

NHS Kent and Medway Winter Plan

Background

The creation of a winter plan is a statutory requirement for integrated care boards. The ICB produced a comprehensive plan, linking to national priorities, while incorporating lessons learned from previous year. This paper explains the process that was undertaken in formulating the plan, and headlines contained within it.

We received local guidance from the NHS England South East regional team in August 2024 followed by a letter published nationally by NHSE on 16 September 2024 which outlined the requirements to maintain our bedded capacity across all areas, to support people to stay well, and ensure that we maintain patient safety and experience across all our services.

The national areas of focus are:

- Same day emergency care (SDEC)
- Single point of access (SPOA)
- Virtual wards
- Urgent and emergency care (UEC) high impact changes
- Maintain elective activity.

An additional letter was received from NHSE on 12 November 2024 providing four additional key components for delivery over winter, these are:

1. Vaccination and immunisation of eligible patients and staff.
2. Segmentation of the population and wrap around support for the most vulnerable patients to keep them well and avoid admission in a crisis.
3. ICB assurance that sufficient capacity exists within SPOAs to ensure appropriate plans can be put in place and that outcomes from SPOAs are regularly reviewed.
4. Work is in place to reduce the average length of stay for non-elective patients who can be discharged to their usual place of residence (pathway 0) by an average of one day at system level and to reduce variation across clinical specialties.

A whole-system plan was developed which combined various elements across the continuum of care - primary, community, acute, mental health and social care.

Using public health information and data analysis to review previous assumptions and to predict demand, modelling has been carried out to predict particularly busy periods during winter and where the toughest areas will be.

The plan included surge plans, capacity and demand predictions, improvements to mitigate demand, urgent emergency care assurance and localised Health and Care Partnership (HCP) plans.

This pack was submitted to NHSE on 29 November 2024 and was previously shared at a HOSC meeting in early 2025.

Creating the Plan and the Priorities

A number of winter events were held to bring together subject matter experts from across the system. These included: two system-wide events, one focused on primary care, and HCP-led events, to bring together subject matter experts from across the system.

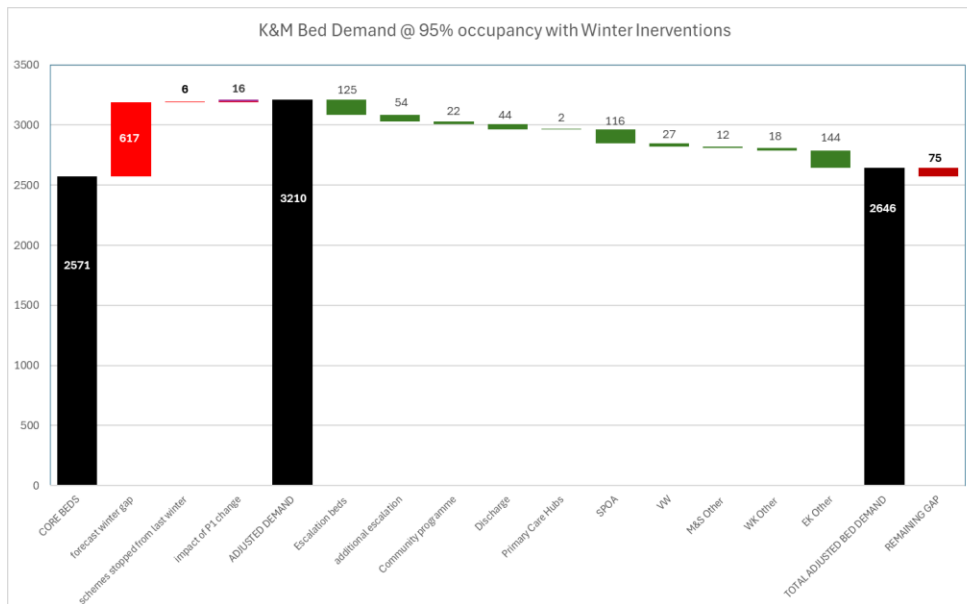
From the first event, in July 2024, a list of 13 priority projects were identified as needing to be in place to support the system over winter. They were:

- proactive management of adult and paediatric respiratory patients
- identifying the top one per cent of people who need support, including frailty
- further development of the primary care hubs
- roll out of the better use of beds programme to ensure the patients are cared for in the facility that best meets their needs, implementing at speed to increase capacity
- VCSEF engagement
- re-activation of a discharge taskforce to support patients being discharged to their usual place of residence
- support for nursing and care homes to avoid unnecessary admissions to A&E
- targeted support for patients who present at health services multiple times
- development single point of access (SPOA) models
- ensure and maintain capacity of same day emergency care (SDEC) units
- development of two-hour response/urgent community response (UCR)
- ongoing work to utilise virtual ward capacity as an alternative to beds in the acute hospitals

Each of these projects were facilitated by the ICB with key system partners to create or use existing steering groups to continually monitor progress over the winter months in preparation an expected winter peak around mid-December 2024.

