Agenda – Health, Social Care and Sport Committee

Meeting Venue:
Committee Room 2 – Senedd
Meeting date: Wednesday, 5 October 2016
Meeting time: 09.00

For further information contact:
Sarah Beasley
Committee Clerk
0300 200 6565
SeneddHealth@assembly.wales

Informal pre-meeting (09.00 – 09.15)

1 Introductions, apologies, substitutions and declarations of interest

2 Inquiry into winter preparedness 2016/17 – evidence session with the Royal College of Emergency Medicine (RCEM) and the BMA Cymru Wales

(09.15 – 10.00) (Pages 1 – 39)

Dr Robin Roop, RCEM Wales
Dr Jo Mower, RCEM Wales
Dr Philip Banfield, BMA Cymru Wales
Dr Tony Calland, BMA Cymru Wales

Break 10.00 – 10.15

3 Inquiry into winter preparedness 2016/17 – evidence session with Local Health Boards

(10.15 – 11.15) (Pages 40 – 50)

Professor Adam Cairns, Chief Executive, Cardiff and Vale University Health Board
Stephen Harrhy, Director of Unscheduled Care Programme Board

Vanessa Young, Director, Welsh NHS Confederation

4 Inquiry into winter preparedness 2016/17 - evidence session with the Royal College of Nursing (RCN)

(11.15 - 12.00) (Pages 51 - 54)

Gaynor Jones, Chair of the RCN Welsh Board
Lisa Turnbull, RCN Wales Policy and Public Affairs Adviser

5 Motion under Standing Order 17.42 to resolve to exclude the public from the remainder of the meeting and the meeting on 13 October 2016

For consideration of:

- evidence given by stakeholders during the meeting on the inquiry into winter preparedness 2016/17
- strategic planning and inquiry scoping

6 Inquiry into winter preparedness 2016/17 - consideration of evidence given during today's meeting

(12.00 - 12.30)

Agenda Item 2

Document is Restricted

RCEM Wales
Patron: HRH The Princess Royal
7-9 Bream's Buildings
London
EC4A 1DT

Tel +44 (0)20 7404 1999
Fax +44 (0)20 7067 1267
www..rcem.ac.uk

Welsh Assembly Health Social Care and Sport Committee

Inquiry into Winter Preparedness 2016/17

12 September 2016

Written evidence submitted on behalf of the RCEM Wales

RCEM Wales is the single authoritative body for Emergency Medicine in the Wales. RCEM Wales works to ensure high quality care by setting and monitoring standards of care, and providing expert guidance and advice on policy to relevant bodies on matters relating to Emergency Medicine.

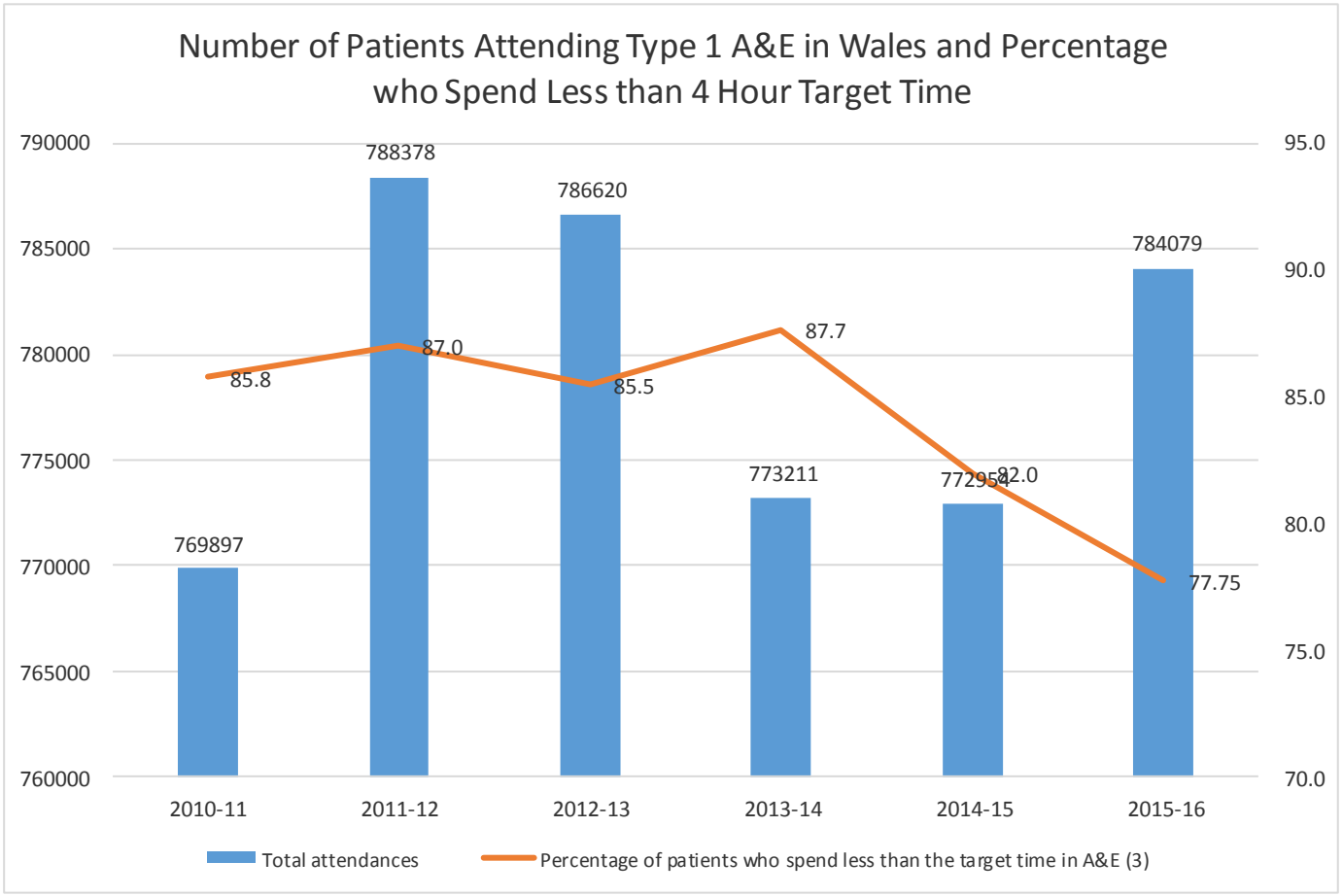
Question: Is the Welsh NHS equipped to deal with the pressures of unscheduled care services during the coming winter?

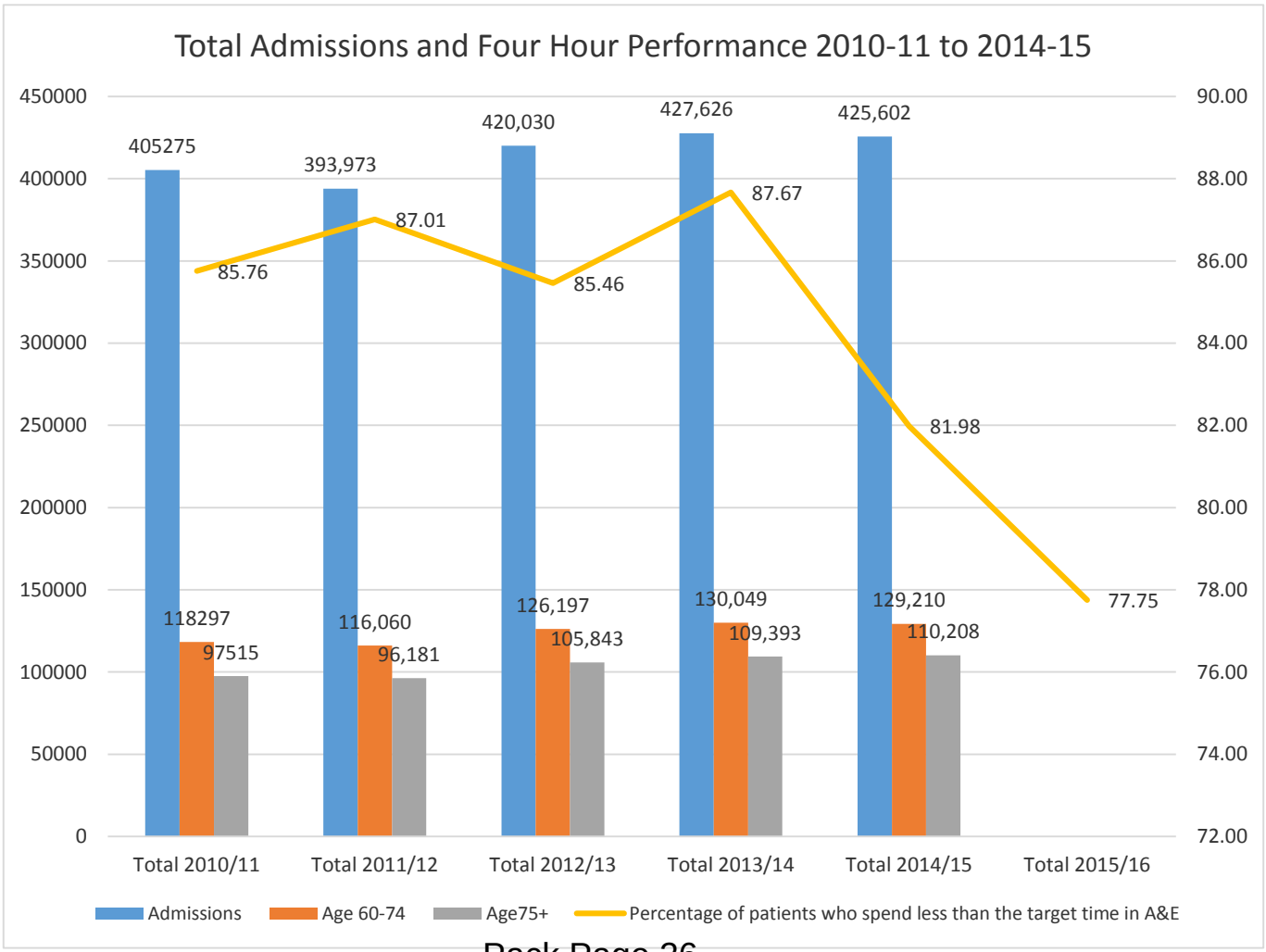
1. The NHS in Wales faces a significant challenge to meet the health needs of an aging population with increasingly complex needs. The number of people over 65 years of age is predicted to grow by 292,000 by 2039. This is an increase of 44%.[1] Moreover, compared to 2011 there are already an additional 86,634 people aged over 65 alive today.[2]

