



# North East Quality Observatory Service

# Population Health & Healthcare Surveillance

# **Healthcare Utilisation**

## March 2022 Update

# **Summary Dashboard**

		Indicator	Time Period	North East Value	North East Rank	National Average	Direction of Travel
	45.	A&E attendances -per 1,000 GP registered patients (Note: Chart opposite is based on count)	2020/21	287.8*		255.8	Marine Mari
	46.	Scheduled Appointments in General Practice (rate per 1,000 population)	Dec-21	457.7*		410.7	www.
	47.	Percentage of scheduled General Practice appointments conducted by a GP	Dec-21	46.0%*		50.4%	
	48.	Appointments in General Practice- Time between Booking Date and Appointment Date	Dec-21				
		Same Day		44.0%*		45.8%	
		1 Day		8.8%*		8.8%	
		2 to 7 Days		19.8%*		18.8%	
		8 to 14 Days		13.4%*		12.6%	
5		More than 14 Days		14.0%*		13.9%	
atic		Unknown/Data quality issue		0.03%*		0.1%	
tilis	49.	Appointments in General Practice- Mode of Appointment	Dec-21				
5 e		Face-to-Face		65.9%*		61.1%	
care		Home Visit		0.8%*		0.7%	
Ē		Telephone		29.8%*		34.7%	
lea		Video/Online		0.3%*		0.5%	
		Unknown		3.3%*		3.1%	******
	50.	Percentage of those who tried to get an NHS dental	January -				
		appointment who succeeded:	March 2021				
		In the last 3 months				76.1%	
		In the last 6 months				73.8%	
		In the last year				72.3%	
		In the last 2 years				73.9%	
	51.	Alcohol-related hospital admissions - per 100,000 GP	2020/21	615.2*		430.4	M M
		registered patients (Note: Chart opposite is based on count)					- ,,
	52.	Emergency admissions for violence (including sexual violence) - per 100,000 GP registered patients (Note: Chart opposite is based on count)	2020/21	45.3*		30.8	on the management of the second

\* Please note these values are based on the North East and North Cumbria rather than just the North East

Compared with England	Significantly Better	Similar	Significantly Worse
Compared with England	Significantly Higher	Similar	Significantly Lower

North East Rank amongst the 9 Regions 1 - Best

## What do the detailed pages show?

The following pages contain further information for each indicator, including, where available, data comparing each region in England, and trend data over time for England and the North East / North East and North Cumbria. The latest information at local authority, CCG or Ambulance Service level for the North East and North Cumbria is also presented. A narrative section explains the key findings from the data and also includes data sources and definitions.

9 - Worst





## North East Quality Observatory Service

# Population Health & Healthcare Surveillance Healthcare Utilisation

# March 2022 Update

# **Summary Dashboard (continued)**

		Indicator	Time Period	North East	North East Rank	National	Direction of
	53.	Numbers of calls to 999 - answered	Jan-22	36412**	North	801886	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	54.	Ambulance Quality Indicators - Incidents by type of response	Jan-22				
		Hear & Treat		10.7%**		11.1%	
		See & Treat		27.5%**		32.0%	
		Transport to non-ED		8.9%**		4.9%	*******************************
		Transport to ED		52.9%**		52.0%	
	55.	Ambulance Quality Indicators - Response times	Jan-22				
		Average response time (hh:mm:ss) for category:					
		C1		00:06:48**		00:08:31	***************************************
		C1T		00:08:04**		00:11:13	***************************************
		C2		00:31:22**		00:38:04	and the second s
Healthcare Utilisation		C3		01:16:26**		01:56:52	
		C4		01:16:10**		02:34:48	
		90th centile response time (hh:mm:ss) for category:					
		C1		00:11:45**		00:15:05	***************************************
		C1T		00:14:47**		00:20:43	*****************************
		C2		01:06:35**		01:23:35	and the second s
		C3		03:16:10**		04:47:18	and a second and a second and a second
		C4		02:40:42**		05:52:28	
	56.	Calls received by NHS 111 (Count)	Dec-21	100580**		2131223	
	57.	Percentage of NHS 111 Calls that were abandoned after call steering IVR	Dec-21	42.2%**		23.3%	- Alexand
	58.	NHS 111 calls- Time to call answer (seconds)	Dec-21				
		Average		1199**		565	
		95th Centile		4109			
	59.	Percentage of triaged NHS 111 calls referred to the	Dec-21	17.3%**		11.0%	
		Ambulance service					
	60.	Percentage of triaged NHS 111 calls recommended to attend	Dec-21	9.8%**		10.5%	- Andrew -
		an Emergency Department					
	61.	IAPT-Referrals that finished a Course of Treatment where first	Sep-21	89.6%*		91.2%	
	62	treatment was in 6 weeks or less (%)	Cara 21	05 20/*		00 70/	
	62.	IAPT-Referrais that finished a Course of Treatment where first	Sep-21	95.2%*		98.7%	
	63	treatment was in 18 weeks or less (%) Sickness absence - NHS sickness absence rates	Jul-21	6.1%*		5 1%	un
	05.	איז	JUI-ZI	0.1%		5.1/0	
	* Ple	ase note these values are based on the North East and North Cum	bria rather t	han just the No	orth East		
	** Pl	ease note the North East value for this indicator is based on the N	orth East Am	bulance Servic	e		
		Compared with England Significantly Better		Similar		Significantly	Worse
		Compared with England Significantly Higher		Similar		Significantly	Lower

