BMA

# NHS Pressures

Over the past three months, NHSE (NHS England) have published a number of significant datasets relating to NHS performance in England last winter:

- Bed occupancy and availability is published quarterly; data on Q4 of 2016/17 was made available on 25 May.
- The daily situation reports (SitReps) were published every week from the beginning of December until the middle of March. The data are collected from acute trusts each weekday during winter and include information on areas such as A&E closures and diverts or bed pressures.
- Amongst the statistics published on the 11 May are the data from March for A&E activity, delayed transfers of care, referral to treatment waiting times and ambulance quality indicators. All are released on a monthly basis throughout the year.

This is a high-level analysis of the data published since November 2016, designed to indicate how the NHS performed in England over the course of the 2016/17 winter, and how this compares to previous winters.

## Key findings

- All the key indicators point to a health system that is struggling to cope with demand.
- Occupancy, delayed transfers of care and waits at A&E are all increasing, in some cases almost exponentially.
- Patients are waiting longer for ambulances, treatment and admission.
- The increase in delayed discharges is in part due to the growing inability to provide patients with the means to care for themselves at home.
- Targets are consistently not being met across the health system and current trends suggest that performance will continue to deteriorate rather than improve.
- This was not a particularly challenging winter in terms of external factors – it was a noticeably mild December; in central England the average temperature in January was just 0.2C below the recent historic average. Similarly, there were no widespread outbreaks of influenza or norovirus.

## Headline statistics

- Beds
  - In Q3 of 2016/17 (October, November, December), **bed occupancy on general and acute wards was 90.6%** – this is the highest Q3 figure across the available and comparable data (2010/11 onwards). In Q4 this rose to 91.4%, also the highest figure in comparable quarters.
  - **Mental health bed occupancy was 89.7%**; this was also the highest Q3 figure recorded (although this fell slightly to 89.4% in Q4).
  - The number of available mental health beds continued to fall: there were 328 fewer beds available in Q4 than Q3.
  - Occupancy of day beds (86.9%) was the highest Q4 figure in three years.

- A&E activity (the following statistics compare the period **Nov-Mar** from **2010/11 to 2016/17**)
  - Attendances at major A&E departments fell for the first time since 13/14; **in 16/17 there were 6.21m attendances at major A&Es, compared with 6.29m in 15/16**.
  - However, there were **23k more admissions via A&E** in 16/17 (1.8m) than the year before.
  - The proportion of patients waiting more than four hours to be discharged, transferred or admitted has increased every year from 13/14 onwards. **In 16/17, 18.8% of patients waited over four hours at major A&Es**, compared with 7% in 13/14, and 5.4% in 10/11.
  - The number of trolley waits[1] also increased quite substantially. **In 16/17, 291,808 patients waited at least four hours to be admitted, 69,422 more than the previous year**, and 211,422 more than in 13/14. This means that 12% of emergency admission patients endured trolley waits of at least four hours, compared to 9.2% in 15/16.
  - **Patients waiting more than 12 hours** still constitutes a proportionally small number, but has **increased exponentially over the past seven years, from 38 in 10/11 to 2608 in 16/17**. This represents an increase of 6763% (although these patients still only constitute 0.11% of all emergency admissions).

- Delayed transfers of care (the following statistics compare the period **Nov-Mar** from **2010/11 to 2016/17**):
  - **On average, there were 6708 patients experiencing a delayed transfer of care on any one day**. This was more than 1165 patients more than in 15/16.
  - The number of days on which those patients occupied beds increased from 794,863 in 15/16 to 970,135 in 16/17.
  - The most frequently cited reason was that **the patient was awaiting a care package in their own home. This accounted for 20.9% of all delayed days**, compared with 10.1% in 10/11.

- RTT (Referral to Treatment)
  - **In February 2017, the median wait for admitted patients reached its highest level (10.9 weeks) since January 2008**.
  - In January 2017, the median wait for incomplete pathways[2] (7.2 weeks) was the highest since August 2008. This fell to 6.2 weeks in February (the longest wait in February since 2008).

- Ambulance Quality Indicators
  - Nationally, ambulance trusts responded to Category A (life-threatening) incidents within eight minutes 64.3% of the time during February. **The national target of reaching 75% of Category A calls within eight minutes has not been met for 38 consecutive months.**
  - In those instances where onward patient transport is required in a life threatening situation, an ambulance should arrive on scene within 19 minutes. **The DH (Department of Health) set a target of 95% for ambulances arriving within 19 minutes, which has not been met for 22 consecutive months**. In January the figure was 87.6%, the lowest since records began in 2011 (there was a customary improvement in February, to 89.7%).

