

NHS Pressures – Winter 2018/19

A hidden crisis



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Introduction

This year's winter data tells the story of an NHS once again under intense pressure over the winter months, with A&E attendances and emergency admissions up, dangerously high bed occupancy, cancer waiting times growing and 4.3 million people now waiting for treatment. For the first time we also report data on pressures on primary care over the winter, which shows longer waits for GP appointments. Many doctors worked extra hours and morale suffered. Despite huge winter pressures reoccurring, there has been much less attention and public debate on this issue compared to last year. Nevertheless, in several key respects, this could be described as the worst winter on record for the NHS. This winter's NHS pressures are a hidden crisis.

The data

This report primarily uses data published by NHS England, NHS digital, the NHS Staff Survey Coordination Centre, and the BMA. Data below therefore mostly describes the NHS in England. The time period available varies by dataset, see appendix 1 for details of all the datasets used. We have used the latest available data for each indicator (as of April 2019).

Pressure on A&E departments



1 in 4 waited
over **4 hours**
at major **A&Es**

Performance against the 4 hour target remains very poor; just 0.1 percentage points better than the worst winter on record, last year. Although trolley waits over 4 hours were down, 214,000 trolley waits over 4 hours still represents historically very high levels. They have only ever been over 180,000 in a quarter twice, this winter and last winter.

The increased demand for A&Es, despite generally milder weather this winter, is a concern. Despite the demand, trusts were able to prevent a further deterioration in 4 hour target performance, a credit to their hard work and planning. 4 hour wait performance over the winter months was mixed, however, as February was the worst month ever on record, while March showed a 2% improvement on last year. The marginal improvement in A&E and trolley waits may be attributed to a slight fall in overall bed occupancy.

These figures compare data from January to March 2019 with the same time period over previous years.

- Total attendances at A&E rose to 6.2 million this winter, with 3.9 million attending major A&Es. This represents a 6% increase in both these figures on last year. Attendances at major A&Es were the highest since records began in April 2004.
- 85.1% of patients were admitted, transferred or discharged within 4 hours. This is the second worst performance on record, only 0.1 percentage points better than last winter. February 2019 was the single worst month on record with only 75.7% at major A&Es dealt with within 4 hours.
- Emergency admissions were up 96,000 on last year to 1.62 million.
- There were 214,000 trolley waits over 4 hours recorded, and 1,465 of over 12 hours. While both these figures have slightly improved compared to last year, these represent historically high levels. The quarter between January and March 2019 is the second worst quarter on record for trolley waits, the worst being the same quarter last year.

Ambulances delayed and diverted



Over 11% of ambulances were left waiting over 30 minutes

Ambulance handover delays were slightly improved but remain a serious issue as 30 minute or longer waits for handover were commonplace. The overall number of A&E divers slightly improved (when ambulances were told to divert to a different A&E to relieve pressure, not for clinical reasons). However, divers were routine over the winter for a number of trusts (11 trusts implemented 10 or more A&E divers), and almost 1 in 4 had to implement a divert. NHS England guidance outlines that A&E divers should be ‘an action of last resort’ and ‘should only happen in exceptional circumstances’¹. Therefore, the move to A&E divers becoming the norm over the winter for some trusts is extremely concerning.

Ambulance handover and A&E divert data is part of the Sitrep data series which was published from 3rd December 2018 to 3rd March 2019. These figures compare this to the same time period over the previous year.

- There were 1.27 million ambulance arrivals over the winter. 146,000 (11.4%) of these involved a delay of at least half an hour before patient handover. Last year 165,000 (13.5%) waited over half an hour.
- On average there were 1,600 waits over half an hour per day.
- The worst day for ambulance handovers saw 17% (2,454) of all ambulance arrivals involve a delay of 30 minutes or more (4th Feb).
- There were a total of 292 A&E divers over the winter (including 12 on one day). This is down from 332 divers over the same period last year.
- 32 trusts (of 134) had to implement at least one A&E divert^a. Over half of the total divers occurred in just 5 trusts (Worcestershire Acute Hospitals, Brighton and Sussex University Hospitals, University Hospitals Birmingham, South Warwickshire, County Durham and Darlington).

^a Trusts refers to all NHS Trusts or NHS Foundation Trusts who provided sitreps datasets. Trusts may run multiple A&E departments. This data counts all divers, even if between A&E departments in the same Trust.