North East Rank amongst the 9 Regions 1 - Best 9 - Worst

## What do the detailed pages show?

The following pages contain further information for each indicator, including, where available, data comparing each region in England, and trend data over time for England and the North East. The latest information at local authority, CCG or Ambulance Service level for the North East and North Cumbria is also presented. A narrative section explains the key findings from the data and also includes data sources and definitions.







Data source: Hospital Episode Statistics (HES) datasets are accessed via the Data Access Environment, and re-used with the permission of NHS Digital. Copyright © 2022, NHS Digital. All rights reserved. The 2021/22 HES data is classed as provisional. NHS Digital. Patients registered at a GP practice. https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice. Copyright © 2022, NHS Digital. All

#### Definitions / Notes

rights reserved

The way people used NHS services considerably changed during the pandemic<sup>1</sup>. The way NHS services operated, changes in patient behaviour and changes in the prevelance of conditions all impacted A&E visits. For example, there is evidence that some people avoided attending services through fear of catching COVID-19<sup>2</sup>.

This indicator reports on the number and rate of A&E attendances that have taken place at either:

- Emergency departments with a consultant led 24 hour service (type 01 departments)

- Other type of A&E/minor injury departments for the reception of A&E patients, nurse or doctor led (type 03 departments).

For A&E attendances by CCG, this indicator looks at the volume of activity by CCG of responsibility and is calculated as a directly age standardised rate per 1,000 GP registered patients for the start of each financial year.

For A&E attendances by deprivation profile, crude rates are presented for attendances by people whose CCG of responsibility is one of the eight NENC CCGs and whose lower super output area (LSOA) is contained within one of the eight CCGs. The LSOA of these attendances has been aggregated up to deprivation decile and applied to the population of each national deprivation decile in the region.

## What is the data telling us?

The data show that across the NENC and England there was a considerable drop in the rate and number of A&E attendances in the 2020/21 financial year compared to the two previous financial years. In the NENC, this is most pronounced in April 2020 and February 2021. Attendances remained considerably lower than their previous counterparts for the whole of the 2020/21 financial year. However, attendances started to rise again at the start of the 2021/22 financial year and in June 2021 were just slightly above pre-pandemic levels. In 2020/21, six NENC CCGs had directly age standardised rates greater than the England average, the exceptions being North Cumbria and County Durham.

Although all rates dropped in 2020/21, throughout all three financial years there is a strong correlation between the rate of A&E attendances and deprivation deciles, with those in the most deprived areas having the highest rates of A&E attendance. A recent paper has also shown that social context factors, including living alone and living with a person with frailty, are strongly associated with higher emergency hospital use<sup>3</sup>.

