TIME FOR CARE

REDUCING THE PRESSURE ON LONDON'S ACCIDENT AND EMERGENCY DEPARTMENTS

SHAUN BAILEY
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INTRODUCTION

This report was inspired by a recent trial at Queen's Hospital's Accident and Emergency Department, which helped cut waiting times for patients. The trial was so successful, the policy has since been implemented at the hospital on a full time basis.

This report recommends the Mayor promotes the implementation of this trial at hospitals across London and helps address worsening A&E waiting times by improving education around accessing appropriate health services and registration with local GPs.

The issue falls under the Mayor's remit of addressing health inequalities in London.

WORSENING A&E WAITING TIMES, THE NATIONAL PICTURE

In recent years, Accident and Emergency departments across the country have seen a consistent surge in demand, causing increased waiting times for patients, fewer and fewer of whom are being seen and assessed in a satisfactory amount of time.

Today, a steadily growing and ageing population is placing A&Es across the country under more pressure than they have ever faced before.

NHS England statistics show the number of people attending A&Es across the country each year has steadily increased.

2010 saw an average of 1,739,753 people attending A&Es nationally each month. In the period up to May 2016, the monthly average increased to 1,958,001[1].

To put this into wider context, in 2003/4, the number of attendances to A&E nationally stood at 16.5 million. By 2014/15, the number jumped to 22.3 million[2].

Nationally, A&E departments rate their performance on the number of patients seen and assessed within four hours. The target across all NHS trusts is to see 95% of patients within this time[3].

The increase in the number of people attending A&E has naturally had an effect on A&E departments' ability to achieve this target.

The average proportion of patients being seen and assessed within four hours has steadily declined since 2010. In 2010, the national average was 96.8 per cent. However, the 2016 average (in the period up to May) declined to 88.8 per cent[4].

Furthermore, in January 2015, the NHS was reported to have experienced its worst performance against A&E waiting time targets since records began in 2004[5].

1. A&E Attendances and Emergency Admissions, August 2010 – present, Unify2 data collections - WSitAE and MSitAE
2. http://www.kingsfund.org.uk/projects/urgent-emergency-care/urgent-and-emergency-care-mythbusters
3. London Assembly Health Committee Briefing, Accident and Emergency Care in London, December 2015
4. A&E Attendances and Emergency Admissions, August 2010 – present, Unify2 data collections - WSitAE and MSitAE
5. London Assembly Health Committee Briefing, Accident and Emergency Care in London, December 2015

Recent anecdotal testimonies from senior doctors predict that the situation will deteriorate further.

Earlier this year, the President of the Royal College of Emergency Medicine, Dr Clifford Mann[6], stated that A&E departments across the country were being overwhelmed by "*unprecedented*" levels of overcrowding and pressure[7].

Dr Mann attributed the crisis to a shortage of medics and an increasing volume of patients[8].

Dr Mann's assessment of the situation led him to call for health officials to divert hundreds of doctors from other department duties to work in A&E to ensure that the department could continue to operate safely[9].

THE SITUATION IN LONDON

A&E departments' performance nationally is broadly reflected in London. Currently, A&E departments across the capital are failing to meet their target of seeing and assessing 95 per cent of patients within a four hour period.

London's population is growing at a faster rate than the rest of the country.

Figures from the Office for National Statistics show that London's population grew at twice the rate of the country between 2011 and 2015[10].

In addition, the Greater London Authority (GLA) predicts that London's population is projected to reach approximately 10 million people by the "*short-term migration scenario*" of 2029[11].

An increasing population suggests that an increasing number of people will attend A&E over the coming years.

Furthermore, the GLA analysis points out that the rate of population growth varies along prosperity and deprivation lines.

For example, the projected rise in London's population under the short term migration scenario is suggested to be greatest in Barking and Dagenham, with a population rise of 40.1 per cent predicted by 2029, and lowest in Kensington and Chelsea, which predicts a population rise of 11.5 per cent[12].

This means that London's population is predicted to grow at its fastest rate within a poorer borough, such as Barking and Dagenham, than a wealthier borough, such as Kensington and Chelsea.

