



Royal College
of Surgeons

ADVANCING SURGICAL CARE

WP 19

Ymchwiliad i barodrwydd ar gyfer y gaeaf 2016

Inquiry into winter preparedness 2016/17

Ymateb gan: Cymdeithas Fferyllol Frenhinol

Response from: Royal College of Surgeons

The Royal College of Surgeons of England

35-43 Lincoln's Inn Fields

London WC2A 3PE

T:


E:

W: www.rcseng.ac.uk

Registered Charity No. 212808

Inquiry into winter preparedness 2016/17

Consultation Response
The Royal College of Surgeons

For further information about our evidence please contact 

The Royal College of Surgeons (RCS) is a professional body that sets the highest standards for surgical practice and training in order to deliver safe and high quality patient care.

We welcome the opportunity to respond to this consultation and we are keen to appear before the Committee to discuss our concerns.

NHS Narnia

Winter commonly brings with it a number of pressures for the NHS; both on planned care and emergency care. This is not because there are more admissions than at other times of the year but in large part due to the profile of patients. Many of those admitted at winter tend to be frail older patients, with multiple conditions, and who often require longer stays in hospital.

However, while the Committee's focus is on winter preparedness, our concern is that the NHS has become like the fictional world of Narnia with winter pressures now felt perpetually all year round. It is now not uncommon for surgeons to be stopping all planned surgery for many months of the year. Such is the extent of the pressures, last Winter some of our members told us they had not carried out regular planned surgery since June or July.

Each day health boards in Wales rates each hospital in respect of its emergency pressures and the escalation requirements for each hospital in the NHS from Levels 1 to 4. As an example of the current pressures in hospitals, towards the end of last Winter on 1 March 2016 the majority of hospitals in Wales were rated at 'Level 4'. This level means the hospital is under 'Extreme Pressure' and the NHS' description for this level is stark¹ including:

- Emergency admissions have significantly exceeded predicted levels and available capacity.
- Some patients are waiting more than 12 hours to be seen.
- Some patients arriving by ambulance are taking more than an hour to be transferred.
- No critical care or intensive care units are available.
- Health boards are instructed to cancel planned activity for the next 24 hours.

The pressures facing the NHS

There are a number of reasons why Winter pressures are now felt all-year round. These include:

- Increasing demand especially from older patients who often need multiple nights in a hospital bed due to their frailty.
- Lack of capacity in the community to treat older patients meaning hospitals become the default site of care.

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<http://www.wales.nhs.uk/sitesplus/documents/862/Item10IA7NationalEmergencyPressuresEscalation%26De-EscalationActionPlan.pdf>

- Lack of capacity in hospitals, especially in terms of beds. As our 2015 report, *The State of Surgery in Wales*, highlighted there is a particular problem with lack of critical care beds.
- A large number of patients attending A&E that do not require treatment but who then slow down the ability of hospitals to care for patients in more urgent need. The College supports the Welsh Government's Choose Well campaign which encourages people to pick the right NHS service for their illness or injury so those with the most life-threatening problems can be seen quickly.

Spikes in ill-health, such as high levels of flu and other infectious diseases, can also add further pressure on hospitals. In some instances hospitals have to close wards due to outbreaks of norovirus.

All of these pressures combine to lengthen waiting times, delay discharges from hospital, increase cancelled operations, and ultimately reduce the quality of care patients receive and experience.

What can we do?

Focusing specifically on tackling pressures this winter will only act as a sticking plaster. The Welsh NHS needs to look more fundamentally at the way we provide care to tackle the underlying issues facing hospital pressures. This means:

- Looking at how we can provide more care, especially for older patients, in the community. Many wards have become like expensive care homes; many of these patients should not be in hospital. This also means looking at boosting other forms of primary and community care such as minor injury units.
- Increasing capacity in hospitals, particularly providing more critical care beds. Looking at whether we can ring-fence beds for elective care in the winter in order to carry on treating patients on the waiting list (while balancing this against the need to admit emergencies).
- Providing support for those local areas trying to reconfigure services to make the best use of capacity.
- Outsourcing more procedures to other types of provide, or other parts of the UK, in order to improve waiting times for Welsh NHS patients.
- More investment in falls prevention.
- Continuing to look at how we improve discharge arrangements so people are not staying in hospital unnecessarily.

We would be happy to discuss all these proposals in more detail with the Committee.