2. While these changes are significant when considered on their own, they are compounded that elderly populations changing attitude to their own health. Analysis of both Disability Free Life Expectancy[3] and Healthy Life Expectancy[4] data released by the Office for National Statistics has shown that while life expectancies are increasing those same people's assessments of their remaining life expectancy in good health are decreasing.

3. This in turn is reflected in an increasing propensity to access health services. As the King's Fund has recently shown, demand from this age group has grown and continues to grow considerably beyond mere demographic change, and has resulted in rising numbers of GP appointments both in person and over the phone.[5]

[1] Welsh Government National Population Projections
[2] Stats Wales National Level Population Estimates by Year
[3] ONS Changes in Disability Free Life Expectancy
[4] ONS Health Life Expectancy
[5] King's Fund Understanding Pressures in General Practice The data referred to here is from England but is taken as broadly indicative.

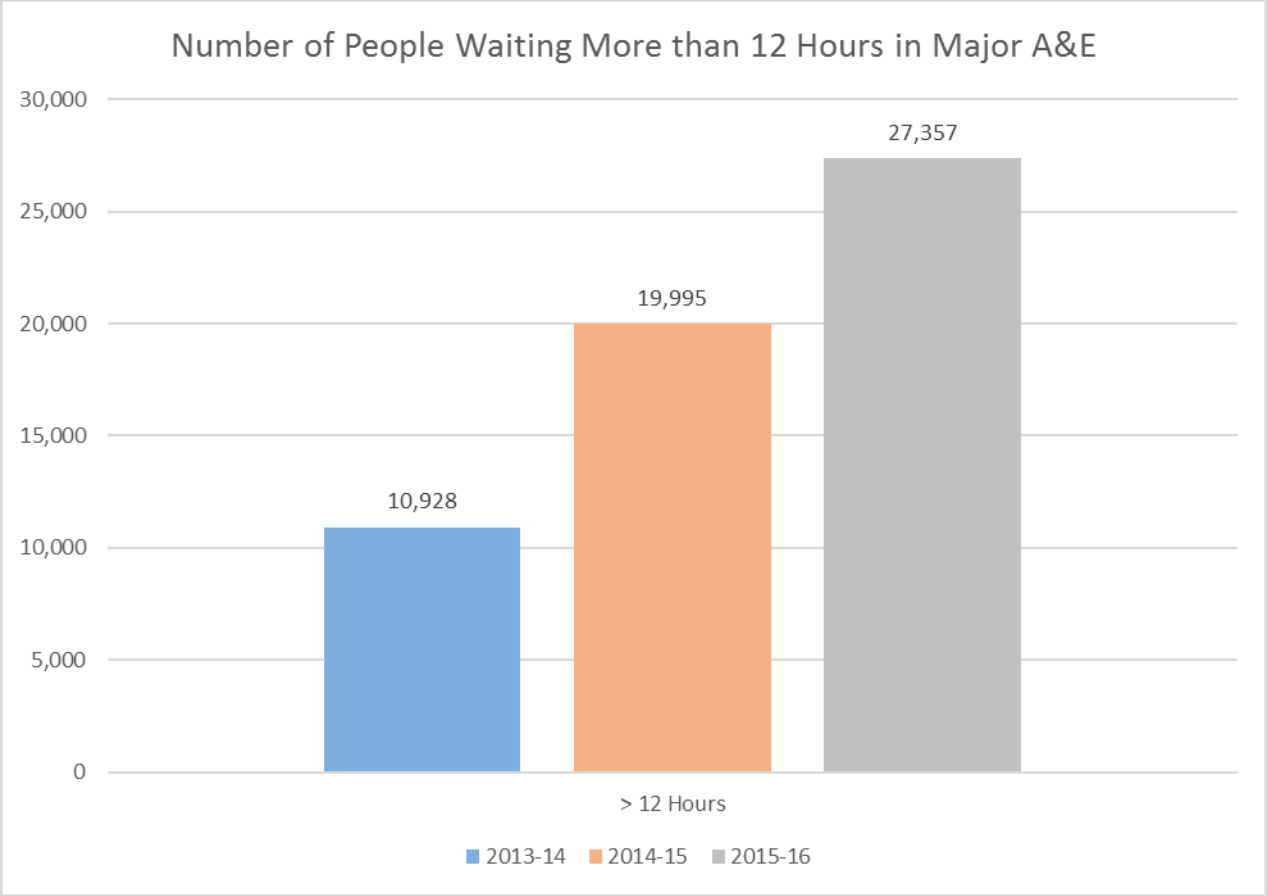

Number of Patients Attending Type 1 A&E in Wales and Percentage who Spend Less than 4 Hour Target Time
790000
785000
780000
775000
770000
765000
760000
95.0
90.0
85.0
80.0
75.0
70.0
769897
788378
786620
773211
772954
784079
85.8
87.0
85.5
87.7
82.0
77.75
2010-11
2011-12
2012-13
2013-14
2014-15
2015-16
Total attendances
Percentage of patients who spend less than the target time in A&E (3)


Total Admissions and Four Hour Performance 2010-11 to 2014-15
450000
400000
350000
300000
250000
200000
150000
100000
50000
0
90.00
88.00
86.00
84.00
82.00
80.00
78.00
76.00
74.00
72.00
405275
393,973
420,030
427,626
425,602
85.76
87.01
85.46
87.67
81.98
77.75
118297
97515
116,060
96,181
126,197
105,843
130,049
109,393
129,210
110,208
Total 2010/11
Total 2011/12
Total 2012/13
Total 2013/14
Total 2014/15
Total 2015/16
Admissions
Age 60-74
Age75+
Percentage of patients who spend less than the target time in A&E

4. As the Danish physicist Neils Bohr once remarked, it is difficult to make predictions especially about the future. As since 2010 the picture in Welsh Emergency Medicine has not been entirely negative. The percentage of patients spending less than the 4 hour target time in major A&Es reached a peak in 2013 of 87.7% although since then performance has been in decline.[6]

5. Moreover the data that has so far been published by the NHS Wales Informatics Service indicates that this decline has continued into 2016/17.[7] Four hour performance has so far been worse in each month of 2016/17 compared with the same period in the previous year while attendances have risen by 1.6%.

6. The data for patients waiting more than 12 hours is equally concerning.[8] Since 2013-14 the number of patients subject to these delays in major A&E centres has grown from 10,928 to 27,357 in 2015-16. This is an increase of 150.33%.



7. So in order to answer this question we need to ask whether there has been any material changes in the facts on the ground for the NHS in Wales since 2013 which would suggest that the situation was about to improve, rather than continue to deteriorate.

[6] Stats Wales Performance against 4 hour waiting times target by major hospital

[7] NHS Wales Informatics Service Monthly Accident and Emergency Report - After April 2013

[8] Stats Wales Performance againt 12 hour waiting times

RCEM Wales
Patron: HRH The Princess Royal
7-9 Bream's Buildings
London
EC4A 1DT

Tel +44 (0)20 7404 1999
Fax +44 (0)20 7067 1267
www..rcem.ac.uk

NHS Funding

8. The figures given below are from Stats Wales and detail NHS expenditure per head.[9]

Category	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
Total NHS Funding (£)	1721.31	1755.77	1759.10	1765.57	1803.82	1876.47
Social care needs (£)	15.78	14.45	13.99	14.69	15.93	16.18

9. Although these numbers are not adjusted for inflation, there are part of this picture that are quite positive. Social care funding has increased by 9.2% since 2013 – something which cannot be said in England – and overall NHS funding has increased by 5.9% or just under 2% per year. This again compares favourably with the situation in England where the rate of increase has been around 0.7% since 2010.[10]

10. However, considered more closely a different picture emerges. The Nuffield Trust after adjusting for the fact that older populations have higher health needs and associated costs, Wales is now the lowest spending UK nation on its Health Service.[11] Moreover, since its foundation in 1948 the NHS has spending increases of around 3.7% per annum in real terms.[12] This suggests that while recent spending increases are welcome, increases of around 2% before accounting for inflation are unlikely to arrest declines in performance.

