NHS

NHS England
NHS Improvement

Meetings in Common of the Boards of NHS England and NHS Improvement

Meeting Date: Thursday 27 September 2018

Agenda item: 1a

Report by: Pauline Philip, National Urgent and Emergency Care Director

Report on: Winter 2018-19 Planning Update

Purpose

1. This paper is to inform the Boards of the extensive NHS-wide preparations being undertaken for winter 2018/19.

Background

2. Last winter was challenging, with the most severe flu season in seven years combined with extended cold weather which exacerbated emergency admission spikes. We recently published a comprehensive review of last winter and the learning for this and future years[1]. A&E 4 hour performance was around 85%, although thanks to careful planning and the dedication of hard working frontline staff, *more* people were successfully seen in A&E and admitted or discharged *within* four hours than in the year before.

3. Since then, the NHS has made further progress in transforming emergency care. For winter 2018/19 we expect to see important progress delivered, including:

    - more effective flu vaccines this winter both for older people and children and at-risk working age adults
    - new £145 million capital upgrade of A&Es and bed capacity
    - expansion in same day emergency care

[1] https://improvement.nhs.uk/resources/nhs-review-winter-201718/

- freeing up more hospital beds by reduced long stays in hospital
- primary care extended access will be in place across the country, with an additional nine million appointments per year
- NHS111 online will be rolled out nationwide
- all ambulance trusts will have made much further progress in implementing ‘hear & treat’ and ‘see & treat’ to reduce inappropriate conveyance to hospital

4. Detail on various of these is set out below.

5. **Increasing seasonal flu vaccination levels** – We are looking to protect patients and minimise the additional unnecessary demands on healthcare services ahead of this winter by increasing the coverage and effectiveness of the seasonal flu vaccine. This enhanced vaccine programme has the potential to lead to:

   - 700 fewer deaths from flu in England
   - 30,000 fewer GP appointments
   - 2,000 fewer people needing hospital care

6. The newly available “adjuvanted” vaccine for those aged 65 and over is expected to significantly boost effectiveness by improving the body’s immune response to the vaccine. This is important because typically, older adults’ bodies do not respond as well to the flu vaccine due to their naturally weaker immune systems. Older adults are also more likely to suffer complications from flu.

7. The broader flu vaccination programme will also be improved by offering all eligible adults under 65, including pregnant women, health care workers and those with serious health conditions the ‘quadrivalent’ vaccine in injected form. This protects against a total of four straights of flu; two strains of flu A and two strains of flu B.

8. We will also extend the nasal spray vaccine to primary school children in year 5 (650,000 extra children), meaning the vaccine will now be offered in schools to children in reception and in years 1, 2, 3, 4 and 5, and to two and three year olds through general practice. Due to having typically poorer hand and respiratory hygiene than adults, children tend to spread flu more easily, so protecting them is also important for protecting the rest of the population.

9. NHS staff flu vaccination rates have been rising since 2008/09, when the uptake rate was 15%. Since then it increased to 68.7% last winter, a five percentage point increase over the previous season. Working with the national clinical leaders, Royal College representatives and trades unions, this year we are going further than before:

   - recommending that all NHS and social care staff get the new ‘quadrivalent’ vaccine which gives additional protection, and again NHS England will fund free vaccine for social care workers

- going furthest fastest in higher-risk areas, such as those where patients may be immune-compromised such as in cancer and neonatal units
- asking that if staff choose to opt-out they complete a written declaration providing reasons
- asking medical or nursing directors in higher-risk areas to create a list of staff who are vaccinated and unvaccinated so that they can maintain the overall safe running of the service, including considering redeploying staff
- requiring trust boards to demonstrate how they are complying with best practice expectations to make the vaccine easily available to staff

10. **Capital investment** – £145m of extra provider capital investment has now been allocated to increase beds, A&E capacity, same day emergency care, and acute mental health services ahead of this winter. 80 schemes will receive funding, and trust chief executives have given assurances that each of the proposals will be delivered this calendar year, will directly and quantifiably improve A&E performance, and will not adversely impact other aspects of their 2018/19 plans.

11. **Increasing available hospital capacity by reducing delayed discharges and long stays in hospital** – The annual planning process for trusts this year has been strengthened to ensure each organisation has a more robust assessment of demand, capacity and the resulting projected performance. Overall, non-elective bed days are down -1.8% year to date. We have succeeded in reducing Delayed Transfer of Care (DToCs) from around 6700 beds in February 2017 to around 4500 beds in July 2018. This has freed up around 2200 beds – equivalent to opening four new hospitals over the past fifteen months. Around half of the DToC beds have been freed up as a result of action by the NHS and half by Social Care.