6. http://www.rcem.ac.uk/College/College%20Structure/College%20Council/Officers
7. http://www.telegraph.co.uk/journalists/laura-donnelly/12198069/AandE-now-overwhelmed-says-top-doc-as-he-calls-for-army-of-medics-to-be-sent-in.html
8. Ibid
9. Ibid
10. https://www.theguardian.com/uk-news/2016/oct/12/london-population-growth-twice-that-of-uk-official-figures-show?CMP=twt_gu
11. https://www.london.gov.uk/what-we-do/research-and-analysis/people-and-communities/population-projections
12. Ibid

This is significant because it suggests that the A&E departments located within Barking and Dagenham can expect to receive more admissions than those located in Kensington and Chelsea.

The rates with which people attend A&E and London's steady population growth have had consequences on A&E departments' performance.

Figures from NHS England show that during the first quarter of 2014/15 (April to June), ten NHS trusts with type 1 A&E departments met the 95 per cent target of dealing with patients in four hours or less[13].

The following year this fell to just five NHS Trusts over the same period[14].

And in the first quarter of this year (2016/17), not a single NHS trust in London met the 95 per cent target[15].

The five worst performing NHS Trusts in London in the first quarter of 2016/17 were:[16]

- The Hillingdon Hospitals NHS Foundation Trust reached 65 per cent[17]
- North Middlesex University Hospital NHS Trust reached 74.2 per cent[18]
- Imperial College Healthcare NHS Trust reached 76.7 per cent[19]
- London North West Healthcare NHS Trust reached 77.2 per cent[20]
- Barking, Havering and Redbridge University Hospitals NHS Trust reached 78.9 per cent[21].

Taking these statistics into consideration, it is fair to conclude that the people who live in areas with struggling NHS Trusts can expect to wait longer to be seen and assessed at A&E than in other Trust areas.

This is demonstrated by the fact that 35 per cent of patients, who went to an A&E department in the Hillingdon Hospitals NHS Foundation Trust area during the first quarter of 2016, were not seen and assessed within a 4 hour period[22].

This contrasts with those who attended the Chelsea and Westminster Hospital NHS Foundation Trust, where 93.5 per cent of patients attending A&E were seen and assessed within four hours[23].

It is clear that London's type 1 A&E departments are struggling to cope with the additional

13. https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/weekly-ae-sitreps-2014-15/
14. https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/statistical-work-areasae-waiting-times-and-activityweekly-ae-sitreps-2015-16/
15. A&E Attendances & Emergency Admission monthly statistics, NHS and independent sector organisations in England - https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/statistical-work-areasae-waiting-times-and-activityae-attendances-and-emergency-admissions-2016-17/
16. https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/statistical-work-areasae-waiting-times-and-activityae-attendances-and-emergency-admissions-2016-17/
17. Ibid
18. Ibid
19. Ibid
20. Ibid
21. Ibid
22. Ibid
23. Ibid

pressures placed on them, as is indicated by their worsening waiting times performance.

Research shows that, as the number of people who attend A&E increases, a significant proportion of them may be doing so unnecessarily.

In many cases, their conditions may be better addressed through alternative care routes such as booking an appointment with a GP or going to a pharmacy[24].

Indeed, many conditions may be better treated through self-care.

People attending A&E where alternative care services may be more appropriate is a significant factor that is placing an unnecessary strain on A&Es across London.

In December 2015, the London Assembly Health Committee examined London's A&E performance.

The committee's panel offered reasons why people choose to attend A&E other than alternative care. According to Conor Burke, who was at the time of the meeting the Co-Chair of the Urgent and Emergency Care Transformation Programme, one of the reasons is that people know it will be open 24 hours a day, 7 days a week[25].

Therefore, those people who choose to attend A&E are confident they will receive some form of support the same day, even if it means an extensive wait.

Another reason was offered by the Head of HealthWatch Brent, Ian Niven.

Mr Niven cited research conducted in Barking and Dagenham along with a survey conducted by HealthWatch England, which found that whilst people are generally aware of the existence of the NHS' 111 telephone service (a free number intended to be used when a patient has an urgent healthcare need which is not an emergency[26]), too many did not know what it actually does[27].

Mr Niven added that GP hubs were set up in Brent, but the majority of patients did not know that they exist. In addition, according to Mr Niven, people were unaware pharmacies were a viable option for many ailments and that many patients did not know the difference between an urgent care centre, walk-in centre and an A&E[28].