[9] Stats Wales NHS expenditure per head by budget category and year
[10] The Health Foundation Hospital finances and productivity: In critical condition?
[11] Nuffield Trust NHS In Numbers & Health Spending Across UK Nations
[12] The Health Foundation Hospital finances and productivity: In critical condition?

A&E Staffing

11. The figures given below are from Stats Wales and give details about changes to the emergency medicine workforce since 2010.[13]

Staff Category	2010	2011	2012	2013	2014	2015	% Change since 2010	% Change since 2013
	260.19	274.29	263.42	287.28	286.03	288.08	9.68	0.28
Consultant	49.00	53.50	54.60	61.20	66.80	63.20	22.47	3.16
Specialty Doctor	28.30	36.45	43.20	39.30	45.60	47.85	40.86	17.87
Staff Grade	3.10	2.10	1.00	1.00	1.00	1.00	-210.00	0.00
Associate Specialist	20.72	17.52	17.50	15.86	12.50	11.50	-80.18	-37.94
Specialist Registrar	76.20	86.60	67.00	85.80	73.01	93.71	18.68	8.44
Senior House Officer	10.00	13.00	13.00	19.00	16.00	5.00	-100.00	-280.00
Foundation House Officer 2	55.00	51.00	51.00	52.00	58.00	50.00	-10.00	-4.00
Foundation House Officer 1	14.00	12.00	15.00	12.00	12.00	14.00	0.00	14.29

Year	Total attendances	Percentage of patients who spend less than the target time in A&E	Number of Consultants	Consultant Per Attendance
2010-11	769897	85.76	53.50	14390.60
2011-12	788378	87.01	54.60	14439.16
2012-13	786620	85.46	61.20	12853.27
2013-14	773211	87.67	66.80	11575.01
2014-15	772954	81.98	63.20	12230.28

12. Questions of staffing are complex, but the point to notice is that although there were considerable increases in the A&E workforce between 2010 and 2013 – when as we have seen A&E actually improved – since 2013 that progress has stalled.

13. Moreover from 2013-14 the number of consultants per attendance has deteriorated. This has gone from one to every 11,575 attendance in 2013-14 to one to every 12,230 in 2014-15. This echoes our wider concerns about on-going difficulty recruiting staff to support the speciality in Wales. These difficulties are aggravated by the placement of major trauma centres throughout the principality and the continued attractions of more lucrative work in other countries such as Australia.

14. Between 2013 and 2015 the workforce expanded by no more than 0.28%. One could argue that this is a reflection of the fact that from 2013 to 2015 attendances at major A&E's were broadly stable. However – as we shall see further below – this does not account the increasingly elderly profile of the Welsh population. This means that the casemix in Welsh A&E is becoming more complex, and more demanding, and requires a workforce of sufficient size and with the necessary number of senior decision makers to treat them effectively.

15. Unfortunately, more current workforce data is not yet available centrally. However, between 2014-15 and 2015-16 attendances at major A&Es in Wales increased by 11,125 or 1.41%.[14] Furthermore, the data so far published for 2016/17 shows that up to this point

[13] Stats Wales Medical and dental staff by grade and year

[14] Stats Wales Performance against 4 hour waiting times target by major hospital

attendances have been higher than last year.[15] Either for financial reasons or otherwise, if decisions about the recruitment and retention of A&E do not accurately reflect the nature of demand then performance cannot reasonably be expected to improve.

[15] NHS Wales Informatics Service Monthly Accident and Emergency Report - After April 2013

Bed Availability and Occupancy

16. The figures given below are from Stats Wales and show bed availability and bed occupancy in the Welsh NHS.[16]

Year	Average daily available beds	Average daily occupied beds	Percentage occupancy
2010-11	12149.33	10294.16	84.73
2011-12	11809.69	10062.42	85.21
2012-13	11497.02	9923.24	86.31
2013-14	11241.49	9653.17	85.87
2014-15	11061.52	9588.74	86.69

17. What these figures show is that there has been a 9.83% decrease in bed availability since 2010 and a 3.93% decrease since 2013. The number of daily occupied beds has decreased by slightly less, at 7.38% and 3.49% respectively.

18. While this does something to indicate that the available bed stock is being used more efficiently, gains has nonetheless failed to prevent an increase in bed occupancy to levels greater than 2013.

19. As was the case for staffing data, more contemporaneous bed availability data is not yet available. Although it is not possible to be certain, it seems highly likely that the number of available beds has continued to decline into 2016/17 and that bed occupancy rates have continued to increase. This is because this would represent the continuation of a trend seen in Wales and the wider UK NHS for at least the last 20 years.[17]

20. This being the case, we have evidence to suggest that there are higher levels of demand, whilst staffing levels that have stagnated, and there continuing declines in hospital bed capacity. Or to put it in more simple terms, the system has more patients to deal with and less facility with which to do so in a timely fashion. In these circumstances it is unrealistic to expect that the percentage of patients is going to get better.

Aging Population and Delayed Transfers

21. The figures given below are from Stats Wales collated from the Office of National Statistics.[18]

Year	Population
Mid 2013 All ages	3082412
Mid 2013 Aged 65 and over	600630
Mid 2014 All ages	3092036
Mid 2014 Aged 65 and over	614747
Mid 2015 All ages	3099086
Mid 2015 Aged 65 and over	624773

22. What these figures show is that the population of Wales – which already had considerable needs centred around an aging population – has continued to become more elderly. From mid 2013 to mid 2015 the population of those over 65 year of age increased by 3.86%. In the same time period, the populations as a whole increased by no more than 0.54%.

[16] Stats Wales NHS Bed Summary Data By Year
[17] Stats Wales NHS Bed Summary Data By Year
[18] Stats Wales National Level Population Estimates by Year

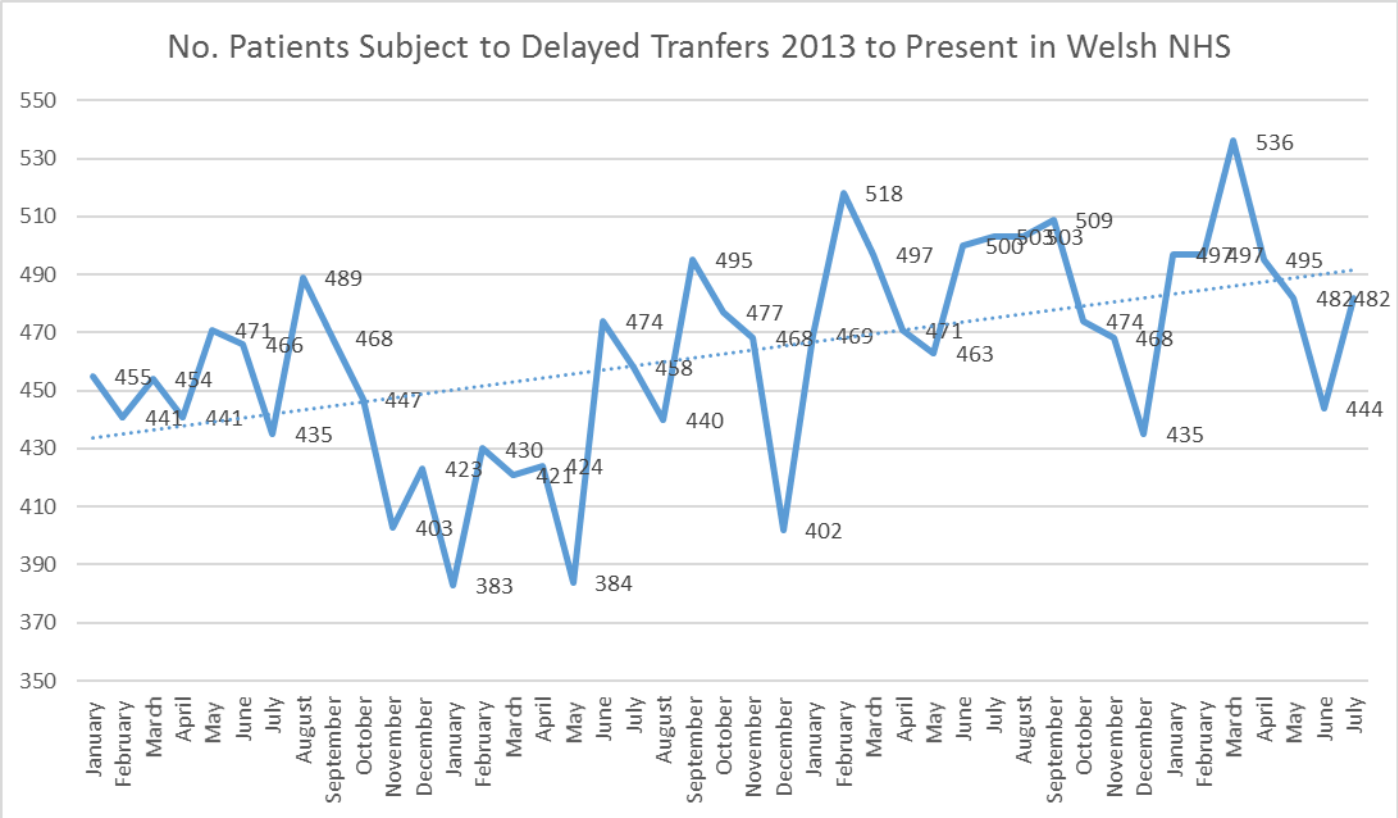
23. It is within this context that the Royal College of Emergency Medicine takes the view that ED have struggle in the face of rising demand, not because success is impossible, but because we continue to systematically under-resource emergency departments in the forlorn hope that the next redirection strategy will succeed where all others have demonstrably failed.

