

# Coping with winter pressures: a practical guide

*It's no secret that it's going to be tough for all hospital staff this winter. Although the pressure will be most visible in Emergency Departments and acute wards, it will resonate across the health and social care system. Long term solutions will ultimately depend on improved bed capacity, staff numbers and social care provision. But for this winter, the Academy of Medical Royal Colleges and its members have agreed a number of practical steps that can be taken by hospitals and the people who work in them to help ease the pressures on themselves and the system and improve patient care.*

*They are all based on real-life evidence and examples of good practice.*

- 1/. As clinicians we always focus on patients; their needs must come before pressure to meet targets.
- 2/. While the greatest pressure is usually most visible in Emergency Departments, acute medical wards, and respiratory units – remember this is everyone's problem and everyone can lend a hand when it comes to helping hard-pressed colleagues. The Royal College of Surgeons of England recently issued [guidance](#) which urged its members to provide support for rapid assessment at the front door whenever elective surgery is cancelled.
- 3/. Use clinicians and clinical time wisely. Often, the hospitals that cope best with winter pressures are the ones that provide administrative support for doctors in tasks that can easily be delegated and do not require clinical judgement.
- 4/. Managers and hospital leaders should be visible and provide practical support wherever they can. Organising a pizza delivery for hard-pressed doctors and nurses can buy an awful lot of goodwill. False economies, such as closing the canteen at night or not providing hot drinks and [cups to drink from](#) are just that. Hot, healthy food should be available to staff 24/7 – after all staff are expected to work 24/7.
- 5/. Share information on local winter plans, especially the guidance dealing with [acute surges of demand](#), preferably before the system comes under real pressure. There are regional plans, and national plans for [England](#), [Wales](#) and [Scotland](#). The Royal College of Physicians of London has produced a [series of guides](#) for its members on ways to prepare for winter pressures. The Care Quality Commission has also produced an [excellent guide](#) which includes many examples of best practice.
- 6/. Keep an eye on the weather forecast and plan services in anticipation of increased demand. For every 1°C drop in temperature we tend to see an almost 1% [rise in emergency hospital admissions](#). It may seem obvious, but not all hospitals routinely take account of external factors when planning rotas. Expect a spike too in children with respiratory tract infections, and adults with heart attacks and strokes.

7/. Consider reducing elective care ahead of the pressure times by cutting down on planned activity. If elective work is postponed, relevant staff can be reallocated to help out in the Emergency Department to see specialty specific patients or run additional 'hot clinics'. Many hospitals cut their elective lists last winter to create bed space, ease pressure on staff and prevent operations being cancelled at the last minute.

8/. Any patient suitable for weekend discharge should be planned for on a Friday, to reduce pressure on weekend teams. Some hospitals encourage twice daily ward rounds specifically to improve flow. Consider using available resources – NHS Improvement has produced some nice new [digital tools](#) that may help. The Royal College of Emergency Medicine has led the way in analysing the pinch points with its [winter flow project](#).

9/. Be creative with the way clinical staff are used. Consider putting consultants [at the front](#) of the decision chain rather than at the end. It doesn't need to happen all year, and should not diminish training opportunities, but it [can reduce pressure](#) in the winter months. Equally, make early decisions about ceilings of medical management and escalation criteria as intensive care and outreach teams will be stretched.

10/. Take care of yourself and your colleagues. Look after your physical and mental health. Make sure you get the flu jab, eat enough and stay hydrated. Remember to introduce yourself to patients or colleagues even if on the phone – it really does [make a difference](#). And most of all do not be afraid to ask for help, or feel pressured to work beyond your competence. Share your concerns, experiences and suggestions with others. This can be a difficult and stressful time, so don't suffer in silence or get swamped in isolation.

Ends

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