

NHS's performance in relation to its priority area targets; and the impact of adult social care pressures on patients of the NHS, and their safety

Debate, House of Lords, 6 February

NHS Providers is the membership organisation for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS trusts and foundation trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate.

NHS Providers has all trusts in voluntary membership, collectively accounting for £84bn of annual expenditure and employing more than one million staff.

Overview

Both the NHS and social care are under significant pressure, with demand for health and care services increasing year-on-year. Trusts across the country remain under considerable strain as they seek to absorb additional demands for care, caused largely by severely constrained finances and over 105,000 vacancies in the NHS workforce¹. This mismatch between demand and available resources is putting patient care under demonstrable strain, most evident perhaps in the fact that trusts and the wider health and care sector can no longer deliver the constitutional standards around access to care. The social care system in England is also in dire need of reform and sufficient funding. NHS services rely on a stable and sustainable social care system to function, including enabling people to return home with appropriate support after a period in hospital.

Key points

- Demand for services continues to rise at a rate which outstrips the welcome settlement government has provided for the NHS to deliver the long term plan
- Despite trusts working flat out, this means that in the context of workforce challenges, high vacancy rates and a constrained budget, performance against NHS constitutional standards has slipped significantly over the last six years, with many of the standards, including the four hour A&E waiting time target and the 18 week elective care waiting time target, well out of reach. Pressure is also mounting on mental health, community and ambulance services as demand for care continues to rise.

¹ <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey/february-2015---september-2019-provisional-experimental-statistics>

- Whilst we welcome NHS England/Improvement's review of the waiting time standards that are set out in the NHS constitution, it is essential that any proposed amendments follow a full engagement period with the health and care sector and the public. It will also be important not to underestimate the operational and financial impact of changing some of the core measures by which the NHS is held publicly to account.
- Trusts are working incredibly hard to deliver high quality care and keep patients and service users safe, but we remain concerned that pressures caused by insufficient funding in the NHS workforce and capital estate are likely to intensify over the coming years. Without urgent additional investment, patient safety is increasingly being put at risk.
- The estimated funding gap for adult social care is £1.5bn, set to rise to £3.5bn by 2024/25.² The impact of the funding gap in social care puts significant, avoidable pressure on the NHS. Many hospital admissions could be prevented by an effective social care system, which is better for patients and enables more efficient use of scarce resources. The social care system also needs sufficient capacity to ensure people can return home as soon as it is appropriate after a stay in hospital.

NHS performance

Demand

Demand for health and care services has been increasing year on year as the population grows and ages, resulting in a fundamental discrepancy between capacity within the NHS and the number of people who need care. The issue is not limited to one part of the provider sector, nor is it just about increasing bed capacity in hospitals or in the community. The following figures illustrate clearly the pressures facing the provider sector as a whole:

- Emergency admissions to acute hospitals increased by 6% from 2017/18 to 2018/19, resulting in an additional 352,530 hospital stays on the previous year.³
- The number of new referrals into NHS funded secondary mental health, learning disabilities and autism services during October 2019 was 352,995. This is an increase of 13.3% (41,506) compared to the average number of new referrals per month between October 2018 and September 2019.⁴
- There were 1.6 million new referrals to psychological talking therapy services in 2018-19; 11.4% more than in 2017-18.
- There was a 4% increase in the number of calls received by ambulance services between April to August 2019 when compared to the same period the year before.
- The use of the NHS 111 services has grown significantly: between December 2015 and December 2019, the number of calls answered increased by 29%.⁵

² <https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7903#fullreport>

³ <https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/>

⁴ <https://www.england.nhs.uk/statistics/statistical-work-areas/combined-performance-summary/>

⁵ <https://www.england.nhs.uk/statistics/statistical-work-areas/nhs-111-minimum-data-set/>

