The Provider Podcast - Winter Watch: How Are Trusts Coping

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SPEAKERS
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Adam Brimelow 00:09
Hi, and welcome to The Provider Podcast. My name is Adam Brimelow, this is the toughest winter in the history of the NHS. And given what we've seen in recent years, that's really saying something. The latest performance figures from NHS England have highlighted yet another record-breaking month record demand. And unfortunately, in some areas record delays, we've seen some encouraging signs of increased activity, even a slight dip in the overall waiting list. But without question, these are very tough times for the health service. In this podcast, we take a look at what's happening with Luís costa da Silva NHS Providers senior research analyst, we explore what these pressures mean for staff, patients and public confidence with Miriam Deakin, director of policy and strategy. And we look at what's happening to address some of these problems highlighting the hospital at home scheme run by Oxford University Hospitals, you can find out more in our NHS providers winter Watch series on our website. So, let's start with a look at NHS performance figures with Luís Costa Da Silva. Starting with ambulance delays, which had been such a big focus of concern recently. So Luis trust leaders were predicting the toughest winter ever for the NHS. And that is what we're seeing now, isn't it inevitably, potential is going to focus on the metrics where patient safety is most directly affected, I think particularly in urgent and emergency care. So, let's start with those and look first at what's been happening to ambulance performance, and worrying record delays for the most serious 909 Cause category one covers cardiac arrest. And then category two, which includes suspected heart attacks and strokes. There are long delays for these on that.

Luís Costa da Silva 02:06
Yes, that's right. And then we're seeing the highest number on record for ambulance category one incidents and that is increased by almost 24%. And it's now well over 100,000. That's almost a fifth higher than the previous record that we had seen, which was nearly 86,000 compared to a year ago. This is also means more instance than three years ago before the pandemic as well for Category One. And equally, we were seeing a deterioration in average response times for these calls as well. So the response time across England for this category one calls as increased to nearly 11 minutes now and misses the seven minute targets that we have,

Adam Brimelow 02:42
and also, for those category two calls as well.

Luís Costa da Silva 02:45
Yes, that is right. So we're also seeing that category two calls the response time, the average response time has increased to an hour and a half. And that's missing an 18-minute target.

Adam Brimelow 02:56
Yes, so long delays for the call outs. And then there are further problems aren't there in terms of handover delays, time spent in A&E and even after a decision to admit a patient?

Luís Costa da Silva 03:09
Yes, so in the winter sitrep data that we have today, we're seeing a little decrease on the handover delays that are delayed by 30 minutes or more, but they're still quite high. So we're still seeing over 1/3 of those ambulance handovers being delayed by 30 minutes or more. Equally when we think about a&e attendances, we're seeing a record number of about 2.3 million attendances in December. And that's an increase of about 5%, from the month before. And the only thing that he also mentioned is those patients that are waiting more than 12 hours from the decision to admit to admission, have now increased by 44%. And we're seeing nearly 55,000 Since the month before.

Adam Brimelow 03:48
So we should this is a this is a gauge, isn't it of all pressures that Trust's are facing, but it is quite acute focus. So we find ourselves talking about figures for hospitals, because that's where most of the figures are. But we are seeing I'm we're very worrying picture to in terms of the pressures on community and mental health services.

Luís Costa da Silva 04:09
Yes, absolutely. There's also pressures across those services. In particular, with mental health, we're seeing that although some of the figures have gone down a little bit, we're still seeing that they are very much above pre pandemic levels. So for example, in the estimates, we're seeing high mental health referrals, and those are quite high compared to a year ago.

Adam Brimelow 04:28
So we're talking about pressures and stresses on capacity in the system. And of course there are really severe staff shortages, very high bed occupancy. And that's been compounded, hasn't it by delays in discharging patients who are ready to move on?

Luís Costa da Silva 04:46
Yes, absolutely. On top of the staff shortages, we're also seeing those capacity issues. Staff absences remain a problem as well. So we're seeing over 57,000 staff substances each day on average EULA And percent of them being COVID 19 related, that double occupancy is definitely problematic. So on this latest set of data from the winter setups, we're seeing that it remains very high. And we've seen increases in bed occupancy for general and acute beds, but also critical care beds and also neonatal and paediatric intensive care beds as well. And as you were saying the discharges also remain a problem we are seeing that a proportion of patients are remaining in hospital even though they are fit to leave. And that has reached the number that's been a record for this winter with over 14,000 patients staying in hospital

Adam Brimelow 05:37
with those sorts of pressures. It's obviously appropriate that we should find ourselves talking about the situation in urgent emergency care. But all the time, of course, the NHS needs to focus on bringing down backlogs as well, that's a really important priority. We know that backlogs are still running very high. And in fact, we've seen them going up for a long period. Are there any grounds for hope in the figures, Louie Shan that?

