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To: NHS Provider Trust CEOs
CCG Accountable Officers
CCG Clinical Leads
Cc: Local Authority Chief Executives and Directors of Adult Social Care

Gateway ref: 07331

Dear all

Winter readiness in the NHS and care sectors – next steps

I am writing to set out more detail on plans to manage winter pressures. As you know, we go into this winter under real operational pressure, but also having put in place concrete action to seek to improve overall resilience. Since last winter the NHS has now:

- Substantially upgraded the NHS 111 advice and treatment service so that more than a third (36%) of calls are now dealt with by nurses, paramedics and doctors, compared with 22% last winter.
- Extended GP access, with over half of the population covered by evening and weekend GP appointments by Q4 this year, including everyone in major conurbations such as Greater London and Greater Manchester.
- Overhauled ambulance response protocols so that the whole of England (bar the Isle of Wight) will be operating to more clinically precise 999 response standards, freeing up an estimated 750,000 ambulance responses.
- Deployed £100 million of capital upgrades in A&Es across England.
- Brought on line front-door clinical streaming in every major A&E by October 2017, to ensure that patients with more minor illness are appropriately cared for by GPs.

Today we are setting out four further actions together we are taking to provide the best possible care for patients during the winter months.

1) Expanding the flu vaccination programme to additional patient groups, NHS staff, and care home staff

As you will be aware, Australia and New Zealand have had a challenging flu season. Were we to face similar flu levels we would clearly come under substantial additional pressure. Going full speed at flu vaccination is therefore an obvious 'no

regrets' move. This year 21 million people are eligible and being offered the vaccination across England. For at risk patients and the public, new for this year, for the first time we are:

- Vaccinating 8-9 year old children in school year 4 (as well as those in school years reception to year 3)
- Vaccinating children at their school (as well as through their GP)
- Expanding access to vaccinations for pregnant women and the morbidly obese.

In addition, we are asking you to intensify staff vaccination across the NHS and care system as follows:

- The NHS will for the first time nationally fund the vaccination of care home staff

We are announcing today our intention to commit £10m to expand the GP and national pharmacy service so that care home workers are able to access the flu vaccine via local GPs and pharmacies free of charge. This will supplement the existing responsibility of employers of these staff to ensure that they are vaccinated. This considerable investment is to recognise the vital role all staff play in helping our most vulnerable patients and how important it is they do not carry and pass on flu.

- Further improvements in frontline NHS staff vaccination.

Last year saw the highest level of NHS employee flu vaccination – reaching nearly two thirds of staff – since the programme began fifteen years ago. But that rate varies far too much - from over 90% in some trusts to under 20% in others. Today the NHS National Medical Director Sir Bruce Keogh, the Chief Nursing Officer Jane Cummings, and the Chief Allied Health Professions Officer are writing to every member of staff pointing out the patient safety case for staff flu vaccination given that a third of flu can be transmitted by asymptomatic individuals. Their letter is attached. We are therefore this year expecting *all* NHS organisations to ensure that it is easy for your staff to be vaccinated, so that having your vaccination is the default position, and that not being vaccinated is a conscious, considered and explicit decision by the individual. As part of this, we therefore require each NHS organisation to ensure that each and every eligible member of staff is personally offered the flu vaccine, and then either signs the consent form to do so, or states if they decline to do so this not because they have not been offered the opportunity to do so. Payment of this year's flu CQUIN will require this record collection.

2) Extra hospital bed capacity by reducing delayed transfers of care

The NHS is planning to go into this winter with more acute hospital beds available than last winter. Hospitals report they will be opening significant extra beds over the December-February period. But we have been clear from the start of the year that additional capacity over and above this has to come from freeing-up 2500 of the

beds occupied by delayed transfer of care (DTOC) patients, not only because this is the right thing to do for those patients, but because hospitals rightly tell us there simply are not 'surplus' non-employed nurses available to open yet further hospital beds to compensate for the failure to sort DTOCs.

The Secretary of State for Health and the Secretary of State for Communities and Local Government have set clear DTOC reduction targets for each local area of the NHS and for every local authority, summing to 2500 beds freed up across England, split half and half between the NHS and social care. These targets are evidence based reflecting each area's performance and opportunity.

Figures published at 9.30am this morning show some progress – with 180,065 delayed days in August 2017, compared to 187,851 in August 2016 – a decrease of 4.1%. But that means there are still over 5,000 beds in our system occupied by patients whose discharge is held up by delays.

The secretaries of state have therefore this week written to local authorities reminding them of the formal requirement they have set for 2017/18 BCF plan approval - and resultant funds transfer from the NHS to councils. This year they include a requirement that each council commits to meeting its DTOC reduction target. More than four fifths of councils have now agreed to do so. The Government has further stated that it will consider linking an individual council's share of next year's extra £1 billion for social care to actual delivery of these DTOC targets this year.

For the small minority of councils that have not yet committed to ensuring that appropriate BCF resources are directed to the unmet social care needs of their frail older residents in hospital, they have an opportunity to do so through the BCF escalation process that will run over the next 10 days. Either way, we are determined to ensure that NHS-sourced BCF funds in these parts of the country are indeed deployed on social care for these vulnerable patients, and would exceptionally consider authorising hospitals in areas without an approved BCF plan next month to use NHS-derived BCF funds to source additional home care and care home places over the winter period.

3) Increasing our emergency care workforce

We recognise there are significant workforce challenges in urgent and emergency care. Today NHS England, NHS Improvement and Health Education England in partnership with the Royal College of Emergency Medicine are announcing the biggest expansion in the ED consultant trainee workforce ever. This comprehensive plan backed by new investment (attached) includes:

- Increasing the number of people starting Emergency Medicine training to 400 a year for four years compared to 300 this year and 225 previously;
- Investing in the growth of the Advanced Clinical Practitioner (ACP) workforce in Emergency Care and expanding the Physician Associate training pipeline

- Investing in a leadership/personal development training programme for every emergency medicine trainee in England to help reduce attrition and improve the support for trainees in this intense and pressurised specialty
- Developing and implementing Clinical Educator Programme (CEP) strategies in trusts where the GMC training survey highlighted the greatest training needs.

4) **Clinical oversight and risk management**

We know that we will face increased clinical risk as a result of the pressure in winter. Local systems are developing clinically-led escalation plans, which should be agreed at Board level, setting out the actions that will be taken to manage clinical risk. Regional teams will provide support where needed in the development of these plans.

This year we are introducing a new element into the national winter patient safety oversight, with a new system of escalation levels, based on learning from previous years. A new National Emergency Pressures Panel – to be chaired by Sir Bruce Keogh, with Kathy McLean as deputy chair - and comprised of senior medical, nursing and other clinicians from the NHS, Public Health England, CQC and royal colleges, will identify levels of system risk and recommended contingency responses, graded to reflect levels of pressure regionally and/or nationally. Details of the Panel's operation will be released following the panel's formation this month.

Thank you again for your continued effort and dedication to providing high-quality care for patients.



Pauline Philip
National Urgent and Emergency Care Director