9 January 2017

NHS Providers

NHS PROVIDERS VIEW ON NHS A&E PERFORMANCE AND LINKED MEDIA COVERAGE

BACKGROUND

The last few days have seen a wave of media coverage on current NHS accident and emergency department performance and how well the NHS is coping with the pressures the service experiences at this time of year. Much of the comment and media coverage seeks to extrapolate what this current performance means for the wider state of the NHS.

THE IMPORTANCE OF ACCURATE CALIBRATION AND COMMENT

It is important to calibrate how well the NHS is doing as accurately as possible. We know this can be difficult when comments reported in the media are simplistic and binary. The NHS is currently portrayed as either "breaking down" or "coping well". In our view, neither is correct. We should avoid over exaggerating the scale of the problem so we don't frighten patients, undermine public confidence in the NHS or undervalue the work of NHS staff. Equally, we know the NHS is under very significant pressure and, given that the public pays for the service, it is important to be open about how well the NHS is dealing with these pressures. As ever, a measured, balanced and objective look at the evidence helps.

DATA SOURCES UNDERPINNING MEDIA COMMENT

Most recent media comment has tended to focus on four data sources:

- reports of incidents in individual hospitals
- data from the new Operational Pressure Escalation Level (OPEL) reports
- ambulance diverts
- comments made by the British Red Cross.

We need to be careful about how these are used. For example:

- Individual incidents need to be fully investigated before we can be sure about precise details. We also need to be careful in extrapolating from individual incidents in hospitals under particular pressure and implying they constitute a wider trend.
- The OPEL reports are new and are therefore untested. They are top level summary judgements made by a hospital management team about the degree of operational pressure they believe they are under. Given their newness, it's not clear how useful a summary of performance they are, though their use of formal definitions for each level of escalation means they look more robust than the previous "black alert" approach.
- Ambulance diverts are put in place when a hospital management team believes their hospital is unable to safely take more patients. This usually indicates that a hospital is under high operational pressure. But, again, this is a summary judgment that can vary by hospital and might, for example reflect, differing capacity states between

different hospitals[1]. Some of the media comment implies that a hospital diverting ambulances is "in meltdown". This is potentially misleading.

- Many acute hospital trusts contract with the British Red Cross to provide an important and well used range of services, including ensuring successful discharge to home. Some media comment implies that the NHS using the Red Cross is new, unusual or, per se, an indication of a state of crisis. This is incorrect and misleading.

DATA SOURCES BEING USED BY THE NHS

The detailed data that NHS leaders are currently using to manage and assess performance is different to that being used in almost all media comment. It includes the following, which is not exhaustive:

- number of attendances at A&E departments and number of admissions from emergency departments
- performance against NHS constitutional standards – for A&E departments, the number of patients being treated within four hours (the standard is 95%)[2] and for ambulances, a suite of ambulance performance standards
- the number of trolley waits – patients waiting on trolleys
- the number of patients waiting to be treated over 12 hours
- ambulance handover times.

CORRELATION BETWEEN PERFORMANCE AND INCREASED PATIENT SAFETY RISK

There is no simple and linear correlation between performance against these data measures and risk to patient safety but, as a broad generalisation:

- the four-hour standard is a proxy for safe patient care
- every breach of the four-hour standard can therefore be regarded as potentially elevated risk
- it is widely accepted that persistently large numbers of trolley and 12-hour waits is a proxy for significantly elevated risk to patient safety and potential for significant harm[3]. They also involve a much worse experience for patients – often one that no patient would want to have or any NHS staff member would want to provide. The same applies to persistently large numbers of long ambulance waits.

Trusts will do all they can to prevent any incident of avoidable harm and any such incident is unacceptable and regrettable. But in an environment where breaches of the four hour standard are routine, as they are at this time of year, NHS Providers believes that the prevalence of trolley and 12-hour waits is a good measure of whether a trust is "coping" or "failing to cope, despite best efforts".

It is also worth noting that when breaches of the four hour standard become routine, trusts rightly turn their focus to reducing over crowding, restoring patient flow, moving those with less serious conditions to other settings and creating the safest environment for those most at risk. This does raise questions on whether sole focus on the four hour standard, with the potential distortion of clinical priorities it involves, is right. There is a growing argument that we should be using a broader set of measures.