Therefore, it appears that too many Londoners are unaware of alternative options for care, other than A&E[29].

The evidence suggests innovative measures are needed to alleviate the current pressures placed on A&E departments across London.

24. London Assembly Health Committee, Accident and Emergency Care in London, December 9th 2015

25. Ibid, "*One of the other things we know is that people like going to A&E because they know it, they know where it is, it is open 24/7 and they know they will generally get to see a doctor*"

26. https://www.england.nhs.uk/ourwork/pe/nhs-111/

27. London Assembly Health Committee, Accident and Emergency Care in London, December 9th 2015 – "*allofthemsay, I am aware of 111 but I do not know what it does*", or, "*I am not aware that you could go to pharmacies for certain things*".

28. Ibid – "*GP hubs were set up in Brent and patients who accessed them really appreciated them, as you have said, but the majority of patients do not know that they exist. Patients do not know the difference between an urgent care centre and A&E or a walk-in, and do not necessarily have confidence.*"

29. Ian Niven, Head of HealthWatch Brent, London Assembly Health Committee, 9th December 2015 – "Patients can certainly tell us, "*I am going to go to A&E. It is my choice and I know it is there and I know I will see a doctor and I will get there*"

The decline in the number of type 1 A&E departments managing to reach the Government's target of seeing and assessing 95 per cent of patients within a 4 hour period, coupled with the increase of A&E admissions, means that if innovative measures are not taken, the performance of A&E's are likely to continue to decline.

PILOT IN QUEEN'S HOSPITAL

One A&E department in London has taken a simple and innovative approach to alleviate the increasing pressure placed on it. The idea behind the initiative was to focus the department's resources only on those who were in need of urgent care.

The A&E centre at the Queen's Hospital conducted an emergency care trial which involved a doctor being placed at the entrance of the department[30]. The doctor was tasked with assessing every person who entered the department.

The doctor would tell those who did not need emergency care where they could access alternative services more suited to their needs.

It was estimated that the pilot managed to redirect up to 60 patients away from the A&E department every day[31].

According to the Deputy Chief Operating Officer of the department, Ms Mairead McCormick, the patients who were redirected reacted well to the advice[32].

It is important to note that A&E departments already offer a triage service, usually run by nurses. However, Ms McCormick stated that the difference between the usual approach and the pilot is that a nurse will invariably have a lot less experience than an emergency care consultant or GP[33].

Therefore, a consultant with years of experience or a GP can identify whether someone needs to remain in A&E far quicker than a nurse[34].

Importantly, given that the advice given to the person would come from a consultant or GP under this policy, Ms McCormick reported that it had the effect of reassuring the patient, assuring them that they do not need urgent treatment and were, in many cases, eligible for self-care[35].

Another important finding from the trial was that prior to its implementation, approximately 50 to 60 patients were receiving a 15 or 20 minute consultation during their time in A&E[36].

According to Ms McCormick, this was time that was being taken away from the patients who were very sick and required urgent care promptly[37].

30. http://www.bhrhospitals.nhs.uk/news/pioneering-trial-which-redirects-60-patients-a-day-away-from-emergency-care-extended-1281
31. Ibid
32. http://www.romfordrecorder.co.uk/news/health/a_e_trial_that_saw_up_to_60_a_day_redirected_may_become_permanent_1_4632728
33. Conversation with Ms Mairead McCormick, Deputy Chief Operating Officer, Queen's Hospital, 13th October 2016
34. Ibid
35. Ibid
36. http://www.romfordrecorder.co.uk/news/health/a_e_trial_that_saw_up_to_60_a_day_redirected_may_become_permanent_1_4632728
37. Ibid

Ms McCormick said the idea for the pilot originated as a result of the Junior Doctor's strike action, which included the removal of emergency care[38].

During the strike, the Trust experienced a chronic shortage of emergency care doctors and did not have enough consultants to cover the workload. The lack of a sufficient pool of doctors, coupled with the increasing pressures placed on the department, brought about the implementation of the trial[39].

Unsurprisingly, the pilot uncovered a number of patients who were opting to come to A&E that did not need urgent care at the time.

For example, on the 6th week, the department's analysis found that of those who had been redirected, 33 per cent did not require any NHS treatment and were advised how they could recover through self-care at home[40].

