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NHS ENGLAND – BOARD PAPER

Title:

Update on Winter resilience preparation 2017/18

Lead Director:

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Purpose of Paper:

To provide the Board with an update on the actions being taken by NHS England and our partners to support local systems to prepare for and deliver resilient performance through winter 2017/18.

The Board invited to:

Note the contents of this report and receive assurance on NHS England's preparations for winter and delivery of mandate commitments.

Update on winter resilience preparation 2017/18

Purpose

1. The purpose of this paper is to provide an update to the Board on actions being taken across the NHS and our partners to support local systems to prepare for winter and deliver resilient performance through winter 2017/18.

Growth in demand

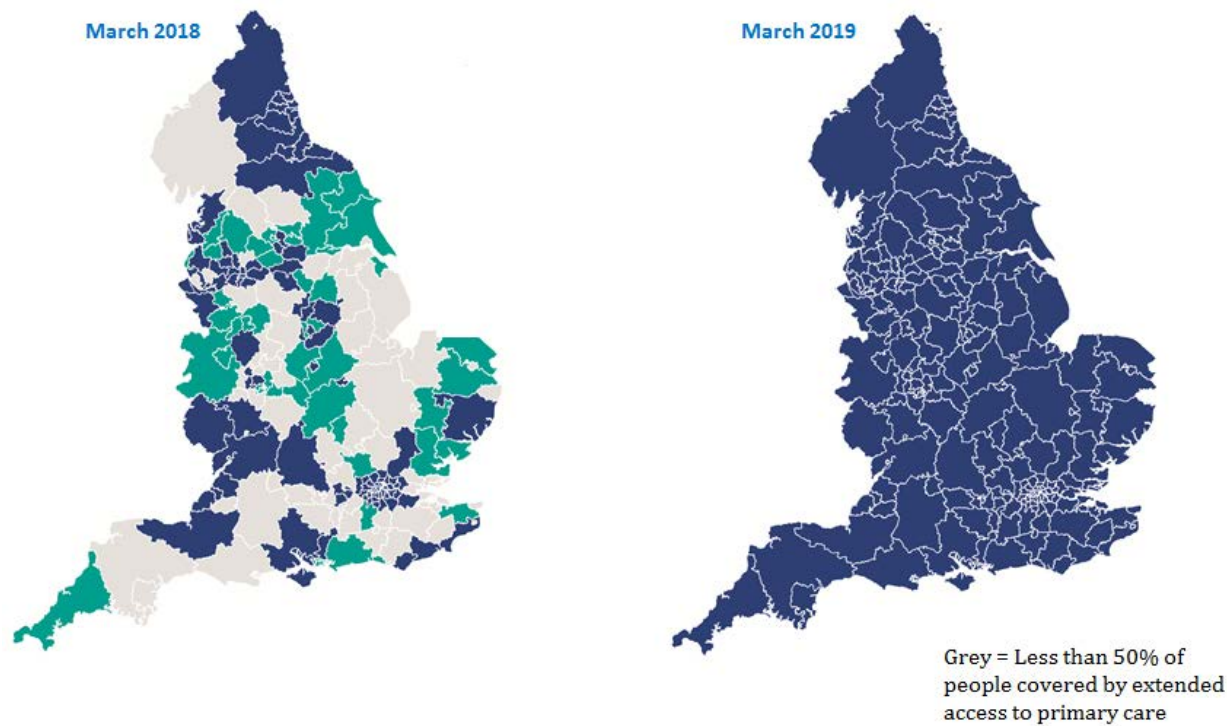
2. Non-elective admissions growth (CCG + Specialised Commissioning + Direct Commissioning) is at 1.6% (year to date - YTD), below the medium term growth rate of around 3.0%.
3. A&E attendances growth YTD is at 0.9%, which is below the medium term growth rate of around 2.0%.
4. GP referrals growth YTD is at -1.1%, which is below the long term growth rate of 4.0-5.0%.

Management of demand

Primary care

5. Routine availability of general practice and community pharmacy services make a significant contribution to the management of local winter and urgent care demands but experience pressure like other parts of the system.
6. For this reason, regional assessments of plans include a component on general practice readiness, specifically around use of 'extended access capacity.' This is the additional evening and weekend GP appointments, supported by advertising/signposting, and wherever possible including booking through NHS 111.
7. Extended access capacity is planned to be in place in twice as many CCGs as last winter, meaning 50% of the population will have access to evening and weekend appointments by March 2018. In London, where access to primary care has been problematic in previous years, 100% of the population will have extended access for the duration of this winter.

