MEMORANDUM OF EVIDENCE FROM THE BRITISH MEDICAL ASSOCIATION TO THE HEALTH SELECT COMMITTEE INQUIRY

Planning for winter pressure in accident and emergency departments

The BMA is an apolitical professional association and independent trade union, representing doctors and medical students from all branches of medicine across the UK and supporting them to deliver the highest standards of patient care. We have a membership of over 170,000, which continues to grow each year.

The BMA welcomes the opportunity to submit written evidence to the Health Select Committee inquiry into planning for winter pressure in accident and emergency departments.

Executive Summary

- There is an ever increasing demand for health services across the NHS which is exacerbated during winter months. Demand within the health service is now so great that hospitals are full all year round, preventing the system from coping with a seasonal spike in demand.

- In order to adequately respond to these pressures, the BMA believes that it is vital that there is sufficient capacity across the entire health and social care system, including accident and emergency departments, general practice and social care provision. The BMA is particularly concerned that a lack of investment and capacity in social care is increasingly impacting on the provision of healthcare, particularly during times of peak demand.

- The short termism associated with the need to make efficiency savings in the NHS can prevent longer term, better value savings being made. This in turn hinders progress in tackling the underlying structural issues which allow winter pressures to present serious problems. A permanent funding solution across the entire NHS needs to be implemented and investment must keep up with demand in every part of the system.

- In order to ensure effective planning for winter pressures within the health system it is also necessary to tackle wider public health issues, such as keeping vulnerable people warm in winter and ensuring that older people and those with co-morbidities are adequately cared for in the community.

Impact of winter pressures

1. Within the NHS, winter health pressures often impact most on accident and emergency departments. However, in order to adequately respond to these pressures there must be sufficient capacity across the entire health and social care system. With resources and staff already stretched, there is very little room for the system to react to winter pressures. Demand is now so great that hospitals are full all year round, preventing the system from coping with a seasonal spike in demand.
2. Each year, Public Health England\textsuperscript{1} publishes a Cold Weather Plan which provides information and coping strategies for health care organisations, professionals, individuals and the public. Despite this, excess winter deaths increased last year. The Office for National Statistics estimates last winter’s excess deaths in England and Wales to be 43,900, which is the highest number since 1999/2000\textsuperscript{2}.

3. Last year there were 5.7 million emergency admissions to hospitals in total, an increase of 11\% over the last five years\textsuperscript{3}. During winter months there is an increase in emergency admissions which place the health service under significant strain. Emergency admissions primarily increase because of a rise in the number of respiratory infections, which mainly affect the very young, elderly and those with co-morbidities\textsuperscript{4}. Problems can also derive from the length of time patients with these complex and severe conditions stay in hospital.

4. An increase in emergency admissions obviously puts pressure on hospital services and adds to the existing challenges within the NHS. One of the most pressing challenges with regard to coping with winter pressures is the gradual decline in the number of available hospital beds, as a consequence of an increase in the number of day case admissions and an increasing tendency to try to treat patients in a primary or community care setting. The decline in available beds impacts on patient care within hospitals, particularly during the winter, and is counterproductive to the provision of optimal care.

5. The BMA has raised concerns about the steady decline in the number of available beds over the last decade and the impact this may have on the safety and quality of patient care. We would like to see this policy urgently re-evaluated. The lack of availability of appropriate hospital beds can result in patients being admitted to any available bed, not necessarily within the ward they need. The most recent data from January - March 2016 showed the average occupancy rate in acute and general hospitals was 91.2\%, with 20\% of trusts averaging 95\% or above, leaving very little flexibility in the system to cope with a seasonal spike in demand.

Social care and delays in the transfer of care

6. The UK’s aging population has a significant impact on demand for health and social care services all year round, but particularly during winter. Generally we know that the number of elective and non-elective hospital admissions for older people has increased\textsuperscript{5}. During winter the number of emergency admissions increases further. The complexity and severity of conditions of those admitted places a huge strain across emergency departments.

7. In order to better cope with increased demand it is vital that social care services also have sufficient capacity and investment. The BMA is concerned that the lack of funding and capacity within social care is increasingly impacting on the provision of healthcare\textsuperscript{6}, with patients presenting at healthcare settings due to gaps in social care provisions. This also manifests itself in delays in the transfer of care from hospital settings for older patients which can result in significant financial strain on the NHS and exacerbate problems at times of increased demand\textsuperscript{7}.