- The number of people on the waiting list for diagnostic tests has grown by 14% from November 2017 to November 2019. Due to the lack of capital investment in new diagnostic equipment/scanners and severe work shortages in particular specialisms, such as endoscopists and radiographers, the waiting list has grown but also had a knock on effect on other standards, including the timeliness of cancer diagnoses.
- An overwhelming majority (81%) of trust leaders have said that they are not able to meet current demand for community child and adolescent mental health services and 58% said the same for adult community mental health services.⁶
- The number of people on the waiting list for diagnostic tests grew by 16% from June 2017 to June 2019.
- We know there is a 'care deficit' in many mental and community health services, including those for children, and in learning disability services, following years of under investment.⁷ Availability of mental health inpatient beds is an issue, which often results in placing people outside of their local area, leading to negative impacts on the patient and their family. This is also a costly solution – in October 2019 the NHS spent over £11.1m on 720 out of area placements.⁸

Winter

Performance going into winter 2019 was the worst on record: the most recent monthly figures from NHS England and NHS Improvement show that in December 2019, A&E performance dropped to 79.8% against the four hour standard, down from 81.4% the previous month – the worst figures since records began.

- Demand for ambulance services is rising, with 5% more patients transported to hospital over the first five weeks of this winter than the same period two years ago⁹.
- Winter continues to be very challenging with trusts facing severe operational challenges on the ground due to increases in activity and workforce shortages. Even where trusts have additional winter beds to open, they tell us staffing the beds is proving difficult.
- Patient safety remains paramount, and trusts are doing everything they can to manage increased risk this winter, with clear escalation plans in place to help protect both patients and staff.

Capacity

- Acute hospitals have seen a 10% reduction in available hospital beds since 2010 – a reduction of 14,500 beds¹⁰.
- This has resulted in hospitals running at very high bed occupancy levels, reaching 95% over winter 2018/19 and again in 2019/20¹¹, which impacts on their ability to respond to seasonal spikes in demand.

⁶ <https://nhsproviders.org/media/606029/mental-health-services-addressing-the-care-deficit.pdf>

⁷ <https://nhsproviders.org/media/606029/mental-health-services-addressing-the-care-deficit.pdf>

⁸ <https://digital.nhs.uk/data-and-information/publications/statistical/out-of-area-placements-in-mental-health-services/october-2019>

⁹ <https://www.england.nhs.uk/statistics/statistical-work-areas/winter-daily-sitreps/>

¹⁰ <https://www.england.nhs.uk/statistics/statistical-work-areas/bed-availability-and-occupancy/bed-data-overnight/>

- The recently issued planning guidance does recommend that trusts sustain and improve their bed capacity. However this is difficult to do without capital investment, and additional staff available.

Waiting times

The mismatch between demand and available capacity is plain when reviewing NHS performance against the waiting time standards as set out in the NHS constitution. Over the last six years, performance against the standards has slipped significantly, with many of the standards including the four hour A&E waiting time target and the 18 week elective care waiting time target being well out of reach for the vast majority of trusts. Table 1 below shows how performance has slipped over recent years across the range of standards.

TABLE 1

Trust sector delivery against NHS constitutional standards 2012-19

Year	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20
Ambulance red 1 calls Standard: 75% responded to within eight minutes	74%	76%	72%	73%	69%			
Ambulance category 1 calls Mean response time of seven minutes						Transition year of new standards	7 mins 18 secs	7 mins 5 secs
A&E Standard: 95% treated, admitted or discharged within four hours, all units	96%	96%	94%	92%	89%	88%	87%	78%
Elective treatment Standard: 92% begin treatment within 18 weeks	94%	94%	93%	92%	91%	89%	89%	89%
Diagnostic treatment Standard: <1% waiting more than 6+ weeks	1%	1%	2%	2%	1%	2%	3%	4%
Cancer waiting time Standard: 85% of patients receive first treatment within 62 days following urgent referral from GP	87%	86%	83%	82%	82%	82%	80%	79%
Cancer waiting time Standard: 93% of patients to wait two weeks between an urgent GP referral and seeing a specialist	96%	95%	94%	94%	94%	94%	93%	92%

(NHS England, 2019)

¹¹ <https://www.england.nhs.uk/statistics/statistical-work-areas/winter-daily-sitreps/>