24. Instead A&E should be resourced to practice an advanced model of care where the focus is on safe and effective assessment, treatment and onward care. While it is essential to manage demand on A&Es, this should not detract from building capacity to deal with the demand faced, rather than the demand that is hoped-for.

25. If this rate of growth has continued, then by mid 2016 we can expect there to have been 632,821. This would represent an increase of 32,190 since 2013. If these figures are reflected in the age and volumes of patients seen in Welsh A&E departments, then the casemix and time and resources necessary to change them can be expected to have increased. Since – as we have seen – the resources necessary to do so have not been supplied then the situation can be expected to become more adverse.

26. One aspect of an aging population is that more of those patients who enter hospital are more likely to need some kind of care package in place before they can leave. When this cannot be supplied in a timely fashion then those patients are subject to Delayed Transfers of Care.

27. The chart given below shows the numbers of patients subject to Delayed Transfers of Care in Welsh hospitals since 2013.[19]



28. What this shows is from at least 2014 the trend is clearly upwards and the existing data for 2016 suggests that this will continue. For example the mean average number of patients delayed per month in 2015 was 484. The average number of delays per month thus far is 490. This would result in 5885 delays for the whole of 2016 rather than 5810 for 2015.

[19] Stats Wales Delayed Transfers of Care by Organisation

29. This is important because the more patients are subject to delayed transfers of care – and the data does not specific how long each of these delays lasted – the fewer beds are available within hospitals to treat patients who arrive at A&E requiring treatment. Logically if there are to be more of these delays then timely performance becomes harder to maintain.

Conclusions and Recommendations

30. The situation laid out above is not a new phenomenon. Difficulties treating patients in a timely fashion because of a lack of available beds, has been a feature of the Welsh and other UK health systems for some time.

31. This is referred to as Exit Block and can be clearly seen in the available statistics. From 2010-11 to 2014-15 the number of people waiting more than four hours in A&E has increased by 29,080 or 26.65%. During the same period the number of people waiting more than eight hours in A&E has increased by 20,785 or 79.72%.[20]

32. Exit block is proven to be associated with both significant morbidity and mortality. The latter has been estimated at 3000 patients per year in the UK.[21]

33. Paradoxically exit block is associated with a greater number of patients admitted to 'any bed' rather than an 'appropriate bed'. In turn this leads to greater lengths of stay, reducing the available bed stock and perniciously increasing the frequency and severity of exit block.

34. Faced with these trends, and the demonstrable inability of redirection or re-education strategies to alleviate these pressures, it is more logical to respond positively to the needs and demands of patients rather than seek to resist them. It is our opinion that the way to do this is to put in place the co-location of key out of hours urgent care services.

35. This can be achieved both physically and through the greater use of technology such as virtual consultations. This would improve the quality of care for patients would improve the sustainability of emergency medicine in the Welsh NHS by decongesting emergency departments.

36. Given the prevailing situation in the NHS in Wales it would seem unlikely at this point that performance against the four hour target will improve. For that to be the case Welsh A&E departments – and the wider NHS – would need to be adequately staffed and resourced to meet the demands placed upon it. At present it is not.

37. There are too few senior medical staff in A&E departments to deliver effective and efficient care. The attrition rate from UK training programmes has wasted our most valuable resource. We must ensure the work environment and shift patterns promote rather than discourage staff retention.

38. Planning must especially address the need to cope with rising numbers of attendances by the frail elderly – with complex interactions between health and social care and long term co-morbidities.

39. Provision of co-located services within an A&E hub to decongest emergency departments will deliver a successful strategy that is patient centred, affordable, efficient and effective.

RCEM Wales has been campaigning for some time for the reform of emergency medicine around the elements of our step campaign. If acted upon this would ensure that A&E were properly

[20] Stats Wales Performance against 4 hour waiting times target by major hospital

[21] Royal College of Emergency Medicine Exit Block in Emergency Departments 6 Months Review

staffed and resourced and improve services for patients in need. Details of that campaign can be found here: https://portal.rcem.ac.uk/live/RCEM/Shop/Policy/Campaigns/RCEM/Quality-Policy/Policy/Campaigns.aspx

Y Gymdeithas Feddygol Brydeinig
Pumed Llawr
2 Pentir Caspian
Ffordd Caspian
Bae Caerdydd
Caerdydd
CF10 4DQ

British Medical Association
Fifth Floor
2 Caspian Point
Caspian Way
Cardiff Bay
Cardiff
CF10 4DQ

Ffôn/Tel 029 2047 4646
Ffacs/Fax 029 2047 4600
Ebost/Email policywales@bma.org.uk

BMA

Cymru Wales

Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon
Health, Social Care and Sport Committee
HSCS(5)-06-16 Papur 2/ Paper 2

WINTER PREPAREDNESS 2016-17

Inquiry by the National Assembly for Wales Health, Social Care and Sport Committee

Response from BMA Cymru Wales

9 September 2016

INTRODUCTION

BMA Cymru Wales is pleased to provide a response to the Health, Social Care and Sport Committee's inquiry into winter preparedness 2016-17.

The British Medical Association (BMA) is an independent professional association and trade union representing doctors and medical students from all branches of medicine all over the UK and supporting them to deliver the highest standards of patient care. We have a membership of over 160,000, which continues to grow every year. BMA Cymru Wales represents over 7,500 members in Wales from every branch of the medical profession.

RESPONSE

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, BMA Cymru Wales 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. BMA Cymru Wales 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 NHS Wales 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. Permanent funding solutions 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

Causes of winter pressures

Winter pressures are caused by the interplay between seasonal increases in morbidity and structural problems within the healthcare system. An increase in winter mortality and morbidity does not just occur during extremely cold weather, but also on relatively mild winter days, which are more frequent. The cold weather mainly affects the health of older people, the very young and those with long term conditions. This, combined with the dangers associated with snow and ice and the sheer scale of the annual influenza vaccination campaign, leads to increased pressures on the health service during the winter season.

The exact pattern of winter pressures is largely unpredictable, mostly because it is impossible to predict the severity of winter weather or of any flu outbreak. As a result of this, the health and care system must have adequate capacity and plan appropriately to be sufficiently robust to react to these necessarily variable demands. However, NHS Wales is already stretched to its limits and increasingly unable to respond to additional pressures.

Unfortunately, these public health pressures impact significantly on emergency departments, generating severe challenges in bed access throughout hospitals. The declining number of hospital beds, workforce shortages and patient flow must all be addressed if emergency departments are to have sufficient capacity to cope with winter pressures.

The surge in morbidity during the winter months also has a major impact on primary care. General practice is going through an unprecedented crisis and must be given the resourcing and support needed to respond flexibly to the needs of patients. This includes further promotion of self-care, which can help reduce demand on over-stretched practices. Emergency departments are also under resourced. Combined, these pressures put the healthcare system under huge strain, reducing its ability to absorb spikes in demand during the winter months. Emergency departments must also not be considered in isolation – there needs to be greater collaboration, coordination and integration between all areas of the health and care system.

While there will always be winter pressures, it is possible to create a health system that is sufficiently robust to react to the inevitable but variable additional demands placed on services during winter. However, there is no quick fix solution to the current crisis in healthcare provision. Longer term investments need to be made to adequately tackle the problems, and the financial challenges facing the NHS in Wales must not detract from these.

The complete solution is even broader. In order to truly manage winter pressures, we will need to tackle wider public health issues – such as keeping our older and vulnerable population warm in winter, keeping them well fed, keeping them mobile, and ensuring timely access to adequate social care.

Planning for winter pressures and developing resilience within the system

The Welsh Government holds quarterly, seasonal planning meetings with the NHS, local authorities and the third sector. Health boards, local authorities and the ambulance service have also developed joint

winter plans over the last two winters.[1] Through the Environment (Wales) Act 2016 and a focus on energy efficiency, coupled with Warm Homes programmes including NEST and Arbed, progress has been made in tackling some of the root causes of health problems in winter that are related to or exacerbate by living in cold conditions.[2] 'Flu vaccination programmes aimed at particularly vulnerable groups have been proactive and had a reasonable take up (although under the Welsh Government target).[3] However, despite these interventions, the number of excess winter deaths has increased significantly in the last decade, and this year on year decline shows little sign of stopping.

