Winter pressures in the NHS

Briefing for opposition day debate

The NHS frontline is always under considerable pressure over the winter period as demand for services tends to increase significantly with the onset of cold weather and flu. In response, NHS foundation trusts and trusts put a particular focus on winter to ensure there is enough bed and staff capacity to meet patients' needs. Patients are usually more unwell over winter – for example, because of flu and respiratory conditions, and because of slips and falls in the cold weather – which adds to the complexity of this task, as does establishing additional capacity when the service is already running at full stretch. Contingency plans are in place to manage these risks and protect patient safety, and at a national level and locally, the NHS is better prepared this year than in previous years. Nevertheless, it is inescapable that resilience in one organisation – such as a district general hospital – very much depends on the resilience of the rest of the local health and social care system.

This winter, the pressures have increased week by week, with a noticeable surge in demand for NHS care at the start of January 2018. This briefing brings together NHS Providers' analysis of the last five weeks' winter performance, as well the local and national response to demand pressure and the impact on patients. We also set out the wider context for the severe pressures facing the NHS, and our initial recommendations to respond to the challenges of this winter.

1. Key messages

- NHS trusts are reporting particular challenges with regard to bed occupancy levels, A&E performance, demand for ambulance services and handover, pressures on bed and out of hospital capacity, together with increasing levels of flu, respiratory conditions and norovirus. The challenges are system-wide, with mental health and community trusts also experiencing severe pressures. This is in spite of careful planning undertaken by the NHS to prepare for winter, with higher than expected demand combining with an underlying lack of bed and staff capacity, as well as ongoing pressures in primary and social care.

- The National Emergency Planning Panel (NEPP)[1] has taken a proportionate and realistic approach in response to the level of winter pressures seen. While trusts do not want to have to delay non-urgent elective care, given the impact on patients and the scale of the challenges they are facing, it

[1] Chaired by Professor Sir Bruce Keogh, the panel was set up to advise Pauline Philip, NHS National Director for Urgent and Emergency Care, on pressure and clinical risk. It brings together clinical leaders and experts from organisations including the Royal College of Surgeons, the Royal College of Physicians, the Royal College of GPs, the Royal College of Nursing, Public Health England and the Care Quality Commission.

is right to prioritise on the basis of immediate clinical need. However, this will have a negative impact on those patients whose care is being postponed. It will also negatively affect NHS trusts' financial outlook as a result of lost income. It will also affect their ability to meet waiting time targets, and therefore their access to additional funding through the sustainability and transformation fund.

- The focus right now needs to be on what can be done to help frontline services respond to patient need. However, there will need to be thorough review of how this year's pressures developed, how the NHS responded both locally and nationally, and how the additional winter funding was used. While welcome, we expect that the funding has not been used as effectively as possible given its very late allocation.

2. Weekly NHS winter performance data (the weekly sitreps)

NHS England is publishing weekly NHS winter performance data ("sitreps") over the 13 weeks of winter.[2] The picture building is of high and quickly rising demand creating severe pressures across the health and care system. The table below sets out key data from the sitreps so far.

Week	A&E diverts[3]	Percentage of general and acute beds occupied[4]	Ambulance handovers delayed by 30 minutes or more[5]	Beds a day on average closed to D&V or norovirus[6]	Other data of note
1: 27 Nov-3 Dec	11	94.5	1 in 10	664	
2: 4-10 Dec	25	94.6	1 in 8	1,123	
3: 11-17 Dec	30	95.0	1 in 7	1.071	
4: 18-24 Dec	6	90.9	1 in 8	812	1.55 flu admissions per 100,000 of the population[7]
5: 25-31 Dec	39	91.7	1 in 6	731	97,706 ambulance arrivals[8]

[2] Sitreps: https://www.england.nhs.uk/statistics/statistical-work-areas/winter-daily-sitreps/winter-daily-sitrep-2017-18-data/

Flu data: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/670931/Weekly_report_current_1718.pdf

[3] An A&E divert is where new arrivals (e.g. ambulance arrivals) are being temporarily diverted to another hospital.

[4] The percentage of all open general and acute beds (core bed stock and escalation beds) that are occupied.

