Extra funds have failed to cut level of demand, warns RCN

Although emergency care targets were met last winter, staff shortages have yet to be tackled, writes Nick Triggle

WHEN IT comes to NHS targets, fine margins matter. Between January and March this year, more than 5.4 million people visited emergency departments (EDs) in England. If the number of people who waited for longer than four hours had been 11,000 higher, the EDs concerned would have breached the waiting time operational standard and the service would have been deemed in crisis. Because this did not occur, a 95.2% performance was recorded and the winter ended with the media paying little attention to the crisis in emergency services, unlike last year, when the target was missed.

The performance pleased the Department of Health (DH) and NHS England. A DH spokesperson said it vindicated the government’s decision to provide the NHS with an extra £250 million in the summer and £150 million in November. The first tranche of money in particular was said to have allowed ‘early action to be taken to alleviate short-term pressures’.

Meanwhile, NHS England deputy chief executive Dame Barbara Hakin said that ‘thanks to the hard work of front line staff the NHS has delivered for patients’.

Performance was much better in England than it was in Wales, where monthly performance dropped below 90%, and in Northern Ireland, where it fell below 80%. But even in England the overall target was met only because of type-3 units, such as walk-in centres and minor injury units, had performed well. Only 92.7% of patients visiting type-1 units had been seen within four hours.

Moreover, emergency admissions through type-1 units topped 977,000, which is 34,000 higher than in the period between January and March 2013, and the highest ever recorded for a quarter (Table 1).

Expensive

King’s Fund director of policy Richard Murray says these figures are telling: ‘Meeting the target was achieved by admitting more patients. This is an expensive way of dealing with the problem [in emergency services] and does not address its underlying cause: the rising numbers coming in. The NHS cannot continue like this with the money situation as it is. The extra money has plugged some gaps, but we need to develop a more sustainable solution in the coming years.’

There were also problems with patients leaving hospital. Delayed discharges were consistently higher throughout November, December, January and March. On average, nearly 2,600 beds were lost daily during each of the four months, a figure almost 10% worse than that recorded the previous winter.

These delayed discharges occurred despite the NHS having benefited from several favourable factors, including a mean winter temperature in England of 5.8°C, the fifth warmest since 1910. Cold, icy weather raises the risks of falls and respiratory problems, and the number of GP flu consultations in England during the winter is usually more than 20 per 100,000.

Last December, January and February, however, the number hovered around five per 100,000. This meant that, although the numbers of GP consultations were higher elsewhere in the UK, the overall figure was the lowest since records began, in 1970.

Numbers of people with norovirus were also low. Last winter the number of beds closed in England rarely reached 1,000 in a month; the previous winter such closures peaked at 3,000.

RCN Emergency Care Association chair Janet Youd says: ‘There was so much

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Proportions of emergency services that met the four-hour target</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Time</td>
</tr>
<tr>
<td></td>
<td>Year Months Type 1 All</td>
</tr>
<tr>
<td>2012/13</td>
<td>April to June 94.9 96.6</td>
</tr>
<tr>
<td></td>
<td>July to September 95.4 96.9</td>
</tr>
<tr>
<td></td>
<td>October to December 93.5 95.7</td>
</tr>
<tr>
<td></td>
<td>January to March 91.1 94.1</td>
</tr>
<tr>
<td>2013/14</td>
<td>April to June 93.4 95.7</td>
</tr>
<tr>
<td></td>
<td>July to September 94.4 96.3</td>
</tr>
<tr>
<td></td>
<td>October to December 93.5 95.6</td>
</tr>
<tr>
<td></td>
<td>January to March 92.7 95.2</td>
</tr>
</tbody>
</table>
Success of services will depend on outcomes, not times to treatment

The Welsh Government is working with clinicians to develop different ways to measure the clinical results of care. Nick Lipley reports

THE FIRST of a series of new patient-focused health targets for emergency and ambulance services are being developed in Wales.

These measures, said to be the first to focus on the clinical results of treatments, will be developed alongside traditional NHS targets, which relate solely to the time it takes for treatments to be received.

Clinicians in Wales are concerned that, because current NHS targets do not focus on patient outcomes, they may not be in patients’ best interests. The emergency care target of seeing and treating 95% of patients within four hours, for example, emphasises time rather than care delivered.

The new measures will involve trials of two schemes, one based on clinical priority and the other on times between arrival and initiation of treatment.

Similarly, in the field of pre-hospital care, ambulance crews are expected to meet the category A eight-minute response-time target. Yet clinical studies show that an eight-minute response time makes no discernible difference to outcomes unless patients have life-threatening conditions, such as cardiac arrest and stroke.

Announcing the development of the new targets last month, health minister Mark Drakeford said: ‘I want us to judge the success of our services by measuring things that make a difference to patients and the effectiveness of the treatment they receive. ‘This development will make sure what we measure is more meaningful in terms of clinical benefit and outcomes for patients, rather than on the basis of time alone.’

Public discussion

Mr Drakeford added: ‘We will share the results widely and hold public discussions on the findings before making any decisions about future measures.’

It is expected that the targets will be in place during 2014/15 so that performance can be measured against the new and current targets simultaneously. New targets for cancer and planned care are also being developed.

The Welsh Government’s clinical lead for improvement in unscheduled care Grant Robinson said: ‘We will work with clinicians to develop measures of urgent and emergency care that make sense to people using these services.

‘Like other measures of safety and quality in Wales, they will be made available to allow people to see easily how their local health service is doing.’

RCN adviser Nigel Downes welcomed the move while stressing the need for targets to focus on patients: ‘It’s no good treating the clock and not the patient.’

In Wales, meanwhile, the national assembly’s public accounts committee has called on the Welsh Government and local health boards to clarify how safe and sustainable staffing models in emergency departments can be achieved.

Find out more

Further details of the committee’s inquiry into unscheduled care are available at tinyurl.com/qx2x62u