8. The number of delayed transfer of care days for older people increased by 32\% between 2013 and 2015. The National Audit Office estimates that around 2.7 million of hospital bed
days are occupied by older patients no longer in need of acute treatment which equates to £820m of the gross cost to the NHS. It has also been reported that caring for older people who no longer need to be in hospital in other settings could result in additional annual costs of around £180 million for other parts of the health and social care system.

9. Good collaboration between health and social care services is important to avoid this happening. Hospital discharge should be a timely, planned and co-ordinated process and communication with families, patients and carers is of fundamental importance throughout. This is especially important during winter months when, due to the weather, patients with co-morbidities will be more vulnerable. The BMA’s PLG (Patient Liaison Group) has previously published guidance stressing the importance of safe and appropriate discharge from hospital. During periods of increased admissions during winter months, it is vital that health and social care providers adhere to these principles of good practice in discharging older people from hospitals.

Medical workforce

10. In order for the health system to be sufficiently robust to react to seasonal pressures there must be sufficient recruitment to all specialities within the NHS. We have concerns that there are a significant number of trainee vacancies across the UK. A recent survey of foundation trainees found that only 52% of foundation trainees in the UK were progressing directly into speciality training. Other research has revealed shortages in fill rates for higher speciality training in certain areas including emergency medicine and acute medicine.

11. Most patients enter the healthcare system through general practice, which has seen an unprecedented increase in demand in recent years alongside significant workforce shortages. Whilst the BMA is encouraged by the commitments set out in the General Practice Forward View, we believe there is still much to do to address the current crisis in general practice, the effects of which will be exacerbated during winter. A recent BMA survey found that 93% of GPs report that heavy workload has negatively impacted on the quality of patient services.

12. In order to ensure patient safety and to protect GPs against burnout, it is crucial that action is taken to provide for both an increase in recruitment and put in place appropriate support and safe working guidelines to prevent unsafe practices. Unmanageable demand for primary care will inevitably lead to patients presenting at accident and emergency departments adding to existing pressures.

Funding

13. In previous years winter resilience funding was given to CCGs each autumn to enable trusts to react to winter pressures. In 2015/2016 funding was provided in April as part of CCGs’ baseline allocation. This enables NHS trusts to plan better and should ensure a less reactive approach to winter pressures.

14. However, the wider funding context is not conducive to planned and sustainable approaches to managing winter pressures whilst the NHS is expected to find £22 billion of efficiency
savings by 2020/2021. At the same time the NHS is facing significant deficits; provider deficits reached £2.45 billion at the end of 2015/16, with 85% of acute trusts in deficit.

15. Responses to the need to make savings are often short-term and prevent longer-term, better value efficiency savings being made. This in turn hinders progress in tackling the underlying structural issues which allow winter pressures to present serious problems.

16. Further efficiencies cannot be cost-cutting exercises and need to be made in a safe and sustainable way. The NHS needs a long term financial solution, which looks at making efficiency savings over a longer time-scale, allowing longer term investments to be made to adequately tackle winter pressures. We would like to see a permanent funding solution across the entire NHS with investment keeping up with demand in every part of the health and care system.

Self-care

17. Self-care plays an important role in helping to reduce demand on over-stretched primary care and emergency departments during periods of increased demand. Self-care can prevent ill-health in the long-term, and can help reduce the burden on general practice in winter. To help improve patient understanding of self-care, the BMA’s PLG has developed a question and answer resource, intended to provide patients with a basic introduction to self-care, including what it involves, the risks and benefits, and where it can be accessed. However, increased use of self-care and its promotion should only be one of many measures taken to increase the resilience of the NHS to beat the effects of winter pressures. Self-care alone is not sufficient to address the problems experienced by the NHS in winter.

References

5 http://www.kingsfund.org.uk/time-to-think-differently/trends/demography/ageing-population
7 National Audit Office, Discharging older patients from hospital. May 2016
9 BMA, Hospital discharge: the patient, carer and doctor perspective, January 2014
12 BMA, Responsive, Safe and Sustainable, pg.4