Critical Care in Sussex and East Surrey

What does normal look like?

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## Introduction

This briefing describes the count all adult critical care (ITU, HDU or other) beds that are funded and available for critical care patients (adults, Levels 2 and 3) as part of the NHS England SitRep returns.

The definitions of critical care levels are:

* Level 1 – Patients at risk of their condition deteriorating or those recently relocated from higher levels of care, whose needs can be met on an acute ward with additional advice and support from the critical care team (**these patients are NOT included in SitRep returns**).
* Level 2 – Patients requiring more detailed observation or intervention including support for a single failing organ system or post-operative care and those stepping down from higher levels of care. Also known as High Dependency.
* Level 3 – Patients requiring advanced respiratory support alone or basic respiratory support together with support of at least two organ systems. This level includes all complex patients requiring support for multi-organ failure. Also known as Intensive Care.

This is the number of actual beds rather than the planned number of beds with beds funded but not available due to staff vacancies excluded unless the vacancies have been filled by bank or agency staff. It does include beds which are not funded but are occupied.

As a snapshot of the occupancy at midnight of the reporting period, it does not account for beds that are occupied and then available for more than one patient over the course of the day.

This briefing describes two datasets. A monthly situation report is a snapshot at midnight on the last Thursday of each month provided by NHS England as part of a monthly situation report (monthly sitrep). Data in this monthly collection are available from April 2010 to January 2020. During the winter period data on bed occupancy are recorded more frequently, with data available for each day usually between December and February. In previous years there are some data from November to March.

## Differences between daily and monthly SitReps

It should be noted that at national levels the monthly and daily sitreps vary considerably and so it is not possible to add values from daily returns to the monthly returns (e.g. using the last Thursday in February to supplement the monthly time series) even though the daily series is more recent.

* The daily SitRep returns generally show fewer open beds than the monthly returns (3,654 open beds as at 30/01/2020 in the daily returns and 4,123 in monthly returns as at 30/01/2020). The England value is an aggregated total of all rows in the dataset.
* There were 145 Trusts included in the monthly SitRep data for December 2019, whilst the winter daily SitRep contains data for just 133 Trusts. This may explain the lower national figures in the winter daily SitRep. Of note, the Queen Victoria Hospital NHS Foundation Trust does not have a record in the winter daily SitRep.

## Critical care beds available in January 2020 (Monthly SitReps)

The latest monthly data for critical care bed occupancy is for January-2020 and this indicates that nationally as at midnight on the 30/01/2020 there were 4,123 open critical care beds (adult beds). Of these, 3,423 were occupied (83%). In January 2019, the occupancy rate was 85.3% with 3,532 beds out of 4,140 occupied.

* Across England at midnight on 30/01/2020 there were 700 beds available for new patients.

There are 19 NHS organisations providing critical care beds in the South East Commissioning Region. Across the commissioning region, at midnight on 30/01/2020 there were 522 open critical care beds (adult beds) with 423 occupied (81%). This occupancy rate is lower than in England overall in the latest available data.

* Across the South East Commissioning Region at midnight on 30/01/2020 there were 99 beds available for new patients.

More locally, the Sussex and East Surrey Sustainability and Transformation Partnership (STP) comprises five acute hospital trusts which provide data on critical care beds in the monthly returns (Brighton and Sussex University Hospitals NHS Trust, East Sussex Healthcare NHS Trust, Queen Victoria Hospital NHS Foundation Trust, Surrey and Sussex Healthcare NHS Trust, and Western Sussex Hospitals NHS Foundation Trust). The January 2020 data indicates that across the STP, hospital trusts have 113 open critical care beds (adult beds) with 93 occupied (82.3%). This occupancy rate is marginally lower than in England overall in the latest available data and higher than in the South East Commissioning region.

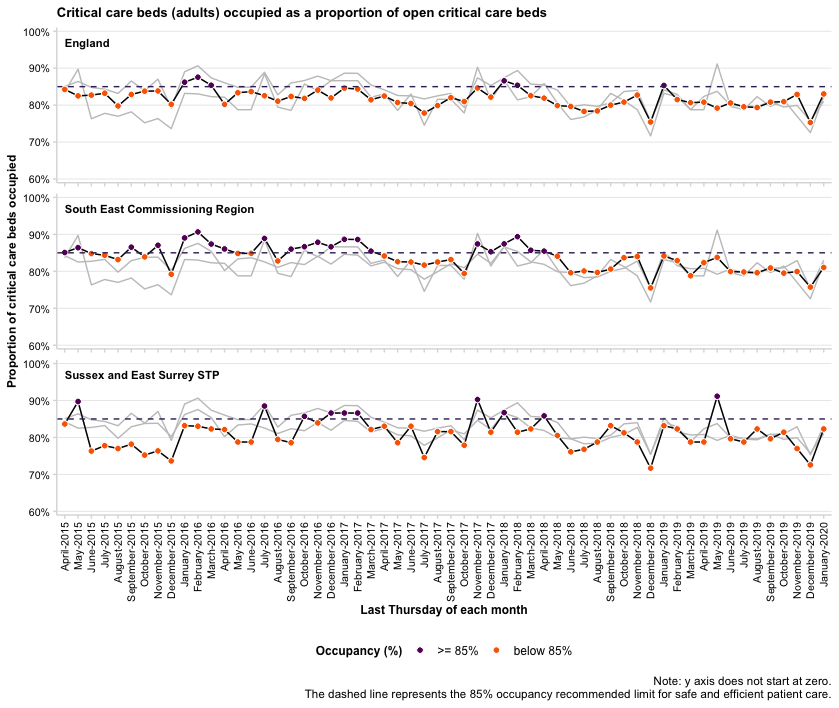
* Across the Sussex and East Surrey STP at midnight on 30/01/2020 there were 20 beds available for new patients.

