

## Background

This survey was sent to all BTS Respiratory Leads (n=247). The survey was open between 16<sup>th</sup> January and 10<sup>th</sup> February. Responses were received from **70** leads (28% response rate). The survey does not offer a hospital or regional breakdown of the figures and responses are anonymised.

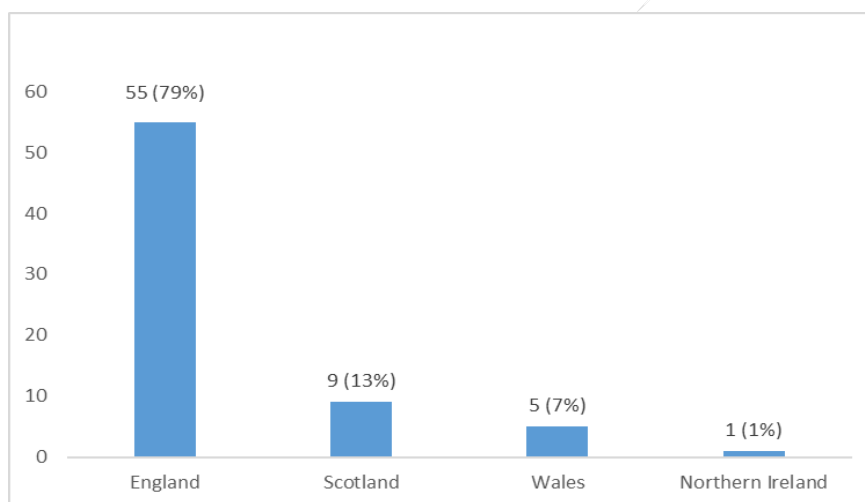
Respiratory leads are respiratory healthcare professionals, connecting BTS with the majority of NHS respiratory departments in the UK. Not all hospitals have a respiratory department, and some trusts may have more than one, hence the difference between the number of respiratory leads and the number of trusts and hospitals in the UK.

Winter pressures refers to the increase in the number of non-elective and emergency hospital admissions which is typical of winter months.

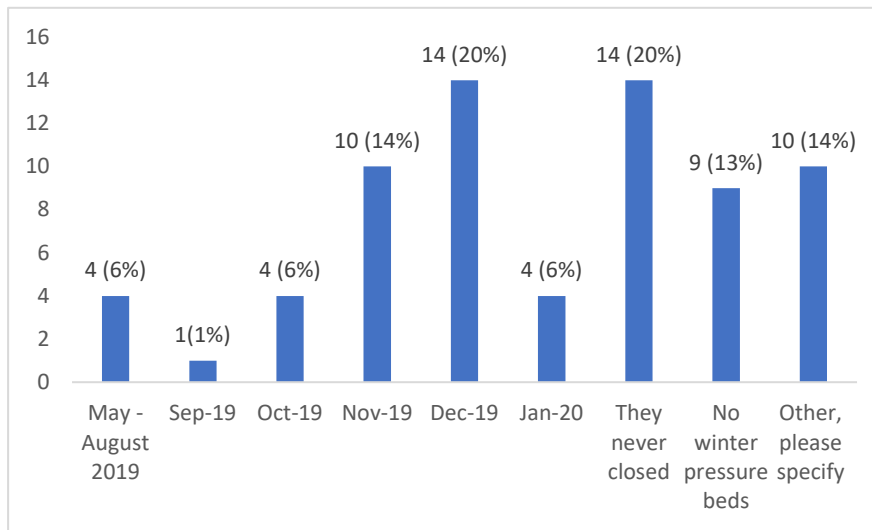
No questions were mandatory; response rates are shown for each question.