Delays beyond A&E

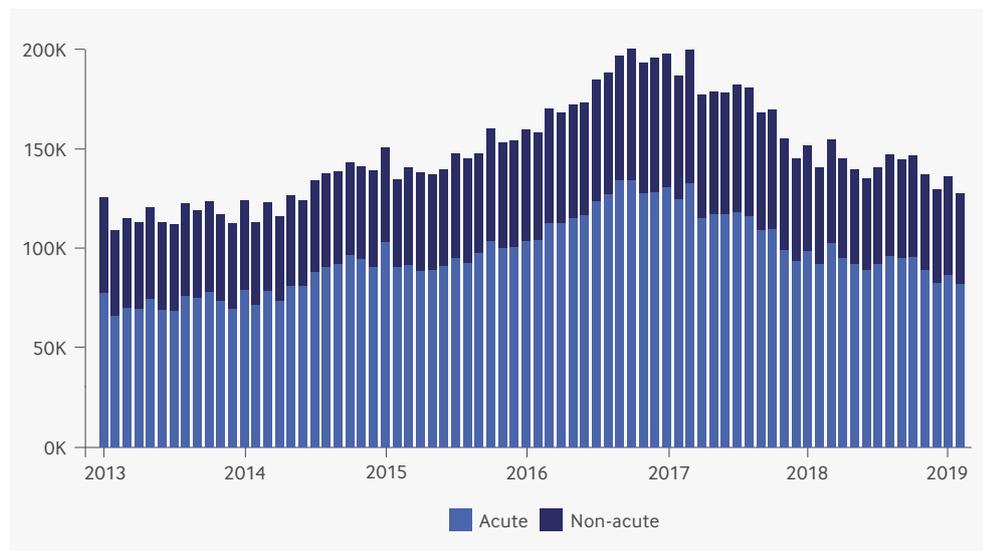
Delayed transfers of care fell this winter but remain historically high. Urgent operations were cancelled at similar levels to last winter.



678 urgent operations cancelled in Jan and Feb

- The latest available data shows that in February 2019 there were 127,300 delayed days, a fall of 13,100 on last year (but still the equivalent of about 10% of total admissions^b). Encouragingly, most of the fall is accounted for by reductions in acute care delays, as shown in figure 1. Overall, this represented a return to 2014/15 standards.
- 678 urgent operations were cancelled in January and February 2019, comparable to 717 last year. This was despite a slight increase in the number of critical care beds.

Figure 1 – Delayed transfers of care (monthly)



^b Monthly Hospital Activity reports 1.2 million elective and non-elective general and acute admissions in February 2019.

Thousands more beds needed

This winter, bed occupancy rates remained at unsafe levels, although slightly down compared to last year. NHS Improvement has said that at bed occupancy levels over 92%, emergency care standards will deteriorate, while the NAO put the suggested maximum safe bed occupancy levels at 85%.

This winter the bed occupancy rate fell over the festive period before rising to 95% by 7th January and staying above 93% for the entire month. In fact, excluding 21st to 29th December, bed occupancy did not drop below 92% all winter. Bed occupancy remained at 94% in the first few days of March, before NHS England stopped publishing winter situational reports. At that time, 3,428 'escalation beds' remained open (3.5% of total beds).



96% of trusts exceeded recommended occupancy levels

While 93 trusts (of 134) escaped this winter without hitting 100% bed occupancy, occupancy was over recommended levels in a large majority of trusts. Only 35 trusts managed to keep their average bed occupancy below 92%. Only 5 trusts kept their average occupancy below 85%, meaning almost all trusts exceeded the NAO recommendation. One trust spent 59% of the winter at 100% capacity. This all shows that there was consistent pressure on beds over the winter months, which is a serious cause for concern.

The winter general and acute bed figures below are part of the Sitrep data collection which was only published between 3rd December 2018 and 3rd March 2019. This section compares this with the same time period over the previous winter.