[5] The percentage of all ambulance arrivals delayed by more than 30 minutes when handing over the patient to A&E.

[6] The number of beds closed to diarrhoea and vomiting/norovirus-like symptoms.

[7] The baseline threshold is 0.56 per 100,000 for the 2017/18 season, with the latest data therefore showing that flu levels have increased sharply.

[8] Compared to 94,444 in week 1.

It was clear before winter that the health and care system was already under pressure, with performance against the 4-hour A&E standard having been 90.1% in October 2017 (lower than the expected 95%), the delayed transfers of care (DTOC) rate for Q2 2017/18 was 5.2%, well above the government target of 3.5%, and a growing number of patients waiting over 18 weeks for elective treatment.[9] At the start of winter reporting, it was an immediate concern that general and acute bed occupancy was already at 94.5%.

The latest figures (25-31 December) show bed occupancy rate steadily rising throughout the week and remaining well above recommended safe levels. The level peaked at 93.5% on New Year's Eve. Half of trusts were reporting occupancy of over 95%, despite an additional 800 beds being opened during the week.

The data on ambulance arrivals and delays indicates a particular surge in pressures. The 137 reporting trusts received 97,706 ambulance arrivals, the equivalent of those trusts receiving an ambulance every 15 minutes, 24 hours a day. A&E departments have been overwhelmed by this level of demand and the number of ambulance handover delays (the wait between an ambulance arriving and the patient being transferred to the A&E department) was the highest so far this winter. There were delays across the NHS, with 1 in 6 arrivals delayed by over 30 minutes and 1 in 20 delayed by over 60 minutes. Seventy-nine per cent of the 137 trusts experienced at least one delay of over an hour in week five.

Although not nationally reported this year, some

[9] https://nhsproviders.org/nhs-winter-watch/week-1

Staff going the extra mile for patients this winter

NHS staff across the health service, including at **North Bristol NHS Trust**, have taken the initiative to keep services running in response to winter pressures, for example by switching from their usual roles to support emergency care colleagues, or collecting patients rather than waiting for a porter to be free.

The willingness of nurses from the **East Cheshire NHS Trust** safeguarding team to step in at a weekend to assess people at a residential care home under threat of closure helped it to remain open.

And a senior nurse in a busy community learning disability service at **Southern Health NHS Foundation Trust** worked extra hours to support a service user who was terminally ill and her carer family, until she died peacefully at home shortly before Christmas.

One of the community midwives at **Northampton General Hospital NHS Trust** who was on annual leave heard that, due to sickness, there was no midwife for a woman booked in for a home birth. She volunteered her time and the baby was safely delivered that night. And at the same trust, staff brought Christmas day forward for a woman dying of cancer, providing a Christmas tree, lights, presents, decorations and ensuring her immediate family were there.

District nurses from **Worcestershire Health and Care NHS Trust** were out night and day in 12 inches of snow to reach patients requiring insulin injections and other vital medications, while children's community nurses also battled against the weather to get medical treatment to young people, many of whom have serious long-term illnesses. Other staff worked additional shifts in community hospitals, with some staying overnight to support their colleagues.

At **West Midlands Ambulance Service** staff who owned 4 x 4 vehicles ferried colleagues to work, and one opened her house up to help those struggling to get home. One paramedic managed to get a local supermarket to give them some grit to keep roads open for their vehicles. Another camped in sub-zero temperatures just outside Worcester to be close to work and available for the morning shift.

media reports have suggested that around 24 trusts were on Opel 4 (previously known as a "black alert"), the highest level of escalation within a trust.[10]

Looking ahead

The figures for A&E attendances and emergency admissions for December 2017, which will include performance against the four-hour target, are due to be released on 11 January. These will help to shed further light on this winter's performance – although there is no simple correlation between A&E performance data and risk to patient safety, A&E pressures are closely tracked and can give a broad indication of the health of the wider system:

- The four-hour standard is a proxy for safe patient care, and every breach of the standard can therefore be regarded as a potentially elevated risk.
- Persistently large numbers of trolley waits and 12-hour waits are a proxy for significantly elevated risks to patient safety and potential for significant harm. They also involve a much worse experience for patients. (The same applies to persistently long numbers of ambulance waits.)