12. We have a national ambition to release a further 4,000 beds from length of stay reductions of long stay patients in hospital over 21 days to help with capacity and performance. Progress in each system is being closely monitored with support being provided through the emergency care intensive support team (ECIST) working in each region. As at 31 July 2018, we had seen a further reduction in long stay patients against that ambition, equating to 1,697 beds released. We have met with the chief executives of community provider trusts and organisations to ensure that this important part of the system is also engaged in delivering this ambition ahead of winter.

13. **Workforce** – The Emergency Department Consultant workforce increased by more than 30% over the past five years. In addition, we have diversified the emergency medicine workforce through the physician associate programme, 660 PAs now work across the NHS. The programme has also added a further 100 trainee doctor places in emergency care this year, all sourced from the current domestic intake. However in some parts of the country fewer ED consultants are willing to work in hospitals located there, causing significant staffing pressures.

14. We have launched a programme to recruit thousands of additional nurses and health care assistants in the NHS, but overall, the ability to further expand hospital bed capacity and community intermediate care capacity is constrained by nurse and social care staff availability. Workforce availability represents the NHS's principal *internal* operational risk this winter.

15. **Social care** - A series of health and social care integration reviews undertaken by the Care Quality Commission has enabled learning to be shared across systems. There is still much more we can do to improve seven-day patient flow as we know that on average, across England, 1.8 more hospital discharges occur per day on weekdays compared to the weekend for all length of stays of one day or longer. We are working closely with ADASS, LGA and DHSC to develop and implement monitoring metrics for those sectoral contributions related to out of hospital care which are key to delivering some elements of the ambition. Lack of availability of social care home care packages and care home places is one of the biggest *external* operational risks going into this winter (alongside flu rates, D&V and weather).

16. **Ambulances** – We have a significant programme of work underway to realise the performance benefits for patients of the Ambulance Response Programme and the efficiency opportunities identified in the Carter Report. Performance is now improving. In the four most challenged ambulance services, full reviews have been led personally by regional directors and rectification plans are being closely monitored. The ambulance improvement programme is supporting medium to longer term transformation, including supporting a reduction in avoidable conveyance to emergency departments.

17. **Elective care** - following sustained efforts to manage down demand, GP referral growth has steadily declined since April 2016, with roughly flat growth (0.2%) in the period April-July 2018 compared to the same period in 2017. Recognising the interdependencies between elective care and emergency care and the need to improve performance on both, we are bringing together the new joint NHS England and NHS Improvement directorate of emergency and elective care, and working through the regional directors and their teams. We are working with trusts to understand how their elective activity will meet projected demand, 52 week waits, and reduce late cancellations. This work is informing necessary action to deliver any forecasted under-delivery of commissioned activity through neighbouring NHS trusts where possible, and/or through the independent sector. Any work to outsource activity must be done as efficiently as possible, and we have been working through the NHS Partners Network of independent sector providers to ensure that.

18. **Public Information and Communications** –These will launch from 1 October and will cover: vaccination for the under-fives and pregnant women (Public Health England); use of NHS 111 and NHS 111 Online; Stay Well This Winter, for the most vulnerable patients; GP extended access; and encouraging use of pharmacy services.

Management approach

19. Notwithstanding the real progress that is being made in implementing a new model of urgent & emergency care, we recognise that this winter will be a significant challenge. Our key concern relates to the availability of workforce, having sufficient staff available to care for patients in the most appropriate setting both in & out of hospital. Furthermore, bed occupancy remains high and a lack of availability of care packages and other types of community provision often means that patients remain inappropriately in hospital. We are therefore putting in place a range of measures to support the management of winter as follows:

20. **National escalation pressures panel (NEPP)** – We will continue to engage with the national clinical panel regularly and when required on emerging issues within emergency and elective care. Panel members have been involved in discussions in relation to the seasonal flu programme.

21. **Local, regional and national coordination** – A winter communication was sent out in early September to local system leaders with responsibility for maintaining delivery and escalating concerns regionally. These teams have responsibility for ensuring that all partners within the system work together and 'own' the delivery of urgent and emergency care over winter. Having introduced a single joint regional delivery structure across NHS England and NHS Improvement for emergency care ahead of last winter, we are further strengthening these arrangements for this year with the appointment of a senior operational lead in each of the new seven regions during the summer. We have also appointed permanent staff to the national operations centre which will ensure operational grip, work with system partners including social care, and escalate from local and regional operations centres to the National Director and the DHSC.

22. **Tailored performance management** – In conjunction with regional directors we have segmented all trusts based on current and projected performance and are tailoring our approach and support to each segment. For the most challenged organisations, regional directors have supported the development of recovery plans which recognise the complexity of the issues in systems.

23. **Reducing the data burden and improving information flow** –We are taking a number of digitally enabled actions to reduce the reporting burden on trusts and to provide helpful information and tools to support local systems.

Recommendation

24. The Boards are asked to note the preparations for winter set out in this paper.