

To: The Board

For meeting on: 24 January 2019

Agenda item: 6

Report by: Pauline Philip, National Director for Emergency and Elective Care

Report on: Update on Winter

1. This paper updates the board on how the NHS system is performing this winter, supporting patients to receive high quality care and advice in a timely manner and in the most appropriate setting.

Background

2. In November, the Board considered a paper setting out the preparations undertaken to strengthen the resilience of the service heading into winter, building on the 2018/19 winter review published in September. Board members were further updated prior to the Christmas break following an extensive dialogue with systems to understand their state of readiness. Against that context this paper provides the board with an update on the work to:
 - **improve the management of patient flow both through and then out of the acute hospital setting**, working closely with community and social care partners
 - **improve access to care and advice outside of hospital** for patients and the public
 - **enhanced monitoring, oversight and support to NHS organisations** in the delivery of key performance standards
 - **continue the transformation of the urgent and emergency care system** through both the 2019/20 planning guidance and the NHS Long Term Plan
3. In summary, thanks to the hard work of NHS staff, the latest published data for December shows that the health service is performing better than last year, despite increases in the number of patients looked after. We are now in the most challenging time of year, with some increases in flu and norovirus & adverse

weather conditions being forecast. It is therefore important that we build on the plans that have been made and continue to draw on the extraordinary expertise and dedication of staff across the health service.

Headline Performance and Demand

4. In December 2018, 2,046,541 people attended Accident and Emergency which is an increase of 2.1% on the previous year. Despite this increase in demand, performance for the Accident and Emergency (**A&E**) **4 hour standard** for December 2018 was 86.4%; an improvement in performance compared to 85.0% in December 2017. The data shows that the number of patients seen and admitted or discharged within 4 hours has increased by 3.9% over the previous year, which equates to 1.77m people treated within 4 hours (compared to 1.70m in December 2017). Meanwhile, the weekly published sit rep data for December indicated that bed occupancy was running at just over 1% lower than the same time last year.

Improving Patient Flow

5. Total **emergency admissions** via A&E for December 2018 saw an increase of 5.1% on December last year. For the year to date, the growth in people treated and discharged on the same day (over 10%) is three times higher than the growth in people having to stay overnight, which is enabling us to provide better patient care while reducing bed occupancy. This is being supported by the work across the country to expand access to same day emergency care.
6. The rise in demand in December 2018 compared to December 2017 is being mitigated by our expansion of Urgent Treatment Centres. The roll out of standards for UTCs across the country means that a consistent service is now being offered at 110 locations, including introducing the ability to book appointments through NHS 111. This has meant that there was a proportionally bigger rise (3.7%) in type 3 A&E activity, which are an important diversion from type 1 A&E departments (increased by 1.3% over the same period).
7. Although there has been a slight increase in **ambulance arrivals** at A&E departments in December 2018 compared to last year, hospitals and the ambulance service have worked together to significantly reduce ambulance handover delays. The published sit rep data for December showed consistent reductions nationally in both 30 minute and 60 minute handover delays compared to last December, in the order of 25% and 40% respectively. Within that are variations between Trusts, and regional teams are working very closely with those who continue to face challenges.
8. In terms of **discharging patients** from hospital, there has been a reduction in the number of long stay patients (in hospital for 21 days or more) of 1,739 (three-month rolling average up to November 2018) compared to baseline. The aim continues to be achieving a reduction of 4,000 and we are working with Trusts to accelerate their delivery.

9. There has also been a reduction in **delayed transfers of care** (DTOC) with the latest position (November) showing 4,580 daily DTOC beds compared to 5,171 for the same month last year. This has been supported by the investment by the Government of £240m to local authorities for adult social care to help reduce pressures on the NHS by enabling discharge.
10. As well as the social care money, the capacity of the NHS has also been bolstered by the recent £145m capital investment, with schemes delivering improvements across the country this winter, upgrading emergency departments & providing facilities to support the delivery of new models of care.

Elective care

11. The latest position for **referral to treatment** times (November 2018) showed a reduction in the median waiting time over the last five months from 7.0 to 6.9 weeks. The overall reported waiting list size is down in the last month from 4.18m to 4.15m. There has been a reduction in 52 week waits over the past five months by 1,085 to 2,432 (0.06% of the total list). In order to support continued delivery of elective care, an elective recovery plan has been put in place to identify and undertake actions to support increased delivery through increased capacity and incorporating close monitoring of risks, issues and actions locally. In order to support providers in delivering reductions in longer waiting times, a forward looking national patient tracking list was also implemented.

Improving access to care and advice outside of hospital

12. **Public Information and communications** – beginning in October and running throughout the winter period, a series of media campaigns have helped to inform, sign post and provide clinical advice to patients, including:
 - a. vaccination for the under-fives and pregnant women (Public Health England);
 - b. use of NHS 111 and NHS 111 Online;
 - c. Stay Well This Winter, for the most vulnerable patients;
 - d. GP extended access; and
 - e. encouraging use of pharmacy services.
13. **Expansion of GP appointments** – evening and weekend general practice appointments are now available across the country seven days a week, including on bank holidays. In early December, NHS England launched a national marketing campaign to promote evening and weekend appointments, which included radio advertising, advertising in the national press and targeted social media.
14. **Expansion of the NHS 111 service** – in December the service managed 1.66 million calls, which is marginally lower than the same month last year, although the year to date figure for 2018/19 (up to Dec) has seen over 800k more calls than the same period last year. Of calls answered by NHS 111 in December, 82% were answered within 60 seconds compared to 72.7% last year, whilst

clinical advice was provided in 53.9% of triaged calls, the highest recorded monthly figure (up from 46% last year).