1. The Health Foundation. (2020). Exploring the fall in A&E visits during the pandemic. https://www.health.org.uk/news-and-comment/charts-and-infographics/exploring-the-fall-in-a-e-visits-during-the-pandemic

2. Asthma UK. (2021). Asthma Care in Crisis. Annual Asthma Survey 2020. https://www.asthma.org.uk/7318608a/contentassets/3fd2bcc5be6a41f68b3280969eedbec3/aas-2020\_2a-1.pdf

3. Lloyd, T., Crellin, E., Brine, R., Shen, J.Y., Wolters, A.T. (2021). The association between household context and emergency hospital use in older people: a retrospective cohort study on indicators for people living alone or living with somebody with fraility, developed from routine healthcare data in England.

somecovy with nearly, developed incominuum encationare used in crigation. https://www.researchgate.net/publication/355700030 The association\_between\_household\_context\_and\_emergency\_hospital\_use\_in\_older\_people\_a\_retrospective\_cohort\_study\_on\_indicators\_for\_people\_living\_alone\_or\_living\_with\_s omebody\_with\_frailty\_developed\_r?channel=doi&linkid=617a7cd13c987366c3f4e06b&showFulltext=true



47. Percentage of scheduled General Practice Appointments conducted by a GP (December 2021) Percentage of all General Practice appointments in participating EMIS, TPP, Vision and Microtest practices where the healthcare professional conducting the appointment was a GP as a % of total appointments.



Data source(s): NHS Digital: Appointments in General Practice - experimental statistics (https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general practice) Copyright © 2022 Health and Social Care Information Centre

NHS Digital: Patients Registered at a GP practice (https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice) Copyright © 2022 Health and Social Care Information Centre

## **Definitions / Notes**

These indicators have been calculated based on data supplied solely by participating practices who use either EMIS, TPP, Vision, Informatica or Microtest clinical systems.

Since this data has been collated from the appointment systems held in general practice this limits the activity reported on and does not represent all work happening within a primary care setting or assess the complexity of activity<sup>4</sup>.

In relation to indicator 46, which measures the number of scheduled appointments per 1000 list size, the denominator is the number of patients registered at GP practices.

General practice is currently under unprecedented pressure for contact and support for patients<sup>5</sup>. The pandemic has had a significant impact on the way practices operate and on approaches to appointment management<sup>4</sup>. As such data quality may be impacted so the above results should be interpreted with caution.

## What is the data telling us?

## Indicator 46

The number of scheduled appointments per 1000 registered patients varies by Integrated Care Partnership (ICP) and over time. There was a substantial drop in the appointment rate in April 2020; however this had returned to pre-pandemic levels by September 2020. Between April 2019 and December 2021 all NENC ICPs had higher rates than the England rate.

This data reports the number of scheduled appointments and in the NENC area approximately 91% of these were attended in December 2021.

## Indicator 47

Information is also available regarding the type of healthcare professional responsible for carrying out the scheduled appointment. This shows that on average around 46.4% of appointments were scheduled with a GP between April 2020 and March 2021 compared to 51.4% nationally. Between April 2019 and December 2021 the NENC consistently had a notably smaller percentage of appointments scheduled with a GP than nationally.

Annually across all NENC ICPs and nationally, there is a slight dip each October in the percentage of scheduled appointments seen by a GP with a higher percentage seen by 'other practice staff'.

4. NHS Digital. Appointments in general practice: supporting information. https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice/appointments-in-g information#impact-of-coronavirus-on-gp-appointment-data

5. The Health Foundation. (2021). How has the COVID-19 pandemic impacted primary care? https://www.health.org.uk/n vid-19-pandemic-impacted-primary-care



TeesValley Data source(s): NHS Digital: Appointments in General Practice - experimental statistics (https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-generalpractice) Copyright © 2022 Health and Social Care Information Centre

43.4%

42.5%

#### **Definitions / Notes**

47.5%

47.3%

45.8%

45.4%

30%

20%

10% 0%

These indicators have been calculated based on data supplied solely by participating practices who use either EMIS, TPP, Vision, Informatica or Microtest clinical systems.

43.6%

Since this data has been collated from the appointment systems held in General Practice this limits the activity reported on and does not represent all work happening within a primary care setting or assess the complexity of activity<sup>4</sup>.