## Capacity and occupancy over time: peaks and average occupancy

The figure overleaf shows the national, regional, and Sussex and East Surrey STP occupancy rates between April 2015 and January 2020.

Compared with January 2019, the number of open critical care beds fell in England by 17 (less than half a percentage point) from 4,140 to 4,123, whilst the number of open beds in South East Commissioning Region rose by five. The number of open beds in the STP trusts was the same in January 2019 and January 2020 (113 open beds). In all three areas, occupancy as a proportion of open beds was lower in January 2020 compared with the same period in 2019.

In the last five years since April 2015, the highest capacity (number of open beds) for critical care beds in England was 4,157 in February 2019. The peak number of open critical care beds in the commissioning region is more recently in December 2019, with 523 open beds whilst the peak in the Sussex and East Surrey STP trusts was July 2015 when 117 critical care beds were open.



Since April 2015, there have been on average 737 available critical care beds nationally, 82 beds in the South East Commissioning region and 22 beds within the STP trusts. In the 12 months leading to January 2020, these averages have increased in England to 790 available beds, and to 100 in the South East Commissioning region. In the Sussex and East Surrey STP, the average number of beds available for new patients slightly decreased to 21.

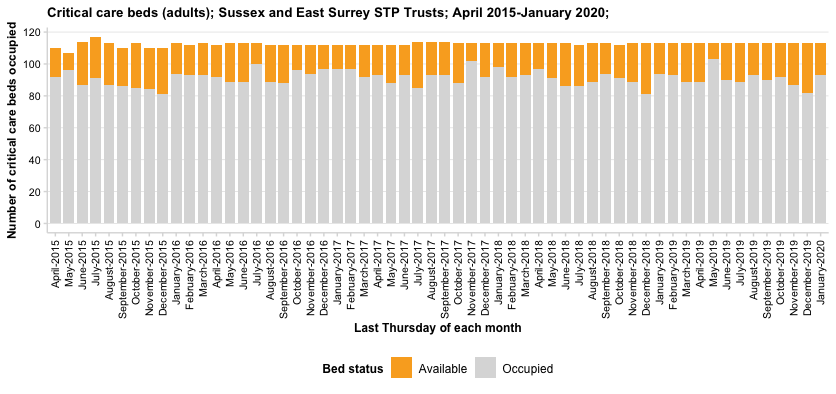
Peak availability over the period April 2015 to January 2020 was in December 2018 for the STP and England overall (32 beds and 1,003 beds respectively) and December 2019 for the South East Commissioning Region (127 available beds).

## Capacity recommendations

A critical care capacity research study conducted in 2018 by The Faculty of Intensive Care Medicine reports that the highest rate recommended for safe and efficient patient care is 85%[[1]](#footnote-1). Operating above this capacity means providers can struggle to cope with variation, respond to crises, and this leads to cancelling operations, or needing to transfer very ill patients to other hospitals.

In the past 12 months (February 2019 - January 2020), occupancy of critical care beds did not exceed 85% in England overall or in South East Commissioning Region. However, in Sussex and East Surrey STP, the occupancy exceeded the safe level once, in May 2019 when occupancy reached 91.2% (103 out of 113 beds).

The figure below shows the number of critical care beds open across the STP’s Trusts since April 2015 coloured by availability status with the yellow bars at the top representing the number of beds that are available to new patients on the last Thursday of each reporting period.



## Variation at Trust level

## A screenshot of a cell phone Description automatically generated

## Beds per capita

There will naturally be a higher demand for critical care beds in areas which serve a larger population (and particularly populations with certain demographics). A crude method to account for differences in populations served is to standardise the value and look at the number of beds per capita (per head in the population). A common standardised rate is the number of beds per 100,000 population. For this analysis the hospital trust catchment population for 2018 for emergency admissions has been used[[2]](#footnote-2).

The Guidelines for the Provision of Intensive Care Services (GPICS) in 2019 recommends a ratio of one critical care bed per 35 acute hospital beds.

1. <https://www.ficm.ac.uk/sites/default/files/ficm_critical_capacity_-_a_short_research_survey_on_critical_care_bed_capacity.pdf> [↑](#footnote-ref-1)
2. Hospital provider trusts do not have geographically defined boundaries for their population, nor do they have complete lists of registered patients. However, modelled estimates of the catchment populations for hospital provider trusts in England are provided by Public Health England (PHE). These experimental statistics estimates the number of people who are using each hospital trust or have the potential to do so. Individual acute trusts sometimes use varying methods to define the population they serve, such as patient flow, CCG derived or travel time-based estimates. PHE published modelled estimates use the patient flow method and the latest available catchment population is for 2018. [↑](#footnote-ref-2)