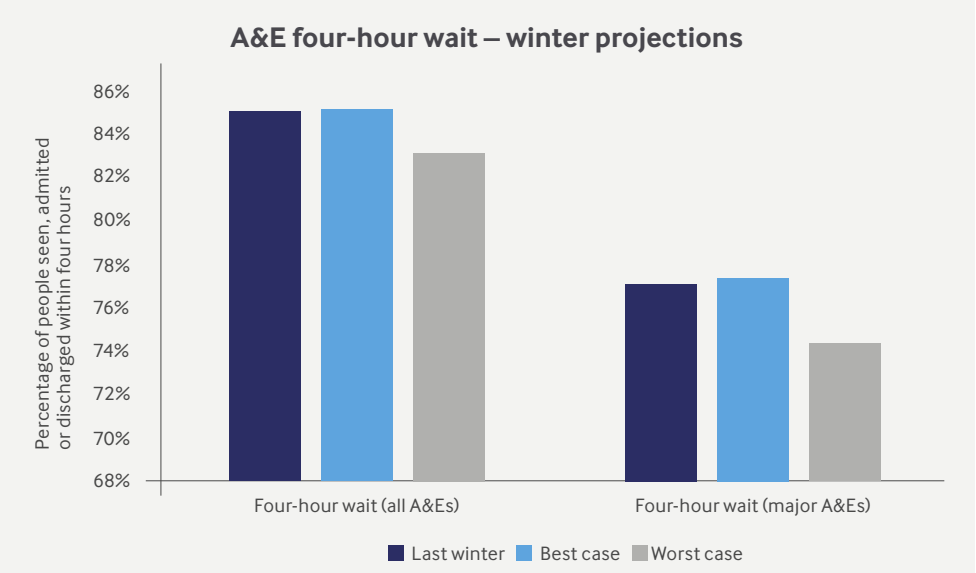
BMA

The NHS and a perfect storm of winter pressures

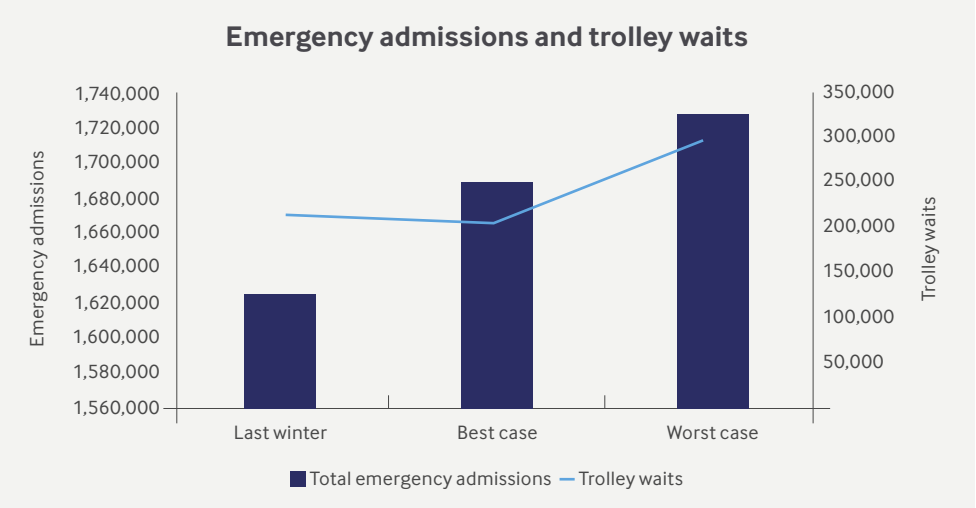
- Across the health service, trusts and GP practices are almost certain to endure the most pressurised winter on record.
- Pressures in the NHS were worse over the summer than even the BMA's worst-case projections, meaning services have experienced no respite
- Lack of recovery from summer, combined with other factors such as pensions taxation legislation forcing senior doctors to work fewer shifts to avoid large tax bills, and energy being spent on Brexit planning rather than winter preparedness, means the NHS is facing a 'perfect storm' this winter
- Like the summer, the winter could be substantially worse than our worst-case projections, especially if other factors – such as particularly cold weather and significant flu outbreaks – occur this year
- The Government must act now to prevent an unprecedented NHS crisis, including releasing additional funding and allowing hospitals to expand bed numbers