Luís Costa da Silva 06:04
Yes, absolutely. And we know this is a really ambitious capture plan, but the NHS is delivering increases. For example, in diagnostic activity that we've seen in November with almost 2.2 million diagnostic tests carried out, we're seeing that cancer activity has increased in November as well. So for example, we've seen an increase of about 11% on the number of patients in within two weeks of an urgent referral for suspected cancer. We're also seeing for the first time since the beginning of the pandemic, that the waiting list has slightly decreased. And it's now at seven point 90 million. But there's also progress being made against other waiting lists. For example, there was a decrease of those waiting for over 104 weeks, about 25%.

Adam Brimelow 06:49
So really long waits still in the system, still a massive problem. But progress is being made at least on some fronts.

Luís Costa da Silva 07:00
Yes, absolutely. This is definitely encouraging. And, as you were saying, signs of hope for the NHS delivering a really ambitious catch up plan.

Adam Brimelow 07:10
Luís Costa da Silva. So overall, no question. It's a grim picture with huge ongoing pressures. What does that mean for staff working flat out to keep services going? I asked NHS providers director of policy and strategy, Miriam Deakin, we heard that from Louisa. Overall, the figures are looking bleak. And it feels like there's a relentless tide of bad news on the NHS this winter. How concerned are you in terms of the impact this could have on staff and trust leaders just trying to deal with these pressures?

Miriam Deakin 07:46
Well, we heard of the autumn, didn't we that trust leaders feared this winter would be the worst of their careers and, and unfortunately, that that seems to be coming to pass both for leaders and for staff. So we've had this relentless rising demand, we've had the twin demic of flu and COVID. And then of course, we've had the pressures of industrial action as well. And we also know how difficult it's been for staff during this cost of living crisis. So many frontline workers, nurses, lower paid staff sort of relying on trust led food banks and the like. So we are hearing a real increase in difficult stories from the frontline stories of people being burnt out exhausted. And now increasingly, we're hearing about this concept of moral injury, this idea that that staff are being forced to work in conditions where they can't provide the quality of care they might want to and the impact that that might have. And I think also Adam, this is really borne out in the figures. So what we're seeing around workforce data at the moment is the

highest numbers of vacancies we've ever seen in the NHS, so well over 130,000. And all while recruitment is holding up fairly well. We're seeing staff leaving the NHS through the back door, retiring early, or ending their careers in the NHS early, often citing work life balance. So I think we're seeing these, these very difficult pressures play out very directly.

Adam Brimelow 09:02
And there's an issue here about public confidence as well, isn't it because we need people to know that the NHS is there for them?

Miriam Deakin 09:10
Absolutely. So there was some very interesting polling out, were worryingly, although most people still have confidence that the NHS would be there for them in an emergency 39% Were not confident of that, and a staggering 63% doubted that they will get timely care for less urgent issue. So we are seeing confidence in the NHS and the timeliness of our response knocked quite considerably in the public's eyes. But very interestingly, when you look at public support for the NHS model and the founding principles of the NHS that's really holding up really well. So if you look at the Social Attitudes Survey, the last 190 4% Really, really high response rate think that the NHS should remain free at the point of views and people think it should be available for everybody We also know that public support for groups of staff who are striking in the NHS nurses, ambulance workers, it's actually rising despite the pressures of the strikes or while it's falling for other groups of key workers who were striking like on the railways for example. So, I think what that tells us is that public support for the NHS is actually holding up please support the NHS what they want to see, is it well staffed, well supported, and sufficiently well-funded.

Adam Brimelow 10:26
That was Marian Deakin. Let's look now at work that's underway to reduce hospital admissions while providing hospital standard care in more familiar surroundings. I've been talking to Professor Dan Lassen from Oxford University Hospitals, who was one of the first doctors in the country to provide hospital care at home, and his colleague, Dr. Jordan Bowen, a consultant in acute medicine and geriatrics, who runs the ambulatory assessment unit. Their work has been featured by the BBC panorama team in a programme called the NHS crisis, can it be fixed? I started by asking Professor Lasserson, what they set out to achieve.

Dan Lasserson 11:07
So this is basically delivering multidisciplinary assessment and treatment for predominantly frail, older adults living at home, some in care homes. And we are trying to pragmatically deliver the elements of acute hospital care within their own living environment. So that's a combination of the assessment from multiple disciplines such as nursing, pharmacists, therapists, etc. Getting diagnostic tests done in the home at the bedside, with new technologies, such as ultrasound, portable ultrasound, and portable blood testing, and delivering intravenous treatment oxygen and other elements of medical care in the home, as well as working collaboratively with family members and carers to facilitate and enabling recovery in their own environment, whilst also addressing key medical issues that would help them recover from their illness.

Adam Brimelow 12:05
I guess the key words there in terms of the patient's perspective is in their own environment. And in Georgia, and I'm sure that's something that has real value for them.

Jordan Bowen 12:15
Well, I think for many, and I think that the key thing that we're trying to make sure we're able to do is that wherever we're treating someone, we're giving them the high quality assessment, treatment care, getting home is the ultimate goal. And if we can do as much about treatment and diagnosis in their own home, then that seems to be a worthy goal. And what Dan's been able to do with his team has been able to show that more and more of what we've been doing all these years in hospital, actually, you can do in the home.