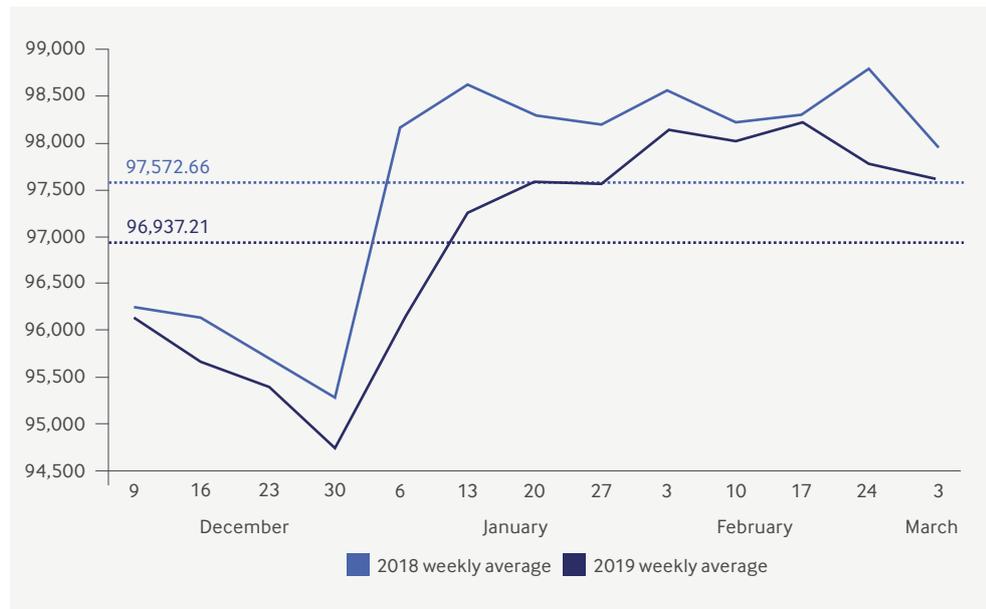


Over 93% of beds were occupied throughout this winter

- The average bed occupancy rate this winter remained very high, at 93.5%, comparable to last year's figure of 94.4%. The worst day of the winter saw 95.7% of beds across England occupied (6th February 2019).
- The total number of general and acute beds peaked at 98,826 this winter, down on 99,298 last year.
- 41 trusts (of 134) recorded bed occupancy of 100% on at least one day this winter. In total these trusts recorded 326 days at 100% occupancy. Over half of these days (58%) occurred at the 5 trusts with the most days at 100% (Croydon Health Services, London North West University Healthcare, Weston Area Health, The Princess Alexandra Hospital, and Walsall Healthcare).
- On the 3rd December 2018, 11 trusts were at 100% bed capacity.
- 'Escalation beds' were, as last year, open throughout the winter. The number of 'escalation beds' open peaked at 4,327, 4.4% of total beds. Leeds Teaching Hospitals NHS Trust opened the most 'escalation beds' over the winter, at 147 (8.5% of its total beds). Even despite these additional beds, the trust's average bed occupancy was 96.6%.
- Croydon Health Services reported the highest average bed occupancy over the winter, with 99.6% of beds occupied, having been at 100% occupancy on most days over the winter.
- The number of patients occupying beds for over 7 days peaked at 43,968, and at 16,517 for stays of over 21 days. Both these figures are slightly down on last year's long stay peaks.
- On average 556 beds were closed due to norovirus and related symptoms (between 301 and 817 beds were closed), down from 821 last year. This is a 32% reduction and even at its worst, hospital beds were less affected by norovirus this winter than last year.

Addressing the pressures across the NHS outlined in this report requires more hospital beds. Last year we identified bed occupancy rates as one of the most concerning features of the winter pressures facing the NHS. Additionally, 48% of NHS staff identified bed shortages as a key factor contributing to the increased pressures over last summer^c. In December 2018 we analysed the beds shortage across the NHS², suggesting that the NHS needed an additional 10,000 beds (including escalation beds) this winter in order to keep occupancy below dangerous levels.

Figure 2 – Average weekly total general and acute beds open (including escalation beds)



Worryingly, figure 2 shows that, despite the use of over 4,300 escalation beds, the total number of beds across NHS England was consistently down on last year’s bed numbers, far from the 10,000 increase called for.

If the NHS is to be able to better meet winter demand, there must be significant investment in the bed stock.

c BMA Q3 2018 survey

Cancer care suffered

Cancer care suffered over the winter, partly due to pressure on A&E, and a lack of available beds leading to the de-prioritisation of this type of care. A recent NAO report found that:

*'Trusts performing less well against accident and emergency (A&E) waiting times also tend to perform worse against elective waiting times. **These services often share common resources such as beds and operating theatres.** It is likely that when a trust's A&E department is under pressure from urgent and emergency care, it will prioritise urgent and emergency care over elective services. This also happened at a national level **during winter 2017-18, when NHS England recommended that trusts considered deferring elective operations where this would support access to emergency services.**' (38)³*

This winter saw a serious deterioration in cancer waiting times. Two key targets for cancer waiting times are:

1. 93% of patients to be seen by a cancer specialist within two weeks of an urgent GP referral.
2. 85% of patients to receive their first treatment within 62 days of an urgent GP referral.

Trusts failed to meet the target of 93% of patients to be seen by a specialist within 2 weeks of an urgent GP referral, and the numbers of patients waiting over 21 days rose drastically. Far more providers missed the 93% target than last year. A significant majority of providers, close to 70%, missed the target for 85% to be treated within 62 days of referral in both January and February. These long waiting times may be partly explained by winter pressures on A&E departments requiring resources to be diverted. This is evidenced by the performance of the 5 trusts who had to implement the most A&E diverts – only 71% of cancer patients at these 5 trusts were treated within 62 days of referral in January and February (national figure was 76%). These 5 trusts also performed well below average against the referral to specialist waiting time target (89%).