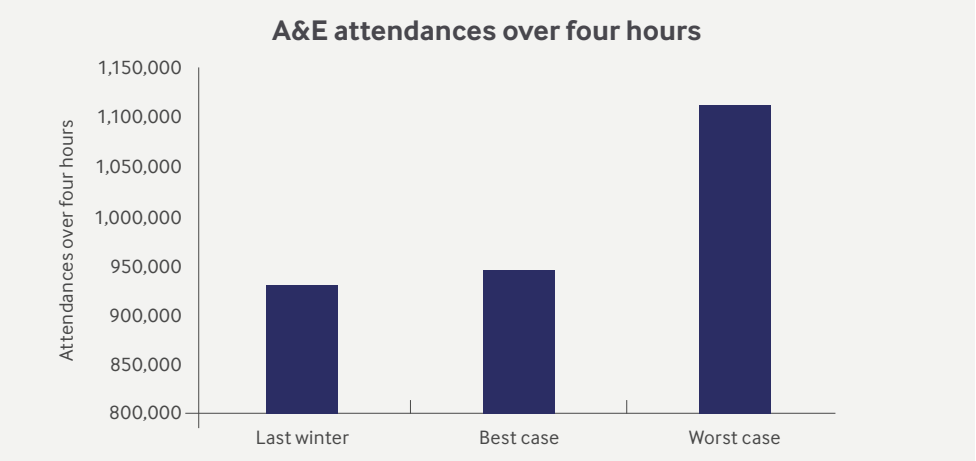
What is likely to happen this winter?

The graphs below show what happened last winter in secondary care and, based on our projections, indicate likely best-case and worst-case outcomes this winter.



These projections above assume that recent or historic trends will continue, and do not take into account any ongoing or future interventions to reduce or better manage pressures and demands. The scenarios above represent different versions of what the 2019/20 winter could look like. The best case scenario would be broadly similar to last winter (which was the worst on record); the worst-case scenario presents a far bleaker picture of how the NHS could fare in the coming months.