- Winter SitRep; pressures[3,4]
  - **94 of 152 trusts declared an OPEL** (Operating Pressures Escalation Level) **of 3 or 4 on at least one day** between the start of December and the middle of March. In total, over the course of 100 days 1582 OPEL 3s and 256 OPEL 4s were declared.
  - Of the 256 OPEL 4s, over two thirds (67%) were declared by just 10 trusts.
  - Of the four commissioning regions, **South of England experienced the worst pressures**. On average**, trusts declared OPEL 3 and 4 more than twice as many times as any other commissioning region.**

1 Patients who wait more than four hours once the decision has been made to admit them until their admission to the hospital
2 Waiting times for patients waiting to start treatment at the end of the month.
3 This dataset is not comparable with previous years due to the use of the new OPEL (Operating Pressures Escalation Levels) framework.
4 For detailed descriptions of what the different levels entail, see page 8 of this guidance document

- Winter SitRep; A&E[5] and Beds
  - This was the first year in which no A&E closures were reported.[6] However**, there was a significant increase in the number of diverts**[7] **– in 2016/17, there were 5.5 diverts per day, compared with 2.9 the previous two years**. This is a likely contributor to ambulance trusts' poor performance against the eight and nineteen minute targets; ambulance crews must travel further to reach an open A&E when there's a divert, which leaves fewer ambulances and emergency response teams to respond to calls.

  - The SitRep data paints a slightly different picture of occupancy of general and acute beds, because it was not higher than previous years. For example, in January it was the second highest of the five years, but it was second lowest in February, and lower than in any other year in December.

    One potential explanation for this is that fewer beds than usual were closed as a consequence of norovirus or other related illnesses. More escalation beds were also opened in 16/17 than in 15/16; 511 more per day in January and 88 more in February. Escalation beds also made up a higher proportion of the beds open than the previous year.

    This is obviously at odds with the trends in the quarterly data publications, but doesn't necessarily undermine the key message that occupancy is increasing. There are known issues with the SitReps, in particular the fact that a high proportion of trusts often do not manage to return data for the entire period. For example, during the first full week captured in the data, 22 trusts failed to report their bed numbers and occupancy figures on at least one occasion. The quarterly data release is a more reliable indicator of changes occurring at a macro level (the latest data does confirm that the bed occupancy on general and acute wards was higher than previous years).

## Analysis

As ever, the data cannot capture every aspect of the day-to-day running of the NHS. A more granular analysis is necessary to show whether poor performance against particular indicators is a widespread issue or one that is disproportionately affecting a smaller number of trusts. For example, 24 of 151 local authorities were responsible for almost 50% of delayed transfers of care in January, while almost half of A&E diverts took place at just a handful of trusts. Nonetheless, the data suggests that the majority of trusts are under pressure, and the capacity of the NHS to provide a high quality of care across the health system is diminishing.

The only key indicator that was not demonstrably worse than in previous years was bed occupancy, and this was almost certainly prevented from reaching unprecedented levels by the hard work and careful planning of NHS staff, as trusts took a number of steps last winter to mitigate the implications of increased demand.

According to the King's Fund,[8] more than 70% of trusts increased the number of staff and/or opened more beds, and more than half suspended some elective care. Recurrent solutions included an increase in available step-down facilities, higher rates paid to agency staff and the use of more outsourced elective care. More than 70% of CCGs (Clinical Commissioning Groups) invested in more primary care and more community services and established new care pathways to try to help manage demand. Despite these measures, trusts struggled to cope and consequently failed to meet a number of targets, and it is unsurprising that already this year, the DH has decided to relax several requirements for trusts (e.g. the 92% 18 week RTT target, and the 95% A&E four hour wait target). Patients must now wait longer at almost every single point in their care pathway than they did a year ago.

Short-term solutions to increasing demand, such as greater use of agency staff or outsourcing work to the private sector, will plug holes in the service, but ultimately lead to greater financial burdens in the future. The BMA has already published a report that draws attention to the growing reliance on private sector assistance – spending on independent sector providers constituted 7.6% of the DH's budget in 15/16, and this looks increasingly likely to increase in 16/17.

5 The SitReps focus on the window between November and March, but do not always cover this entire period. Consequently, only months which feature every year have been analysed (December, January, February)
6 One was initially reported in error.
7 An agreed temporary divert of patients to other A&E departments to provide temporary respite (i.e. not to meet a clinical need).
8 King's Fund Quarterly Monitoring Report

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