Adam Brimelow 12:51
So that sounds like a really valuable advice clearly for the patients. But I would imagine also for you as clinicians, and in terms of pressure on the hospital as well down.

Dan Lasserson 13:03
Yeah, so we work very closely together Ambrogi assessment units, geriatric medicine department and hospital at home, and will aim to deliver the right care for the right patient in the right place, at the right time. And sometimes that's recognising when hospital care is the only option. And sometimes it's recognising when being at home is the best option for patients. And it's not, it's not so black and white to be one or the other. So, for many patients, I look after at some point, a key diagnostic tests like a CT scan might be needed. And then they could come to the amperage assessment unit, have that and then go home equally, they may need to see a specialist if any the diagnostic tests I do can't be seen remotely by them. And then they can come in, and others on so patients can get exactly what they need. But they can be cared for in the place. That's that that's right for them. And that gives options to the team who are getting incoming referrals from paramedics or GPS, where they can say, well, actually, maybe this patient could be seen by hospital home team rather than come to the John Radcliffe, or patients could come in and get an assessment and then go home with ongoing care from the hospital home team. So it gives the gives the acute physicians a number of options and pathways that don't just require a default admission in order to meet medical need.

Adam Brimelow 14:28
Yeah, so I can see there's a there's an opportunity there to manage the pressures as they come into the acute setting. Does it not, though, add to pressures in terms of the provision of care in the community and so there's, there's obviously a factor there of being able and having the capacity to provide that quality of care in a community setting.

Dan Lasserson 14:51
So there’s really good points. We're not adding to the burdens of existing community providers because this is the hospital team working outside the hospital. Look, these are patients that meet the criteria for inpatient admission that we are delivering that inpatient care at home. So this is the hospital working beyond its own walls, but using its own resources and staff. So there's no net burden on community care providers, because we are we are doing that with the hospital resource. And that is a way in which

we can sort of meet needs in a very flexible way whilst working constructively with our partners in the care system.

Adam Brimelow 15:30
And I'm curious to get a sense from both of you, really, in terms of how it felt to be working in this work with panorama crew in tow. How much did that impact on your, your conversations the interface with the patients? Or is it something you were quickly able to ignore?

Dan Lasserson 15:52
So initially, it's quite nerve racking. And then once you get into the swing of assessing and talking to a patient, and doing your thing you forget about them, actually, yes, we're going to Mike but it's not sort of Mike that you mentioned, like a sports commentator holding it stuck on the on a pill. And even though I was in a small sitting room seeing a patient with a cameraman, and a big camera, and the health reporter, and, and other supporting members of their cast, as it were, I forgot about them, once we got into the zone and the flow of patient assessment, there was one moment when I was doing a scan, and then they saw the camera on me. And then I suddenly was sort of filled with anxiety, like doing an exam for membership of a royal college. But that was like, you know, potentially several million people watching your clinical decision making. But for the most part, once you got used to it, actually, they faded away into the background. And I have to say, for some, for some family members, you've got the sense that they realised, you know that this was something special, and that therefore they were special and their loved one who's unwell is special. And I think there was some there was some very positive things for patients because to choose to tell their story and feel that actually I can I can set this in stone. And so this is this is our story of how we arrived to be this unwell, how we're receiving care and what and what we want in the future for our loved one, during and after this episode of care. So I think there was some real positive there actually for patients and family members in there.

Adam Brimelow 17:23
So a positive experience for you, Dan, and you, Jordan? Well, I

Jordan Bowen 17:26
agree with what Dan said. And from our filming, you are doing quite a lot in the hospital with lots of other people in shot and around. And I think I was conscious of my colleagues, many of whom are finding it pretty hard at the moment, seeing a camera crew with the brand of BBC Panorama and thinking, what's the story here? Are we being filmed critically or not? And what words I think very useful with the filming that was going on, was the message that was meant to be positive, you know, being on our side. And that I was able to talk to my colleagues who might not necessarily have chosen to be in shock, but to say, look, this is okay, this is what we ought to be doing to demonstrate what the good work and the hard work people are doing to our innovation. And when it came down to actually being filled with patients. As it happened, the patients that we were with, were not in a position to give consent themselves. And that's one of the key features about our units, we want to focus on older, complex, frail patients who have multiple needs. That's one of the defining features of ru that the hospital at home natural good services targeted at. And so to a certain extent, we didn't have the dynamic altered by the presence of a camera who was more interested in really how they were impacted in the rest of the unit, rather than on the individual patient doctor interaction.

Adam Brimelow 19:00
Professor Dan last lesson and Dr. Jordan Bowen there. You can find out more about their work in our NHS providers winter Watch series on our website. And that's it for this time. Many thanks to all our contributors. reminder, you can join in the conversation by following us on Twitter and LinkedIn at NHS providers with the hashtag the provider podcast and keep up to date on future episodes by subscribing to the podcast. Thank you.