



Inquiry Report into Winter Pressures

All Party Parliamentary Group on
Primary Care and Public Health

June 2014

This is the report of a six month inquiry into winter pressures in the health system. Following a short introduction, the report begins with the conclusions and recommendations and continues with extracts from the written and oral evidence.

We would like to thank those individuals and organisations that have provided written and oral evidence. For a list of these organisations and individuals see *Annex i*.

We are also grateful to Government for contributing to this inquiry by submitting written evidence. If you would like to receive evidence from any of the organisations or individuals, please contact the secretariat.

This report has been sent to Government for consideration.

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About the APPG

The All Party Parliamentary Group on Primary Care & Public Health

The Group was established in 1998 by Stephen Hesford MP, Dr Howard Stoate MP, members of parliament until the May 2010 elections, and Lord Hunt of Kings Heath who is still a member of the APPG. The function of the Group is to raise the profile of primary care and public health within Parliament; to speak within Parliament on behalf of both users and those working in the NHS; to place primary care and public health high on the Government's agenda and to inform debate by parliamentarians with outside bodies.

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Powers

Although APPGs are registered in Parliament, they are unofficial interest groups of cross party MPs and peers with the objective of raising awareness about issues in parliament, important because they represent parliamentary opinion and keep Government informed of this. As far as powers are concerned, unlike Select Committees where Government is required to respond to inquiry reports and attend meetings if requested, there is no such obligation in the case of All Party Parliamentary Group inquiries and meetings. Attendance and responses from Government are completely at the discretion of Ministers.

Secretariat

Secretarial services are provided by PAGB, the body representing the consumer healthcare industry. We would like to make it clear that the views expressed in this report are solely those of the All Party Parliamentary Group on Primary Care and Public Health.

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1) Introduction

The British Medical Association (BMA) and the Royal College of General Practitioners (RCGP) have recently highlighted the impact on the modern GP service caused by austerity measures and an increase in service demand. Surgeries, they say, are seeing 340 million patients a year, 40 million more compared to five years ago.

Secondary care is also affected, receiving negative media headlines in recent years caused by a failure to cope with escalating demands in A&E Departments. Attendance has reached 21.7 million¹, 1 million² more than the figure three years ago. The problem of demand is particularly severe during the winter months largely as a result of weather-related health conditions such as respiratory problems, which can be exacerbated by poor social conditions such as damp housing. The cold and flu season in winter also results in more people seeking medical intervention for reassurance and often antibiotics.

Leading up to winter 2013/14, to help avoid another winter crisis, Government announced an investment package of an extra £500 million to be put into services over the next two years.

And, some public health campaigns were also implemented to help ease winter pressures on services. One such campaign was NHS England's national *The earlier the better campaign*, which sought to reduce the number of emergency admissions for illnesses that could have been effectively treated earlier by self care or community pharmacy services.

Medical, pharmacy and industry organisations also initiated targeted campaigns to help curb the high demand on the NHS during winter.

These are positive attempts to help with growing demand on a health service that is stretched in terms of funding and workload. But are they enough? The aim of the inquiry into winter pressures is to understand the extent of the problem and to hear views on how to address the rise of seasonal pressures on the NHS.

¹ NHS England weekly situation reports [2012 – 2013 A&E attendance (all types) 21,738,637]

² NHS England weekly situation reports [2009 – 2010 A&E attendance (all types) 20,511,908]

Terms of Reference

Views were sought on winter pressures and the growing demand on services in primary care, interested parties were asked to submit their comments and/or experiences, or to respond to the following questions:

1

Reports from NHS England suggest many people accessing health services simply need more support to understand when to self care and when intervention is necessary; do you agree, if you are a health provider, how did you support people to self care?

2

Did you apply any interventions or systems to help you cope with winter pressures?

3

Have you analysed the impact of the measures applied to alleviate winter pressures 2013/14?

4

What can be done to manage health services for winter 2014/15, what would you advise:

- a) Local NHS organisations?
- b) NHS England?