In Wales there are on average between 50,000 and 70,000 attendances at A&E departments in any given month.[4] During winter months there is usually an increase in emergency admissions which places 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. Problems can also derive from the length of time patients with these complex and severe conditions stay in hospital.

An increase in emergency admissions puts pressure on hospital services, and adds to the existing challenges within the NHS in Wales. One of the most pressing challenges with regard to coping with winter pressures is the gradual decline of 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 winter, and is counterproductive to the provision of optimal care.

BMA Cymru Wales 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. Data from StatsWales clearly shows that the number of available beds has decreased year on year from almost 20,000 in 1999 to around 11,000 in 2015.[5]

At the same time, our members report that demand has increased and this has pushed the more efficient use of fewer beds beyond the limits of safety – with higher bed occupancy rates, increased bed use factor, reducing length of stay and reducing turnover interval. These factors adversely affect patient cross-infection rates and reduce staff to patient ratios resulting, in our view, in avoidable harm and increased staff sickness.

For some decades now, this downward trend in bed capacity has exceeded the level which might have been safely removed from the system due to the demonstrable increases in efficiency that have taken place. As a result, the NHS in Wales is now provisioned in terms of bed capacity for a slightly-better-than-average day but not for an average winter's day. There is therefore no longer any potential resilience within the system for a worse than average day, or series of days

Social care and delays in the transfer of care

Wales' 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. During winter the number of emergency admissions increases further. The complexity and severity of conditions of those who are admitted places a huge strain across emergency departments.

---

1 http://gov.wales/about/cabinet/cabinetstatements/previous-administration/2014/winterpreparednes/?lang=en
2 http://gov.wales/topics/environmentcountryside/energy/efficiency/warm-homes/?lang=en
3 http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=55714
4 http://www.infoandstats.wales.nhs.uk/page.cfm?orgid=869&pid=62956
5 https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Activity/NHS-Beds/nhsbedssummarydata-by-year

In order to better cope with increased demand it is vital that social care services also have sufficient capacity and investment. BMA Cymru Wales is concerned that a lack of funding and capacity within social care is increasingly impacting on the provision of healthcare, with patients presenting at healthcare settings due to gaps in social care provision. 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.

We are aware of cases where GPs may wish to refer patients for nursing care rather than admission to hospital but, because it may not be possible for suitable care to be arranged in a timely manner, GPs have had no alternative but to arrange for their patients to be admitted to hospital. This adds to pressures on the availability of hospital beds which in turn leads to delays for patients who need to be admitted to those beds following presentation at emergency departments.

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.

Medical workforce

In order for the health system to be sufficiently robust to react to seasonal pressures, there must be sufficient recruitment to all specialties within the NHS in Wales. We have concerns that there are a significant number of trainee vacancies within Wales although there is insufficient data to fully understand such workforce issues.

There are many areas where there is a paucity of data available compared to that available in England. For example, there is a distinct lack of collection and publication of meaningful data on workforce vacancies. This has not been routinely published in Wales since 2011. Insufficient data evidently hinders effective workforce planning.

The Welsh Government often focusses on the fact that the total number of GPs in Wales has risen over the last few years. These figures only relate to a headcount of GPs working in Wales. A more accurate figure would be the number of whole-time equivalent GPs but this information is not collected. It is evident that an increase in the number of GPs does not necessarily mean more capacity within the workforce or more appointments available to patients, as so many GPs now work part time due to the pressures and stresses they are facing after years of inadequate resourcing of general practice.

The small increase in headcount also fails to reflect the significant changes in working patterns for GPs that have taken place over the last 12 years. This has led to a level of workload that is becoming increasingly unsustainable across Wales, with even more acute problems in certain areas.
It is vital for the quality and sustainability of the service that simple measures such as a headcount are avoided as they do not accurately reflect the complex factors affecting the stability and appropriate skill mix of the workforce.

Most patients enter the healthcare system through general practice, which has seen an unprecedented increase in demand in recent years alongside significant, and growing, workforce shortages.
Given the significant challenges we are faced within Wales, BMA Cymru Wales welcomes recent announcements from the new Welsh Government of plans to increase the number of GPs and primary healthcare workers in Wales through training and recruitment. However, 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.

Based on figures from 2013, we know that GPs in Wales carry out in excess of 19 million consultations with patients per year. On the basis of studies undertaken within the NHS in England, through which it has been generally accepted that around a third of GP consultations are unscheduled, this means that

GPs in Wales undertake more than 6.5million unscheduled consultations a year – significantly more than those dealt with through accident and emergency departments.

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.

Self-care

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. However, increased use of self-care and its promotion should only be one of many measures taken to increase the resilience of NHS Wales to beat the effects of winter pressures. Self-care alone is not sufficient to address the problems experienced by the NHS in Wales in winter.

Further to this, there is a distinct need for a public education programme to support people to make appropriate choices as to how and when they access healthcare. It is important that people understand when it is appropriate to access unscheduled care through either their GP or their local accident and emergency department. More work needs to be done to understand behaviour patterns and to work with groups who are more likely to access care inappropriately.

THE WELSH NHS CONFEDERATION
CONFFEDERASIWN GIG CYMRU

Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon
Health, Social Care and Sport Committee
HSCS(5)-06-16 Papur 3 / Paper 3

	The Welsh NHS Confederation response to the Health, Social Care and Sport Committee Inquiry into winter preparedness 2016/17.
Contact:	Nesta Lloyd – Jones, Policy and Public Affairs Manager, the Welsh NHS Confederation. [redacted] Tel: [redacted]
Date:	8 September 2016

Introduction

1. The Welsh NHS Confederation represents the seven Health Boards and three NHS Trusts in Wales. The Welsh NHS Confederation supports our members to improve health and well-being by working with them to deliver high standards of care for patients and best value for taxpayers' money. We act as a driving force for positive change through strong representation and our policy, influencing and engagement work.

2. We welcome the opportunity to contribute to the Health, Social Care and Sport Committee inquiry into winter preparedness. Operational planning processes need to be in place all year round however experience demonstrates that the winter months pose particular challenges for health and care organisations. Unscheduled care services face further pressures during the winter months and it is an area which impacts on how patients and the public experience health and care services. The reasons for the year-round pressures on unscheduled care services are well known.

3. The unscheduled care system is faced with increasing activity and patient acuity and is compounded by workforce supply pressures during the winter. However when the Committee considers these pressures and challenges it is vital that the whole health and care service, and not only the acute hospital services, are considered. Unscheduled care performance is a whole-system issue that is significantly affected by community, social care, primary care and preventative care services.

i. The current pressures facing unscheduled care services, and how well prepared the Welsh NHS and social services are for winter 2016/17;

4. There are a number of significant pressures facing unscheduled care services in Wales, however Local Health Boards and Trusts, through their Integrated Medium Term Plan (IMTP) processes and winter plans, are ensuring that they are prepared for this year's winter. Winter plans cover the period between October 2016 to May 2017.

a) Pressures facing unscheduled care services

Rising demand

5. Changes in how people live their lives and the success of the NHS in keeping people alive for longer means demand for care is rapidly rising. An ageing population, combined with more people having

increasingly complex needs, means that demand for health and social care services is predicted to grow rapidly in coming years. Wales currently has the highest rates of long-term limiting illness in the UK. Between 2001-02 and 2010-11 the number of people with a chronic or long-term condition in Wales increased from 105,000 to 142,000.[i] All these factors affect people's health and increases demand on health and care services.

6. The ageing population has a significant impact on demand for health and social care services all year round, but particularly during winter months. The ageing population, accompanied by increasing co-morbidity, medicalisation, frailty and social isolation, is a long term driver of unscheduled care demand. As people live longer but have fewer children, there is an increased proportion of the population who are dependent on care. On average, older people have lower baseline functions, greater frailty and lower resilience. This leads to greater need for support for the activities of daily living, tipping over into acute ill health at a lower threshold, and slower recovery from illness, which places increased demand on health and social care services.

7. While attendance at Emergency Departments (ED) remains generally static, the complexity of patient need and other influencing factors have resulted in performance not improving despite numerous initiatives focussed on ED efficiency. The complexity and severity of conditions of those admitted places a huge strain across ED. The most significant issue is not the numbers of people presenting at ED but the ability to provide alternatives to admission alongside the ability to transfer patients safely and quickly from hospital to their place of residence and to prevent readmission.

8. In addition to ED, the pressures on critical care units can increase during the winter. Critical care provides specialist support for patients with acute life-threatening injuries and illnesses, often when one or more organs have failed. As highlighted within the Annual Report 2016 for the Critically Ill,[ii] critical care beds are not always used appropriately due to problems with patient flow through the hospital. For example, not all patients in critical care beds require that level of care but some might be awaiting discharge to hospital wards and this delay to hospital wards can increase during the winter months. This then has a knock on effect and can result in cancelled operations or patients who require critical care being transferred to other hospitals who have a critical care unit.

Seasonal factors and respiratory infections

9. Hot and cold weather are both associated with increased demand for unscheduled care services. Respiratory illnesses have a distinct seasonal pattern, with an increase in winter largely due to influenza infection leading to hospital admission and excess winter mortality. Other viral infections, such as noro virus, are also common in the winter. Both viruses can place significant short term strain on unscheduled care services.