As with previous years, the planning cycle was data driven, based on forecast data to identify potential gaps in access to care defining and implementing mitigations and risk management.

One of the key components of the winter plan was the modelling of expected requirement for beds and capacity of the system. A waterfall graph is produced to show how all the schemes focused on creating more capacity are factored in and the gap that remains. For winter 24/25 we modelled on various occupancy levels but present here 95% as this around the level we peak at each year.



In addition, primary care services across Kent and Medway planned to offer circa 57,000 extra appointments over the winter period.

How Winter Went

The winter period was managed well across the system through the ICB Operational Command Centre (OCC) and with the appointment of a Winter Director the 2024-2025.. Metrics were collected and analysed regularly to identify trends early and the weekly touchpoint meetings were introduced to allow for early escalation of any issues from system partners.

Liaising directly with NHSE, the ICB were able to maintain a good level of services across the system during a difficult period which saw higher use of many services across primary, secondary and community care settings.

The 13 High Impact Projects were monitored through bi-weekly updates at the ICB with many of the key functions being put in place before the start of December 2024 but with monitoring and assurance processes continuing into early 2025.

Some highlights from the projects include:

- Health Care Partnership (HCP) webinars completed in December focusing on identifying the 1% of patients who need support around issues linked to frailty.
- Johns Hopkins Risk Stratification model live across all HCP areas
- Transfer of Care Hubs developed across all HCP areas
- Primary Care Networks mobilised Same Day Winter Access Hubs (SDWAH) from 1 November, with the aim to provide a minimum of 57,142 additional appointments between November 2024 and March 2025.
- Multi-Agency Discharge Events (MADE) put in place to focus on discharges for pathway 0 patients

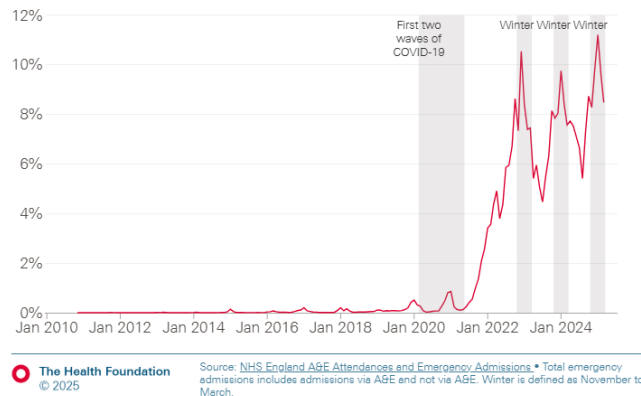
- Best practice forums held with Clinical Lead and providers through January & February 2025 to review progress and share learnings of care home support programme
- Single Points of Access (SPOA) set up in East, West and North Kent with ongoing continuous improvement work established to review and improve all
- Increase in use of Virtual Wards over Winter.

National Winter Position:

(The Health Foundation 2025, "Did the NHS experience record pressures this winter?" [Did the NHS experience record pressures this winter? - The Health Foundation](#) Accessed: 22/05/25)

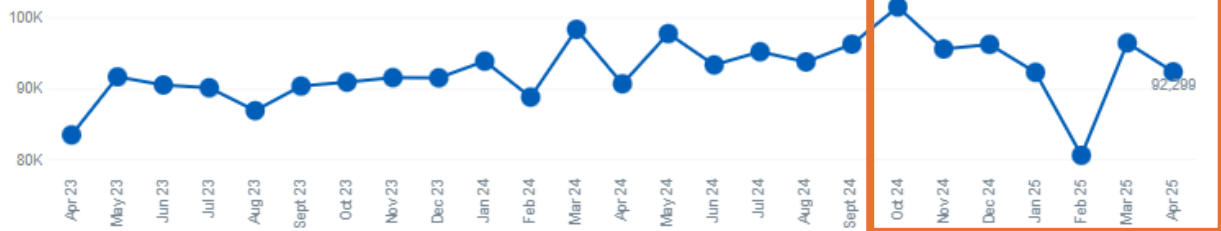
- This winter saw the NHS in distress. Only 73% of A&E patients were treated within 4 hours, similar to the last two winters, and far below the 95% constitutional standard. The number of people experiencing 12-hour waits before admission reached a new record high. Numbers of A&E divers and ambulance handover delays were worse than over previous winters.
- Looking at operational performance, winter pressures and other factors, the analysis explores the extent to which disruptions to urgent and emergency care were caused by higher than usual levels of winter illnesses and/or systemic weaknesses within the NHS.
- Levels of flu and diarrhoea and vomiting were higher than usual. Hospital admissions for flu reached a similar peak to winter 2022/23 but took longer to fall, leading to a 50% higher total number of flu bed days. However, hospital admissions for RSV were similar to previous winters, while admissions for COVID-19 remained low.
- Winter A&E attendances have risen steadily each year. However, slightly fewer patients attended major A&E departments in winter 2024/25 than in 2023/24, and emergency hospital admissions fell slightly. This suggests the NHS struggled to cope with a small increase in demand from patients needing emergency hospitalisation, while also expanding elective activity in line with government commitments to improve elective performance.
- Bed occupancy during winter has been rising for the last 15 years, exceeding the NHS 92% threshold for the first time in winter 2017/18, highlighting a system at its limits. Since COVID-19, a substantial increase in delayed discharges is likely to have obstructed the flow of patients out of hospitals, worsening bottlenecks upstream in the care pathway from A&E into wards and from ambulances into A&E.
- Overall, the conditions this winter, while severe, were similar to those in recent years and not far above what the NHS can normally expect. Attributing operational problems to external factors such as winter illnesses and higher demand risks offering false comfort about the resilience of the health service.