2) Conclusions and Recommendations

Conclusions

'Winter pressures' is the term used to describe the high demand on health services during winter months. It is caused largely by the upsurge of people seeking medical attention for weather related illnesses such as respiratory problems and winter viruses and infections; a winter pressure crisis arises when the NHS is unable to cope with this extra demand, whether in secondary or primary care.

Integrated strategic thinking and planning is needed to tackle this problem. For instance, forward planning will ensure there is enough staff and capacity in the service to cope with sudden spikes in demand, whether expected or unexpected. It will allow clinicians and organisations to react to peaks in services and run a smooth and effective service for patients.

Also necessary are measures to empower patients and the public, to help them understand how to look after their own health and their family's health, especially during winter. Self care education must be part of the winter pressures solution to help reduce workload in general practice.

It will also free-up capacity in A&E for those presenting with symptoms of common ailments, and long term conditions. Emergency bed admissions can also be reduced if people are taught to manage their more serious health conditions.

Fundamentally, patients and the public don't want to be dependent on the health system for all their health needs. Health professionals must be allowed to have time to support their patients to self care. While national and local public health campaigns can also support people to use health services responsibly. We should even go as far as to consider not treating people in A&E unless they present with symptoms that are emergencies. If we have any chance of changing behaviour we must support people to become empowered and health literate.

Finally, to a previous APPG recommendation, and a view shared by the Health Select Committee in their February 2014 report, there is the need for more integration in the NHS. All parts of the health system must communicate with each other to enable joined up strategic thinking and planning.

Our National Health Service has to be a coordinated network with primary care, secondary care, emergency care, out-of-hours care and sometimes social care working in tandem to achieve a smooth system that is able to provide high quality health care to patients and the public wherever and whenever it is accessed.

RECOMMENDATION 1

Workforce and capacity planning should be an all-year activity and integrated across the entire health system.

Forward planning of service and workforce requirements is needed to avoid the type of winter crises previously experienced in the NHS. This has to involve, secondary, primary, social and allied health professions.

RECOMMENDATION 2

NHS England should do everything it can to ensure tried and tested public health educational campaigns such as *We could be heroes* are rolled out nationally.

Patients and the public are unclear about what is urgent and what is minor and must be helped to adopt a better understanding of how to access the most appropriate parts of the NHS and thus decrease demand.

RECOMMENDATION 3

During triaging in A&E, health professionals should consider alternatives to treating patients whose symptoms are not urgent or emergencies.

Educating people about how to care for their symptoms themselves or where best to access the most appropriate care for their symptoms will help them to access the NHS more responsibly next time.

Information must be garnered from reputable and recognised sources such as online health resources NHS Choices and the Self Care Forum.

RECOMMENDATION 4

NHS leaders must initiate joint working to coordinate health needs and improve services in all parts of the health system.

Strategic leadership has to be stronger in order to progress positively and ensure the entire NHS network is connected and works as one system.

RECOMMENDATION 5

CCGs in every locality should conduct patient surveys in order to best understand their local population's health needs and wants, and act on this information.

If health localities understand the health needs of their population then they are better able to provide targeted health services to support their health needs whether these are for parents with children, students or older citizens.

RECOMMENDATION 6

A national awareness programme for NHS 111 is necessary to highlight its services on signposting within the NHS, providing information on self care and details on local out-of-hours services.

NHS 111 is barely known by the public but has the potential to support people's health and alleviate winter pressures on the system. More has to be done to build awareness about the service.

RECOMMENDATION 7

CCGs must recognise the capabilities of community pharmacists and involve them in local health care planning.

Pharmacists are valuable members of the local health team whose skills should be utilised to support local people in their health.

RECOMMENDATION 8

All care pathways must begin with self care in order to educate patients on how they can look after their own health.

RECOMMENDATION 9

Primary care should be included in any extra funding allocation for winter pressure services in future.

Funding is finite and so it is essential that extra pools of resources are allocated with careful thought given to how this money will better impact patient care.

RECOMMENDATION 10

All interactions with patients in the NHS, whether these are primary or secondary care must incorporate a self care focus to help support people in future decisions about their own health, whether it is for people's minor ailments, long term conditions or physical and mental health care.



