Royal College of Physicians

Submission

Health Select Committee: Planning for winter pressure in accident and emergency departments

Royal College of Physicians' submission

Summary

- The causes of the problems facing emergency departments are complex and reflect wider pressures on the NHS and social care.
- Hospital trusts are operating in an under-funded, under-doctored and overstretched health service which is resulting in increasing demand on accident and emergency (A&E) departments.
- Research conducted by the RCP between 2014-2015 shows that 40% of advertised consultant vacancies remain unfilled; the most common reason is due to a lack of suitable candidates. This is significantly impacting on the ability of doctors to deliver high quality care for patients.
- Underfunding of social care, staffing shortages, and lack of hospital beds all contribute to delayed transfers of care which place increasing pressures on A&E departments.
- The RCP, through its Future Hospital Programme, is exploring new and innovative ways of delivering care, thus alleviating pressures on the emergency department. This includes better coordination of care and treatment of patients to help them leave hospital as soon as possible and prevent unnecessary hospital admission as well as partnership working between hospital and community services to reduce delayed discharge.

Introduction

1. The Royal College of Physicians (RCP) welcomes this opportunity to respond to the Health Select Committee's inquiry on planning for winter pressure in A&E departments. This response is based on the experiences of our members and fellows (primarily hospital-based doctors).

2. Demand on A&E departments is increasing with hospitals increasingly struggling to cope. In quarter three of 2015/16 (October to December 2015), the proportion of patients spending longer than four hours in A&E reached its highest level in over a decade[1]. Nine out of ten hospitals with major 'type 1' A&E departments (as opposed to single specialty units, walk-in centres and minor injuries units) breached the standard. The causes of the problems facing emergency departments are complex and reflect wider pressures on the NHS and social care. The RCP's evidence will identify some of the causes and outline work being undertaken by development sites as part of the Future Hospital Programme (FHP) which has gone some way to relieving pressures on A&E departments.

[1] What's going on in A&E? The key questions answered. The King's Fund [accessed July 2016]

Evidence

Delayed transfer from A&E departments to wider hospital and into the community

3. There are a number of barriers preventing hospital trusts from dealing effectively with winter pressures in emergency departments. Barriers include delayed transfers of care leading to ineffective management of patient flows. There was little variation in the number of delayed transfers of care[2] until the start of 2014/15 but since then the total number of delayed days has increased by 33 per cent, and are currently at their highest point since 2008[3]. There has been a particularly steep increase in England in 2015, with delayed days rising 12 per cent (equivalent to 16,030 extra delayed days) between April and December 2015[4]. Studies suggest that as many as 40% of patients who die in hospital do not have the medical needs that require them to be there[5]. Furthermore, at least 25% of hospital beds are occupied by people with dementia, many of whom are likely to stay more than twice as long in hospital than other patients aged over 65[6]. This is primarily because of a lack of community based services[7]. The situation is compounded by the challenging financial circumstances in which hospital trusts operate, with 131 of 138 trusts in deficit according to the 2015-16 third quarter accounts[8].

4. Managing patient flows between the emergency department, acute medical unit and specialty wards depend on effective transfers of care and timely discharge of patients. Underfunding of social care, lack of beds and issues with recruitment and retention of doctors mean that hospitals often struggle to effectively transfer patients while maintaining a high level of care.

Staff shortages

5. Our members and fellows are working in an, under-funded, under-doctored and overstretched health service. Patient demand matched with significant workforce gaps are making it difficult to care for patients. Research conducted by the RCP between 2014-2015 shows that 40% of advertised consultant vacancies remain unfilled; the most common reason is due to a lack of suitable candidates[9]. This is significantly impacting on the ability of doctors to deliver high quality care for patients. 21% of consultants have reported 'significant gaps in the trainees rotas such that patient care is compromised'[10]. These figures are concerning as the specialties most closely associated with alleviating pressure on emergency departments are seeing the highest staffing

[2] A 'delayed transfer of care' or 'delayed day' occurs when an adult inpatient in hospital (children are excluded from this definition) is ready to go home or move to a less acute stage of care but is prevented from doing so
[3] What's going on in A&E? The key questions answered. The King's Fund [accessed July 2016]
[4] What's going on in A&E? The key questions answered. The King's Fund [accessed July 2016]
[5] Royal College of Physicians 2014. National care of the dying audit for hospitals, England: May 2014
[6] Alzheimer's Society. *Fix Dementia Care in Hospitals*. 2016
[7] Dementia patients stay in hospital 'because of home help care shortage'. The Telegraph 30 March 2015.
[8] Virtually all hospitals now in deficit. BBC News [accessed July 2016]
[9] Federation of the Royal College of Physicians of the UK. *Census of consultant physicians and higher specialty trainees in the UK 2014-15.* London: Royal College of Physicians, 2016
[10] Federation of the Royal College of Physicians of the UK. *Census of consultant physicians and higher specialty trainees in the UK 2014-15.* London: Royal College of Physicians, 2016.

gaps, with geriatric and acute medicine reporting the greatest number of cancelled and failed consultant appointments.