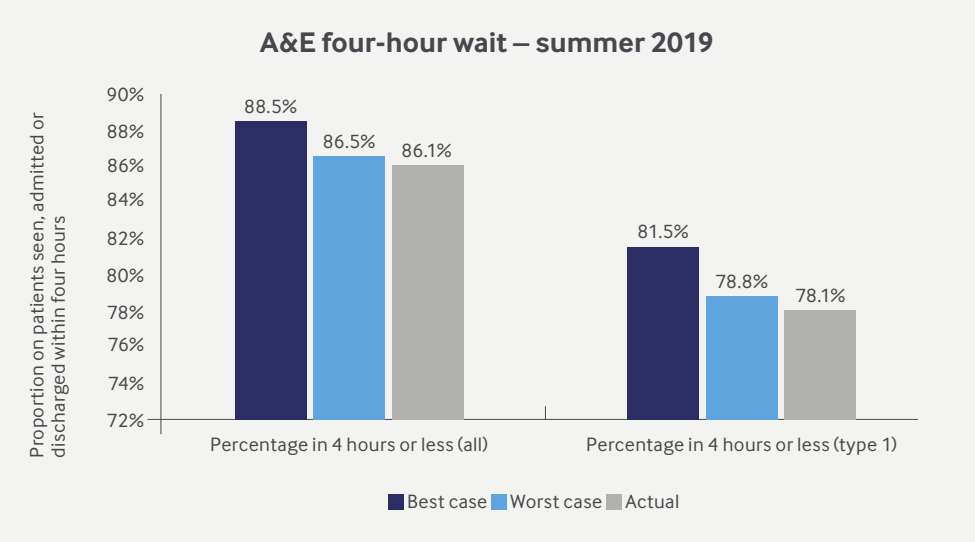


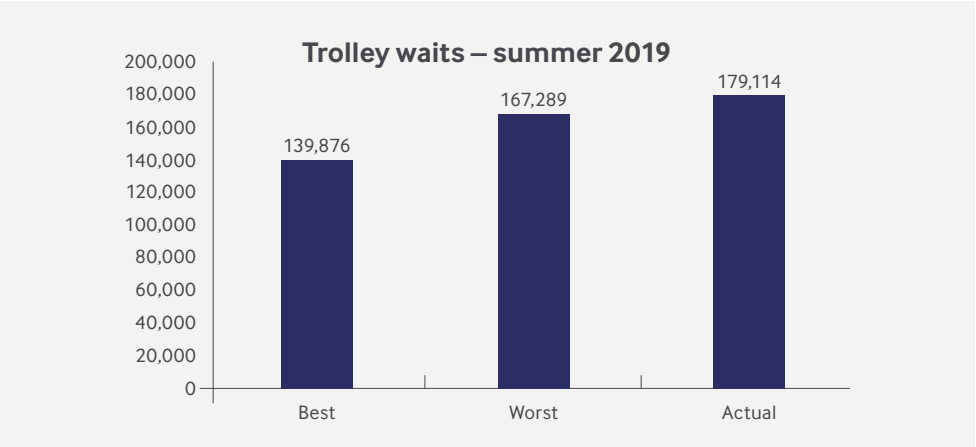


An unusually difficult summer

Towards the end of spring of 2019 the BMA warned that the NHS was almost certain to record its worst summer on record in terms of performance against key indicators. Our projections suggested that while the NHS would experience short-term improvement compared with the rest of the year, performance would continue to decline from previous years.

While there was an improvement in performance from last winter, it was significantly smaller than expected, and pressures remained high during what are usually the quietest months of the year.





The BMA projected performance against the four-hour wait target to be somewhere between 78.8% and 81.5% at major A&Es, and between 86.5% and 88.5% at all A&Es. In reality, those figures were 78.1% and 86.1% respectively. Similarly, we suggested four-hour trolley waits would number between roughly 140,000 and 167,000, fewer than the 179,000 that were actually recorded.

Why was the summer so bad?

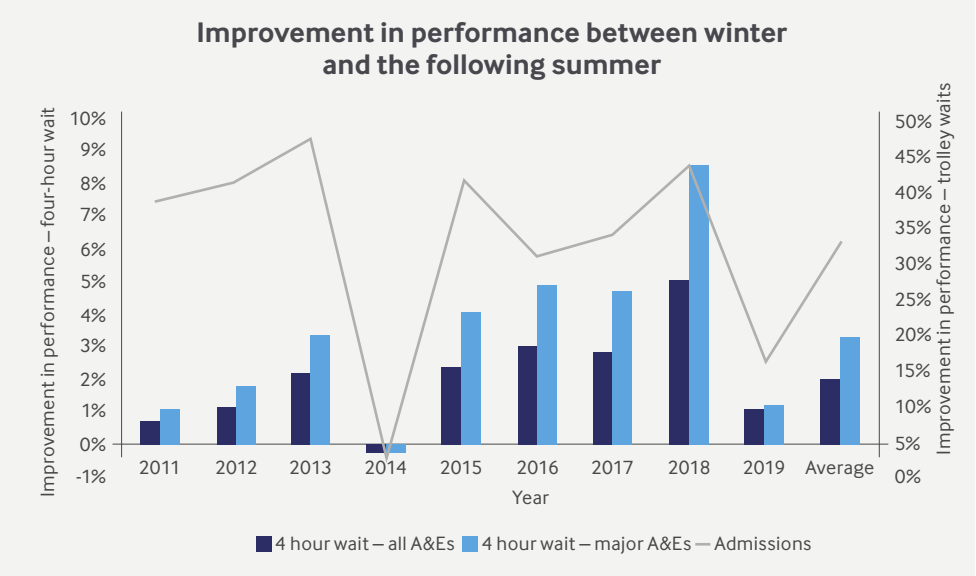
Based on the data available, we can make some presumptions about why the NHS endured such a difficult summer. Some additional factors not explicitly captured in the data are also like to have played a role in making things more difficult than usual for the NHS this year:

– Emergency admissions; during the three summer months, the NHS averaged 17,536 emergency admissions per day. This is a 3.6% increase from 2018 (which, using the same timeframe, saw a 5.8% increase from 2017). The average annual increase across the six previous years (2011/12 to 2016/17) was a 2.8%. Emergency admissions place a huge strain on resources, as by their very nature, trusts can't plan for them. Even a small increase can cause blockages throughout hospitals.

– Increased attendances. Using the timeframe above (the three months of summer), attendances increased by 5.7% at A&Es, up from 4.4% in 2018. From 2011 to 2017, the average annual increase was 1.6%. More attendances are likely to mean more admissions, but trusts must allocate resources to ensure everyone presenting at A&E, including low acuity patients, are treated.
– Winter hangover. The NHS has proved resilient in recent years, but as winters become increasingly problematic, it follows that summers will too. Trusts have experienced four consecutive winters with at least 150,000 trolley waits and a four-hour wait performance of below 88%. It should come as no surprise, therefore, that the health service finds itself overwhelmed year-round, as trusts find themselves more and more on the backfoot at the end of winter and consequently struggle during spring and summer.
– Senior doctors being forced to reduce hours to avoid sudden unfair tax bills. As the BMA has been highlighting for some time, consultants are being forced to avoid picking up additional shifts due to the risk that they will be hit with sudden tax bills due to punitive pension tax rules. 30 percent of hospital consultants surveyed by the BMA in late 2018 said that they had already reduced their hours, while 40 percent said that they were planning to.
– Similarly, a recent Royal College of Emergency Medicine survey also revealed that nearly 90 per cent of emergency medicine consultants polled believe that pension rules will impact on rota gaps at senior levels in the coming months. It's extremely likely that this issue affected staffing levels during the summer as well.

No summer respite

It is worth noting that while performance in winters has deteriorated year on year, recent summers have still seen a recovery, even if it starts from a lower baseline each year. This summer, the recovery was smaller than in any year since 2011 bar one (2014).



The graph above shows the extent to which performance typically improves between winter and summer. Between 2011 and 2018, the average improvement in the four-hour wait at all A&Es was 2.2%, and at major A&Es it was 3.6%. The average fall in trolley waits over the same period was 35%. In 2019, these figures were 1.1%, 1.2% and 16.3% respectively. These represent the smallest improvements in five years.

It would be difficult to establish a causal link between a highly pressurised summer and a subsequently difficult winter. However, it should be noted that the winter following the summer of 2014 saw an unprecedented fall in four-hour wait performance, dropping by 5.4 percentage points between December 2013 and December 2014 (that figure has never exceeded 5% in any other consecutive years). Between the same months, trolley waits increased by over 200%, more than twice as large an increase as in any other years.

One possible explanation is that during an unexpectedly demanding summer, trusts are unable to substantially decrease their bed occupancy. When the colder months arrive, there is therefore very little slack in the system, and pressures escalate accordingly. At this stage it is unclear if performance will deteriorate to a similar extent as 2014/15, but it is possible that our projections, which are not adjusted to account for the recent summer, dramatically underestimate the scale of the possible performance decline in the coming winter.

A Perfect Storm for the NHS this winter?