There are a number of factors that can impact the above indicator including appointment availability at the practice, patient availability, urgency of the appointment, GP advice and regular/repeat appointments that may be booked in advance<sup>4</sup>.

General practice is currently under unprecedented pressure for contact and support for patients<sup>5</sup>. The pandemic has had a significant impact on the way practices operate and on approaches to appointment management<sup>4</sup>. As such data quality may be impacted so the above results should be interpreted with caution.

## What is the data telling us?

The data highlights that most appointments, both nationally and across the NENC, are scheduled to occur on the same day as the appointment is booked. There was a substantial increase in the proportion of appointments occuring on the same day as booking in April 2020, coinciding with a substantial decrease in the number of scheduled appointments, but this reduced to pre-pandemic levels by October 2020. In December 2021, 44.0% of appointments in the NENC were scheduled to occur on the same day as booking the appointment compared to 45.8% nationally. Throughout the time period (April 2019 - December 2021), the NENC has a slightly smaller proportion of appointments scheduled to occur on the same day compared to the national average. Since April 2021. both nationally and in the NENC, the proportion of appointments scheduled to occur either between 8 to 14 days or greater than 14 days has been higher than the proportion occuring within one day from booking.

There is some variation across the NENC in the time between the appointment booking date and the appointment date, with North Tyneside having a higher proportion of appointments scheduled to occur greater than 14 days from booking and fewer between 1 and 7 days in December 2021.

45.8%

England

41.1%

Same Day





Percentage of Appointments (%) face NENC - Face to 70% face England -60% Telephone NENC - Telephon 50% 40% England - Home visit NENC - Home visit 30% 20% England 10% Unknown NENC - Unknown 0% NOV-19 , Sep.19 Oct-19 Aug. 19 <sup>J</sup>ul:21 Aug.21 Sep.21 Oct.23 England Video/Online



Data source(s): NHS Digital: Appointments in General Practice - experimental statistics (https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-generalpractice) Copyright © 2022 Health and Social Care Information Centre.

## **Definitions / Notes**

These indicators have been calculated based on data supplied solely by participating practices who use either EMIS, TPP, Vision, Informatica or Microtest clinical systems.

Since this data has been collated from the appointment systems held in General Practice this limits the activity reported on and does not represent all work happening within a primary care setting or assess the complexity of activity<sup>4</sup>.

General practice is currently under unprecedented pressure for contact and support for patients<sup>5</sup>. The pandemic has had a significant impact on the way practices operate and on approaches to appointment management<sup>4</sup>. As such data quality may be impacted so the above results should be interpreted with caution.

## What is the data telling us?

Throughout the time period shown (April 2019 to December 2021), across the NENC the most common mode of appointment is face to face. However, there was a notable drop between February and April 2020 where the proportion of appointments scheduled to be conducted face to face dropped by over 30 percentage points. This was accompanied by an increase in the proportion of appointments scheduled to be conducted by telephone. A similar picture was observed nationally, however unlike in the NENC, the proportion of appointments scheduled to be by telephone nationally exceeded the proportion of face to face appointments between April and June 2020. Since April 2020, both nationally and across the NENC, the proportion of appointments scheduled to be delivered face to face has slowly increased, with telephone appointments slowly decreasing, but they are still far from the distribution observed pre-pandemic. Very little change occurred to the proportion of scheduled appointments delivered via home visits or through video/online consultations between April 2019 and December 2021.

There is some variation across the NENC in the mode of appointment with North Tyneside having a greater proportion of appointments scheduled to be conducted face to face (75.0%) in December 2021 than the other NENC CCGs and nationally. South Tyneside and North Cumbria have greater proportions of appointments to be conducted by telephone, 37.0% and 36.7% respectively.

England - Face to

## 50. Percentage of those who tried to get an NHS dental appointment in the last 3 months / 6 months, who succeeded

Weighted percentage of the number of respondents aged 16+ who tried to get an NHS dental appointment in the last 3 months / 6 months and who answered 'yes' to being successful in getting one.