10. Seasonal influenza and other respiratory virus infections can significantly affect demand for unscheduled care in the winter. Fortunately, in recent winters seasonal influenza has not reached the "higher than average activity" threshold but primary and secondary care systems still need to ensure that they have the surge capacity to respond to such increase in demand as they are likely to occur every few years.

Workforce

11. The NHS ability to respond to winter challenges is constrained by a number of factors, including the NHS workforce. Recruitment issues exist within all staff groups and core medical, nursing and therapy workforce capacity impacts on the NHS ability to find the increase in the workforce

required during the winter. In some Health Boards workforce capacity remains fragile in areas such as ED, Acute Medical Services and District Nursing, despite proactive recruitment at home and overseas, and introducing changes to workforce models to provide sustainability.

12. While workforce strategies, including overseas recruitment for nursing/therapies, are in place recruitment and employment processes have been, and continue to be, challenging. For example nursing and senior nurse cover are co-ordinated to ensure robust arrangements are in place, however this is always challenged by sickness and vacancy impacts, and can lead to an increased use of agency and bank staff. The availability of bank and agency staff can be limited during peak holiday periods and experience has proven that the reliability of agency staff attending for their shifts can be problematic for some Health Boards.

Infrastructure constraints

13. One key aspect of winter planning for this year is the ability to manage surges in activity from the heralded emergency caseload whilst maintaining levels of elective activity. Most hospitals in Wales have very few surge areas available to them during the winter. This limits both the creation of additional bed capacity for winter and the options for managing infection prevention and control outbreaks.

14. Within acute services, difficulties can be encountered with the number of acute emergency admissions presenting and as a consequence the ability to accommodate this caseload alongside planned elective activity. Furthermore, available bed capacity often becomes compromised by bed closures resulting from infections, particularly of a viral gastrointestinal nature.

Delayed transfer of care

15. In order to ensure a smooth flow of people through the care system (primary, community and acute health and social care), it is imperative that all patients are able to be transferred or discharged in a timely fashion when their episode of care is complete. One way of measuring flow efficiency, particularly between various parts of the care system, is to measure delayed transfers of care. While there are still some significant issues around delayed transfer of care, and Health Boards are fully aware they need to be reduced further, a number of initiatives are happening across Wales which is improving delayed transfer of care.

16. Across Health Boards there is a focus on patients who are medically fit, ensuring the assessment and discharge process is timely and any delays are escalated and dealt with at a senior level. Discharge standards are in place across community and Local Authorities to ensure patients are assessed and discharged within agreed timeframes. Collaborative working between community and acute managers is now a routine way of working across Health Boards to ensure appropriate levels of discharge is maintained. Examples where this is done include;

- 'Bullet rounds' – daily multidisciplinary rounds to discuss progress of patient recovery and plan interventions to support discharge;
- Weekly meeting and teleconference calls to monitor discharge planning of complex patients against Estimated Date for Discharge (EDD);
- Weekly multi-agency review meetings held with each ward manager; and
- Daily reports shared across health and social care identifying patients on the Discharge Working list.

Changes in non-NHS service provision

17. A range of community services are under pressure and are providing less support in the community, leading to backward pressure on the discharge of patients from high intensity

inpatient care. There has been pressure on social services budgets over a number of years with changes in the threshold at which individuals receive access to support. In some demographic groups there are incentives to look after the frail elderly at home to avoid the high cost of residential or nursing home costs. The timescales at which assessment progresses for residential or nursing home care are widely recognised as a factor contributing to delayed discharges from hospital care.

Fragility of the private sector domiciliary care market

18. A recent exploratory analysis undertaken by the Welsh Government suggests that there has been a fall in private sector residential and nursing home beds in Wales[iii] which can impact on delayed discharges from hospital care. Some areas are also reporting a reduction in home care packages. These factors reduce the overall pool of resource available and contribute to increased backward pressure on NHS inpatient services.

19. Last winter a number of domiciliary care providers across a number of Health Boards handed back packages of care. This impacted on capacity within Health Boards community resource teams and their ability to take on new hospital discharges, as well as supporting patients in their own homes. A careful balance has to be struck between releasing community capacity to help reduce delayed transfers of care from hospitals, whilst not saturating available capacity in the community. This issue has continued through the year with a number of private providers leaving the market, but this is not just a winter issue.

b) How well prepared is the Welsh NHS.

20. Health Boards and Trusts, as part of their IMTP process, review previous winter plans and performance each year and then develop plans for the forthcoming winter period. As part of this process Health Boards implement their unscheduled and urgent care improvement plans and consider the priorities that have been confirmed as part of their individual IMTP process for 2016/17. The Health Boards also consider guidance that has been issued by Welsh Government and once completed winter plans have to be submitted to the Welsh Government. The Welsh Ambulance Services NHS Trust (WAST) also has robust winter plans in place at strategic, operational and tactical levels. More information on this can be found in the evidence from the WAST, which is the subject of a separate submission to this inquiry.

21. Health Boards continue to develop a whole system view of urgent care that allows them to take early decision making across the patient pathway, knowing that pressures often manifest early in their primary care services prior to the surge in secondary care. When developing their winter plans Health Boards consider the demand through mapping against the previous years, however this needs to take into account significant events e.g. prolonged snow/cold weather and outbreaks of the norovirus, especially as last year was a mild winter with no significant outbreaks of norovirus.

22. In order to provide assurance to their Executive Boards, likely demand is mapped against previous years and a number of bed modelling scenarios undertaken to deliver the capacity required for unscheduled care. While demand is mapped against previous years the most difficult part of planning for winter is the scale of variation in demand from one winter to the next, particularly in relation to medical bed capacity. For some Health Boards the range can be an additional 10 beds or an additional 100 beds. Given the financial, workforce and infrastructure limitations it is not always possible to prepare for all eventualities and the NHS can usually only plan for a typical winter rather than the extremes.

23. When managing winter pressures a suite of integrated plans are produced and implemented by Health Boards, including;

- Seasonal Pressures Plan: Cold weather plans to ensure that services are maintained in the event of adverse weather conditions;
- Escalation and Capacity Plan;
- Community Hospital Capacity Management Plan;
- Hospital Discharge Policy and Procedure;
- Immunisation Plan, to increase the uptake for staff and vulnerable patients;
- Demand Management (5 Step Care Pathway);
- Capacity Management;
- Escalation Management; and
- Infection control: Enhancing support in relation to infection control/ respiratory equipment which sees a peak in demand during the winter months.

24. The main aims of the plans are to implement actions in order to manage surges and variation in demand, enable improved flow across the system and maintain service levels in all areas to improve access for patients.

25. As previously highlighted, when developing their plans Health Boards review and evaluate last year's performance over the winter period and put in place actions to improve responses to winter pressures this year. Some of the key priorities highlighted by Health Boards to be taken forward this year include;

- Full implementation of discharge improvement plans;
- Right sizing community and core services capacity;
- Implementing new processes and pathways that reduce ambulance conveyance to Emergency Departments;
- Implementation of the 111 service in Abertawe Bro Morgannwg University Health Board;
- Maintain patient flow improvements and ward processes;
- Redesigning front door services/ models of care;
- Improving escalation processes;
- Unscheduled Care Programme established to ensure improvements are made to the unscheduled care system looking at 5 key areas; informatics, in hospital flow, discharge, locality development and workforce to build resilience for the future;
- Primary and Community Out Of Hours services need to be enhanced to avoid increases in attendances and referrals to hospital services;
- Further development of ambulatory care pathways can reduce the pressure on both admissions and Emergency Departments;
- Improved discharge planning for complex care patients is vital if length of stay is to be managed and delays to discharge minimised;
- Dedicated site management improves flow and the Health Boards ability to de-escalate; and
- A specific plan for March and Easter needs to be developed as winter continues.

26. Health Boards are also using information to drive their decision making with tools that allow them to predict speciality requirements month on month. The challenges that Health Boards have rest on the ability to change their workforce requirements to meet the type of demand, particularly in difficult to recruit groups of staff. Health Boards capacity to meet demand is focused more on the teams who care for patients as opposed to the place where they care for patients (beds, trolleys, clinics etc). Therefore Health Boards are developing a range of options that will be dependent on the staffing resource models available.

27. The provision of an integrated seasonal plan is seen as one element of Health Boards system wide approach to improving unscheduled care and urgent care services and cannot be viewed in isolation, albeit that the winter presents some different challenges to the all-year-round system demands. To ensure the production of a single integrated winter plan, Health Boards develop their plans in conjunction with the Welsh Ambulance Services NHS Trust (WAST), primary care colleagues, Local Authorities, voluntary and the independent sector. This highlights the whole system approach to the management of unscheduled care which maximises the contribution of every service, with the aim of caring for patients in the right place, at the right time and by the right care team. It is part of a three year rolling IMTP, which has been prepared against the background of the NHS Wales vision for unscheduled care.

