

<b>Meeting:</b>	<b>NHS Grampian Board</b>
<b>Meeting date:</b>	<b>6 April 2023</b>
<b>Item Number:</b>	<b>8</b>
<b>Title:</b>	<b>Patient Data Examination to Inform Inequalities Impact Assessment of Winter Plan / Surge Plan Arrangements</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Nick Fluck, Medical Director/ Susan Webb, Director of Public Health</b>
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## 1 Purpose

### **The Board is asked to**

1. endorse the proposed patient data examination to understand the patient population groups impacted by the Contingency Arrangements / Unscheduled Care Contingency Capacity Surge Plan approved by the Board in December 2022
2. note that the findings of the patient data examination will inform the creation of a joint impact assessment process to be applied to plans produced for capacity surge planning cycles in future years

### **This report relates to a:**

- Annual Operation Plan
- Legal requirement

### **This aligns to the following NHS Scotland quality ambitions:**

- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

At the Board meeting on 15 December 2022, the Board considered the plans to manage demand during the winter period, including the Unscheduled Care Contingency Capacity Surge Plan. The Board sought assurance that an impact

assessment process is undertaken in relation to this Surge Plan and that risk mitigation is considered.

In considering how the retrospective impact assessment would be undertaken, it was evident that patient inequalities data would require to be extracted and examined and there would be only limited ability to affect change to the implementation of the agreed plan retrospectively.

This paper sets out the proposed approach to inform understanding of the patient groups impacted by the surge planning arrangements that will inform future surge capacity plans. This supports the Board's commitment to implement a co-ordinated approach to inequalities impact assessments that informs decision making system wide.

## **2.2 Background**

Bed modelling occupancy data indicated that the NHS Grampian system could become overwhelmed with unscheduled care presentations in winter 2022/23. The Unscheduled Care Contingency Capacity Surge Plan (USCCS) set out the G-OPES arrangements to manage operational pressures and the contingency arrangements to open additional beds to manage these pressures and to minimise harms when trigger points in the system were reached. The unscheduled care demand was impacted by the nature of the 'shock' which could result in increase in four areas - care of the elderly, respiratory, cardiovascular and trauma orthopaedics – and also delayed discharges in the system.

Implementation of the surge plan, whilst minimising harm, would still potentially impact on the system and patients by necessitating continued derogations of care (including use of non-standard beds, nursing staffing ratios and use of priorities of care) and a reduction in planned care activity, leading to longer waiting times and boarding of medical specialty patients.

The Public Sector Equalities Duty (PSED) and Fairer Scotland Duty (FSD) require public bodies to actively consider how to reduce inequalities of outcome for people with protected characteristics and those experiencing socio-economic disadvantage.

The Public Health team, as required by the NHSG Health Inequalities Action Plan, are currently developing and testing a supplementary Fairer Scotland Impact assessment tool. This impact assessment tool is intended to strengthen NHS Grampian's approach to reduce inequalities of outcomes experienced by people living with socio-economic disadvantage. It was proposed that this tool would be used to assess the impact of the agreed USC Contingency Capacity Surge Plan. Dialogue with clinical and operational service leads established that data to meaningfully inform this process needs to be extracted and examined.

Examination of patient information will inform our understanding of how the USC Contingency Capacity Surge Plan and other arrangements implemented over winter 2022/23 has affected defined patient groups. This, in turn, will enable a fuller consideration of people protected under the equalities and Fairer Scotland duties when planning for surge pressures in future.

## 2.3 Assessment

As a starting point, data has been examined to understand the socio-economic profile of patients for the areas / specialities where demand was expected this winter (see Appendix 1). This initial look confirms that people living in the most deprived areas are over-represented in the admissions and attendances for the areas / specialities where demand was anticipated this winter. This is in line with the evidence base that socio-economically disadvantaged people tend to consume more healthcare at any given age, in terms of volume and cost because they have poorer health<sup>1</sup>.