Data source: NHS England. GP Patient Survey Dental Statistics. https://www.england.nhs.uk/statistics/category/statistics/gp-dental-statistics/

## Definitions / Notes

COVID-19 has significantly impacted the operation of NHS dental services<sup>6</sup>. To reduce the spread of COVID-19 at the start of the pandemic, NHS dental services were paused. Although they have since restarted, the practices and policies used to reduce the spread of COVID-19 have reduced their capacity to provide services. This has led to plans being implemented to support the recovery of NHS dentistry, including the setting up of contractual arrangements that safely maximise access and activity, supporting NHS dental contract holders and the wider dental team, supporting clinical prioritisation of patients such as those with urgent need and children and proceeding with dental system reform<sup>7</sup>.

This indicator is self reported and based on responses to the GP Patient Survey conducted between January and March every year amongst GP patients aged 16 and over. It is derived from responses to two questions: "When did you last try to get an NHS dental appointment for yourself?" Those who indicated that they had tried within a specified timeframe were asked a follow-up question: "Were you successful in getting an NHS dental appointment?" This indicator measures the percentage who answered this follow-up question in the affirmative.

Data at CCG level is based on the GP practice of the respondent and not the address of the dentist.

#### What is the data telling us?

Nationally and across all NENC CCGs the percentage of respondents to the GP Patient Survey who tried and were successful in getting an NHS dental appointment within either the previous 3 months or previous 6 months was considerably lower in the 2021 survey compared to the two previous surveys in 2019 and 2020.

The data show that nationally between January and March 2021, 76.1% of those who had tried to get an NHS dental appointment in the last 3 months were successful. In the NENC percentages ranged from 71.5% (North Cumbria) to 81.8% (North Tyneside). Six of the eight NENC CCGs had higher rates than the national average.

When the timeframe is extended to the previous 6 months, 73.8% nationally were successful in getting an NHS dental appointment. In the NENC the percentages ranged from 70.7% (North Cumbria) to 80.0% (South Tyneside). Five of the eight CCGs had rates higher than the national average.

6. CQC. (2021) COVID-19 Insight 10: Dental access during the pandemic. https://www.cqc.org.uk/sites/default/files/20210524\_COVIDIV\_insight\_number10\_slides.pdf

7. NHS England. (2021). Next steps to support the recovery of NHS dentistry - letter. https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C1425-Next-steps-to-support-the-recovery-of-NHS-dentistry.pdf

# 50 (continued). Percentage of those who tried to get an NHS dental appointment in the last 12 months / 24 months, who succeeded

Weighted percentage of the number of respondents aged 16+ who tried to get an NHS dental appointment in the last 12 months / 24 months and who answered 'yes' to being successful in getting one.





**Healthcare Utilisation** 

Data source: NHS England. GP Patient Survey Dental Statistics. https://www.england.nhs.uk/statistics/category/statistics/gp-dental-statistics/

#### What is the data telling us?

Nationally and across all NENC CCGs the percentage of respondents to the GP Patient Survey who tried and were successful in getting an NHS dental appointment within either the previous 12 months or previous 24 months was considerable lower in the 2021 survey compared to the two previous surveys in 2019 and 2020.

The data show that nationally between January and March 2021, 72.3% of those who tried to get an NHS dental appointment in the last 12 months were successful. In the NENC percentages ranged from 71.9% (North Cumbria) to 78.5% (Sunderland). Seven of the eight NENC CCGs had higher rates than the national average.

Whe the timeframe is extended to the previous 24 months, 73.9% nationally were successful in getting an NHS dental appointment. 24 months in the longest interval recommended by NICE between oral health reviews<sup>8</sup>. In the NENC the percentages ranged from 72.1% (North Cumbria) to 80.4% (Sunderland). Seven of the eight CCGs had rates higher than the national average.

Out of all four timeframes included within this indicator, the greatest proportion of success in getting an NHS dental appointment, both nationally and across the NENC CCGs, is in those who tried to secure an appointment within the last 3 months. This could suggest that access to services is improving.