The department's internal analysis identified a clear indication that a lot of the patients who attended A&E did so because it was more convenient than going through the process of booking an appointment with their GP[41].

Given that the department took the action to redirect patients to alternative services, one may think that this would place an additional pressure on other services located within the area.

However, Ms McCormick added that the other surgeries located in the Trust's area did not report experiencing any additional impact throughout the duration of the pilot[42].

Ms McCormick attributed this to the patients either choosing not to follow-up on the advice, or opting for self-care.

An immediate result of the trial is that the department has improved its response time to more critical patients.

For example, on average, a patient in need of urgent care has had their waiting time cut by 21 minutes, a period of time which, according to Ms McCormick, is "*critical for sick patients*"[43].

Furthermore, since the introduction of the pilot, children's emergency departments have noted a 48 minute reduction in their processing time[44].

Ms McCormick stated that this reduction was achieved as a direct result of the pilot, which sent away adults who were not in need of urgent care[45].

The pilot managed to reduce the waiting time for sick patients and children's emergency

38. Conversation with Ms Mairead McCormick, Deputy Chief Operating Officer, Queen's Hospital, 22nd August 2016
39. Ibid
40. Ibid
41. Ibid
42. Ibid
43. Ibid
44. Ibid
45. Ibid

departments. It reduced the number of people attending the A&E department on a daily basis and did not lead to an additional strain being placed on other primary care facilities.

It is therefore, unsurprising that the department have decided to implement this policy on a permanent basis[46].

Ms McCormick's final assessment of the trial was that it improved the experience of patients who were very sick as it enabled them to have more time with the clinicians[47].

Ms McCormick added that the trial's biggest success was that it enabled the department to "*reinvest time back into caring for the sicker patients*"[48].

Queen's hospital is not the only hospital in the country to have implemented this trial. For example, this year, Bolton Clinical Commissioning Group (CCG) and Bolton Foundation Trust launched a similar 'redirection pilot' at the Royal Bolton Hospital[49].

The CCG and Trust's verdict is that the trial contributed to an improved performance on waiting time targets[50].

According to Tim Almond, the Senior Clinical Commissioning Manager for urgent care at the CCG:

"*It has gone better than expected… We were hoping to hit about 20% deflection in the period and we're running at about 22.5-23%. Some days this was as high as 39%.*"[51]

Given that the concept of the trial has been tested at two A&E departments in the country, leading to an improved performance, it is reasonable to suggest that London's A&E departments should consider adopting this trial to help reduce waiting times.

The increase in the number of people attending A&E departments means that any innovative example of best-practice should be endorsed and promoted by the Mayor of London as a means of improving access to high quality health care services for all Londoners.

Recommendation 1 – The Mayor should promote the Queen's Hospital Emergency Care trial as an example for all A&Es in London to follow.

This simple measure could reduce pressure on A&Es across the capital, reducing waiting times for patients to be seen and assessed across London.

If the Mayor promotes this initiative, it would highlight a successful pilot that managed to improve its performance using the resources at its disposal.

Furthermore, it would provide a blueprint for every other A&E department in London

46. Conversation with Ms Mairead McCormick, Deputy Chief Operating Officer, Queen's Hospital, 13th October 2016
47. Ibid
48. Ibid
49. https://www.nursingtimes.net/news/hospital/exclusive-ae-diversion-pilots-hint-at-relief-for-nursing-staff/7010488.article
50. Ibid
51. Ibid

to follow, which would help alleviate the variation of performance in A&E care, helping to ensure that people living in every borough of London can expect to receive a good standard of care when attending A&E.

EDMONTON INITIATIVE

The London Assembly Health Committee has heard that many patients go to A&E because they are not registered with their local GP.

Ms Lorna Reith, the then Chief Executive of HealthWatch Enfield, told the committee about a scheme run in Edmonton, close to North Middlesex Hospital, which was being used to try and combat this.

Ms Reith said that, at the time, North Middlesex Hospital's A&E department was under "*enormous pressure*" because too many local residents were not registered with their GP[52].

HealthWatch Enfield sent out three teams of volunteers to ask people who lived locally whether or not they were registered with a GP.

A quarter of respondents stated they were not registered.

When asked why they weren't registered, the majority of respondents stated it was because they were unable to provide a proof of address[53].