The evidence here shows the extent to which hospitals are increasingly unable to meet waiting time targets. The data here compares January and February 2019 with January and February 2018.

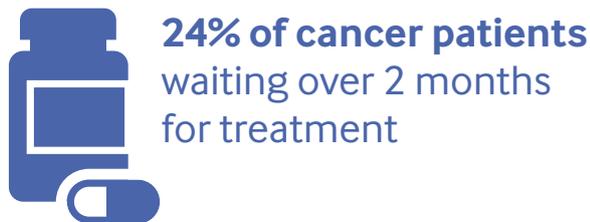
Waiting time to see a specialist:

- The overall number of referrals rose by 17%.
- This winter 92.5% of patients saw a specialist within 2 weeks of an urgent GP referral, below the 93% target over this time period for the first time. Last year, the figure was 94.5%.



- The number of patients waiting over 14 days (after an urgent GP referral) to see a specialist rose by 59%.
- The number of people waiting over 21 days to see a specialist rose from 5,099 to 8,820, a 73% increase. The number waiting over 28 days to see a specialist rose by 71%.
- January 2019 was the 4th worst month on record – only 64% of providers achieved the 93% target. This has deteriorated significantly from 79% over January last year.

Referral to treatment waiting time:



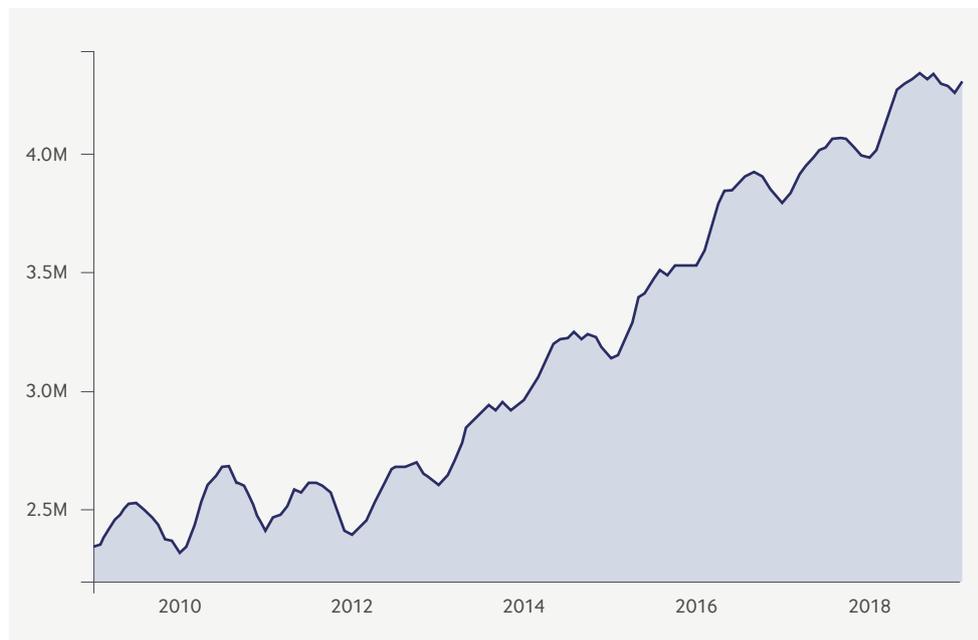
- Only 76.2% of patients were treated within 62 days of an urgent GP referral, falling well below the government pledge (85%). February 2019 (76.1%) was the worst month on record, significantly down on last year's figure of 81%.
- The number of patients waiting more than 62 days for treatment rose to 6,240 from 4,501 (January and February), a 39% increase.
- Only 47 providers in January, and 49 in February (of 156) met the 85% target. This means that over two thirds of providers breached the government pledge. This is a serious worsening of performance from last year, when just over half (54%) failed to meet the pledge in January 2018.
- 58 providers in January, and 50 in February reported that fewer than 75% of patients' referral to treatment waiting times were under 62 days. 15 providers fell under 65% in January 2019.

Elective care waits and cancellations

With A&Es under pressure and bed capacity over recommended levels, elective treatment suffered. The waiting list for treatment rose to 4.3 million people and waits over 18 weeks were up by over a fifth.

- The latest data shows that the total number of patients waiting for treatment rose over 4.3 million in February 2019, a 300,000 increase on last year. Figure 3 shows the stark rise in this waiting list over the last decade.
- The median wait for treatment in February 2019 was 6.8 weeks, up on last year.
- In January and February over 530,000 people had waited over 18 weeks for treatment, a 20% increase on last year.