15. The national NHS 111 online service is now available across 91.5% of England with most areas having the functionality to receive a call back from local Integrated Urgent Care (IUC) services. In December 2018, 111 online completed approximately 100,000 triages, this represented 6.8% of all NHS Pathways triage activity.
16. **Strengthening our approach to flu** – this year we decided to procure the adjuvanted trivalent vaccine for older patients and the quadrivalent vaccine for under 65s, with the aim of increasing protection to patients, staff and their families. The latest uptake rates for all the seasonal flu vaccinations are published each week by Public Health England and show uptake numbers that are broadly in line with last year. For frontline healthcare workers the latest figures (for November) show vaccination rates slightly higher than at the same time last year at 61%.
17. Overall the prevalence of flu has been lower than at this time last year and the main strain is H1N1pdm09, which is well matched virologically by the vaccine. We have seen a small increase during recent weeks in the rate of flu hospitalisations, for week 2 the rate was 4.75 per 100,000 population, which is above the baseline threshold of 0.89. However, the hospitalisation rate remains lower than the first week in January last year, when it was 8.21 per 100,000 population. There remains a risk from other flu strains, which can appear later in the season and have been more prevalent so far in Eastern Europe. These will be closely monitored over the coming weeks. The Chief Medical Officer for England wrote to providers on 31 December advising that antivirals may now be prescribed to patients in primary care.
18. **Improved response time performance and enhanced services provided by ambulance trusts** – we have seen improved delivery in the ambulance sector during the last year across all four categories of performance standards, with all trusts regularly achieving the 90th centile standard for Category 1 response times for the most life-threatening cases. National performance against the Category 1 mean was 7 minutes and 6 seconds, reflecting an improvement of 1 minute 46 seconds against performance in December 2017.
19. Following the award of £36.3m of capital to six ambulance trusts for purchasing new fleet and the implementation of ‘make ready’ infrastructure as part of the 2018/19 capital round, good progress is being made in operationalising these new resources.
20. **Mental health** – Winter planning incorporated assurance on mental crisis liaison and bed management, and overall capacity. This has encouraged focus on issues within local clinical pathways and was supported by an additional allocation of £3.7m made available to expand A&E liaison services, improve crisis resolution, provide more community alternatives to A&E/hospital admission and more ‘step-down’ capacity. The proposed investments complement current strategic and service improvement plans and will allow for a more sustainable

response to local mental health needs. These developments continue to be supported through joint work across the urgent and emergency care and mental health policy teams.

Enhanced oversight and support to NHS organisations

21. Our national and regional winter arrangements are now fully operational. This means that across this period both regional and national operations teams move to a more intense seven day working model to ensure rigorous oversight of, and agile reaction to, challenged Urgent and Emergency Care (UEC) performance.
22. National and regional teams have been working closely together to support local systems to prepare for winter and they continue to have daily engagement with health systems across the country to monitor and support delivery. This includes intensive targeted support for organisations where there may be significant challenges, both at senior executive level through NHS Improvement and NHS England directors and at operational level through the deployment of improvement support teams such as the Emergency Care Intensive Support Team.
23. Throughout the winter period we continue to maintain close relationships and dialogue with system partners such as Public Health England, The Care Quality Commission, social care colleagues, the DHSC and Health Education England in our ongoing efforts to support the health system over winter.
24. As with last winter, there is strong ongoing clinical engagement through NEPP (the National Escalation Pressures Panel). Chaired by the National Medical Director, Steve Powis, NEPP brings together clinical leaders and experts from organisations including: the Royal College of Surgeons, the Royal College of Physicians, the Royal College of GPs, the Royal College of Nursing, Public Health England and the Care Quality Commission (CQC).

Transforming the urgent and emergency care system

25. Our work with the service to transform urgent and emergency care is key to delivering improvements in performance for patients throughout their journey & this work continues throughout the winter period. This key focus is improving capacity and patient flow in hospitals, via reducing patient length of stay and same day emergency care; providing new and improved access to healthcare in the out-of-hospital sector, including NHS 111, NHS 111 Online and the ambulance service; and getting patients treated in the most appropriate setting, in the community and adult social services, with improved patient discharge.
26. The recently published planning guidance along with the Long Term Plan, build on the work we have undertaken to date and demonstrate our ambition going forward, setting a number of key priorities for delivery in the coming year, including:

Urgent and Emergency Care

- expanding Same Day Emergency Care with the aim of delivering 30% of non-elective admissions via SDEC by March 2020
- undertaking a clinically led Clinical Standards Review
- raising the ambition further to reduce bed occupancy by long stay patients by supporting patients to leave hospital earlier
- continuing the roll out and designation of Urgent Treatment Centres
- continuing to deliver Integrated Urgent by further developing our Clinical Assessment Service
- a stronger focus on data through daily reporting of the Emergency Care Data Set due to come into effect from April 2019

Elective care

- All providers to reduce their waiting list during 2019/20 and no patient will wait more than 52 weeks for treatment.
- Continue to build on transformation plans to reflect best practice established in the speciality reviews
- Roll out and embed First Contact Practitioner (FCP) services, and other high impact interventions to improve the efficiency of pathways
- Every patient waiting 6 months or longer to be contacted and offered the option of care at an alternative provider
- Utilise capacity alerts as a tool to support shifts in flows of activity and to support recovery where referral or activity plans are not being delivered in year
- Support the transformation of outpatients to support more 'digital' consultations, patient-initiated appointments if necessary, and avoid patients having to travel to unnecessary appointments, whilst still receiving the support required.
- Improve co-ordinated planning of both elective and urgent and emergency care to ensure capacity is managed optimally and activity can be delivered.