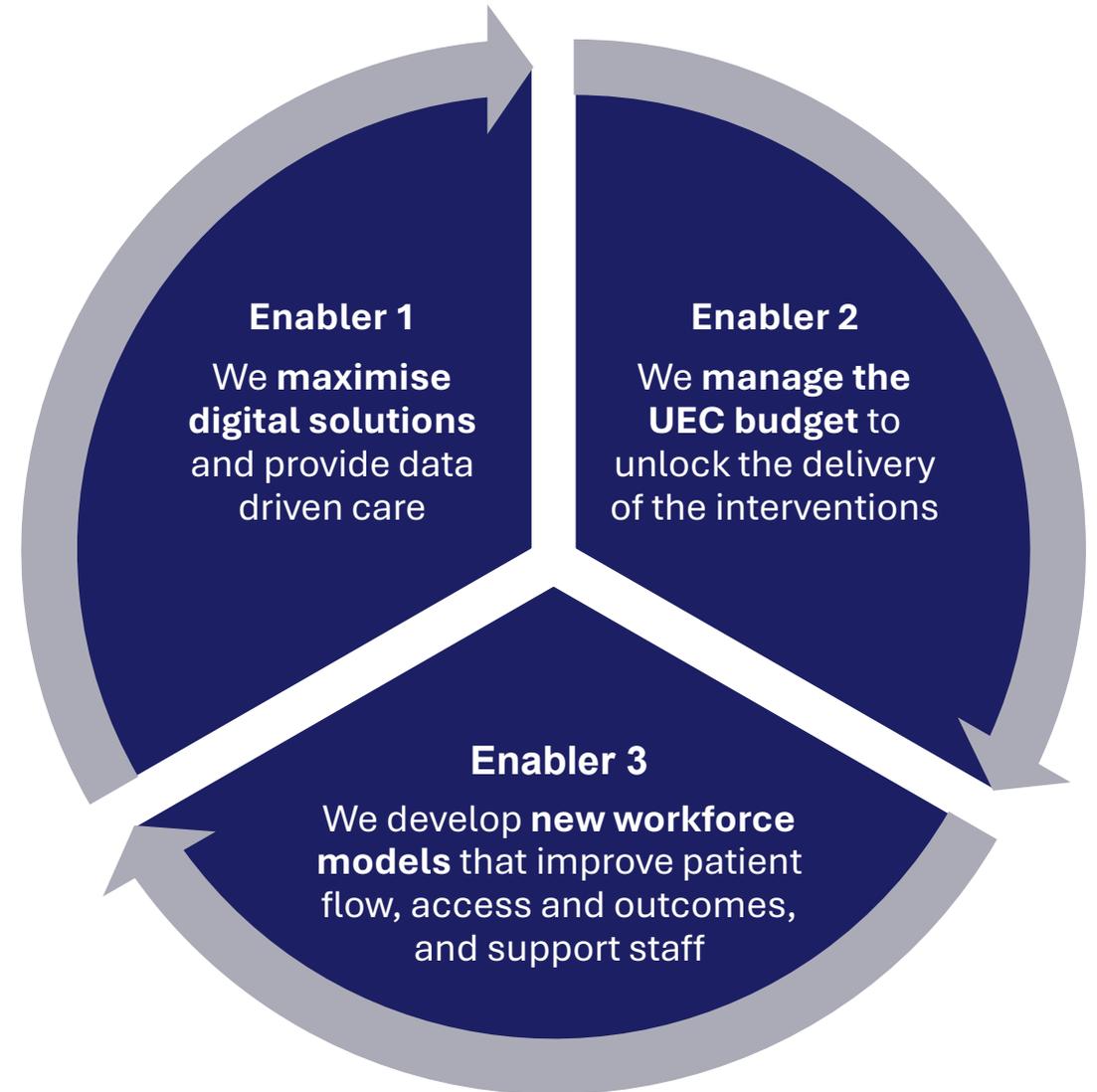
Benefits

Ensure that people from all backgrounds have timely and equitable access to UEC care

Close the gap in outcomes between different groups

3 enablers underpin the tactical plan

These enabling functions are crucial as they provide the necessary foundations to unlock the delivery of our UEC priorities



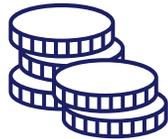
Enablers



Enabler 1 - Maximise digital solutions

How:

- A fully interoperable patient record system (real time access to patient data across care settings)
- We develop and deploy digital tools to enhance clinical decision making and optimise care
- We share data to optimise care coordination across the system



Enabler 2 - Manage the UEC budget

How:

- We shift resources to unlock change and address the double running conundrum
- We consider gradual resource shift to de-risk service changes



Enabler 3 – Workforce development and support

How:

- We support our workforce to hold risk appropriately and practise courage-based medicine
- We accelerate the development of flexible workforce models
- We develop a shared approach to training and development
- We invest in new ways of working and roles
- We unlock the movement of staff across organisations to meet demand



Thank you