Fig 1: GP extended access roll-out

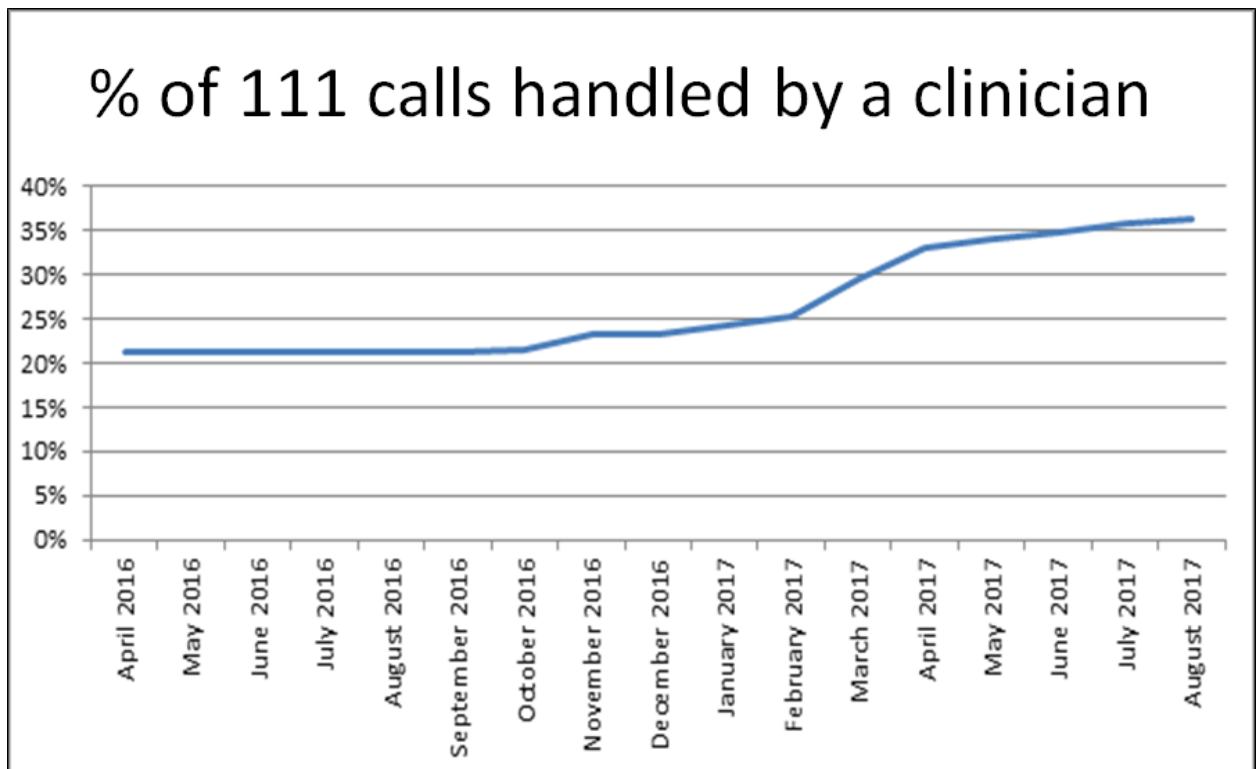


8. We expect CCGs to be maximising the opportunity to both integrate with and support urgent care through this new capacity this winter. We will also expect CCGs to monitor the availability of primary care services in the context of developing their approaches to managing demand and surge.
9. We have agreed to re-run the GP Winter Indemnity Scheme to support out of hours and unscheduled care providers secure additional capacity this winter. Last year's £5m scheme was well used and helped support the delivery of an additional 80,000 sessions of GP cover and we will invest £8m in the scheme this winter.

111 services

10. There is evidence that additional clinical input into 111 services reduces dispositions to A&E departments and ambulance services.
11. All CCGs have been set a target that at least 30% of calls should receive clinical input.
12. According to the latest published data (covering August 2017), 36% of calls are now receiving clinical input compared to 22% last winter. We expect this number to increase further before December.