8. NICE. (2004) Dental checks: intervals between oral health reviews. https://www.nice.org.uk/guidance/cg19/chapter/1-guidance







Healthcare Utilisation

Data source: This data was supplied directly to NEQOS by OHID - Hospital Episode Statistics (HES) are re-used with the permission of NHS Digital. Copyright © 2022, NHS Digital. All rights reserved. The 2021/22 HES data is classed as provisional NHS Digital. Patients registered at a GP practice. https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice. Copyright © 2022, NHS Digital. All

rights reserved. **Definitions / Notes** 

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol-related admissions can be reduced through local interventions to reduce alcohol misuse and harm. This indicator reports the admission rate to hospital where the primary diagnosis is an alcohol-attributable code or a secondary diagnosis is an alcohol-attributable external cause code. For each episode identified, an alcohol-attributable fraction is applied, which relates to the extent to which alcohol contributes to a health outcome. The total number of alcohol-related hospital admissions is therefore not a number of actual people or admissions, but an estimated number of admissions calculated as the sum of the fractions. This indicator uses updated alcohol attributable fractions, based on new relative risks from 'Alcohol-attributable fractions for England: an update' published by PHE in 2020<sup>9</sup>.

For admissions by CCG, this indicator looks at the volume of activity by CCG of responsibility and is calculated as a directly age standardised rate per 100,000 GP registered patients for the start of each financial year.

For admissions by age band, crude rates are presented for admissions by people whose CCG of responsibility is one of the eight NENC CCGs and whose lower super output area is contained within one of the eight CCGs.

#### What is the data telling us?

Despite alcohol purchasing, consumption and higher risk drinking all increasing during the COVID-19 pandemic<sup>10</sup>, across all NENC CCGs and England there was a drop in the rate of alcohol-related admissions in the 2020/21 financial year compared to previous financial years. Across the NENC there was a notable drop in the number of admissions in April 2020 and provisional 2021/22 data shows considerably lower numbers too.

In 2020/21, all NENC CCGs had directly age standardised rates greater than the England average. Sunderland had the highest rate across the NENC with a rate of 780.5 admissions per 100.000 people.

The data split by age band show that the highest rate of admissions in the NENC occurs in those aged between 60-64. Although rates dropped in 2020/21 across the majority of age bands, people aged between 15-24 and 30-39 saw increases in the rate of admissions in the 2020/21 financial year compared to 2019/20.

9. PHE. (2020). Alcohol-attributable fractions for England: an update. https://www.gov.uk/government/publications/alcohol-attributable-fractions-for-england-an-update

PHE. (2021). Monitoring alcohol consumption and harm during the COVID-19 pandemic. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/1002627/Alcohol\_and\_COVID\_report.pdf





Data source: Hospital Episode Statistics (HES) datasets are accessed via the Data Access Environment, and re-used with the permission of NHS Digital. Copyright © 2022, NHS Digital. All rights reserved. The 2021/22 HES data is classed as provisional. NHS Digital. Patients registered at a 6P practice. https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-ap-practice. Copyright © 2022, NHS Digital. All

NHS Digital. Patients registered at a GP practice. https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice. Copyright © 2022, rights reserved.

### Definitions / Notes

This indicator aims to enable a focus on the interventions that are effective and evidence-based, including a greater focus on prevention and treatment, which need to be considered alongside criminal justice measures for a balanced response. A recent report found that emergency admissions for violence in the NENC dropped during the COVID-19 pandemic<sup>11</sup>. The indicator builds on the data included in that report. This indicator is based on activity where there is a recording of violent crime (classified by ICD10 codes X85 to Y09) in any position of the admitting episode.

For admissions by CCG this indicator looks at the volume of activity by CCG of responsibility and is calculated as a directly age standardised rate per 100,000 GP registered patients for the start of each financial year.

For admissions by deprivation profile crude rates are presented for admissions by people whose CCG of responsibility is one of the eight NENC CCGs and whose lower super output area (LSOA) is contained within one of the eight CCGs. The LSOA of these attendances has been aggregated up to deprivation decile and applied to the population of each national deprivation decile in the region.

#### What is the data telling us?

The data show that across the NENC as a whole and England there was a drop in the rate of emergency admissions for violence in the 2020/21 financial year compared to the two previous financial years. Admissions dropped substantially across the NENC in April 2020 and have fluctuated considerably since then. In July and September 2020, admission numbers were similar to pre-pandemic level. However, in August 2020 they were notably higher. Admissions in May 2021, as lockdown restrictions started to ease, were also considerably higher than admissions in May from all three previous years shown (2018, 2019 and 2020).