6. The staffing crisis is impacting on physicians' ability to swiftly assess patients after they present at A&E departments, to tailor their care plans and to achieve safe and timely transfers of care. This can negatively impact on patient experience and leaves wards unable to alleviate pressures on A&E departments. Targets on A&E waiting times are difficult to achieve unless there is enough staff to transfer patients or discharge them in a timely manner.

Shortage of hospital beds

7. Hospital bed shortages also compound problems with patient flow. The UK has the second lowest number of hospital beds per 1,000 of the population among 23 European countries[11]. Our members and fellows often cite that moving patients from acute medical units to general or specialty wards can be problematic because there are no beds available. These are older patient who are deemed well enough to receive care in the community but cannot be transferred due to a lack of services in community settings.

Wider health and care setting

8. According to the King's Fund, the proportion of delayed discharges attributable to social care has risen recently (from 26 per cent at the end of 2014/15 to 31 per cent in the third quarter of 2015/16)[12]. This reflects pressures faced by local councils, which have seen significant cuts to their budgets in recent years. Spending on social care began to fall in real terms from 2009, though it has fallen much more steeply since 2010[13]. The Local Government Association estimates that social care faces a funding gap of £4.3 billion by 2020[14]. The RCP believes that it is unrealistic for the NHS and social care system to absorb these pressures. The RCP has repeatedly called for both social care and the NHS to receive sufficient funding to ensure that care is focused around the needs of patients[15].

How services can be improved

9. **Acute Medical Units (AMU)**: There is clear evidence that well run AMUs help reduce mortality, length of stay and readmissions[16]. AMUs staffed by multidisciplinary teams and led by acute medicine physicians have the potential to improve the quality and the safety of care of a significant proportion of acutely ill patients. The RCP recommends the establishment of AMUs to enable hospitals to respond more effectively and safely to the increasingly complex demands placed on the hospital with regard to acute medical care.

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[11] UK 'has fewer hospital beds per person than most European countries'. The Guardian [accessed July 2016].
[12] What's going on in A&E? The key questions answered. The King's Fund [accessed July 2016]
[13] How serious are the pressures in social care? The King's Fund [accessed July 2016]
[14] *Adult social care funding: 2014 state of the nation report*. Local Government Association. 2014
[15] Doctors urge chancellor to increase social care funding. BBC News [accessed July 2016]
[16] Scott, I; Vaughan, L; Bell, D. Effectiveness of acute medical units in hospitals: a systematic review. *International Journal for Quality in Health Care,* 2009; Volume 21, Number 6: pp. 397 –407.

10. **Ambulatory emergency care**: Some clinical teams across England have recognised that a new approach is needed to deal with the considerable pressures faced by A&E departments, and have successfully redesigned their systems to manage demand by implementing ambulatory emergency care (AEC) as part of the solution[17]. Ambulatory care is clinical care which may include diagnosis, observation, treatment and rehabilitation, not provided within the traditional hospital bed base or within the traditional outpatient services[18].

11. Implementing AEC ensures that where appropriate, emergency patients presenting to hospital for admission are rapidly assessed and streamed to AEC, to be diagnosed and treated on the same day with ongoing clinical care. Processes are streamlined, including review by a consultant, timely access to diagnostics and treatments all being delivered within one working day. This has improved both clinical outcomes and patient experience, while reducing costs. Clinical teams using this approach report managing significant numbers of emergency patients quickly, without the need for full admission, converting at least 20–30% of emergency admissions to AEC[19].

12. AEC can be particularly valuable in the assessment and management of frail, older patients being managed with pathways supported by a multidisciplinary team with good links to services in primary care, the community and local authorities. These links can offer rapid assessment and interventions for older people, which can avoid an inpatient stay. For older people, access to these services is important to live safely at home and avoid unnecessary readmission.

Prevention of admission to hospital

13. The RCP is also working with local clinical teams through our flagship Future Hospital Programme (FHP) to develop innovative models of care to help meet patient need using current resources[20]. Two of these programmes are working to reduce the admission of patients to hospital and ensure that they receive care in the community. The sites are based at Mid Yorkshire NHS Hospital Trust and East Lancashire Hospitals Trust.