The data shows that Emergency Department (ED) attendances, respiratory admissions and delayed discharges are higher for people in the most deprived Scottish Index of Multiple Deprivation (SIMD) quintiles. There is a more mixed picture for geriatric medicine and cardiology admissions, but overall presentations are higher for people in the most deprived SIMD quintiles across the five categories detailed in this paragraph:

- Between 2017 and 2023 admissions in the most deprived quintile are consistently higher for respiratory admissions, almost always at least 40% higher than the least deprived quintile
- A census snap-shot at mid Feb 2023 for delayed discharges shows that SIMD 1 and 2 have the greatest number of delayed patients (54% Feb 2023) whilst SIMD 4 and 5 have the lowest (23% Feb 2023).
- In the year ending Jan 2023 ED attendances were highest for the most deprived quintiles, with the highest attendances for SIMD 1. However, demand this winter has been driven by the SIMD 2 and 3 population.

It is proposed that further enquiry is undertaken to understand the patient profile of those affected by the actions implemented in winter 2022/23. It is not within scope to look at the effectiveness of NHS Grampian's USC Contingency Capacity Surge Plan and the impact on patient outcomes, as this will be undertaken as part of the general evaluation of the plan. However, with patients from the most deprived SIMD populations over-represented in the demand in the system, this patient profile examination will help to understand how they have been impacted. The proposed areas to be considered are:

a) A Reduction in Planned Care / Increase in Waiting Times

To accommodate the increased demand in unscheduled care as predicted by the winter modelling, planned care will have been affected to accommodate increases in emergency admissions leading to a reduction in surgical beds at times during winter 2022/23. This will have inevitably resulted in waiting time and treatment time increases when the capacity was converted to unscheduled care.

The Elective Surgery Categorisation System (ESCatS) in place at NHS Grampian ensures patients are prioritised for planned care based on clinical need using a clinical priority scale. This ensures that all patients are managed equitably based on severity of their clinical condition.

Delays in treatment may adversely affect the stage of disease at future presentation for treatment, escalate the level of intervention required, require greater use of healthcare resource and / or reduce the intended value of the outcome.

Socio-economic factors can contribute to disparities in health care outcomes. It is plausible that socio-economic factors may also contribute to patient deterioration disparities whilst waiting for treatment. Consideration of the evidence in relation to this may be beneficial for future planning.

A recent investigation completed on request of the Clinical Governance Committee assessed if out of area offers for treatment are preferentially accepted by certain cohorts of patients; the study concluded there is no variation across SIMD populations.

Further examination of the waiting list population by SIMD will be undertaken to more fully understand waiting time experience. This will consider if patients living in our most deprived areas spend longer waiting for elective admission, if patients living in our most deprived areas are more likely to be readmitted within 28 days of discharge and was there a disproportionate number of patients from deprived areas admitted as an emergency whilst on a waiting list for treatment.

Whilst the number of postponed elective admissions are low due to the close daily management in place, the SIMD of cancelled (postponed) admissions will be profiled.

b) Increased Boarding of medical speciality patients

Operating at extremely high hospital bed occupancy and congestion in speciality beds can result in patients being placed in a ward outwith the allocated area for their speciality (known as boarding). Moving patients from a specialist ward to a ward treating different conditions is known to have adverse outcomes for patients. Increased likelihood of increase length of stay, readmission and even reduced ability

to live independently are all factors associated with 'boarding'<sup>ii</sup>. Staff have raised concerns over the challenges with boarding and their ability to provide optimal clinical care.

An analysis of patients that have been boarded will aid our understanding of any disproportionate effect amongst patients living in our most deprived areas.

c) Extended stay due to delayed discharge

Delayed discharges are a significant factor in the system pressures being experienced. Census snapshot data for mid February 2023 compared to 2022 shows a 14% increase in delayed discharges between the two periods. The census snapshot also shows an over-representation of people from the most deprived areas are delayed patients (54% of delayed patients live in SIMD 1 or 2).