3) Summary of Evidence

Winter Pressures Monies

Government made available an extra £500 million for winter health pressures, and whilst some Clinical Commissioning Groups invested their share in both primary and secondary care services, a number of respondents expressed their disappointment that this was not typical and secondary care seemed to benefit most from the extra funding.

Evidence received from community pharmacy group Pharmacy Voice explained *“Putting this money purely into hospital care is simply firefighting – we have to look at using resources to stop people ending up in hospital”*.

The Royal College of General Practitioners (RCGP) believe primary care bears the brunt of this upturn in demand during winter and should also receive a share of the funding.

Local and National Campaigns

The inquiry heard about a number of campaigns to help people avoid using NHS services inappropriately and to look after themselves better. One such campaign was implemented by Brighton and Hove Clinical Commissioning Group (CCG), entitled *We could be heroes*.

A consumer poll for *We could be heroes* revealed that while people don't actually want to go to A&E, they don't know where else to turn, instead people want information about how to help themselves with positive messages and specific advice such as – what do I do? Where should I go?

Brighton and Hove CCG said *“we want to empower patients and the public in everything we do, so they don't feel they have to be dependent on the healthcare system for everything.”* They believe the campaign should be taken nationwide.

Dr Christine Beesley, Brighton and Hove's Chief Clinical Officer spoke of the importance of signposting and said through their poll, the CCG identified the need to support students in using health services.

They tackled this through PSHE (Personal, Social, Health and Economical Education) lessons that help promote responsible use of the NHS and this is proving to be a successful approach. *“Patients want clear information in a positive way about how to care for themselves and how to care for their families”,* she said. They want to know *“If this happens, where do I go?”*

The Earlier The Better

NHS England also produced a range of resources aimed at easing pressure on the system and help people look after themselves. These include The Earlier the Better campaign, which seeks to reduce the number of emergency admissions for illnesses that could have been effectively treated earlier by self care or community pharmacy services, and a resource paper which highlights how pharmacists can help support localities during winter.

NHS England’s view is that equipping people with the skills to take care of themselves is the most responsive way of dealing with their urgent but non-life-threatening care needs. This is extremely necessary as there is little room for manoeuvre in terms of bed capacity which reached above 85% in London last year. Demand and capacity planning therefore will be key challenges for NHS England in 2014-15.

Antibiotic Prescribing

Another major focus of these winter campaigns has been to address inappropriate prescribing of antibiotics, with information for both patients and health professionals about when antibiotics should not be requested or prescribed. These initiatives include Treat Yourself Better Without Antibiotics, developed by Proprietary Association of Great Britain (PAGB) with Pharmacy Voice and launched with Ministerial support at last November’s Self Care Conference, and the TARGET Antibiotics Toolkit developed RCGP and others.

Whilst the RCGP is not able to attribute an impact on actual prescribing behaviour, the campaign, they say, raised awareness among health professionals. The British Medical Association (BMA) however doesn’t believe campaign efforts have reached visibility yet, and say in order for them to work they need to become more day-to-day. The BMA believes there is no need to start from scratch since the materials are already available, such as those by the Self Care Forum, the BMA and the Department of Health but more use should be made of them.

The BMA's report on winter pressures, published in December 2013, highlights the important role for self care in lessening the impact on the NHS and enabling patients to have greater control over their healthcare, calling for *"a multi-faceted approach, with local and national solutions."*

Speaking about *Treat Yourself Better without Antibiotics*, Prof Rob Darracott from Pharmacy Voice explained: *"One of the challenges is that people don't know how long a typical cough or cold will last and go to the GP too soon. Our programme was built around what the real 'red flags' are."*

Convincing people that antibiotics don't work for viral infections is a 'slow process' but Dr Chaand Nagpaul again referenced the range of materials on the Self Care Forum website and pointed out *"The tools are there – we need to make more of them."*

Demand in A&E

A&E attendance is escalating; annual visits have now reached 21.7 million, which is one million more than three years ago. And it is in the winter that pressures on A&E departments are at their greatest.