Some hospitals have reported to NHS Providers that on some days recently they have only able to see between 40-60% patients attending A&E within four hours, well below the 95% target and below the standard of care trusts want to provide.

The biggest ongoing uncertainty is around flu – we already know from trust reports that higher levels of flu are having an impact, but we will not know the full scale of this until later in the month. Flu occurs every winter in the UK and is a key factor in NHS winter pressures. It impacts on patients, particularly at-risk groups, including people with asthma or chronic obstructive pulmonary disease, leading to unplanned hospital admissions. Australia experienced the largest flu outbreak in around 20 years and it also started earlier than usual. The strain which was circulating in Australia (H3N2) particularly affects older people over 80 and to a lesser extent young children aged five to nine years. Flu is now spreading across Europe, with nine countries reporting widespread activity.[11]

3. What's behind the increasing pressure

The first week of January saw extensive reports of growing NHS pressures. We understand from NHS trusts that the severity of the pressure is due to a combination of long- and short-term factors. Over the long-term, there is the known trend of increasing demand and acuity (ie, sicker and frailer patients), as well as limited capacity (across the ambulance, mental health, community and acute sectors, all of which contribute to urgent and emergency care performance), workforce shortages (particularly in community nursing), and ongoing capacity challenges in primary and social care.

[10] http://www.telegraph.co.uk/news/2018/01/03/nhs-bosses-beg-families-look-hospital-patients-home-amid-soaring/

[11] http://flunewseurope.org/; https://twitter.com/ECDC_Flu/status/950368095725637632

In the short term, trusts are seeing:

- Higher levels of respiratory illness than expected
- Higher levels of flu than expected, with more people hospitalised and admitted to intensive care, above the respective baselines from last year
- Unexpected loss of bed capacity due to norovirus

Bed capacity

In assessing bed capacity, it is important to look at the number of available beds and demand for those beds.

While in the run up to winter the overall number of beds looked to have fallen, the sitrep publications for winter itself indicate that bed numbers are broadly similar to the same time last year.[12]

In terms of demand for beds, there are year-on-year increases in demand itself and the acuity of that demand. For example, in total, A&E departments in 2016/17 saw attendances increase by 3% with 3% more patients admitted to hospital. While the data for this winter is not yet available, it is clear from the sitreps that bed occupancy levels are higher in 2017/18 than in 2016/17, suggesting that demand and/or acuity has risen, creating real pressure on bed stock and capacity.

Winter funding

Trusts were limited, to an extent, in their ability to create the required extra capacity by the late allocation of the additional winter funding. As in our June and September reports, NHS Providers has consistently said that funding needed to be allocated in the summer to give trusts planning certainty and enable them to make the most effective use of the investment. In fact, the extra £335m identified in the November Budget was only allocated to trusts in December. Our understanding is that the funding has been used for a combination of the following:

- Providing funding for trusts for services and capacity they were already planning to open over winter
- Purchasing additional social care capacity where that is still available in some parts of the country
- Some specific support for mental health and ambulance services

[12] Between the second quarter (ie July to September) of 2016-17 and the second quarter of 2017/18 there was a 2% reduction in general and acute beds. However, during the reported winter weeks, the number of beds is similar year on year, varying between being slightly higher or slightly lower (the week to week comparisons are not absolutely aligned, for example week 5 in 2016/17 is 26/12 to 1/1 and in 2017/18 it is 25/12 to 31/12). The consolidated third quarter figures will give a clearer indication. See https://www.england.nhs.uk/statistics/statistical-work-areas/bed-availability-and-occupancy/bed-data-overnight/ and https://www.england.nhs.uk/statistics/statistical-work-areas/winter-daily-sitreps/.

The last minute nature of the allocation has meant that, although welcome, trusts won't have been able to use it in the most cost-effective way. Trusts need the time and space to put proper plans into place. Many trusts are also reporting challenges with staffing temporary capacity they are setting up. It should also be remembered that ultimately there is limited physical space in hospitals in which to accommodate extra beds and staff.