---

[1] For example, hospital A may ask for a divert if it is under growing pressure but knows that hospital B is capable of accepting more patients safely

[2] Patients are usually seen shortly after arriving at A&E to assess clinical risk – the 4 hour standard refers to treatment time

[3] Use of the word persistently is designed to distinguish between low numbers of such cases occurring infrequently and large numbers of such cases occurring frequently and over an extended period

WHAT IS CURRENTLY HAPPENING: RECORD DEMAND

We know that the NHS is facing record levels of demand: more than 60,000 people attended A&E departments on 27 December – the second highest level for a single day with, we understand, similar demand levels on 2 January. Some trusts are reporting increases in A&E attendances of over 20% compared to last year. The reasons for these demand increases are well known and are set out in our recent *State of the NHS provider sector* report. They include the growing number of older people and the pressures on primary and social care. Hospital A&E departments are also the most visible "open all hours" part of the NHS over the holiday period. Other more recent factors may include public comments around the difficulty in obtaining GP appointments and a higher propensity to use A&E departments for lower level medical problems.

It is therefore correct to say that the NHS is facing "unprecedented" or "record" demand. We believe it is right to say that this constitutes "unprecedented pressure". It is important for everyone connected with the NHS to recognise the scale of this pressure, the difficulties it brings trusts and the impact on working conditions for staff. This has been accurately captured in some recent media comment with "the worst in living memory" or "the worst I can remember" being typical comments. We know that health and care services are under similar pressure in Wales, Scotland and Northern Ireland.

WHAT IS CURRENTLY HAPPENING: NHS BY AND LARGE COPING WITH UNPRECEDENTED PRESSURE

The NHS is, by and large, coping with this unprecedented pressure but there are a very small number of places which, for short periods of time, are failing to cope, despite best efforts.

We understand the current aggregated daily situation reports show the following – this is our summary:

- Very few trusts are performing well, as measured by meeting the seeing 95% of A&E patients within the four hour standard. We expect overall NHS performance for last week against the standard to be between 70 and 80%.
- The vast majority of trusts are coping with the demand, in terms of avoiding persistently long trolley and 12 hour waits but some are struggling to do so.
- There are a small number of trusts who are failing to cope with the demand and who have seen persistently large trolley and 12 hour waits. These tend to have lasted for short periods as corrective management action kicks in. Clearly, any incident of unavoidable harm is unacceptable and trusts are doing all they can to avoid them.

We therefore believe the suggestion that the NHS, as a whole, is "in meltdown", "is failing to cope" or "faces a humanitarian crisis" is, at this point, an exaggeration. We believe this statement is compatible with the fact that the NHS is currently facing huge, unprecedented, pressure.

It is important to acknowledge that this performance is due to:

- the outstanding effort, commitment and professionalism of frontline NHS staff who are often working way beyond the reasonable call of duty. This needs to be recognised and applauded. But trust leaders are very clear that this level of call on staff goodwill is becoming unsustainable
- good winter planning – trusts have worked hard with NHS Improvement and NHS England to improve local system management, empty beds in preparation for the period of greatest stretch, and systematically improve accident and emergency performance.

NHSProviders

AN IMPORTANT CAVEAT

Data from previous years suggests that winter pressures tend to peak in the third week of January. The commentary in this briefing refers to performance up to the 7 January. So there is potentially more pressure to come.

WHAT DOES THIS SAY ABOUT THE UNDERLYING STATE OF THE NHS?

Our recent *State of the NHS provider sector* report set out our view that there is now a gap between what the NHS is currently being asked to deliver and the funding available. We also set out how a combination of the longest and deepest financial squeeze in NHS history and a series of workforce challenges are increasing risk in the NHS.

We argued, for example: "The capacity levels at which we are now permanently running our hospital, ambulance, community and mental health services and the length of time for which we have been doing this has seriously reduced resilience. We are seeing precipitate drops in A&E performance in particular hospitals on particular days, which have a clear negative impact on patient experience and patient safety. Many are traceable back to an inability to cope with activity shocks that five years ago could have been absorbed but now cannot be."[4]

The current performance pressures in the NHS confirm all the above analysis.

As we set out in our report, we believe the NHS Five Year Forward View sets out a clear long term vision for the NHS. In addition, we need:

- a credible plan for the rest of the parliament that sets out what the NHS can realistically deliver given that the government has said the current NHS funding envelope is fixed
- a proper strategy to meet the growth in demand for health and care services that we now face
- a sustainable long term approach to funding health and social care.

The current approach to managing winter pressures, the NHS and our overall health and care system is no longer sustainable.

[4] https://www.nhsproviders.org/state-of-the-provider-sector-11-16, page 11