Delayed discharges are associated with poorer outcomes for patients including mortality, infections, depression, reductions in patients' mobility and their daily activities<sup>iii</sup>.

This assessment will look at the deprivation profile for patients whose discharge has been delayed and the length of delay (exceeding 14 days).

Timeframe

The proposed data inquiry will be undertaken in April 2023 and concluded in time to support the winter de-brief schedule, usually undertaken in spring.

It is anticipated that this patient profile information will inform the next surge capacity planning cycle and will provide evidence (currently not readily available) to support an inequalities impact assessment of the surge capacity plan. Public Health colleagues will support this process, working closely alongside Planning / Operation / Clinical Leads.

**2.3.1 Quality/ Patient Care**

The primary purpose of the USC Contingency Capacity Surge Plan and the G-OPES systems approach to unscheduled care is to minimise any reductions in the quality of care and experience of patients. The proposed enquiry aims to better understand the profile of patients whose care has been affected and if any patient group has been disproportionately affected. In doing so, we can support decisions on the actions needed to mitigate risks.

### **2.3.2 Workforce**

The winter period has presented a further period of stress for staff across the whole Grampian system. The aim of this enquiry is to inform the improvement activity for future surge periods to limit the NHS system being overwhelmed and staff being negatively impacted.

### **2.3.3 Financial**

The financial implications are negligible, with capacity provided by existing specialist Public Health staffing (health intelligence, consultant/ management expertise). Engagement from operational teams will be required to inform the data analysis process.

### **2.3.4 Risk Assessment/Management**

The patient data examination supports the legal requirement to fully consider in/ equalities in strategic planning and decision making.

### **2.3.5 Equality and Diversity, including health inequalities**

This enquiry supports the requirements of the Public Sector Equality Duty, Fairer Scotland Duty, and the Board's Equalities Outcomes.

The interrogation of available patient data will be undertaken to informing future surge capacity planning and support a comprehensive impact assessment to be completed on future surge capacity planning arrangements.

### **2.3.6 Other impacts**

### **2.3.7 Communication, involvement, engagement and consultation**

Internal stakeholder discussion has taken place. These discussions led to the conclusion that undertaking a meaningful retrospective impact assessment at this juncture was not feasible, and a pragmatic approach to improve our understanding of the patient profile would better inform future winter planning and advance our approach to meaningfully assess impact of the plan/s in accordance with the Public Sector Equality Duty and Fairer Scotland Duty.

### **2.3.8 Route to the Meeting**

The NHS Grampian Board considered the USC Contingency Capacity Surge Plan at the 15 December 2022 Board meeting. At that meeting the Board requested that the impacts of the plan be considered. The proposal set out in this report responds to this request. It will improve understanding of the profile of patients whose care has been affected this winter and will inform surge capacity planning going forward. This data will support a full impact assessment process to be completed.

## 2.4 Recommendations

The Board is asked to:

1. endorse the proposed patient data examination to understand the patient population groups impacted by the Contingency Arrangements / Unscheduled Care Contingency Capacity Surge Plan approved by the Board in December 2022
2. note that the findings of the patient data examination will inform the creation of a joint impact assessment process to be applied to plans produced for capacity surge planning cycles in future years

## 3 List of appendices

The following appendix is included with this report:

- Appendix 1 - SIMD Profile of Patients for the Areas / Specialities where demand was expected in winter 2022/23

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<sup>i</sup> [Socio-Economic Inequalities in Health Care in England - Cookson - 016 - Fiscal Studies - Wiley Online Library](#)

<sup>ii</sup> [Unnecessary ward moves | Age and Ageing | Oxford Academic \(oup.com\)](#)

<sup>iii</sup> [Impact and experiences of delayed discharge: A mixed-studies systematic review - PMC \(nih.gov\)](#)