Ease of access and navigating the system are thought to be causes for the high demand. People are confused about accessing the health system but they understand 'GP' and 'hospital' whilst everything else is unknown. NHS England adds that the 'brand' of A&E is very clear – it's open 24/7 and you'll be seen within four hours. We need to offer alternatives they say.

Recent figures from NHS England state that 30%-40% of patients attend A&E because of minor ailments adding that while they get out quickly, they also clog up the system.

Brighton and Hove CCG said patients want to be able to self-medicate when they can – but they have been disempowered.

NHS Alliance agrees more has to be done to build solutions around empowerment, although first we need to understand what is driving people to use services the way they do. This lack of insight they say is 'perpetuating' dependency on a medically led model.

"People go to A&E because they don't want to be in a queue and they want to get fixed quickly," offered Dr Carl Brookes, medical director in the medical services division at Hampshire Hospitals NHS Foundation Trust.

“Education is important, yes, but our view is that if you can’t get people to go to their GP, then bring the GPs to where they are already going for their health care” he said.

Newham CCG’s Dr Lawrie highlighted their ‘GP Streamer’ programme within A&E. Patients are seen first by a GP, and within 15 minutes. After this initial assessment, 30%-40% of patients go on to the urgent care centre, and the rest will be treated in A&E.

The hospital has also improved its signage to help reduce patient confusion between what is A&E and what is urgent care, and it employs floorwalkers to explain the system and offer patients support, said Dr Lawrie.

NHS 111

Respondents commented on the NHS 111 medical help line, which continues to be controversial. Whilst some, like Brighton and Hove CCG and NHS Confederation see potential in the service, others, like the BMA don’t. It is currently, *“a computer-generated algorithm being delivered by non-clinicians which is not connected with the system and not fit for purpose.”* 111 should be fronted by clinicians and linked to out-of-hours services.

NHS 111 is now dealing with one million queries a month, and NHS England reveals 89% of its users are ‘very satisfied’ or ‘satisfied’ with the service, and says it directs only 6% of users to A&E.

The NHS Confederation wants an online version and suggests senior clinical involvement is integrated into the service.

Challenges in general practice

The doctor organisations say GPs are now conducting 40 million more consultations a year than they did five years ago with surgeries now handling 340 million consultations. This compares to A&E attendance of around 22 million each year.

According to the BMA, there are a number of reasons for the escalation in consultation numbers one is due to people not having the confidence or knowledge to self care. People are also living longer with complicated health conditions, and some hospital procedures are now being dealt with in surgeries.

And, GP consultation figures are set to rise even more with predictions they will reach 409 million by 2017/18. There are concerns that funding figures do not match this upward trend. The forecast anticipates a drop in funding to 7.29% of the total NHS budget by that date, down from 8.39% in 2012/13.

The RCGP insist challenges facing general practice need to be addressed urgently. Such as funding, and recruitment – the inquiry heard that general practice is now the third least popular specialty among medical students. Working as part of a federation could help according to the RCGP, as doctors realise the pressures they are now under can only be addressed by working together.

Collaboration is inevitable for general practice to survive at current levels. Working together is a first step but this cannot happen until we get better at measuring what general practice actually does, said Steve Gilvin, Chief Officer at Newham CCG. And we must learn the lessons of the polyclinic system – don't tell GPs what to do and how to do it. They have to design the services, to some extent, but they do need support, he said.

Importance of self care

Respondents highlighted the importance of self care to help reduce demand on over-stretched practices and emergency departments, especially during winter. The BMA added that empowering people with confidence and good information enables patients to have greater control over their healthcare. Self care can better prevent ill-health in the long-term, and can reduce the burden on general practice in winter. It can encourage patients who have conditions which do not necessitate being seen in general practice, and A&E, to better manage their own healthcare needs, and so reduce demand.

Rob Darracott pointed out that care pathways rarely begin with self care, but patients must be involved and right from the start. Campaigns which aim to help people look after themselves better and to not use NHS services inappropriately have to involve the whole healthcare system – and again, right from the start.

