Response from the Royal College of Physicians of Edinburgh to the Scottish Parliament Health, Social Care and Sport Committee's Inquiry into Winter Planning 2023/24

Winter Resilience Overview 2022-23

- How effective were government actions to support winter resilience across health and care systems last year?

Most Fellows indicated that the government's actions to support winter resilience had only a very limited effect. A number of Fellows working across various NHS Boards reported that it was difficult to find the financial resource to ensure staffing was sufficient. They emphasised the increasing number of patients admitted to hospital with complex medical problems, including acute decline in cognition and delirium. It was suggested that the process to apply for short term funds for extra bed capacity created competition with other areas for resources, which was a negative outcome when this extra bed capacity was essential to services and safety, rather than a desirable extra. Fellows noted that the limited surge capacity in our hospitals led to huge workloads for medical and orthopaedic teams stretched across multiple ward areas and a reduction in elective capacity. This in turn led to poorer patient care with an increased morbidity and mortality, which is now well documented, both for those requiring unscheduled emergency care and for those who had their elective care cancelled.

Some Fellows emphasised that these actions were simply not very visible to them on the ground and indeed some stated that they were unaware of what the actions were, raising issues about how the Scottish Government and its partners cascaded information about winter resilience actions down to physicians and other NHS staff.

Continuing backlogs of people awaiting packages of care or care home places to allow them to be discharged was an issue that was repeatedly raised, as was the inadequate number of beds in old age psychiatry.

Some Fellows expressed the view that without meaningful and effective workforce planning- underpinned with long-term funding and regular reviews, few actions to support winter resilience would suffice. Many RCPE Fellows continue to experience very significant staff shortages across health and social care and the system as a whole had no resilience, not just in winter, but all year round. Their experience was that 'corridor care' had continued uninterrupted since the winter, with no redirection of resource allocation and no steps towards a long-term solution.

- What additional priorities should inform actions to support winter resilience across our health and care system this year?

Fellows highlighted their concern that winter planning never starts early enough and that the funding promised for allocation often comes too late. They stated it was widely understood that every year there is a requirement for more winter capacity across all systems, so there should be routine and effective measures put in place to support this. Health boards could be better assisted if offers of additional support were made up front, and it would be beneficial if funding could be provided over a longer period of time i.e. 6 months instead of 3.

Another priority must be to improve the operation of the integration of health and social care, as well as tackling the capacity challenges in the health and social care workforce identified below.

Whilst the move to increase capacity in community care is critical, as is the importance in investing in new technology-based services like hospital at home and virtual wards, Fellows consider it crucial to keep our hospitals running and ensure that surge capacity is provided in the most efficient way possible. Community care is complex and it can be difficult to build capacity rapidly, whereas hospital care, both community and acute, can adapt more easily to manage some of the extra winter demand. We need to ensure that this is planned for and funded, in order to allow safe unscheduled and scheduled care to continue. Extra old age psychiatry beds to accommodate patients from our acute general hospitals with dementia/ behavioural and psychological symptoms of dementia (BPSD) are required.

Capacity and system flow

- What were the key factors limiting capacity and delivery in the NHS and social care last winter?

Our Fellows consistently raised staffing issues- specifically a lack of adequate staffing levels across all fields and an inability to recruit new staff- within our NHS and within social care, along with a severe pressure on hospital bed numbers and care home sector place capacity, as key limiting factors.

- Was the flow through the NHS and social care adequately maintained last year?

Fellows did not consider that our NHS and social systems had been able to maintain adequate flow last year, primarily for the reasons set out above. A number referred in particular to significant overcrowding in accident and emergency departments and associated poor patient experience as evidence of this.

- How can capacity be maximised to meet demand, and maintain integrated health and social care services, throughout the coming autumn and winter?

The Scottish Government needs to focus intensely and relentlessly on addressing issues around delayed discharge as these are fundamental to improving patient flow. Fellows said they supported having more social workers on wards in hospitals to work directly with teams to facilitate discharges. In addition, Fellows favoured having a team of discharge facilitators in each hospital with a senior social worker, occupational therapist and a senior clinician leading the team to facilitate discharges. There was also support for ‘flying squads’ of care support workers, working with 3rd sector agencies to link up available staff and capacity with local demand and able to be available at 48 hours notice.

To address the delayed discharge challenge, the Scottish Government must work closely with all elements of the social care sector, including care homes, to build capacity and tackle the deeply concerning recruitment challenges. Fellows suggested

issues around pay and conditions for social care staff need to be addressed urgently and that there must be a clear pathway for social care staff development with career progression opportunities.

