

Winter planning announcements

Introduction

This morning the government and the national bodies made a series of announcements related to winter planning in the NHS, summarised them below, along with NHS Providers response. We would welcome your feedback on these announcements and your trust's planning for the winter months.

Capital funding

The Department of health and social care has **announced** that £145 million of funding will be made available for some NHS trusts to improve emergency care this winter. The funding, which comes from the Department of Health and Social Care's existing budget will be brought forward from future years and will be spent on measures designed to reduce pressure on NHS services during the winter period, including:

- Upgrading wards
- Redeveloping A&E departments
- Improving same-day emergency care
- Improving systems for managing the number of beds in use
- Creation of an extra 900 beds

We understand that trusts in receipt of the funding need to ensure it is spent by 31 December.

Winter planning letter

Pauline Philip, national director of urgent and emergency care at NHSE and NHI has **written to NHS leaders** outlining the challenges of the previous winter and reiterating the need for winter plans to commit to 90% performance against the four-hour operational target and maintaining the number of patients on elective waiting lists.

The letter outlines a number of aims for trusts to consider in their planning for the winter, including:

- **Reducing the number of long-stay patients in hospital** – trusts are reminded of the ambition to reduce the number of beds occupied by long stay patients by 25% and free up 4,000 beds compared to 2017, supporting patients to move out of the acute setting and ensuring patients receive the appropriate level of care in their own homes.
- **Triaging patients away from A&E departments and admitted pathways** – the letter highlights that the best performing A&E departments triage patients into other pathways, including using primary care

for minor illnesses and injuries, consistently treating over 99% of non-admitted patients in less than four hours, and managing up to 50% of acute medical referrals via non-admitted care pathways.

- **Healthcare worker flu vaccination** – the letter refers to the letter sent to trusts (outlined below), regarding guidance around achieving near-universal flu vaccine uptake by healthcare workers, ensuring easy access to vaccination and considering re-deploying unvaccinated staff away from higher-risk clinical areas to protect the most vulnerable patients
- **Primary care** – the letter acknowledges the fundamental role of primary care in managing increasing demand over winter. It outlines that patients across the country will have more convenient access to GP services by October, as well as the availability of a tool for general practices to measure appointment capacity to help them better understand demand. CCGs will be required to ensure there is adequate capacity in primary care and UTCs as well as good public awareness of what is available.
- **Mental health** – leaders are advised that urgent and emergency mental health services should be included in local planning, including identifying gaps in local capacity and prevent emergency admissions, including increasing capacity in community mental health crisis services, moving towards provision of 24/7 liaison psychiatry to provide safe care in hospitals, and ensuring sufficient capacity in core community and acute mental health services.

Flu vaccinations

As part of the comprehensive plan for winter, trusts have also been advised by NHS England and NHS Improvement that 100% of NHS staff should receive the flu vaccination to help protect patients and reduce the impact of flu ahead of the winter months. In her letter, Ms Philip advised trusts that staff who decide not to be vaccinated should be asked to explain why, and those caring for patients with highest vulnerability to flu should be considered for redeployment to promote patient safety. The letter also reminds trusts of the national ambition to free up 4,000 acute beds by the end of December 2018.

This announcement follows a review of last winter which found that the health service came under significant pressure as a result of a ‘perfect storm’ of extreme weather, the worst flu season in almost a decade, and norovirus outbreaks.

Review of winter

NHS Improvement’s [review of winter 2017/18](#), also published today reflects the surge in demand experienced across almost all services last winter. Their review reflects the hard work and commitment of trusts and their staff in these difficult months. It found that compared to the previous year, 400,000 more people called NHS 111, 290,000 more people attended A&E departments, and 100,000 more people were admitted to hospital as an emergency. The review identified issues contributing to the “challenging” winter period such as:

- Long A&E waiting times
- Delays in ambulance transfers and transfers to a ward from A&E
- Unprecedented demand for NHS services
- High bed occupancy

- High numbers of stranded and long-stay patients in the new year

The review identifies key priorities for the coming winter to improve patient flow, increase capacity within the NHS throughout winter, and improve performance during the winter months. The key elements of the 2018/19 winter plan include:

- Robust system-wide capacity and demand planning for emergency and elective care, with realistic assumptions and operational change to fill any 'gaps'
- Operational improvement, including a major focus on reducing bed occupancy
- System and trust performance management, with tailored support for individual systems and high intensity support for the most challenged systems
- Standardised operating approach including increased healthcare worker flu vaccination levels and minimising minor breaches
- Strong national and regional leadership with a regional director and an operations lead in each of the seven new regions
- Transformation of UEC services and delivering the five year forward view vision, including NHS 111 Online nationwide, standardising urgent treatment centres, and full implementing the ambulance response programme.

NHS Providers response:

Chris Hopson, chief executive said:

"Last winter was extremely tough for trusts and frontline staff, but this winter review shows the real achievements their hard work delivered for patients, service users and carers.

"In particular, trusts worked with local partners to reduce delays in discharging people who were ready to be transferred to a different setting. They rapidly expanded same day emergency care units – sometimes known as to as ambulatory care - avoiding the need to admit people overnight where possible. And they extended GP assessment for people coming in to A&E to help patients get to the most appropriate care more quickly. The result was more people treated within the four hour standard than ever before – a really significant achievement.

"We welcome the bringing forward of capital funding so that trusts can improve and extend their A&E Departments – trusts consistently tell us that they are struggling to cope with demand that is far in excess of what their A&E Departments were built to handle.

"However, we are worried about the coming winter. Demand for treatment is rising relentlessly, staff vacancies are at record levels, and after a difficult summer, staff have been working at full tilt without any break. It's important that the government recognises just how hard trusts and their staff are working. The single biggest thing the government could do now to make a difference for the NHS this winter is to rapidly put more money into our increasingly crisis-ridden social care system. The NHS can also help itself by maximising the number of staff flu vaccinations and we welcome the plans to support this."