The shared challenge is that with demand so high, it can be difficult for healthcare professionals to find the time to educate patients about their health. “*An investment up front to make savings later*” is what is needed said Catherine McAdam, Chair of the BMA's Patient Liaison Group.

We need consistent, system-wide messages to tackle the perverse incentives that are still pushing people inappropriately to A&E, and to take successful local initiatives nationwide.

And, whilst policy recognises the need for self care, especially for those with long term conditions, self management uk say the facilities are still not accessible to everyone that needs them. Some patients have to wait two years before being offered a place on a suitable course. This, they say, impacts on the health system because people who are not equipped with the skills to look after their condition access the system more frequently, and often at the expensive urgent or secondary care end.

Community Pharmacy

Respondents make it clear that accessing the system is causing problems. Pharmacy Voice said the challenge is how to stop patients going to the wrong place first for advice and help. With community pharmacy, there are 11,500 doors for people to go through to get the right advice the first time, and local pharmacists have to get better at communicating with their GP colleagues.

Pharmacists are a vital part of We Could Be Heroes, added Dr Beesley. *“Pharmacy is Brighton and Hove’s most well-liked and used health service – more so than general practice. There are limits to what advice pharmacists can and should be giving, but they are very good at signposting the way for patients.”*

Pharmacy Voice believe community pharmacy can play a significant role in helping to reduce pressures on other parts of the health system whether this is general practice or urgent care. As the local community’s first port of call for healthcare advice, the community pharmacy can be integral to local people’s health care, supporting them to manage their own health and wellbeing through self care of both minor ailments and long term conditions and running services such as vaccination programmes and medicines management.

Dr Paul Cosford, National Director of Health Protection and Medical Director at Public Health England agrees *“Pharmacy is a big untapped resource”* he said.

NHS Alliance said for 2013/14 pharmacy projects were all too late, too small and poorly publicised to make a difference. They also believe technology in pharmacy has to improve.

Planning for Winter Pressure

"We need to simplify the landscape, to focus on demand and capacity planning, understand the different types of patients and what they need – and planning should be a year-round activity," said Anne Rainsberry.

"The systems that perform well are those that understand their populations' needs and how capacity can be switched on and shut down as needed," she added.

A coordinated, whole-system approach at the local level is needed, said Chaand Nagpaul. *"We need to remove the financial and organisational systems that currently stop us from working together, and put the patients first."*