Figure 3 – Patients waiting for treatment



Cancelled operations were widespread again this year – although this data is currently (as of April 2019) only available up to December 2018. The number of elective surgeries cancelled was over 20,000 in the third quarter of 2018/19 (October-December). Cancellations have only been over 20,000 in a single quarter nine times in the last 17 years, however six of these instances occurred in the last three years. In fact, cancellations have not been under 20,000 in quarter 3 or 4 (October-March) since 2015. The cancellation of elective surgeries is becoming an alarmingly permanent fixture of the winter months.

Cancelled operations data counts operations cancelled last minute and for non-clinical reasons. This compares 2018/19 quarter 3 with 2017/18 quarter 3 (unless specified).

- After last winter's record number of cancellations, elective operation cancellations again rose to historic levels going into this winter. The latest data shows this year is the third worst quarter 3 since records began in 1994/5. 20,145 operations were cancelled, well above the average on record for this quarter of 16,552. Cancellations have been higher in quarter 4 than quarter 3 in 8 of the last 10 years so this is a serious cause for concern^d.
- The number of patients having to wait longer than 28 days to be treated after elective operation were cancelled rose from 1,599 last year to 1,666, a 4.2% increase.

^d Quarter 4 data will be published on 9th May 2019.

Primary care stretched

Primary care services were also stretched this winter. For the first time, we are able to report data on pressures in primary care, showing that patients are even more likely than last year to have long waits for GP appointments. Fewer same day appointments and significant rises in the number of appointments involving a wait of over a week shows that primary care was even more stretched this winter than last winter.

There is still a lack of data on primary care pressures. Data collected all year round and winter specific data in secondary care is not replicated in primary care. We can however identify evidence of pressures from the available data published on GP appointments and workforce levels. The below data compares January and February 2019 (latest available month) to January and February 2018 (unless specified).



2.23 million waits
over 28 days for a
GP appointment

- GP appointments involving a wait of over two weeks were up 13% on last year. Appointments involving a wait of over a week rose by 9%, and now represent 30% of all appointments. The 2018 GP Patient Survey found that only 4% wanted a wait of over a week so this is very unlikely to be a result of patient choice.
- There were 213,000 fewer same day GP appointments than last year.
- Appointments with a wait of over 28 days are up 15% on last year to 2,230,000.
- These waits are partly a result of the continuing shortages in the number of GPs working, with numbers of qualified full-time equivalent GPs having fallen to 28,596, a worrying loss of 600 GPs in a year. This is despite registered patient numbers rising every month since records began in November 2017.
- The latest data from the BMA quarterly survey revealed that 87% of GP partners worked or trained outside their regular hours over this winter. A majority also reported 'low' or 'very low' morale.
- GPs are also facing long waits when they call for an ambulance. Data from 10 of the 13 ambulance services (published by Pulse⁴) recently revealed that waits for ambulances to GP practices were commonly double the average wait for other calls. GPs and other healthcare professionals are routinely waiting over an hour for ambulances.

NHS staff are telling us they're under pressure

Additional pressure on NHS staff, with rising demand over winter, is a key concern. The NHS' staff survey shows that NHS staff are under pressure. This annual data is complemented by the BMA's own quarterly survey results, which capture the winter months separately.

- The NHS staff survey found that 78% of medical/dental staff were working extra hours unpaid. For consultant level staff, this figure was 83%, no change from 2017. Staff feeling unwell as a result of work-related stress has risen for a second consecutive year, to 40%. The figure was 35% for medical/dental staff, up from 32% in 2017.