4. Local and national responses to increased pressure

By the end of 2017, trusts and their local health and care system colleagues had worked hard to prepare for extra winter pressures and minimise the risks for patients. Actions by trusts included:

- Creating extra capacity through opening temporary beds, calling in staff to work extra shifts and delaying non-urgent work
- Steps to ensure the seamless flow of patients through to discharge
- Developing local resilience plans with partner organisations such as social care services
- Support to ensure people with mental health needs are treated in the right place
- Initiatives that make it easier for staff to do the right thing, for example through the use of checklists to standardise and improve the delivery of basic care
- Communications to complement the "Stay well this winter" national campaign

Significant steps were also taken at a national level to improve NHS resilience, which included:

- A more joined-up approach, including a national director responsible for winter planning and establishing the National Emergency Pressures Panel (NEPP)
- Contingency plans to support trusts at greatest risk of having difficulties this winter
- Extension of primary care streaming in emergency departments to ensure patients are treated in the right setting, supported by £100 capital funding
- An extra £335 million in the 2017 Budget to help the NHS cope with winter

Nevertheless, as NHS Providers highlighted in early December 2017[13], while preparations for winter have never been more meticulous and thorough, there remained a number of continuing difficulties and pressures jeopardising trusts' ability to cope:

- Flu – this year's strain has already placed health systems in Australia and New Zealand under severe pressure earlier this year.
- Funding pressures – the additional NHS funding for winter in the Budget was welcome but has come very late to be used to maximum effect. To make the most of every pound, the NHS needed to see this in the summer, so that additional beds, services and staff could have been put in place.

[13] https://nhsproviders.org/ready-and-resilient

- Lack of beds – in late autumn the NHS was already over the recommended safe bed occupancy level of 85%. This means there was very little give in the system. Too many patients still faced delays in being discharged after they are ready to move on.
- Workforce pressures –shortages of key staff groups including paramedics, GPs and A&E consultants and nurses.
- Underlying performance pressures – capacity was already stretched, as evidenced by all four key NHS performance targets being missed last year, for the first time ever, even though productivity gains have been much greater than the whole economy average.

In the event, the substantially increased demand has meant that in some areas waiting times and care has come under real pressure.

On 3 January, the National Emergency Pressures Panel (NEPP) issued a set of recommendations to help create capacity. The Panel recommended that a pause of non-urgent surgery continues until the end of January. It reiterated that cancer operations and time-critical procedures go ahead as planned. It has also recommended that sanctions for mixed sex accommodation breaches are suspended. The NEPP also highlighted the advice for people who are seeking advice for non-emergencies so that staff in A&E can focus on the sickest patients.

5. Patient impact

With trusts seeing more people, in both worse and more frail conditions, it is right that the health service focuses first on those patients who need help most. We therefore welcome proportionate recommendations from the NEPP, but we equally recognise the importance of patients receiving the care that has had to be delayed, as well as the inconvenience and distress caused. The media has reported estimates that 55,000 operations could be deferred.[14]

In addition, although the NEPP's measures will help keep patients safe in the short-term, it will have an impact on the service's ongoing ability to meet waiting time targets. Cancelled operations and outpatient appointments will also result in less income for NHS trusts, which will make it harder for many trusts to meet their financial targets and assure their sustainability.

6. The wider context

The NHS is in the middle of the longest and deepest financial squeeze in NHS history. Costs and demand are growing by 5% a year, but we are in the midst of a twelve year period where funding increases have not matched this. Three independent health think tanks estimate, based on projections from the Office for Budget Responsibility (OBR), that health spending would need to rise to approximately £153 billion (from £123.8 billion in 2017/18) by 2022/23 to maintain standards of care and meet rising demand.[15]

[14] http://www.independent.co.uk/news/health/nhs-non-urgent-care-suspended-winter-crisis-warning-latest-a8138646.html

[15] Nuffield Trust, the Health Foundation and The King's Fund analysis: https://www.kingsfund.org.uk/publications/autumn-budget-2017

Although NHS trust finances have started to stabilise, there is still an underlying deficit of at least £3.5 billion.[16] The books have been balanced through capital to revenue transfers, land sales and making one off non recurrent accounting adjustments or savings. One of the consequences of this is the doubling in two years of the safety-critical NHS maintenance backlog from £458 million to £947 million.[17]

There are severe workforce shortages as well, with widespread staff shortages and recruitment and retention problems. Many staff are saying that they can't provide the safe, high quality, care that patients deserve, even though they're routinely working longer than recommended or paid hours.