Fig 2: Proportion of 111 calls handled by a clinician



Ambulance services

13. The Ambulance Response Programme was the largest study of ambulance services anywhere in the world, analysing over 14 million calls. It proposed a new operating system for the ambulance service that is predicted to lead to over 750,000 occasions every year when an ambulance is available to go straight to a patient, instead of being tied up on other calls.
14. The new system is currently in place in four out of the ten ambulance services in England (excluding the Isle of Wight). A further four will go live in October and the final two in November.

Primary care streaming

15. Primary Care streaming in A&E departments is an effective way of diverting minor attendances and freeing up A&E clinicians to focus on higher acuity attendances.
16. By 1 December, all Type 1 A&E departments are planning to provide this service, backed by up to £100m of capital made available following the March 2017 budget.

Public information

17. The marketing strategy to support the NHS during winter 2017/18 is made up of three distinct campaigns: 'Stay Well This Winter', NHS 111 and 'Stay Well Pharmacy'. Each

of these campaigns will be run in partnership with Public Health England, with additional support from local NHS trusts and other partners.

18. The 'Stay Well This Winter' campaign, jointly funded with Public Health England, will be split into two phases: the 'flu vaccination phase; and the winter preparedness phase (which is aimed at the frail and the elderly). The 'flu vaccination phase will be run in October 2017 and the winter preparedness phase will run in November and December 2017.
19. The strategic aim of the campaign is to help reduce admissions via A&E departments by ensuring that those people who are most likely to attend with preventable respiratory ailments are aware of and are motivated to take those actions that will help them to avoid falling seriously ill, including getting a 'flu vaccination and seeking advice from a pharmacist at the first sign of a winter respiratory illness.
20. The NHS 111 campaign is a new campaign and will be developed to increase the number of people calling 111 when they have an urgent, but non-life threatening medical need, so that they can be directed to the most appropriate local service. This is underpinned by the significant increase in 111 calls being dealt with by a clinician (see paragraph 12).
21. The campaign is planned to run in January and February 2018 and will be delivered in areas where the enhanced service has been introduced and where the provider has the capacity to manage any additional calls.
22. The 'Stay Well Pharmacy' campaign is also a new campaign, but will make use of the campaign brand from the 'Stay Well This Winter' campaign, without the inclusion of winter. This will enable the campaign to build upon the high levels of recognition and engagement that this campaign brand has already gained.
23. The 'Stay Well Pharmacy' campaign will be developed to reduce the number of unnecessary appointments with General Practitioners, and visits to A&E, for minor illnesses that can be effectively managed with advice and support from community pharmacists or the NHS website. This will help to free up urgent same day appointments available with general practitioners and reduce inappropriate attendances at A&E.
24. The campaign will directly target parents or carers of young children under the age of five years who are suffering from common minor illnesses that have been identified as causing a high percentage of unnecessary GP appointments and inappropriate A&E visits. The advertising will be run during February and March 2018.
25. All the campaigns will be evaluated to measure the effectiveness of the activity against the campaign objectives.