## Responses

### 1. Respondents by nation (n=70)

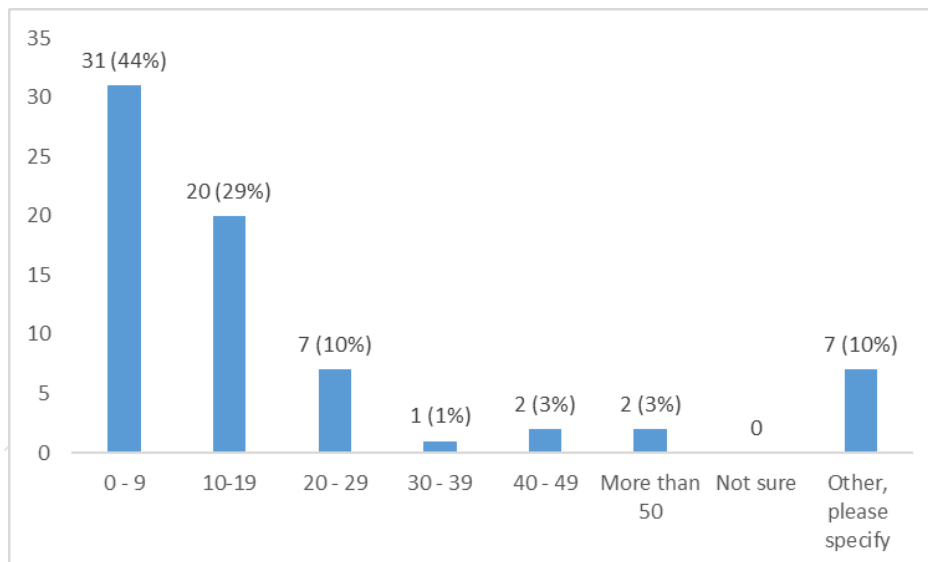


## 2. When did your department open additional beds to cope with winter pressures (referred to as winter pressure beds) in 2019-20? (n=70)



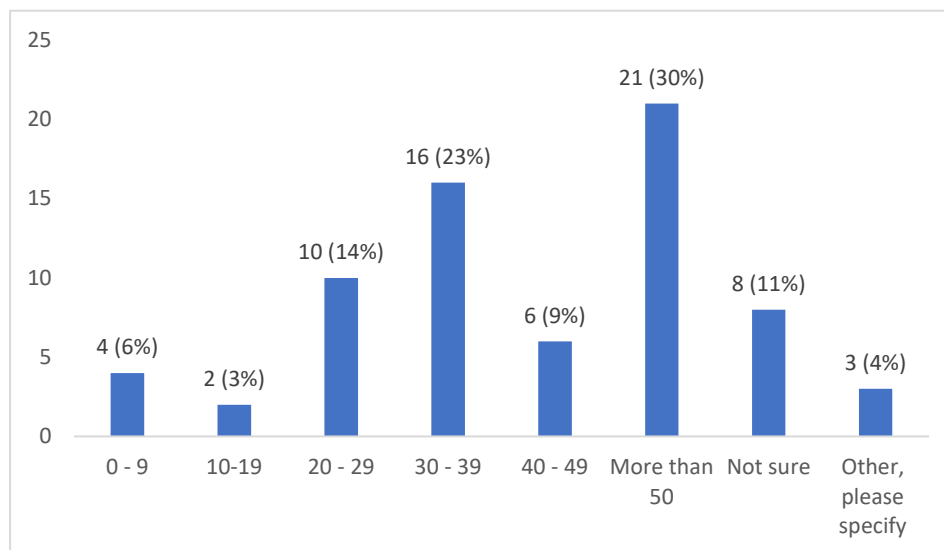
The narratives provided by those who responded "other" to question 2, suggest that the percentage of respiratory departments with additional beds always open is larger than the 20% indicated by the survey, and that generally, extra bed capacity is required throughout the year rather than solely as a result of additional admissions in winter.

## 3. How many outliers (patients that have to be accommodated in beds outside of the typical department for their condition) are currently looked after by the respiratory team? (n=70)



This answer refers to the period between 16 January – 10 February 2020, not for the entire year. The responses provided by those who answered "other" offer an insight into the ways in which some respiratory departments are trying to cope with outliers, including hiring locum consultants to look after them, setting-up rotas and using ward-based systems to allocating patients.