14. Mid Yorkshire NHS Hospitals Trust has established a Rapid Elderly Assessment Care Team (REACT) within the acute admissions unit at Pinderfields Hospital in Wakefield. REACT are a multidisciplinary team made up of geriatric consultants, specialist nurses and therapists who work together to assess patients aged 80 and over, or those aged 65 and older who are care home residents, within 24 hours of their arrival at hospital. The team meet daily to coordinate the care and treatment of patients to help them leave hospital as soon as possible and prevent unnecessary hospital admission. The multidisciplinary nature of the team means that they are able to offer person centred care because they provide people both the health and therapeutic services they need.

[17] Royal College of Physicians. Acute Care Toolkit 10. Ambulatory Emergency Care. October 2014
[18] Royal College of Physicians. *Acute medical care: The right person, in the right setting – first time. Report of the Acute Medical Task Force.* London: RCP, 2007: p xxi. Endorsed by The College of Emergency Medicine, 2012.
[19] Blunt I. *Focus on preventable admissions: Trends in emergency admissions for ambulatory care sensitive conditions, 2001 to 2013.* London: The Health Foundation and the Nuffield Trust, 2013.
[20] https://www.rcplondon.ac.uk/projects/future-hospital-programme

15. Since the REACT team was established in 2014, Pinderfields Hospital has seen significant improvements in the number of patients receiving care in the community rather than being admitted to hospital. Comparing data from 2014 to 2015, there has been a 24% increase in the number of people with frailty being transferred to community care rather than moving onto a ward in hospital. The total number of hospital ward admissions for patients aged over 80 also decreased by 14% during the same period in 2014 to 2015. This quick assessment by a multidisciplinary team at the front door of the hospital ensures that patients are able to access the care most suitable to their individual needs and relieved some of the pressures faced by staff in the rest of the hospital.

16. Another FHP development site at East Lancashire Hospitals Trust aims to identify frail older patients who are available for discharge the same day they present at hospital. The medical assessment unit (MAU) nurse monitors the acute intake of frail older people in order to identify patients suitable for rapid discharge, arranges their comprehensive geriatric assessment and liaises with secondary and social care professionals to plan for safe same-day discharge.

17. Preliminary data from the East Lancashire Hospitals Trust project suggests that 59% of admissions were avoided using this care model since the project started in 2014[21]. If admission can be avoided by streamlining the patient journey from the MAU through to social care, frail older people can be supported to leave hospital quickly and to live independently in the community.

18. The REACT team in Pinderfields Hospital has also been working closely with third sector providers to improve the transfer of care from the hospital to the community. Age UK regularly come into the acute assessment unit at the hospital to provide safe transfers of care into the community[22]; they offer transport and a grocery shopping service so that vulnerable older people are not discharged without adequate support. Working collaboratively with health and social care professionals outside of the hospital building has enabled frail older people to receive personalised care, which has helped them to maintain their independence and prevent readmission.

19. The partnership working between hospital and community services has reduced delayed discharge. Integrated secondary and social care for older people has secured lower rates of bed use according to research conducted by The King's Fund and hospitals operating in an integrated way also tend to have lower admission rates which provide a better patient experience[23].

[21] Temple, M; Dytham, L; Bristow, H. *Action learning at the Future Hospital development sites.* Future Hospital Journal 2016 Vol 3, No 1: 13–5

[22] http://www.ageuk.org.uk/brandpartnerglobal/wakefielddistrictvpp/documents/frailty%20conference/frailty%20in%20secondary%20care.pdf

[23] Imison C, Poteliakhoff E, Thompson J. *Older people and emergency bed use. Exploring variation*. London: The King's Fund, 2012.

Conclusion

20. The problems facing emergency departments particularly during winter are complex and cannot be solved using a single solution. Reducing the volume of delayed transfers of care will go some way to alleviating pressures on emergency departments. However, the impact of an underfunded social care system is adding to the pressures being experienced in hospitals, with patients staying longer in hospital than necessary due to lack of services in the community. Furthermore, there is an ever-pressing need to find a national solution to problems with recruitment and retention of doctors, as without physicians on the ground, patient care will always be compromised. As the FHP project teams show, effective multidisciplinary teams and the integration of healthcare services achieve better patient outcomes and experiences, thus alleviating pressures on A&E departments.

About the RCP

21. The RCP plays a leading role in the delivery of high quality patient care by setting standards of medical practice and promoting clinical excellence. We provide physicians in the United Kingdom and overseas with education, training and support throughout their careers. As an independent body representing almost 32,000 fellows and members worldwide, we advise and work with government, the public, patients and other professions to improve health and healthcare. Our primary interest is in building a health system that delivers high quality care for patients.

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