Clinical review of standards

In 2018, Dr Stephen Powis, the NHS National Medical Director, was asked to carry out a clinical review of access standards across the NHS in England. The then Prime Minister commissioned the review to ensure that NHS performance measures reflected and encouraged latest medical practice and supported the delivery of the long term plan. In March 2019, an interim report was published which set out initial proposals to update several of the existing standards set out in the NHS constitution handbook. The proposed standards are currently being tested by providers across England. In January 2020, the National Clinical Director confirmed that testing for mental health and elective care would roll into 2020/21; final recommendations for cancer and A&E are due this spring, suggesting changes may be implemented as soon as April 2020. Responding to an oral question in Lords last month on the A&E Waiting Time Target, Baroness Blackwood, Parliamentary Under-Secretary of State (Department of Health and Social Care) said the government will respond to recommendations from the review once it is concluded.¹²

Whilst we welcome the opportunity to review the waiting time standards to ensure they reflect modern clinical practice, we continue to seek answers to a number of questions. Namely:

- Will there be sufficient evidence to make a compelling case that these changes are in the interest of patients?
- What is the recovery trajectory to ensure performance within the NHS is improved, and how will trusts be measured and resourced against this?
- Will there be sufficient time between publication of the final recommendations on A&E and cancer standards (expected in March) and implementation to allow for full public consultation on any proposed amendments and any proposed changes to the NHS constitution?
- In addition to the access standards being clinically driven, targets serve a range of other purposes including: an accountability framework to the public and politicians; a performance management tool for the Department of Health and Social Care and the regulators; and an organising principle for how trusts operate and manage patient flow. Do these new proposals fulfil all these purposes? And if not, what will?
- Has there been adequate engagement with the public and stakeholders on the proposed changes?
- Will potential amendments to mental health and cancer standards which have generally been welcomed by the sector, be sufficiently resourced?

Patient safety

Maintaining and improving quality of care is the driving consideration for every trust board, and their staff. The NHS workforce deserves credit for upholding quality and safety under sustained pressure for such a considerable period of time but it is clear that trusts urgently need more support.

¹² <https://hansard.parliament.uk/Lords/2020-01-21/debates/1F85BD54-4336-4064-9C60-9BC7A609EA6B/details>

While there is much that individual trust boards can do to create cultures of quality improvement within their organisations, and to ensure staff feel empowered to flag issues of concern, there is also a need for government and the national bodies to invest in infrastructure and capacity within the NHS to meet growing demand which is putting unsustainable pressures on provider capacity. Providers can no longer deliver all that is asked of them without significant investment in workforce and facilities. Years of underfunding, workforce gaps, rising acuity and complexity of demand and lack of capital investment in upgraded and new facilities means that patient safety is increasingly being put at risk.

Insufficient investment in NHS capital expenditure and a growing maintenance backlog inevitably has consequences for patient care and for staff working in an outdated environment. Recent figures show that between 2017/18 and 2018/19, there was a 25% increase in “clinical service incidents”. These are incidents that are caused by estates and infrastructure failures that lead to clinical services being delayed, cancelled or otherwise interfered with. The total cost to eradicate the capital maintenance backlog in 2018/19 was £6.46bn – an 8% increase on the previous year when the cost was £5.96bn. The backlog has risen each year since 2013/14, and is now 60% higher than it was in 2013/14.

In order to protect patient safety and ensure that trusts have the buildings and facilities they need to ensure high quality care for patient, NHS Providers is calling on the government to take three steps:

- First, set a multiyear NHS capital funding settlement – just as the government has done for the NHS’ revenue budget – allowing the NHS to plan for the long term and transform its services and equipment. Ideally, this would match the ten years of the NHS long term plan.
- Second, commit to bringing the NHS’ capital budget into line with comparable economies¹³, allowing the NHS to pay for essential maintenance work while also investing in long-term, transformational capital projects. We should be aiming to at least double the NHS current capital spend and sustain that growth for the foreseeable future. Because the NHS is a universal public service, increasing NHS capital budgets has the added benefit of bringing much needed investment and jobs to parts of the country that would otherwise struggle to attract them.
- Third, establish an efficient and effective mechanism for prioritising, accessing and spending NHS capital based on need, in consultation with those planning and delivering services. This mechanism should ensure trusts are not punished for seeking capital funding by the use of interest-bearing loans which they cannot afford to repay.