## 4. How many outliers are looked after overall by all medical departments? (n=70)



*This answer refers to the period between 16 January – 10 February 2020, not for the entire year.*

## 5. Do you have any extra medical staffing dedicated to supporting the respiratory team's outliers/winter pressures beds? (n=68)

*This question asked if respondents had extra consultants, registrar grade equivalent, and/or Foundation Year/Internal Medicine Training grade equivalent staff. Multiple choices were allowed.*

**39 (57%)** reported that there were no extra staff (consultant, registrar or FY/IMT staff).

**1 (1%)** site had no extra consultant(s) or registrar(s) and were unsure if there were extra FY/IMT staff.

**13 (19%)** reported having at least 1 extra consultant present.

**12 (18%)** respondents reported just having extra FY/IMT support.

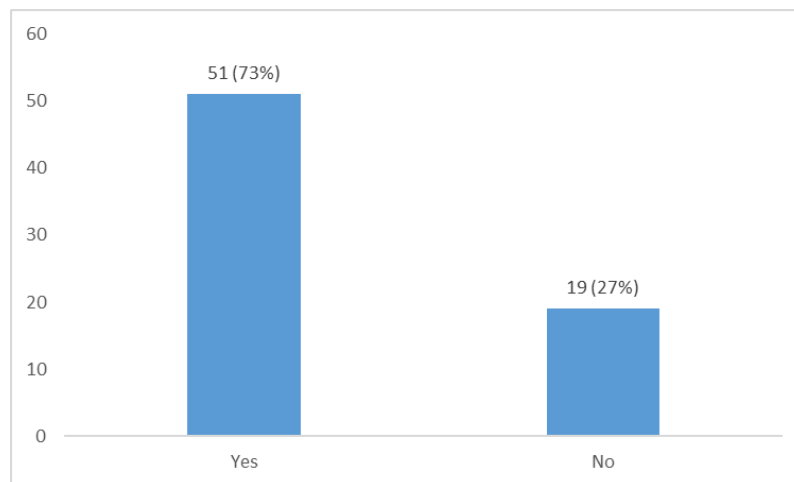
**2 (3%)** respondents had just one additional registrar

**3 (4%)** respondents had additional staff at all three grades.

**1 (1%)** department had 3-4 extra consultants.

**1 (1%)** department had 0.5 extra consultant time.

## 6. Do you feel that respiratory healthcare staff shortages are impairing the ability of your local NHS organisation/s to cope effectively with the increase in respiratory disease hospital admissions this Winter? (n=70)



## 7. Respondents were given the opportunity to expand on any of their answers (n=44)

*The responses to this question have been grouped by theme, the numbers of responses which mentioned each theme are listed below:*

Staffing shortages: 28

Additional workload: 11

Recruitment challenges: 5

Non-specialist (respiratory patients being cared for by non-respiratory specialists): 5

Workforce solutions (ways departments are managing increased demand and staff shortages): 4

General medicine (respiratory clinicians being required to care for non-respiratory patients): 3

*As is evident from the above, the responses provided mainly revolved around staffing issues, with mentions of shortages at all levels of the respiratory workforce, including nurse specialists and community staff but also of difficulties in recruiting both permanent and temporary staff, including locum consultants. This is worsened by increased demands that respiratory departments look after both their outliers and take on additional work for other wards and emergency admissions.*

*Concerns were also raised around the risks to patient care of non-specialists looking after patients with specific conditions.*

*In order to manage additional workload, respondents reported working extra unpaid hours and having no choice but to cancel outpatient clinics in order to be able to manage the workload on the ward.*

*Changes in consultants' pension arrangements have also been mentioned as an additional issue in finding respiratory specialists to work extra shifts to plug the gaps in service.*

*Several comments were emotionally charged, with mentions of burn-out, stress, and staff being at breaking point.*