28. Finally, many Health Board plans, as in previous years, have been underpinned by significant investment in their unscheduled care services. This includes additional staff appointments, extended day working and the introduction of new models of care. The unscheduled care improvement plan is also being supported using a service improvement approach to developing sustainable change going forward.

ii. Whether there has been sufficient progress in the fourth Assembly in alleviating pressures on unscheduled care through integrated winter planning across health, social and ambulance services, and lessons learned;

29. Overall there has been sufficient progress in the fourth Assembly in alleviating some of the pressures on unscheduled care. A number of initiatives and policies have been introduced and implemented during the fourth Assembly. The NHS works with partners in their local areas to manage the pressures facing health and social care during winter, with collaborative working taking place throughout the year to enhance joint activities to support and improve service delivery and reduce system pressures. While progress has been made a number of challenges still exist which will be responded to by the NHS in Wales.

Unscheduled Care Reports and Tools

30. A number of unscheduled care reports and tools have been introduced over recent years to support the NHS in Wales to respond to and alleviate the unscheduled care pressures that they face. These have included:
    - **A Toolbox of Actions to Address Pressures in Unscheduled Care (January 2015):** This document forms a concise reference guide for NHS Managers in Wales. It lists thirty actions which might be used to address pressures in the unscheduled care services in NHS Wales.
    - **What Drives Demand for Unscheduled Care Services in Wales? (January 2015):** This report describes a wide range of important 'drivers' which contribute towards the growing gap between demand and supply in unscheduled care.
    - **Atlas of Variation in Unscheduled Care (November 2014):** This interactive atlas presents indicators from across the unscheduled care system in Wales, relating to both the need for services and their utilisation. The web resource, introduced by the Public Health Wales Observatory, aims to stimulate discussion, improve understanding and inform decision-makers on local factors and their influence on the unscheduled care system.
    - **External Factors Affecting Long Term Trends and Recent 'Pressures' on Unscheduled Care Use and Performance in Wales (June 2013):** This report examined the external factors affecting long-term trends and pressures affecting the unscheduled care and performance in Wales, especially for major A&E departments during the winter and spring of 2012/13.

- **Unscheduled Care Analyses (March 2013):** The Public Health Wales Observatory has published a series of analyses for health boards which have emergency departments (EDs) within their boundaries. The analyses include information from the Emergency Department Data Set (EDDS).

Programme for Unscheduled Care

31. The NHS Wales Programme for Unscheduled Care has supported the NHS to alleviate some of the pressures on unscheduled care. The Programme sets out a 10 step patient pathway that recognises that actions taken outside of an emergency facility can have a major impact for the demand for, and use of, such a facility. This reflects the approach that Health Boards have adopted in recent years where their Unscheduled Care Improvement Plan has successfully focussed on:

- Providing services that reduce unscheduled care demand in the first place, especially for emergency care; and
- Ensuring that once an acute episode of care is complete, the transfer back to the community is timely and safe.

32. Increased collaboration has also been key to ensure improvements. Overall, Health Boards have a positive track record of joint working to manage the pressures facing health and social care during winter, with collaborative working taking place throughout the year to enhance joint activities to support and improve service delivery and reduce system pressures. Through working collaboratively Health Boards have ensured that actions within the plans are implemented in order to manage surges and variation in demand, enable improved flow across the system and maintain service levels in all areas to improve access for patients.

Prudent healthcare

33. Informed by the work of the Bevan Commission and others around the world, the NHS in Wales has taken on the principles of prudent healthcare as it responds to the growing challenges it faces. The prudent healthcare principles were introduced in 2014 and puts NHS Wales at the front of a growing international effort to get greater value from healthcare systems for patients. As part of prudent healthcare the NHS in Wales is ensuring that people access care at the right level for their needs; right care; right time; right place; right people. As part of this principle healthcare is provided to fit the needs and circumstances of patients and avoids wasteful care. This includes keeping people healthy and living independently in their own homes and communities as much as possible, thus reducing inappropriate demand on more acute healthcare services, and returning people back to their communities from acute care as quickly as safety allows, thus improving the flow through the healthcare system.

Supporting those at highest risk

34. Health Boards are identifying those patients at high risk of admission and are particularly focusing on the frail elderly. To support this, within primary care, some Health Boards have purchased a software package to risk stratify patients who will then be discussed at primary care Multi-Disciplinary Team (MDTs) meetings. These MDTs proactively develop management plans to reduce the risk of avoidable hospital admissions.

35. Community Services play a significant role in maintaining patients at home and avoiding unnecessary hospital admissions. Health Boards have identified resources and services to address the surges in activity experienced during the winter months when levels of patient acuity can increase. There is a focus on providing re-ablement, rapid response domiciliary care service and

step up facilities to avoid hospital admissions. This is supported by the development of roles to focus on and develop community resilience with the third sector. Through funding from the Intermediate Care Fund, IMTP and Cluster Networks, community teams have been strengthened.

36. National pathways have been developed with the WAST which includes Falls, resolved Hypoglycaemia and resolved Epilepsy. Further pathways are being developed with the implementation of 111 service in 2016 in Abertawe Bro Morgannwg University Health Board. In addition, there are a number of more local pathways, a good example of which is that for mental health in Cardiff and the Vale University Health Board. The Frailty Pathway is also being developed across a number of hospital sites to provide timely elderly assessment to avoid admissions. Frequent hospital attenders are also reviewed jointly between Health Boards and the WAST and management plans are put in place to avoid hospital conveyance and admission where appropriate. Again, there is more detail about this in the separate evidence submission from the WAST.

Choose Well campaign

37. The Choose Well campaign was developed in 2011 to give people more information and to help them make the right decision on which services they choose based on their symptoms. This helps people access the right treatment and professional advice when they need it. Health Boards and Trusts are working to educate their local population in regards to the provision and availability of alternative services. The Choose Well campaign is promoted at every opportunity by the NHS in Wales, including in any public engagement events and through social media.

38. In addition to the Choose Well campaign the Welsh Government has introduced Choose Pharmacy. Originally it was piloted in 32 pharmacies, 19 pharmacies in the Betsi Cadwaladr University Health Board and 13 in the Cwm Taf University Health Board area in October 2014. It provides patients access to free treatment for a rage of common ailments from the pharmacy rather than them having to make an appointment to see the GP. In March 2016 Choose Pharmacy was extended to cover the whole of Wales and the scheme should help to free up GP time to deal with people with more complex needs – up to 18% of GPs' workload and 8% of emergency department consultations are estimated to relate to minor ailments,[iv] such as coughs, colds, ear ache, hay fever, conjunctivitis and head lice. A review[v] into Choose Pharmacy has already highlighted several positive outcomes, including improved patient access, better use of pharmacists' skills and resources, and improved public understanding of the support available at their local pharmacy.

Joint working with Public Health Wales NHS Trust

39. There has been a significant amount of work between Health Boards and Public Health Wales NHS Trust to plan for the flu campaign. This has executive director leadership and senior management support in many Health Boards. Flu champions are identified within nursing teams and community nurses have undergone training to immunise patients on their caseloads.

40. There has been collaborative working between Health Boards and Public Health Wales NHS Trust in relation to adverse weather forecast and anticipatory planning to support anticipatory management of respiratory conditions. Also Public Health Wales NHS Trust provide intelligence in terms of any impact specific issues can have e.g. norovirus impacting on nearby Health Boards to enable early warning triggers.

iii. The actions needed to produce sustainable improvements to urgent and emergency care services, and the whole system, ensuring the Welsh NHS builds resilience to seasonal demand and to improve the position for the future.

Vision for NHS Wales

41. There is a huge degree of consensus across health and care organisations on the key challenges facing the health and care system as a whole. If we are to better meet people's needs and ensure taxpayers get the best possible value from the money we put into health and care services then change will be necessary. Recognising the need for action, the Welsh NHS Confederation is calling on the Welsh Government to develop a long term vision and ten year strategy for sustainable health and care services in Wales**.** The development of an explicit vision and strategy for health and care would help NHS organisations to develop and implement new service delivery models and transformational change with greater pace and scale. It will provide a strong strategic context for change that is understood and supported by politicians, partners and the public.

Integration

42. Integration across health and social care is key. The health and well-being of the population is not the sole responsibility of the NHS - everyone must come together to play their part. To provide patient-centred care, collaborative working is vital. Integration needs to happen, both within and outside the health service. The NHS will not be able to rise to the challenges it faces without the help of our colleagues in other sectors, including housing, education and, in particular, those in social services. The new Public Service Boards, introduced as part of the Well-being of Future Generations (Wales) Act 2015, will enable public services to commission and plan collaboratively, ensuring that services are integrated and that care and support provided improves health and well-being outcomes for the local population. The Act should help drive collective decision making models within national and regional priorities, especially around service reconfiguration.

Prevention

43. Prevention and early intervention to improve population health is a national priority for the NHS in Wales. We all recognise that it is the key to improving the health and well-being of the whole population, while helping to manage demand on secondary care. Wales faces a significant number of public health challenges, including high levels of obesity, drinking above the guidelines, smoking and poor levels of physical activity. The impact of such behaviours on our health is resulting in significant demand being placed on the health service. Bold decisions are now required to make industrial scale change in our services and shift the funding to support people to make better lifestyle choices.