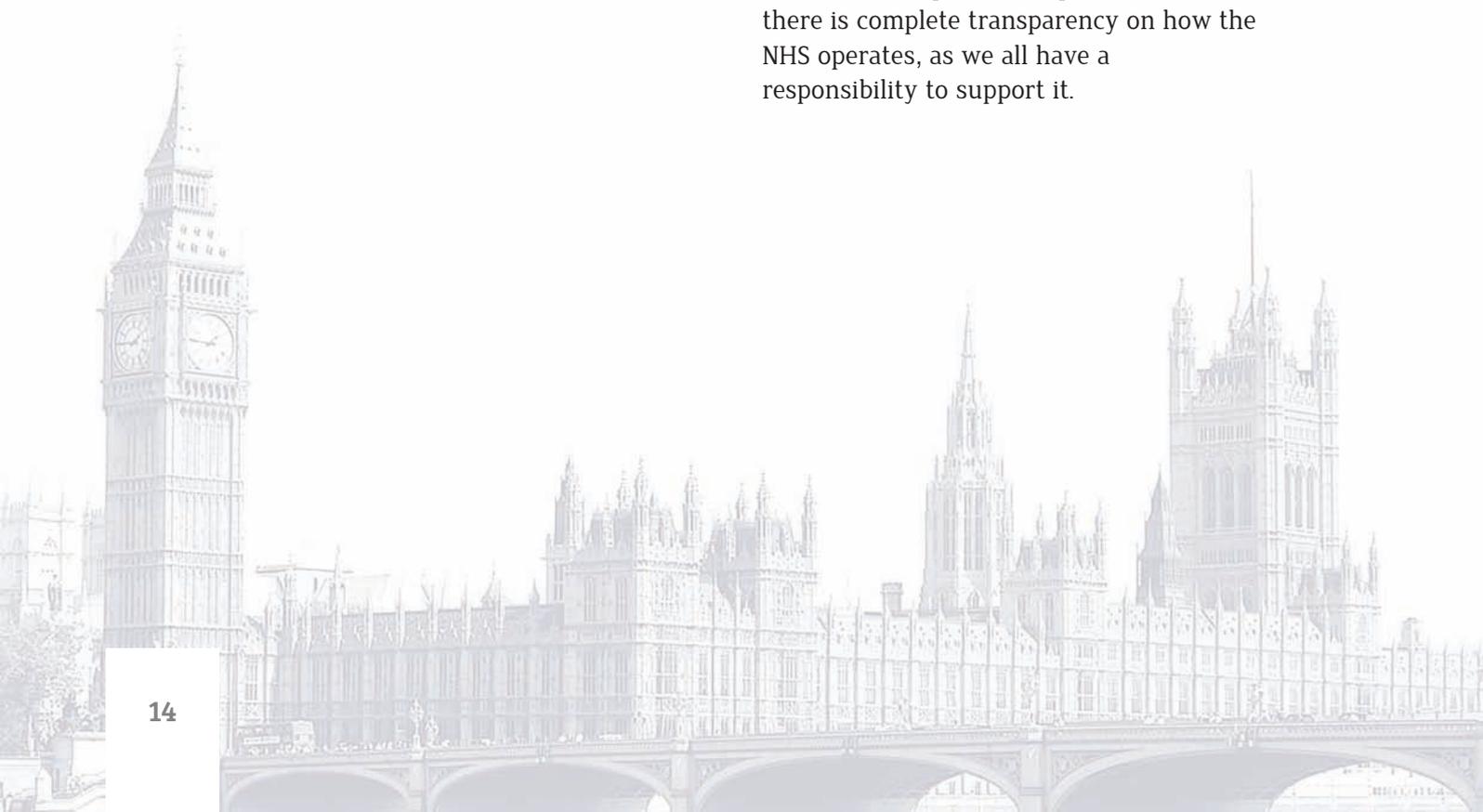
NHS Alliance insist winter pressures schemes should be recurrently funded, 365 days of the year since the problem is all year and so the solutions need to be permanent and built into existing structures.

A more joined up, whole system approach that utilises technology in an integrated way was also seen as a key part of the solution to reducing winter pressures. Mr Gilvin said: *"Joining up the system is key, rather than saying you've got to go there."* Dr Jim Lawrie, Clinical Lead at Newham CCG concurred that we need to *"have more things in place to stop people getting into the door of the hospital"* such as telephone consultations.

Public Health England said integrated cold-weather planning is fundamental, and has to start well before winter. And Newham CCG spoke of the need to have GPs in A&E, and we need senior doctors doing this, not younger salaried GPs who 'don't add value.'

To ensure a significant impact next winter, GP Anita Nathan suggests early workforce planning with an increase in the numbers of healthcare professionals available to cover the demand, not only GPs and nurses experienced in triage, but also allied professionals such as healthcare assistants, and pharmacy assistants who can signpost patients where possible.

And, there should be identified NHS champions in localities to continuously work with the public and patients to ensure there is complete transparency on how the NHS operates, as we all have a responsibility to support it.



Annex i Evidence from Organisations and Individuals

Evidence from the following organisations is available on request. For the oral evidence and Government's evidence please go to the website www.pagb.co.uk/appg/events.html

- Shenu Barclay
- Mike Beaman
- Jos Bell
- Brighton and Hove Clinical Commissioning Group
- British Medical Association (BMA)
- BMA's Patient Liaison Group
- Government
- Hampshire Clinical Commissioning Group
- Dr Anita Nathan, GP
- Newham Clinical Commissioning Group
- NHS Alliance
- NHS England
- NHS Confederation
- NHS Partners
- Pharmacy Voice
- PSNC
- Public Health England
- Royal College of Nursing (RCN)
- Royal College of General Practitioners (RCGP)
- Selfmanagement uk
- Jon Wood









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