Note of the National Emergency Pressures Panel meeting

Wednesday 20th December

Skipton House

Panel attendees: Derek Alderson (President, Royal College of Surgeons), Paul Cosford (Public Health England), Jane Cummings (NHS England), Jane Dacre (Royal College of Physicians), Janet Davies (Royal College of Nursing), Sir Bruce Keogh (Chair) (NHS England), Clifford Mann (NHS England), Kathy McLean (Deputy Chair) (NHS Improvement), Pauline Philip (NHS Improvement and NHS England), Prem Premachandran (Care Quality Commission), Helen Stokes-Lampard (Royal College of GPs), Keith Willett (NHS England)

Apologies: Helen Duncan (Cambridgeshire County Council), Ruth May (NHS Improvement)

1. The Chair welcomed members of the panel and noted the pressures the system was under heading into the most challenging period of the year,

2. The National Director talked through an operational update. She noted a number of positive areas of progress, where we are in a better position compared to last year:
    a. The proportion of calls to NHS 111 with a clinical input continues to increase, and is higher than ever before.
    b. New ambulance response standards have been implemented in all ambulance trusts.
    c. Regional Directors are leading the Urgent and Emergency Care programme jointly across NHS England and NHS Improvement, working closely with trusts across four different risk groupings and providing bespoke management plans and support for trusts in the highest risk group.
    d. The winter operating infrastructure is in place, with a national, regional and local presence, providing for the first time a structure of continuous monitoring, challenge and support.

3. The National Director noted whilst attendances and emergency admissions are largely in line with long term trends, occupancy remains extremely high and we are seeing an ongoing decline in four hour performance. The panel noted the quality and safety risks associated with poor performance and likelihood of continued performance decline on current trajectory.

4. Public Health England noted:
    a. The recent cold weather is likely to result in increasing admissions in the coming days; there are signs flu is increasing.

b. The data suggest we are yet to reach the seasonal peak yet for respiratory conditions.
c. Norovirus is peaking slightly higher and earlier compared to the same time last year.
d. There may be merit in reissuing national guidelines on infection control, as panel members reported variation in practice locally on closure of beds due to D&V.

5. The National Director updated the panel on the recent exercise to commission additional beds and services with the money made available for winter in the budget. It was confirmed that winter budget monies are being spent on services right across the care pathway including on care in community settings.

6. The Chair summarised that despite the context of the additional capacity going into the system through the winter budget commissioning process, occupancy in hospitals was too high and performance continues to decline. The panel agreed that the pressure on the system was likely to grow during the holiday period and early in the New Year without further action.

7. The Chair invited the panel to consider the proposal to reduce elective activity to help provide the capacity to meet the pressures the NHS was going to face. The following points were made
    a. Over the course of the year trusts flex their elective care activity to ensure sufficient capacity to meet non-elective pressures; this is particularly the case during winter.
    b. In doing so trusts must make difficult trade-offs.
    c. It is better for patients and staff to proactively reduce elective activity in a managed way rather than last minute in response to pressure.
    d. A planned reduction in elective activity would significantly support the system to manage winter pressure, ensuring there is capacity and resource to treat the sickest patients.

8. Following this discussion, the panel agreed a national recommendation on elective care:
    a. A planned postponement of elective procedures should apply to inpatient work, except cancer, urgent and time critical care.
    b. It should not at this time apply to outpatient work or day case work unless trusts decided there was clear benefit from repurposing the resource and capacity to support flow. The panel agreed converting outpatient work to hot clinics would be a good example.

9. The panel emphasised that this is only a recommendation for Trusts to consider. The panel were clear that ultimately the decision to postpone a procedure should be left to local clinical determination.

10. The panel agreed this recommendation should apply to all trusts and should be in place until mid-January but will be reviewed on a weekly basis.

11. All agreed the important benefit of this reduction will be in ensuring staff, particularly senior clinicians, are redeployed to areas of the hospital where they can support flow. Representatives from the Royal Colleges committed to continuing discussions with their membership on how this recommendation will be implemented, and how staff can be supported.

12. The panel agreed to meet regularly to review the pressures on the system and consider whether further action was needed.