

Picker responds to the proposed changes to assessing urgent care performance

NHS England and NHS Improvement (NHSEI) are [currently consulting](#) on [proposed changes to the measures to be used in assessing urgent care performance](#). The aim is to replace the existing four-hour standard with a new basket of measures. These are part of the vision to transform urgent and emergency care by improving the offer for patients, delivering improved access and outcomes with a better care experience.

We welcome the change from the four-hour standard to a new basket of measures: they are more relevant to patients and less likely to produce unintended consequences. However, consideration should be given to including user-reported data, which would allow direct assessment of patient experience – one of three key aspects used to define healthcare quality according to the [Five Year Forward Plan](#).

Currently, no robust patient experience measures are available monthly; therefore, NHSEI could consider including annual information, eg from the [urgent care survey](#). Similar data has been used successfully in other countries to guide their policy. For example, the [Welsh Government](#) used patient experience measures to review awareness and access to urgent care across Wales. This led to a clear communications strategy for public engagement and fewer people being taken to hospital despite increased calls.

Finally, public reporting of the new basket of measures should include an accessible dashboard for each of the results, by provider, against the threshold and the range of performance.

We hope the recommendations received from patients, public, NHS Staff and organisations, will be used to ensure that staff, patients and service-users are put at the centre of urgent and emergency care.