4 in 10 NHS staff
feeling unwell due
to work stress

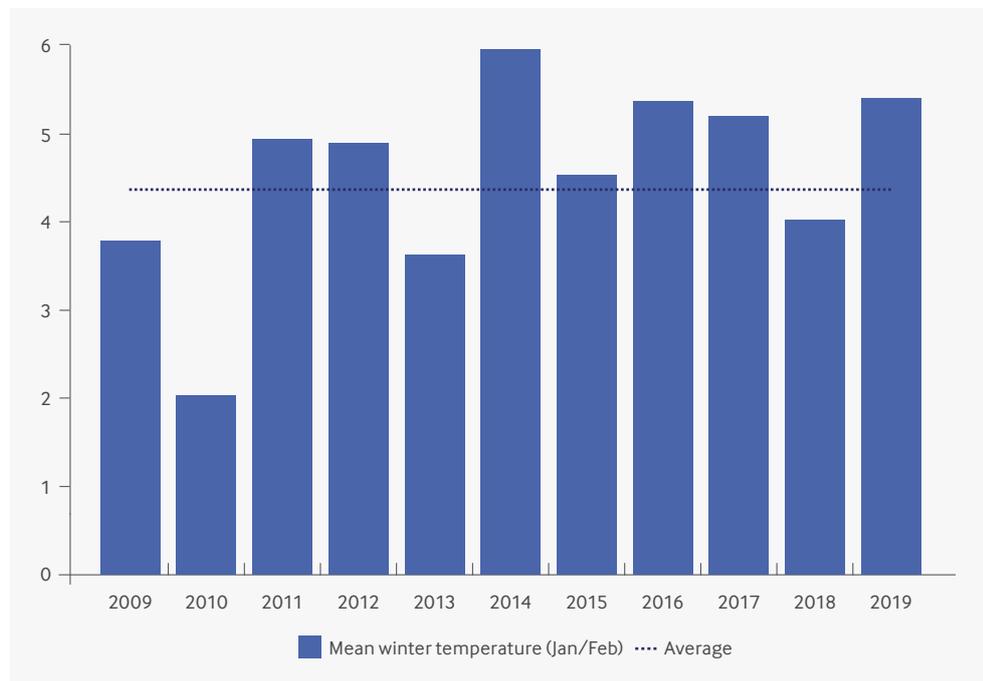
- The BMA quarterly survey reports that 67% of doctors are 'often' or 'very often' working or training outside their regular hours. The survey also found that 39% have 'low' or 'very low' morale.
- As previously highlighted by the BMA, junior doctors have been moved away from specialist training jobs to meet frontline demand over the winter months, damaging their development⁵.
- As previously highlighted by the BMA, the perverse taxation rules for doctors' pensions are forcing many to retire early and reduce hours to avoid large tax bills⁶. A BMA survey found that 60% of consultants intend to retire early, with 76% of those citing annual and lifetime allowances as the single most important reason. Meanwhile, 30% intend to reduce their workload⁷. Pension rules are also leading to GPs retiring early (as reported by Pulse⁸). This reduces the workforce across the NHS at a time when it is most under pressure. We've been told that emergency care consultants are having to reduce shifts, including over the winter when resources are most stretched.

Doctors are on the frontline, and therefore best placed to understand the pressures described in this report. Doctors have told us that they have raised concerns through their trusts but have been frustrated by inaction. This has sometimes led to doctors feeling compelled to speak out in public, risking disciplinary action by their trust. This situation is unacceptable. When doctors raise concerns, they must be listened to.

A hidden crisis

This report shows that there was a largely hidden crisis in the NHS this winter. Unlike last winter, the pressures on the NHS have not received widespread media coverage or public attention. The 2017/18 winter was, in many ways, the worst on record for the NHS, with A&E and trolley waits hitting all-time highs. 44% of NHS staff warned that they were underprepared going in to the 2018/19 winter^e. These warnings proved to be accurate and the NHS suffered one of the worst winters in its history yet again, a winter of huge pressures on hospitals and doctors, and long waits for patients. This report shows that pressures rose to comparable levels to last winter and have even worsened in important areas, such as cancer waiting times, GP appointments, and bed numbers. Worryingly, this is despite January and February being the warmest for 5 years (figure 4).

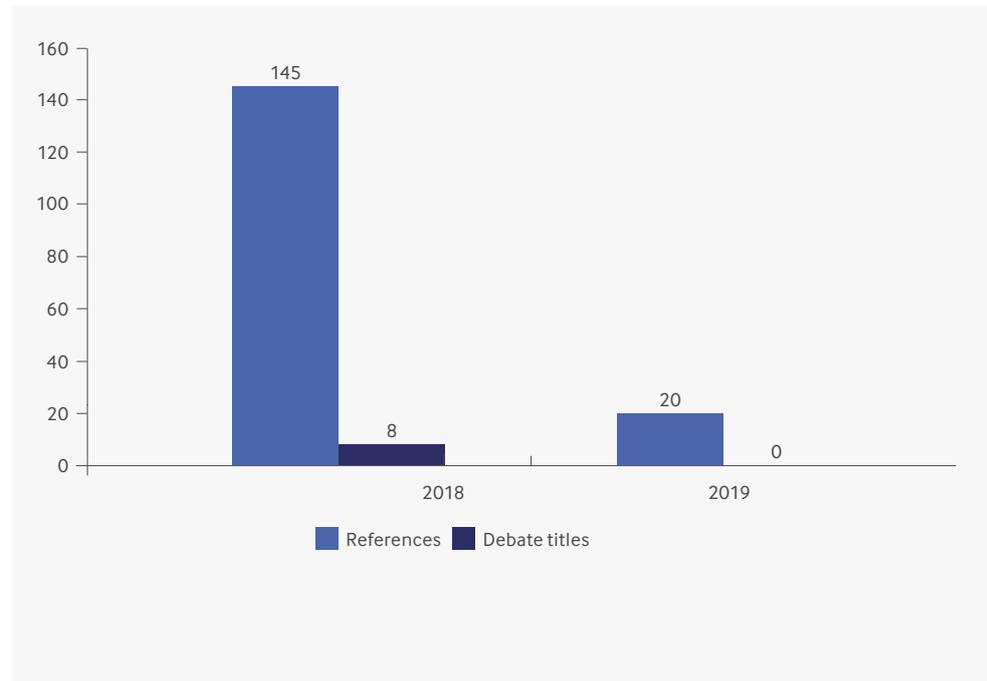
Figure 4 – Mean Jan-Feb Temperature (National Statistics)