When asked where they would attend instead, many said that they would go to A&E.

Ms Reith stated that many parts of London, like Edmonton, will have what she described as a "*transient population*", which describes people either living in temporary accommodation or staying with friends and family temporarily[54].

As a result of this information, HealthWatch Enfield's Public Health department launched a campaign to distribute leaflets in the five deprived wards that cover the area[55].

The leaflets advised people how to register with a GP and made it clear that they have a right to register[56].

This initiative should be replicated in other deprived parts of London where residents are less likely to be registered with a GP.

If this was replicated and promoted across London, it could lead to fewer people turning up to A&E departments as more of them opt for a visit to their local GP, who may then direct them to more appropriate care settings.

52. London Assembly Health Committee, Accident and Emergency Care in London, December 9th 2015 – "*I wanted to flag up a bit of work that we have done in the Edmonton area, which is the area by the North Middlesex Hospital and which I suspect might be on your hit list because it has been underperforming and is under enormous pressure. That was because people were just not registered with a GP.*"
53. Ibid – "*large people had tried to register and had not been able to because they could not provide proof of address.*"
54. Ibid
55. Ibid
56. Ibid – "*On the back of this piece of research, our public health department has launched a campaign with us and there are leaflets going door-to-door in the five deprived wards that cover the area. They advise people about how to register with a GP and make it absolutely clear that they do not need to provide all of that evidence, and that they have a right to register. There is new guidance out from NHS England on that.*"

Recommendation 2 – The Mayor of London, in conjunction with Public Health England, should run a targeted public campaign to get as many people as possible registered with their local GP.

Adopting this measure would remind Londoners that they have a right to be registered with a GP. This could lead to less people automatically assuming that the best way to receive treatment is to turn up at A&E departments that are already under considerable pressure.

TRANSPORT FOR LONDON

Transport for London (TfL) is a service that millions of Londoners use on a daily basis. In fact, TfL estimates that it receives 1.34 billion passengers annually[57].

Given that so many Londoners use TfL services every day, the opportunity to reach a massive captive audience through advertising on the network is obvious.

In addition, it is estimated that approximately one million trips per day, in London, are related to the healthcare sector. This equates to 5 per cent of trips made in London each day[58].

Given the potential reach of a marketing campaign on the TfL network, a public health campaign outlining the available modes of care other than A&E could be extremely effective, particularly in the build-up to winter months.

NHS England, in conjunction with the Royal College of Emergency Medicine has already produced such calls to the public. For example, last year, NHS England issued a plea to people not to go to A&E unless it was an emergency[59].

The call specifically referred to the growing burden of alcohol-related activity in hospitals over Christmas and New Year, stating that it "*places additional pressure on busy NHS services*"[60].

Given the Mayor's influence and TfL's capacity as a vehicle to distribute a message to millions of Londoners, a targeted intervention from both could be an effective way of reducing the number of people who attend A&E.

Recommendation 3 – The Mayor of London, in conjunction with TfL, should launch a public health campaign encouraging Londoners to use A&Es only in the event of an emergency.

A clear message from the Mayor of London with the assistance of TfL would ensure that this message reaches millions of Londoners.

57. https://tfl.gov.uk/corporate/about-tfl/what-we-do/london-underground/facts-and-figures
58. London Assembly Health Committee Meeting, TfL's Role in Promoting Health in London, October 2016 - http://www.london.gov.uk/moderngov/documents/s59593/06a%20Appendix%201%20-%20Scoping%20paper.pdf
59. https://www.england.nhs.uk/2015/12/post-christmas-surge/
60. Ibid

This message would be timely as we approach the winter period, which is often the toughest for A&E departments.

CONCLUSION

This report has identified three practical measures, which if adopted, could relieve the increasing burden that is currently being placed on London's A&E departments.

The Mayor of London is in a unique position to highlight innovative examples of best practice and promote them across the capital.

In addition, through combining his influence and TfL's reach, the Mayor of London should promote an important message across to Londoners to help A&E departments cope as the winter months approaches.

When visiting A&E departments, Londoners from every borough should expect to receive the same standard of care without falling victim to a postcode lottery.

It is incumbent upon the Mayor, who has a statutory obligation to reduce health inequalities, to help ensure that this aspiration is realised.

FEEDBACK

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