The pressure on NHS performance can be seen throughout the year. Despite best efforts, in 2016 all four key NHS hospital performance targets were missed[18], and waiting lists for routine surgery are the longest they have been for a decade.[19] We would expect A&E performance in December and January to be extremely challenged.

In the November Budget, the NHS in England received more funding than we had expected, but less than needed. Any extra investment in the NHS is welcome given the overall economic context and the other demands on public expenditure. Yet the increase remains insufficient to enable the NHS to deliver all that is asked of it. The service is still tasked with rising demand, fully recovering performance targets, consistently maintaining high quality patient care, investing in the NHS's capital requirements, and joining up services to deliver 21st century care.

The existing gap between demand and funding is still scheduled to grow significantly by the end of the parliament and we must address this underlying problem.

7. What needs to happen

The focus right now needs to be on what can be done to help frontline services respond to patient need. For example, we would encourage:

- Continued national directions through the NEPP to support trusts to take action locally and re-allocate resources to emergency care as appropriate during this difficult period
- Local partners working with trusts to create additional care capacity
- National support for a proportionate and targeted increase in the use of agency and bank staff where needed and appropriate

[16] https://www.nuffieldtrust.org.uk/research/the-bottom-line-understanding-the-nhs-deficit-and-why-it-won-t-go-away

[17] http://hefs.hscic.gov.uk/

[18] 75% ambulance response, 95% A&E four-hour, 92% 18-week elective surgery (RTT) and 85% seen within 62 days of GP referral for cancer

[19] https://nhsproviders.org/a-better-future-for-the-nhs-workforce; https://www.england.nhs.uk/statistics/statistical-work-areas/combined-performance-summary/; https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-data-2017-18/

- Working with those systems with the most pressing issues to see whether additional resources – whether clinicians or external support – would help
- Clarity around financial targets given the likelihood of lost income from delayed elective operations and increased costs of emergency care, for example, how will NHS Improvement treat trusts that have unavoidably been unable to meet their control totals?

In addition, there are already a number of issues clearly requiring early attention ahead of next year.

We made a number of recommendations after winter 2016/17 to help avoid severe winter pressures and compromises to patient care. These were intended to manage risk through extra capacity, focused on the most vulnerable systems. While steps were taken to support those areas most in need, a number of our recommendations were not answered and still stand. In particular, we would urge:

- Additional investment in social care, which would ensure people are cared for in the right setting and help free up NHS capacity.
- Early investment – during the preceding summer at the latest – in the NHS to create winter capacity. It is essential that any decisions on extra funding are made as early as possible so that local systems can plan with certainty and investment can be made in the most effective and efficient way. Every further day's delay means higher temporary staffing fees and less chance of creating the required extra capacity.

We would also reiterate our call for a thorough review of this year's planning, pressures and performance. This should include analysis of how the additional winter funding was used. It is particularly important that, unlike last year, frontline trusts and their representatives have the opportunity to contribute to the review.

8. Further resources

NHS Winter Watch

Over the 13 weeks of winter, NHS England is publishing key data on A&E, ambulance and 111 performance. In our NHS Winter Watch series, NHS Providers will be reflecting on the figures each week, as well as presenting the frontline experiences of NHS trusts.

http://nhsproviders.org/nhs-winter-watch

Winter pressures

Since January 2017 NHS Providers has been calling for a review into NHS performance during winter 2016/17 and for early allocation of winter pressures funding. We published a series of reports setting out the risks trusts were facing, as well as the planning they had undertaken. These reports, blogs and press statements are gathered together on our website.

https://nhsproviders.org/topics/delivery-and-performance/winter-pressures