Self-care

44. The vision for unscheduled care in Wales is that people should be supported to remain as independent as possible, that it should be easy to get the right help when needed and that no one should have to wait unnecessarily for the care they need, or wait to go back to their place of residence. The NHS in Wales will achieve this by working with patients and carers as equal partners to provide prudent care.

45. 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 the winter. Furthermore there is a need for an open and honest conversation with the public about what the NHS can provide in the future. While the NHS is free at the point of contact, it is not free of obligation, and the public will need to be supported in taking more responsibility for their own health. Patients

need to become partners in managing and improving their health, rather than passive recipients of healthcare. 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.

Service change

46. With increase demand it is clear that the NHS needs to transform and adapt when it comes to the way it approaches care and treatment for people. For the sustainability of the NHS to be secured, and for it to continue to deliver high quality care, it cannot do things in the same way. This trend is likely to continue unless system change is addressed and a way of funding across pathways of care can ensure parity of resources aimed at primary and community based services, which are proven to keep people out of hospital settings.

47. While social care is an important part of the solution, improvements and substitution of services will not manage all the pressures on the system. There is also a need to remove some of the complexity of different services that has been built into the system which can confuse the public. However, in the absence of accurate data outside hospital, fostering a better understanding of the way that local systems work will not be easy.

The role of primary care

48. The OECD Review of Health Care Quality UK, raising standards,[vi] recommended that Wales should "Put Primary Care front and centre as a force for dynamic system change". It proposes that this requires the continued growth and support of primary care clusters and their activities as well as fostering new models of care delivery, incentivising innovation and new ways of working. This reinforces the work that is already underway and requires a sharpening of focus and increase in pace of delivery.

49. Implementation of 'Our plan for a Primary Care service for Wales up to March 2018',[vii] has progressed over the last 12 months, supported by additional funding for Cluster Networks and pacesetters. However, significant progress will only be made if equal priority is given at both individual Health Board and national level to improving primary, community and social care alongside secondary care. This will require the development of a balanced approach at Health Board level to core funding of areas where real evidence demonstrates benefits accruing to the whole system.

Conclusion

50. The NHS in Wales continues to work in an integrated and planned way to alleviate the pressures and challenges that it faces, especially during the winter period. In order to adequately respond to the pressures that health and care services are facing, 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.

---

[i] Nuffield Trust, June 2014. A Decade of Austerity in Wales? The funding pressures facing the NHS in Wales to 2025/26.

[ii] Welsh Government, August 2016. Together for Health: Annual Report 2016 for the Critically Ill

[iii] Health statistics Wales 2014, Summary results, Table 15.2 and Chapter 16, Table 16.1, Welsh Government.

[iv] Pharmacy Research UK, January 2014. Community Pharmacy Management of Minor Illnesses (MINA Study).

[v] Welsh Government, July 2015. Evaluation of the Choose Pharmacy common ailments service.
[vi] OECD, February 2016. Reviews of Health Care Quality: United Kingdom 2016.
[vii] Welsh Government, February 2015. Our plan for a Primary Care service for Wales up to March 2018.

Agenda Item 4

Coleg Nyrsio Brenhinol Cymru
Royal College of Nursing Wales

INQUIRY INTO WINTER PREPAREDNESS 2016/17

Submission from the Royal College of Nursing Wales

Presented to the National Assembly for Wales Health, Social Care and Sport Committee

09/09/16

ABOUT THE ROYAL COLLEGE OF NURSING (RCN)

The RCN is the world's largest professional union of nurses, representing 430,000 nurses, midwives, health visitors, health care support workers and nursing students, including over 25,000 members in Wales. RCN members work in a variety of settings including the NHS and the independent sector. The RCN works locally, nationally and internationally to promote standards of care and the interests of patients and nurses, and of nursing as a profession. The RCN is a UK-wide organisation, with its own National Boards for Wales, Scotland and Northern Ireland. The RCN is a major contributor to nursing practice, standards of care, and public policy as it affects health and nursing.

INQUIRY INTO WINTER PREPAREDNESS 2016/17

Submission from the Royal College of Nursing Wales

1. RCN Wales believes the traditional pressure experienced by health services (particularly in emergency care) during the winter period from November to March has in recent years becomes an all year concern.

2. This change is symptomatic of the broader pressures facing health and social care services. Historically, the focus has been on the provision of Accident and Emergency services however the pressures are wide ranging and multi factorial. The outcome of these pressures result in significant risk to the quality of patient care, safety and increased morbidity and mortality rates[1].

The current pressures facing unscheduled care services

3. The key pressures facing unscheduled care services are staff shortages which are a result of inadequate workforce planning. This chronic shortage of staff brings additional staff stressors which result in increased sickness and problems with retention[2]. An additional factor is the retirement phenomenon where one third of the workforce is nearing retirement[3]

4. The rapid decline in District Nurses in recent years alongside the disinvestment in community Rapid Response Teams is increasing the pressures on other services[4]. This disinvestment of Primary and Community services in turn leads to unnecessary admissions to hospital which in turn leads to queues of ambulances outside of A&E departments and cancelled operations whilst delayed transfers of care affects the seamless transition between health and social care sectors.

5. Building better multidisciplinary care for people with complex needs would see a reduction in these unnecessary admissions[5]. In addition extended opening hours for GP surgeries[6] and better use of Triage by the best person with the right skills

[1] Royal College of Nursing (2013) RCN Labour Market Review: Safe Staffing Levels- A National Imperative. The UK Nursing Workforce Labour Market Review 2015. London: NMC.
[2] Royal College of Nursing (2013) Beyond Breaking Point: A Survey of RCN Members in Health Wellbeing and Stress. London: RCN.
[3] Institute for Employment Studies (2016) The Labour Market for Nurses in the UK and its relationship to the demand for and supply of International Nurses in the NHS. IES: Brighton.
[4] BBC News . 2016. *Royal College of Nursing concern over fall in district nurses in Wales*. [ONLINE] Available at: http://www.bbc.co.uk/news/uk-wales-36828072. [Accessed 18 August 2016].
[5] Edwards, N. (2014) Community Services: How They Can Transform Care. London. The Kings Fund.
[6] PULSE. 2013. *Longer GP opening hours needed to boost productivity*. [ONLINE] Available at: http://www.pulsetoday.co.uk/your-practice/regulation/longer-gp-opening-hours-needed-to-boost-productivity-says-monitor/20004689.fullarticle. [Accessed 18 August 2016].

would alleviate pressures, improve the patient journey and lead to better outcomes[7].

6. An additional pressure is the delay in the 'Go Live Dates' for the 111 service due to IT processes. The introduction of 111 was to amalgamate and streamline the current services of NHS Direct and the Out of Hours Service. The delay in implementation could potentially be adding to unscheduled care pressures due to lack of appropriate services and therefore patients being signposted to Accident and Emergency[8].

Has been sufficient progress in the Fourth Assembly?

7. The Royal College of Nursing Wales does not believe there has been sufficient progress in making the NHS system more robust and effective at dealing with these demands. Attached as an Annex1 to this evidence is the document Emergency Care - A Call for Action 2009. This is a set of recommendations presented by the Royal College of Nursing Wales to improve the emergency care service to the Welsh Government in September 2009. Regrettably most of these calls for action are still relevant. We draw the Committee's attention in particular to recommendations 9 and 10 which call for investment in primary and community care.

The actions needed to produce sustainable improvements

8. The RCN is holding a conference on the 26th September 2016 in Cardiff to examine some of these issues to utilise our member's expertise. Committee Members and Secretariat are invited to attend and we would be delighted to welcome you. Topics areas for discussion will be: Emergency Care for the People of Wales; Opportunities & Challenges; Patient Flow; A Modern Responsive Emergency Department; The contribution of nursing to emergency care triage.

9. We would be happy to send a short note sharing the outcome of this conference to the Committee.

10. In conclusion RCN Wales believes the following actions are needed to produce sustainable improvements to urgent and emergency care services, and the whole system, ensuring the Welsh NHS builds resilience to seasonal demand and to improve the position for the future.

[7] Department of Health (2015) Delivering high quality, effective, compassionate care: Developing the right people with the right skills and the right values. DH: Williams Lea Publishers.
A mandate from the Government to Health Education England: April 2015 to March 2016
[8] The King Fund . 2016. *What's going on in A&E?* [ONLINE] Available at: http://www.kingsfund.org.uk/projects/urgent-emergency-care/urgent-and-emergency-care-mythbusters? [Accessed 18 August 2016].

- Improved workforce planning to address the shortages of nurses, this should consider increasing the numbers of pre-registration places, better coordination and management of clinical placements.

- Improved coordination and management in relation to recruiting and retaining international nurses.

- Development and deployment of enhanced skill mix including triage to ensure the right people deliver the right care in the right place at the right time.

- Greater investment in, and increased access to the primary care team (including nurse practitioners with independent prescribing).

- Greater investment in community healthcare services with a particular reference to the need to increase the numbers of District Nurses and Rapid Response teams;

- Emphasis on citizen engagement to ensure patients access the right services for example extensive publicity of the ‘Choose Well’ campaign.