In addition to the extremely pressurised summer, there are a number of other potential variables this winter that we were unable to adjust for. These include:

- Weather: despite last winter being significantly milder than the previous one, trusts were still overwhelmed by demand. Per the Nuffield Trust, each 1°C drop in average daily temperature below 5°C results in a 4% increase in death rates in England, so if there is any kind of substantial and sustained fall in temperature this winter, it is likely to dramatically increase pressures on the NHS.
- No deal Brexit: the BMA has already highlighted the potential issues around NHS pressures arising from a no deal Brexit. A number of separate but related issues are also likely to arise however (for example the potential loss of EEA nationals from the workforce), while it's likely that planning for both winter and Brexit will present a challenge to trusts. Furthermore, the ongoing uncertainty around Brexit could exacerbate pre-existing issues around medicine shortages. The HSJ (Health Service Journal) have suggested that there could be shortages of flu medication this winter (although there is no indication as yet what kind of flu season should be expected this winter).
- Senior doctors reducing shifts: as discussed above, doctors are being forced to reduce their hours in order to avoid punitive tax bills. If there is no imminent resolution to this issue, there could be substantial staffing issues at a very difficult time for the NHS.

What needs to happen?

- The NHS must increase its bed stock before winter begins
- Urgent actions needed to ensure senior doctors are not prevented from working additional shifts by unfair pensions tax rules
- Any government elected in the forthcoming general elected must commit to giving the NHS emergency winter funding as one of its first priorities
- More needs to be done to address rising demand

If the NHS is facing the kind of deterioration in performance between summer and winter that it experienced in 2014/15, the briefing produced by Monitor in 2015, which analysed the extremely difficult winter that the NHS had just endured, will be a useful resource. Monitor's conclusion was that trusts did not have the capacity to deal with an unusually high number of admissions, which in turn drove up bed occupancy. Small increases in bed occupancy led to substantially longer waits not just for patients in A&E but also for patients awaiting elective care.

The BMA has consistently called for the NHS to drastically increase its bed stock. Last winter, our analysis showed that trusts would have to find 5,000 extra beds in addition to the usual 5,000 escalation beds that are opened at the height of winter in order to consistently achieve safe occupancy rates.

On the question of pensions, the BMA remains convinced that scrapping the Annual Allowance and Tapered Annual Allowance for defined benefit pension schemes remains the only realistic solution to this problem and have restated our call for the government to take steps to begin this process in our response to their consultation on NHS pension flexibilities. Therefore the Government should immediately commit to supporting the NHS to increasing the bed stock as much as it can. Though some trusts simply do not possess the capacity to do so, we know from research last year that many wards are mothballed on a long-term basis. These should be reopened as soon as demand begins to increase (assuming they can be appropriately staffed).

At the time of writing, the Government has not made any additional winter funding available to the NHS and social care to mitigate winter pressures, and with Parliament dissolved, there is now no mechanism to do so. In recent years, funding in the region of two to three hundred million pounds has been announced ahead of the winter months, but this year the NHS will receive nothing. In light of the challenges facing the NHS this winter, any incoming government must prioritise the emergency allocation of a substantial sum to health and social care, or trusts risk being completely overwhelmed by pressures. Though it will be too late for the funding to assist with any long-term pressure mitigation schemes, it would at least help in the short-term. In future, winter funding should also be announced by early autumn (if not earlier).

The NHS Long Term Plan identified at least five separate reasons for rising demand, of which three were largely unavoidable. However, the plan clarified that the two drivers of demand could potentially be mitigated by ensuring that people received care in the optimal care setting (e.g. by providing better social and community care), and by improving prevention. While much of the focus will be on hospitals this winter, steps must be taken to support primary, community and social care and prevention (see the BMA's public health recommendations here) to help drive down demand across the health service.

Above all else, the Government must take the impending crisis seriously, or the NHS will surely face its greatest crisis yet.

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