e BMA Q3 2018 survey

Despite this crisis, there was far less attention given to the pressures on the NHS this winter, as shown by the lack of parliamentary activity compared to last year (figure 5). This may have been down to a lack of media attention, the mild weather, or simply the overriding parliamentary focus on Brexit. The Nuffield Trust notes that, 'Each 1°C drop in average daily temperature below ... [5-8°C] results in around 4% increase in death rates in England'⁹. Had the weather been similar to last year, the pressures on the NHS could have been even worse. It is vital that action is taken to tackle the pressures facing the NHS – which as pointed out by the BMA last year, are now extending well beyond winter and affecting the NHS all year round¹⁰.

Figure 5 – Hansard search for 'Winter NHS' between 1st Jan and 1st Apr (see appendix 2 for other search terms)



How can we relieve pressure on the NHS?

The last two winters have exposed the serious pressures on the NHS and action must be taken to protect staff and ensure patient wellbeing. This report sets out **9 implementable actions** that we believe would help to relieve these pressures.

Funding

While many factors contribute to, and exacerbate, the pressure outlined above, the continued lack of funding for staff, beds, and primary care in particular, is a fundamental cause. The NHS has an inadequate bed capacity and a stretched workforce. The new NHS funding settlement announced in June 2018, outlined welcome increases in funding but it is insufficient to address the needs of the NHS¹¹. We continue to call for NHS funding to be increased to health funding levels of comparable European countries. Our analysis found that health spending in the UK would have to be increased by £9.3bn for the year 2019/20 in order just to draw level to the EU countries' average health spend of 10.1% of GDP. **A £35bn increase for 2019/20 would be needed to match Germany**. This long-term underfunding must be addressed if the NHS is to be able to meet increasing demand while maintaining high standards, achieving government targets, and effectively delivery the NHS Long Term Plan.

One-off winter funding has been offered by the government over the last few years as a short-term fix to help relieve pressure over the winter. After announcing that there would be no additional winter funding in February 2018, the government did provide £145m in September. This was followed up by £240m in October for extra winter funding to social care to relieve pressure on NHS beds. This may have been a factor in the slight improvement in bed occupancy this winter compared with the winter 2017/18. While the additional funding was of course welcome, the figures show it fell short of what is needed. Funding is needed to increase beds and staff numbers to levels that can cope with the winter demand.

1. The government **must provide sufficient funding as part of an adequate overall funding settlement for the NHS** that allows NHS trusts to take action to relieve pressure on staff and services and ensure patient safety over the winter. The government should set out how this funding will address the systemic pressures described in this report, including increasing bed numbers, reducing the number of cancelled operations, and reducing waiting times in primary and secondary care.

Beds

The weekly winter situational reports published by NHS England strongly suggest that 'escalation beds' are open before and after the winter period. The limited time period of this dataset prevents complete analysis of the use of escalation beds. The data also reveals that total bed numbers have fallen. This is from a starting position of already having one of the smallest hospital bed stocks in the OECD¹².

2. **Data on the use of escalation beds should be published all year round.** To this end, NHS England should consider **extending the sitreps dataset time period**.
3. NHS England should seek **to grow overall bed capacity as recommended** by the BMA's analysis¹³.

Primary care data

The introduction of GP appointment data in recent years allows some analysis of primary care pressures. However, the lack of further and more detailed data on primary care activity and performance remains an issue.

4. The relevant bodies (NHS England and NHS Digital) should look to **collect more data on primary care**. This should include ambulance to GP practices waiting time data, which could be collected as part of the **national ambulance service dataset** proposed in the NHS Long Term Plan (1.33)¹⁴.

A&E diverts

Whilst most trusts reported zero A&E diverts, others reported many. Better data is needed on how diverts relate to the Operational Pressures Escalation Level (OPEL) system. OPEL data, as published in the 2016/17 sitreps dataset, would help reveal the link between A&E diverts/closures and OPEL and could help to ensure consistency in reporting of A&E diverts across trusts.

5. **Operational Pressures Escalation Level (OPEL) data should be routinely published** to give a more holistic picture of the pressure A&E departments are under. NHS England should also explain the relationship between OPEL, A&E diverts/closures, and 'Black Alerts'.