'Flu

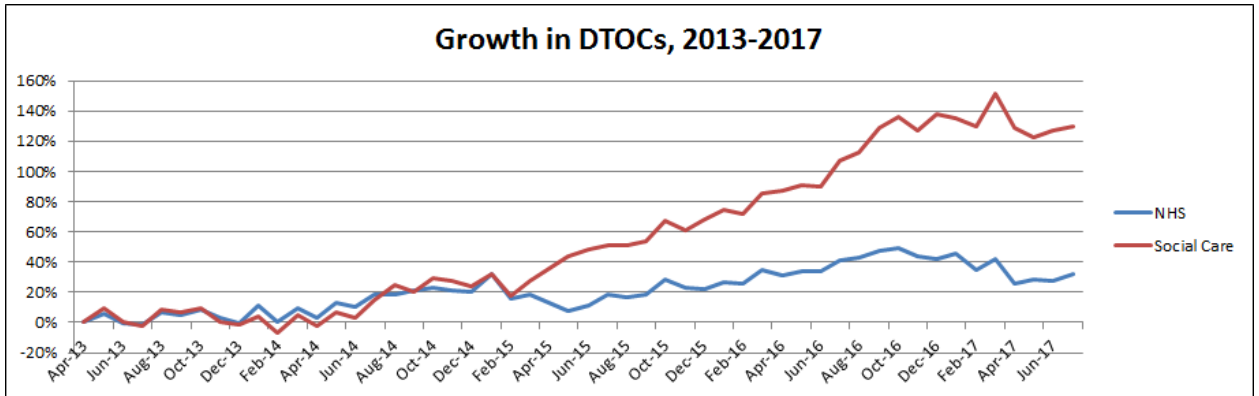
26. Last year saw comparatively lower rates of influenza in England than in previous years.
27. The strain currently circulating in the Southern Hemisphere is H3N2, which particularly impacts the elderly.
28. Early discussions on the experience of Australia's winter (which saw the largest 'flu outbreak in c20 years and are a reminder of the impact that a heavier 'flu season could have) have focussed on the importance of immunisation – both in vulnerable groups and the wider population.
29. The total estimated cost of the adult 'flu vaccination programme in 2016/17 is c£200m.
30. Changes for this year include:
 - Vaccine offered to children in school year 4 (aged 8), with further roll-out planned;
 - Children aged four will be offered the vaccine at school, instead of by their GP to increase uptake;
 - Increase in the number of maternity providers offering seasonal 'flu immunisation to pregnant women; and
 - Programme to increase staff vaccination in the social care sector, including publication of guidance to the sector.
31. Building on the success of the child nasal spray vaccine (which was shown to be highly effective last winter), we will also be working with partners on how uptake rates in this population could also be increased.
32. Immunising NHS staff is one crucial way in which the risk of transmission to vulnerable individuals can be reduced. Last winter, NHS England introduced a CQUIN to incentivise higher staff vaccination rates. 63.4% of frontline healthcare workers were vaccinated, compared to 50.8% the year before. 56 trusts vaccinated more than 75% of staff. The CQUIN has been retained this year and, working with NHSI, trusts should be aiming for further improvement.
33. It will be important to ensure similarly high rates of vaccination amongst staff working in care homes and domiciliary care agencies.

System capacity**Discharge**

34. In the latest published statistics (for July 2017), just under 6,000 beds were occupied by patients experiencing delayed transfers of care (DTOCs). The effect of this is a c4% increase in bed occupancy in acute hospitals.

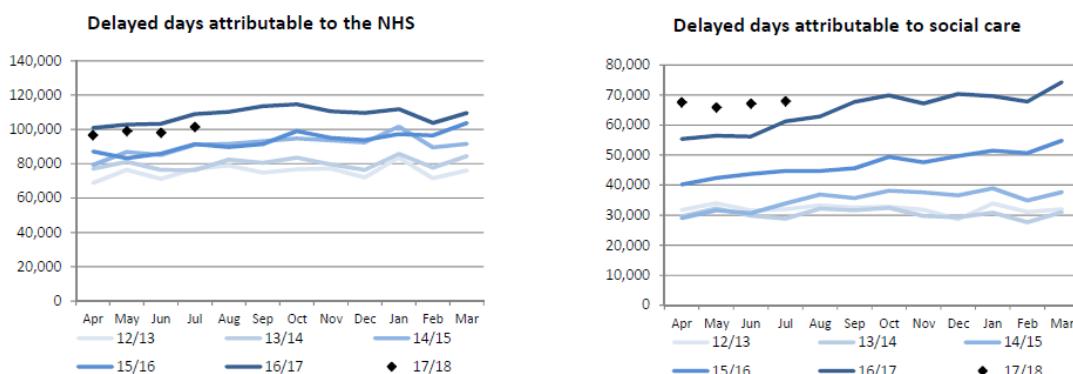
- 35. This is the result of significant growth in delayed discharges in recent years, with a 40% increase in the last three years alone.

Fig 3: DTOC rates



- 36. This growth in DTOCs has reversed a long-running trend in the NHS, where rises in admissions have been offset by reductions in Length of Stay. From 2001-2013, despite a 3% annual rise in emergency admissions, emergency bed days increased by only 5,000 (0.02%). In the years since, exit block and the associated increases in Lengths of Stay have led to an increase of 1.8m bed days in just four years (6%)
- 37. The need to halt this trend and reduce DTOCs by at least 2,000-3,000 beds was set out in the *Five Year Forward View Next Steps* and by NHS Improvement as a key building block for trust plans in 2017/18.
- 38. The Government confirmed in July 2017 that this reduction in DTOCs should be achieved jointly (ie 50:50) between the NHS and local government, with targets and plans assured through the BCF planning process.
- 39. To date only limited progress has been made, with Social Care related DTOCs in particular continuing to rise

