

Note of National Emergency Pressures Panel meeting

Tuesday 2nd January 2018

Skipton House

Panel attendees: Derek Alderson (President, Royal College of Surgeons), Paul Cosford (Public Health England), Jane Cummings (NHS England), Helen Duncan (Cambridgeshire County Council), Jane Dacre (Royal College of Physicians), Sir Bruce Keogh (Chair) (NHS England), Clifford Mann (NHS England), Kathy McLean (Deputy Chair) (NHS Improvement), Pauline Philip (NHS Improvement and NHS England), Helen Stokes-Lampard (Royal College of GPs), Keith Willett (NHS England)

Apologies: Janet Davies (Royal College of Nursing), Ruth May (NHS Improvement), Prem Premachandran (Care Quality Commission)

1. The Chair welcomed panel members to the meeting and thanked colleagues for their flexibility given the decision to bring forwards the meeting. The Chair outlined that the panel would hear an operational update from the National Director of UEC and then to consider a proposal on elective work.
2. The National Director provided an update on performance. She described that the situation has become further challenged over the Christmas and New Year period, and that while there continue to be trusts achieving performance over 90%, there was an overall decline in performance and an increasing number of providers performing very poorly.
3. The panel heard that occupancy decreased in the days running up to Christmas but had now climbed back up. There has been an increase in patients in hospital for more than seven and 21 days, and that while additional beds are in the process of being implemented following the budget exercise, in the main they are not yet open and staffed. Further, the impact of the NEPP recommendation on 21 December to reduce elective care had not yet worked through the system.
4. Public Health England added the following points:
 - a. There has been some increase in flu incidence of the holiday period; strains H2 and B are both on the increase.
 - b. Respiratory illness continues to increase.
 - c. Based on best available evidence, flu prevalence has not yet reached its peak and is expected to further increase.
 - d. Vaccination uptake among priority and vulnerable groups is broadly better than the same time last year, and vaccination of NHS staff was better than the same time last year, but there is huge variation between trusts..

5. Panel members discussed these operational updates and their experiences working with and meeting staff and patients. The following points were raised and agreed by panel members:
 - a. Hospitals did not see the decrease in occupancy to the level they were expecting in the run up to Christmas.
 - b. There are high levels of respiratory illness, particularly among the elderly.
 - c. There are early indicators of increasing flu prevalence.
 - d. There are some reports suggesting a rise in the severity of illness among patients arriving at A&Es.
 - e. There is more NHSI and trusts can do to support staff to vaccinate themselves against the flu.

6. The panel acknowledged how hard working clinical and non-clinical staff are across the system and that it was important to publicly recognise this. Nevertheless, given the very significant pressure across the system, agreed it was appropriate to consider strengthening the recommendation issued by the panel at the previous meeting on elective work. The Chair emphasised that any extension of such a recommendation would support local systems in taking decisions to maintain patient safety.

7. A package of measures to further support front line staff was debated.
 - The panel considered the length of the recommendation already in place, and agreed to extend until the 31 January, but would keep the situation under review.

 - With regards to scope, the panel agreed that in some trusts there is opportunity for repurposing day-case procedures and routine follow-up and outpatient appointments into capacity that could support non elective flow. It was noted there are innovative examples out there of staff delivering services in different ways and we should promote and support these. The panel agreed to strengthen the previous recommendation to reduce activity in these areas to support non-elective care.

 - The panel agreed to issue clear recommendations for how staff time freed up by the reduction in elective activity should be used.

 - The panel discussed mixed sex accommodation. They noted that in some areas of the country sanctions have already been suspended to ensure patient safety. They agreed all CCGs could temporarily suspend sanctions for mixed sex accommodation breaches to ensure patient safety is of primary importance.

8. The panel noted that the package of actions are acute hospital focused, and panel members agreed to convene offline to discuss primary care, community, social care and ambulances.

9. The panel discussed messages to the public and the need for the public to play its part in reducing pressure on the NHS. It was noted that the Royal College of GPs has already set out communication on three steps that all patients should consider before seeking an appointment with their GP for an acute illness and it was agreed this should be emphasised in the communication from the panel following this meeting.