A record 11% of patients waited over 12 hours before being admitted to hospital in January 2025
 % of patients waiting 12 or more hours for emergency admission after decision to admit, by month; England, 2010-25

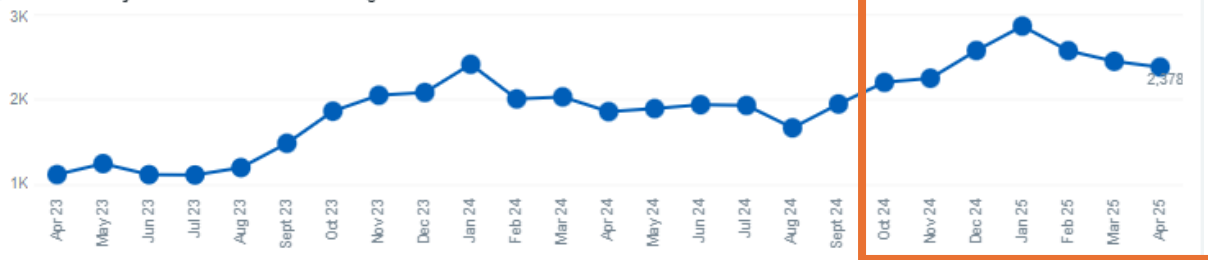


Kent & Medway Winter 24/25 Data

A&E Attendances - Organisation : All

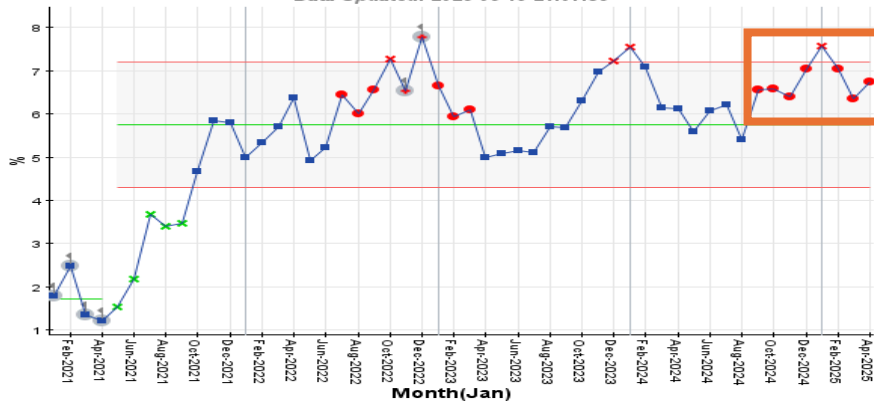


12+ hour delays from decision to admit - Organisation : All



% of attendances over 12 hrs in department - Monthly

Data Updated: 2025-05-19 21:07:36



K&M is currently consistently meeting or exceeding the <10% target for 12 hrs in department .

Data comparisons - Organisation : All

	April 2024	March 2025	April 2025
Performance	81.6%	81.8%	81.1%
Attendances	90,615	96,378	92,299
Breaches	16,668	17,585	17,432
4+ hour delays from decision to admit	4,603	4,476	4,630
12+ hour delays from decision to admit	1,857	2,446	2,378
Emergency admissions	18,138	16,214	15,648
Emergency admissions via A&E	14,461	13,735	13,265

The Winter period was a difficult time across our healthcare providers which was also mirrored by difficulties faced in adult social care and community settings with high levels of demand and constraints to capacity. Peaks in pressures were seen following the bank holiday at Christmas and Easter but this as expected. Overall the winter period in Kent & Medway as with the national position was not anymore or less harsh than previous years with the plans put in place to deal with the increased demand facilitating a prepared response to the winter period.