Elective operations

Despite calls, following last winter, for action to avoid the widespread cancellation of operations, they were only slightly down on last year, suggesting widespread cancellations have occurred again this winter. Local news in a number of areas (for example, Dudley¹⁵, Wigan¹⁶) also reported this. While cancellations may be necessary as a practical measure to relieve short-term pressure, they are costly in the long run and are damaging for patients.

6. The government **must act to avoid widescale last minute cancellations of operations**. The government should **set a target for the reduction of the cancellation of operations** and a plan for how this target will be achieved.

Select committee inquiry

The lack of political attention on NHS winter pressures this year is a cause for concern. The last Health and Social Care Select Committee **inquiry** into winter pressures on A&E was in 2016, and made recommendations including increasing staff and bed numbers¹⁷.

7. We recommend that the **Health and Social Care Select Committee hold an inquiry** into the causes, consequences and solutions to the extreme pressure on the NHS over the last two winters. This should look at NHS funding and explore comparisons to similar countries. The inquiry should look at primary and secondary care and also explore why some trusts appear to cope better than others with winter pressures. It could also explore the link between A&E pressures and the deterioration of non-emergency care performance.

Junior doctors

In response to the growing numbers of junior doctors moved around over winter to areas of high demand, the BMA set out conditions that should be met before a junior doctor is moved¹⁸. This includes the agreement of the doctor themselves and adequate induction to the new role.

8. **The impact of winter pressures on junior doctors' wellbeing and professional training** should be recorded. NHS England should **assess whether the conditions set out by the BMA are being met**.

Pensions

The NHS, under this much pressure, cannot afford for highly trained doctors to be financially discouraged from working more hours.

9. The government and NHS Employers must act to **take away the perverse incentive mechanism related to NHS pensions** that prevents senior doctors from working additional hours when needed.

Appendix 1 – Data description

Dataset	Source	Frequency (most recent available data)
A&E attendances and emergency admissions	NHS England	Monthly (March 2019)
Consultant-led referral to treatment waiting times	NHS England	Monthly (February 2019)
Cancer waiting times	NHS England	Monthly (February 2019)
Delayed transfers of care	NHS England	Monthly (February 2019)
Critical care bed capacity and urgent operations cancelled	NHS England	Monthly (February 2019)
Monthly hospital activity	NHS England	Monthly (February 2019)
Cancelled elective operations	NHS England	Quarterly (2018/19 Quarter 3, October to December)
Winter daily situation reports	NHS England	Weekly (3 rd December 2018 to 3 rd March 2019)
Appointments in general practice	NHS Digital	Monthly (February 2019)
General practice workforce	NHS Digital	Monthly (December 2018)
GP patient survey	NHS England	Jan – Apr 2018
NHS staff survey	Staff Survey Coordination Centre	Annual (2018)
Hansard	UK Parliament	Daily (April 2019)
BMA quarterly survey	BMA	Quarterly (2019 Quarter 1)
Energy trends: weather	National Statistics	Monthly (February 2019)
<p>NHS England datasets can be found here: https://www.england.nhs.uk/statistics/statistical-work-areas</p> <p>NHS Digital datasets can be found here: https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/general-practice-data-hub</p> <p>GP Patient Survey results can be found here: https://gp-patient.co.uk/practices-search</p> <p>NHS Staff Survey results are found here: http://www.nhsstaffsurveyresults.com/</p> <p>Hansard data is found here: https://hansard.parliament.uk/search</p> <p>BMA quarterly survey results are found here: https://www.bma.org.uk/collective-voice/policy-and-research/education-training-and-workforce/quarterly-survey/quarterly-survey-results</p> <p>National Statistics weather data can be found here: https://www.gov.uk/government/statistics/energy-trends-section-7-weather</p>		

Appendix 2 – Parliamentary activity

Search Term	Winter 2017/18		Winter 2018/19	
	References	Debate titles	References	Debate titles
Winter NHS	145	8	20	0
Winter crisis	83	6	6	0
NHS winter crisis	61	6	2	0
NHS crisis	167	6	94	0
NHS pressures	120	0	55	0
Health winter	103	0	36	0

References

- 1 *Guidance notes for completion of the daily SITREP* (NHS England, accessed April 2019): <https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/Daily-SitRep-Guidance-2013-14.doc>
- 2 *New BMA analysis shows NHS needs thousands of extra beds to meet pressures this winter* (BMA, December 2018): <https://www.bma.org.uk/news/media-centre/press-releases/2018/december/new-bma-analysis-shows-nhs-needs-thousands-of-extra-beds-to-meet-pressures-this-winter>
- 3 *NHS waiting times for elective and cancer treatment* (NAO, March 2019): <https://drive.google.com/file/d/0B59chPQfmlt1alJPeVUybkXZDFld3pWT0h1S2pfUHF4LUh/view>
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