BLACKBURN AND DISTRICT TRADES UNION COUNCIL

[redacted]

A&E Provision in Lancashire and South Cumbria **23.05.24**

Dear Mr Lavery,

I was at the Blackburn with Darwen Community Network Conference in May 2023, when you used the example of A&E services to argue that the distribution and configuration of activities across the Integrated Care Board footprint was not what they would be if NHS managers had a blank slate and could implement an ideal model.

Though you did not explicitly say so, the implication I took was not that you thought there was a shortage of A&E departments, but rather that you thought there were too many of them.

I took this to fit with the organisational spirit that seems to inform much of NHS planning – that the key to improvement is a mix of consolidation and social triage; big, centralised units with all the modern technology – with, in the case of A&E, patients also encouraged to refer more often to a surrounding network of NHS111 and smaller Urgent Care centres, or even just see their GPs or Pharmacists. Talking about "Recovery and Transformation" the ICB has said that *"The Lancashire and South Cumbria Integrated Care System (ICS) is facing significant clinical, operational and financial challenges which can only be sustainably improved through the development of new models of care"* and that there are "*too many services in too many places"*.

Meanwhile, however, the actual public experience is one in which there is intense and increasing pressure on real-world A&E capacity.

In reporting the death of two people at RBH A&E, apparently before they were assessed, the Lancashire Telegraph wrote: *"In the section on the Corporate Risk Register it reads: "We continue to see increased overcrowding in the Emergency Department (ED) with 30 patients on average on the ED corridor, 14 patients in resuscitation, and 24 patients on the main hospital corridor. The service has had two deaths in the ED; one bathroom collapse and one on the corridor linked to poor care."* Chief Executive Martin Hodgson was quoted as saying

"The A&E at Royal Blackburn is one of the busiest emergency departments in England and we are regularly breaking records for the number of people who come in for treatment each week, and this includes a lot of very poorly people who need to be admitted for further care". In January, Sharon Gilligan, Chief Operating Officer and Deputy Chief Executive is reported to have said: *"many patients are having to wait over 12 hours which is not what any of us want."*

A&E remains a point of contention at other sites across the Lancashire and South Cumbria ICB footprint. Full services have never been restored at Chorley, and Jerry Hawker, senior responsible officer for the Lancashire and South Cumbria New Hospitals Programme, told Lancashire County Council last July that it was "too early to answer" what would happen specifically to the part-time A&E facility at Chorley once the new Royal Preston opens in the mid-2030s.

In March this year the "Lancaster Guardian" reported that *"NHS England was still "actively considering" whether to escalate the level of national intervention being received by Lancashire and South Cumbria in relation to its urgent and emergency care services".*

The ICB's "Forward Plan" notes that *"Royal Lancaster Infirmary's emergency department sees 50 per cent more patients than it was designed for"* and that *"Standards of care for mental illness across emergency departments are also not good enough because of a lack of space"*. It says they want to "Improve quality and outcomes" – but there is an absence of specific proposals.

In terms of immediate response, the concentration appears to combine getting more out of existing resources ("*targeting and optimisation of staffing rotas and workforce deployment", "making best use of available space to improve patient flow")* and hoping that a recalcitrant public can at some point be persuaded to change their ways (*"alternatives to Emergency Department Streaming, redirection and admission avoidance").* East Lancashire Hospitals NHS Trust puts out desperate messages on Facebook*: "There are currently over 100 people in our Emergency Department at Royal Blackburn Hospital. Our colleagues are working really hard to see people as quickly as possible but with a high number of poorly patients in the department, there may be some long waits.....If your condition isn't life or limb threatening and you can avoid going to A&E by either visiting your GP surgery, going to a local pharmacy or contacting NHS 111 for advice, that could potentially prevent you having a long wait".*

There is not much we can say about the workforce organisation issue, other than to warn that in our experience messing about with people's rotas can be a sure-fire way of destroying the engagement and committment of a workforce, which would seem to be the only things standing between you and complete melt-down.

"Admission Avoidance", however, seems to be evidently flying in the face of reality. On the one hand, public expectations are deeply engrained. On the other, people will only turn to alternatives when they have confidence in them.

One "Healthwatch" survey about NHS111 in March this year found that: *"Only 55% of all polling respondents said they felt confident that when they phoned the service, the person*

they spoke to would be qualified to help them. Our survey found that people often said that their experience of NHS 111 would be improved if they felt call handlers were better equipped to answer their queries". Another survey in September 2023 found that a third of adults in England lacked confidence that they can access timely care, including GP services and mental health support. Out of hours GP services scored the lowest public confidence, with half of people, 50%, lacking confidence in getting timely care from this service. 42% lacked confidence in day-time GP support and 44% in mental health support.

A 2021 Red Cross Report, "Nowhere Else to Turn", found that: *"People who frequently attend A&E make up less than one per cent of England's population but account for more than 16 per cent of A&E attendances, 29 per cent of ambulance journeys, and 26 per cent of hospital admissions"*.

The Royal College of Emergency Medicine "Best Practice Guideline - Frequent Attendance in the Emergency Department" says that *"The number of patients frequently attending EDs as a result of unmet health and care needs, or with underlying vulnerabilities is rising. An ED visit is not always beneficial for these patients and may increase heath care anxiety. Frequent attendance to the ED is often a reflection of a system wide deficiency of care for the most vulnerable members of society and this patient group has often been marginalised in the ED and other healthcare settings"*. It also says that *"...65% had mental health symptoms, 15% had significant alcohol problems, and 45% had medically unexplained symptoms. Patients with multiple vulnerabilities (e.g. chronic mental health problems combined with social problems and alcohol/substance misuse) are more likely to have the highest intensity of ED use and may struggle to access other services"* and that "*Given the increased prevalence of psychiatric disorders and alcohol misuse in this group of patients, challenging behaviour can be more common"*.

It seems to us that we are faced with issues of capacity as much, if not more than, as of behaviour. It is hard to believe that things will improve unless there can be a increase in capacity in both community and A&E services.

The RCEM says: *"A reduction in the absolute number of ED attendances (in isolation) is unlikely to be a helpful marker of effective intervention for this group. Instead, the focus should be on ensuring consistent care, reducing harm in ED, and collaborating with system partners to avoid high intensity use through proactive and preventative measures"*. We read that to mean that the key is to build up community mental health services so that people in difficulty are not turning to A&E as a last resort. You could make a similar case for GP services, but it is arguable that mental health presents a more concentrated target.

In terms of A&E capacity itself, the public view in East Lancashire in particular is probably "we told you what would happen when you reduced services at Accrington, Burnley and Chorley" - and it certainly seems clear to us that some form of re-think is required, with restoring capacity Chorley and Burnley being the most obvious options to consider.

I imagine that the urgent and emergency care capacity investment funding for 2024/25, amounting to £28.3m, would not, on its own, be adequate to achieve this. We urge you, though, to forget about an ideal model that is unlikely to take form in under a decade and

press for resources to at least restore some of what we had and have lost, in the hope and expectation that this may provide quicker and more palpable relief.

Yours Sincerely,
Ian Gallagher,
SECRETARY

By email

Mr Kevin Lavery
Chief Executive
Lancashire and South Cumbria Integrated Care Board

c.c. Mr Peter Billington, Secretary, Lancashire Association of Trades Union Councils