Changes around the Adults with Incapacity/guardianship processes are required to allow patients to move to non-NHS facilities (e.g. care homes) while awaiting their care package or their move to a care home; this could make a significant reduction in delayed discharge numbers.

Fellows also support a consistent and intense focus on NHS staff retention and recruitment across all parts of the NHS from consultants to nurses to AHPs. Some Fellows suggested the current short term winter resilience funding models prevent appropriate recruitment and lead to the NHS relying on expensive and less effective agency staffing models. Others argued that additional temporary staff should be provided to support NHS Boards Human Resources departments to do the checks to get people into posts faster. Some Fellows identified the need for employers to do more to retain senior consultants and indicated that flexible working, upskilling in digital skills, pension issues, pay review/annual leave reviews were all factors to be considered.

Within our hospitals, planning for an increase in complex frail patients coming into hospital both via medical and orthopaedics and ensuring that there is funded and integrated care between the hospital and community is essential. In addition, we must aim to ensure we have not only the appropriate nursing, AHP and medical staff to allow treatment of the acute medical / surgical problems but also the capacity for onward assessment and rehabilitation within the hospital with a clear pathway of returning to the community to promote living as independently as possible.

Some Fellows expressed their view that the provision in hospital of additional administrative staff and scribes could free up physicians and allow them to spend more time performing clinical assessment, benefitting patient care.

Workforce and staff wellbeing

- What factors affected the wellbeing of those providing health and social care support, including both paid and unpaid carers, over the 2022-23 autumn and winter periods?

Our NHS and social care staff faced workloads that were not appropriate and risked leading to burnout. Some Fellows described staff becoming extremely distressed with the relentless nature of the clinical workload - which has been consistently high for a number of years -- and feeling a moral distress when they were unable to deliver minimum standards of care. Staff are often fatigued by providing what they consider suboptimal care due to circumstances beyond their control. High rates of staff sickness and absence left others covering for colleagues, sometimes leading to exhaustion. It was suggested that gaps in what should be standard staffing complements were now a fixed feature of hospital settings.

Some Fellows said that NHS Staff did not feel that the NHS hierarchy, nor the government, prioritised staff wellbeing. Others raised working conditions in terms of

hospital facilities for staff and referred to examples of staff changing in toilets as there were no changing rooms, and having their breaks on corridors due to the lack of rest areas. Many food and beverage facilities on sites for staff were considered poor by some Fellows.

Others said healthcare staff felt they were simply expected to increase their work without reward during times of increased service demand, such as winter.

- What should be done this year to ensure staff wellbeing, and ensure those providing support (in all settings) are able to continue to do so?

Staff at all levels should feel they are being listened to by their employer, and they must feel confident that any concerns will be responded to. They should also feel that adequate additional support is being provided to help them cope with the extra challenges which they face every winter.

Fellows value the role of paid and unpaid carers but consider that unpaid carers are not recognised or supported as they should be and that this is a national political issue which needs more discussion. They would support increased efforts to identify accurately how many unpaid carers there are in the community, as these people often do not come to light until there is a crisis or hospital admission.

Outcomes

- Were patient outcomes affected last winter, either positively or negatively?

Fellows felt some patient outcomes were clearly negatively affected last winter, both in scheduled and unscheduled care, due to the pressure on staff and capacity in health and social care. However, many patients still received excellent care with positive outcomes despite these pressures. Fellows say that this was due to the exceptional efforts of clinicians and all other staff.

- What recommendations would you make to ensure services best support vulnerable communities and achieve positive outcomes this year?

Planning for winter pressures should begin as early as possible and funding mechanisms for additional capacity in staffing and beds should be clear, provide funding support promptly and encourage longer term recruitment - not just the use of agencies.

Fellows consider that greater community services to help support people with dementia living in their own homes can help pre-empt their admission to hospital. They support an increase in GP-led inpatient beds in community hospitals where non acute patients could be admitted/assessed

More broadly, additional investment in the entire multidisciplinary healthcare team is essential. This includes physicians, physiotherapy, occupational therapy, diagnostics technicians, radiographers, sonographers, and others.

Do you have anything else to tell us?

The Royal College of Physicians of Edinburgh welcomes the Committee's focus on winter preparedness. We would be pleased to provide more information on any aspect of this work if Committee members would like additional input. Winter preparedness is essential, every year, to avoid overburdening NHS staff and to ensure quality care outcomes for patients during the health service's busiest time.