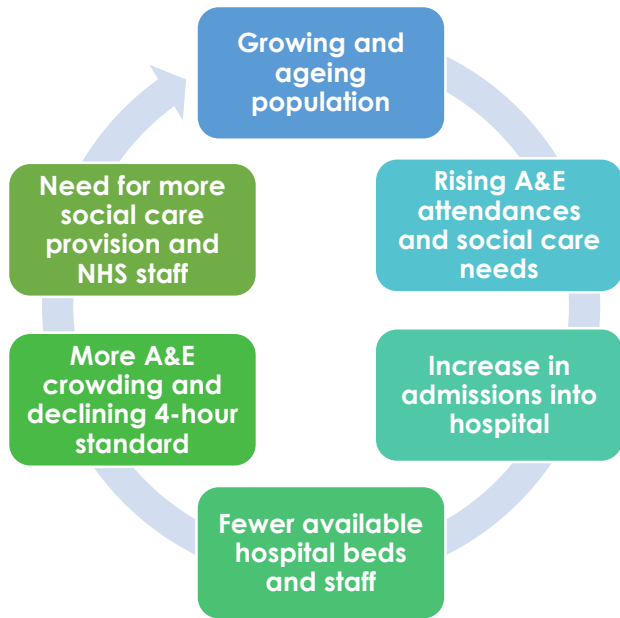


Winter Pressures in Welsh Emergency Departments Explained

NHS Wales' medical workforce faces a significant challenge to meet the health needs of a growing and ageing population with increasingly complex conditions. Winter 2016-17 saw extreme pressures on services resulting in declining 4-hour standards, crowded departments and 'exit block', effecting the overall quality of care that patients received.

A continuous cycle



Hospital beds

-14.6%

There has been a steady decline in the number of hospital beds between 2009 and 2016 by 1,872 beds or -14.6%:

- 12,806.7 beds in 2009/10
- 10,934.7 beds in 2015/16.



Hospital staff

The number of consultants per attendance has also deteriorated:

- 1 to every 11,575 in 2013-14
- 1 to every 12,230 in 2014-15.



Population growth

The number of people aged 65+ has risen by 2% in only one year:

- 614,747 in 2014
- 624,773 in 2015.



By 2039, the population of Wales is forecast to grow by at least 5% whilst the number of 65+ will rise by 44%.

ED attendances

A&E attendances have increased by 5.4% in 3 years, equal to the number seen in a standard Welsh DGH ED:

- 306,739 Oct-Jan '14
- 323,429 Oct-Jan '17.



Attendances during October 2016 to January 2017 rose by 379 visits compared to the previous year:

- 323,050 Oct-Jan '16
- 323,429 Oct-Jan '17.

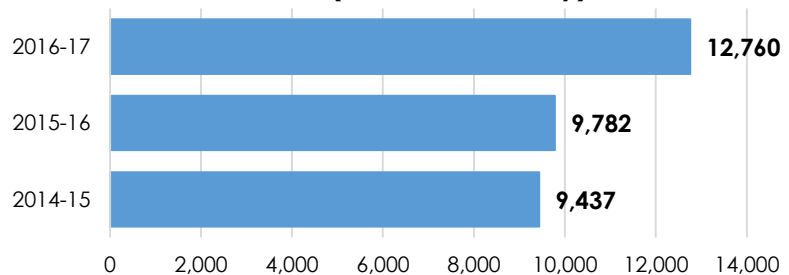
A&E performance

4-hour performance has decreased from 87.5% (Dec 2013) to 75.9% (Dec 2016) in major departments – far below the target of 95%.



The number of people waiting over 12 hours has risen by 35% in only two years. In Jan 2017 alone, 5.2% of ED patients waited more than 12 hours.

Number of people waiting more than 12 hours in EDs (October-January)



Recommendations

- Exit block and overcrowding must be tackled. More social care in the community and an increase in the number of hospital beds would help minimise these prevailing issues.
- More social care provision is also paramount to keep to pace with the growing and ageing population and relieve pressure off primary and secondary services.
- Safe and sustainable staffing levels must be achieved. To fill the current workforce spaces and to keep up with demand, more emergency medicine trainee places are essential.
- Primary care facilities should be co-located with ED services including frailty teams, pharmacists, mental health specialists and GPs so patients receive the correct treatment as quickly as possible.
- To adequately prepare for winter 2017-18, we believe that planning needs to start now.