When looking at the issue of patient safety and quality of care, we must also take into consideration the ongoing pensions issue. Current pension rules are disincentivising senior clinicians from working additional hours and deterring managers from seeking to stay and take promotions within the NHS – both contributing to longer waits for patients and putting NHS staff under strain. Many senior doctors are

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The long term plan cites OECD data showing how, while the average among EU27 countries is to spend 0.6% of gross domestic product on “fixed capital formation in the health sector”, the UK spends 0.3%. OECD data also demonstrates that the NHS’s capital budget needs to roughly double to match the average as a proportion of overall spend.

reducing the hours they are working or stepping back altogether, which is exacerbating difficult workforce challenges and is having a detrimental impact on vital services.

Adult social care and impact on the NHS

NHS services rely on a stable and sustainable social care system to function, including enabling people to return home with appropriate support after a period in hospital. Alongside this, social care is key to supporting working age adults with social care needs to remain independent and to contribute socially and economically within their local communities.

Yet, the estimated funding gap for adult social care is £1.5bn, set to rise to £3.5bn by 2024/25¹⁴. The impact of the funding gap in social care is wide reaching and puts significant, avoidable pressure on the NHS.

Over 90% of trust leaders cite under investment in their local social care partners as a key cause for concern. Funding for social care has been reduced over the past decade in the face of an ageing population and increasing numbers of adults with more complex needs. Constraints on the social care budget risk exacerbating pressures on the NHS by driving further increases in demand for secondary care, which could be better met through appropriate investment in a preventative approach, in primary care, social care and in additional capacity within the community.

Those who do not receive the support they need to live independently in the community are vulnerable to deterioration in their health conditions, social isolation, and falls. Many hospital admissions could be prevented by effective social care, which is better for patients and enables more efficient use of scarce resources. The social care system needs sufficient capacity to ensure people can return home as soon as it is appropriate after a stay in hospital and the care home sector needs sufficient funding to remain sustainable and safe.

Underinvestment and lack of social care provision can lead to delayed transfers of care in the acute sector. Delayed transfers occur when patients who are ready to be discharged or transferred to another care setting are unable to do so. They can occur in a number of different care settings, including where patients are awaiting discharge from hospital, or where they are awaiting a home based care package following a residential or nursing home placement. The delays can cause great distress and uncertainty for patients and their families, as well as putting other parts of the system under increased strain due to reductions in capacity. Although trusts are working closely with local partners, it is clear that the lack of social care and community care places is having a real impact on demand and getting patients out of hospital.

Over 2015 and 2016 the number of days patients who were waiting to be discharged to another NHS or social care service increased significantly, resulting in many patients being in hospital for much longer than necessary. Following a drive nationally to reduce delays for these patients and additional funding via the Better Care Fund, trusts and their partners in social care managed to significantly reduce the number of delays. However, in line with other operational pressures across the health and care system, delays have begun to increase again over the last six months. The latest data shows that:

¹⁴ <https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7903#fullreport>

- There were 145,876 delayed days in November 2019, compared with 136,183 in November 2018. This is an increase of 7.1%. These days equate to a daily average of 4,863 beds occupied by DTOC patients in November 2019 and 4,539 in November 2018.
- The proportion of delays attributable to NHS in November 2019 was 60.2% (down from 62.0% in November 2018). Delays attributed to social care was 30.1% (up from 30.0% in November 2018) and the remaining 9.7% were attributed to both the NHS and social (up from 8.0% in November 2018).
- The main reason for delays in November 2019 was "Patients Awaiting Care Package in Own Home", which accounted for 20.8% of all delays. A further 14% of the delays are down to patients awaiting a nursing home placement or availability.¹⁵

As part of the Health for Care coalition, led by the NHS Confederation, NHS Providers is calling for a sustainable social care system, with both a solution to address the existing funding gap in the short term and a permanent funding settlement for the future. The coalition has identified seven key principles upon which a new social care system in England should be based including valuing the social care workforce, ensuring the social care system is fair and accessible, making sure that those with unmet or under-met need are given appropriate support.

¹⁵ <https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/01/Combined-Performance-Summary-January-November-December-data-2020-c7d3g.pdf>