Fig 4: DTOC rates by NHS and Social Care attributed delays



40. CCGs and Local Authorities submitted their plans to achieve overall reductions in DTOCs following the Better Care Fund on 11 September 2017. The BCF Planning Guidance issued by DH, DCLG and NHSE made it clear (at paragraph 94, page 20) that any plans that contained DTOC targets which were not in line with the government's expectations would not be approved, meaning the associated transfer of funding from CCGs to Local Authorities could not occur. All areas where targets do not meet expectations have been informed, and revised submissions are due by 25 September.
41. A key focus for releasing the NHS contribution will be CHC, with CCGs and community providers being required to ensure that less than 15% of all full NHS Continuing Health Care (CHC) assessments take place in an acute hospital setting. Furthermore, that in more than 80% of cases with a positive NHS CHC Checklist, the NHS CHC eligibility decision is made by the CCG within 28 days from receipt of the Checklist (or other notification of potential eligibility). All CCGs received a letter to formally advise them of these requirements to be achieved as part of the Quality Premium for 2017/18.

In-hospital processes

42. A key workstream within the UEC programme is in-hospital processes that contributed to effective flow and discharge processes. This includes five key areas of focus:
- The **Good practice guide: Focus on improving patient flow** sets out a more standardised clinical operating model for delivering patient flow - the basic processes that all trusts will be expected to have in place. This guidance, developed by clinicians and subject matter experts based on best practice, was launched on 14 July
 - The **Emergency Flow Improvement Tool (EFIT)** plays trust data back to them from a patient pathway perspective, to enable broadening of our oversight beyond the 95% metric. Alpha testing is underway and the beta version was launched at Expo in September
 - An **Emergency Care Workforce Plan**, shared across NHSE, NHSI, HEE, DH and RCEM to ensure a more sustainable workforce
 - A wider **Improvement Offer** to support delivery of the model and dashboard.
 - Data is consistently being regularly reviewed to ensure we are **collecting data efficiently** and there is **consistency in counting** within the four hour standard
43. Separately, NHS Improvement's General Surgery GIRFT project has stated that engagement by consultant surgeons in A&E departments can reduce, by one-third, the number of general surgery emergency admissions where no operation is delivered.

Management approach

Escalation, winter resilience rooms & reporting arrangements

44. We are working with NHSI to develop strengthened operational oversight of winter.
45. The proposed model will operate at three levels: national, regional and local. Nationally, a central operations function will be established under Pauline Philip's direction which will:
 - co-ordinate, monitor and report performance and pressures;
 - provide predictive analysis to allow early intervention;
 - act as an escalation; and
 - provide direct management/oversight of particularly challenged systems where this has been agreed with regional teams.

Governance arrangements

46. To ensure complete alignment between NHS England and NHS Improvement in supporting and overseeing urgent implementation of the priority work streams, Pauline Philip has been appointed as the single national leader accountable to both NHS England and NHS Improvement. In addition, a nominated Regional Director from either NHS Improvement or NHS England holds both CCGs and trusts in each STP area to account for the delivery of the local urgent care plan. Each Regional Director, therefore, acts with the delegated authority of both NHS Improvement and NHS England in respect of urgent and emergency care.
47. Furthermore, governance and programme management arrangements have been put in place at all levels of the system. Delivery of change and improvement on the ground will be through local A&E Delivery Boards and/or STPs (supported by UEC Networks); regions will performance manage and support this change and improvement, and the national programme will set the overall policy and ambitions in partnership with the regions. The national team will also provide additional support as required regionally and locally. The UEC Programme Delivery Board sets the strategic framework for delivery and its membership includes representatives from NHSE, NHSI, Department of Health, Care Quality Commission, Local Government Authority (LGA), Association of Directors of Adult Social Services (ADASS), and Health Education England.

Conclusion

48. To summarise, winter preparations are well underway, and joint and comprehensive action is being taken at an early stage.
49. The main focus of the next few months will be on DTOCs, which remains the main risk to the NHS's ability to enter winter with sufficient bed capacity.

50. We will also, in partnership with NHSI, DH and other partners, be focusing on ensuring vaccination uptake is as high as possible in key groups to ensure the risk of a serious 'flu outbreak is minimised to the greatest extent possible.
51. The Board is asked to note progress to date.