In 2020/21, seven NENC CCGs had directly age standardised rates greater than the England average, the only exception being North Cumbria. Sunderland has the highest rate across the NENC and was the only CCG to see the admission rate increase during to 2020/21 financial year compared to 2019/20.

As shown by the middle chart above, although all rates dropped in 2020/21, throughout all three financial years there is a strong correlation between the rate of emergency admissions for violence and deprivation, with those in the most deprived areas having the highest rates of admissions.

11. Brown, A., Collingwood, P., & Newton, J. L. (2021). Cohort study to explore the association between the COVID-19 pandemic lockdown and admissions for violence in North East and North Cumbria. BMJ Open, 11(12), e052923–e052923. https://doi.org/10.1136/bmjopen-2021-052923

## 53. Numbers of calls to 999 - answered (January 2022)





#### Data source: NHS England. Ambulance Quality Indicators. https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/ Definitions / Notes

Ambulance services have been under increased pressure during the pandemic with demand for emergency care reaching record high levels<sup>12</sup>.

This indicator looks at the variation in the number of calls to 999 that were answered. This indicator includes 999 calls (after being presented to switchboard) as well as calls to the international equivalent number  $112^{13}$ . Calls to NHS 111 are not generally included unless the call from 111 is transferred directly to the 999 emergency line. Calls that are abandoned are also not included in this indicator. See also indicators 56-60 on 111 calls.

#### What is the data telling us?

Since February 2021, the number of answered calls nationally and to the North East Ambulance Service have increased dramatically, with a peak in October 2021. Trends across all ambulance trusts show a similar picture with a dip in calls between April and June 2020 but notable increases since February 2021.

12. NHS England. (2021). NHS responds to highest number of 999 calls on record. https://www.england.nhs.uk/2021/11/nhs-responds-to-highest-number-of-999-calls-on-record/

13. NHS England. (2019). Ambulance Quality Indicators: Data specification for Systems Indicators (AmbSYS). https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2019/09/20190912-AmbSYS-specification.pdf



## Definitions / Notes

Ambulance services have been under increased pressure during the pandemic with demand for emergency care reaching record high levels<sup>12</sup>.

This indicator looks at the variation in the type of response for all ambulance incidents. An ambulance incident is a call to the ambulance control room that, following initial triage, requires either a face to face response from the Ambulance service or one that can be resolved with telephone advice and any appropriate actions agreed with the patient. Please note incidents resulting from calls to 111 and incidents initiated by a call from the fire service or police are also included<sup>13</sup>.

Response types are either counted as 'see and treat,' 'hear and treat,' 'transport to non-Emergency Department (ED),' or 'transport to an Emergency Department (ED).'

'See and treat' is the percentage of all incidents that had a face-to-face response, but where no patients were transported<sup>13</sup>.

'Hear and treat' is the percentage of all incidents where there was no face-to-face response, but where a full triage was undertaken and where the incident was resolved by either telephone advice (via a designated healthcare professional accountable to the ambulance service), decisions supported by clinical decision support software or an approved triage tool or through referring to another organisation working with the ambulance service.

'**Transport to non-ED**' includes where a patient is transported to any other facility other than an ED for example to a minor injuries unit. Incidents where patients are transported in a non-emergency vehicle (e.g. Patient transport service) are also included in this category.

'Transport to ED' refers to incidents where any patients are transported to an ED including incidents where patients are transported to ED in a non-emergency vehicle (e.g. Patient Transport Service). Where the department to which patients have been transported is not specified, these incidents are included under 'Transport to ED'.

#### What is the data telling us?

The data highlight that since April 2019 the most common type of response following the creation of an incident is transport to ED. In January 2022, 53.9% of incidents in the North East and Yorkshire were transported to ED, the second highest rate of all the NHS regions. The North East and Yorkshire also had the highest percentage of calls that were transported to a non-ED facility in January 2022.

The North East Ambulance Service (NEAS) provides an ambulance service to all NENC CCGs except North Cumbria. Since April 2019, it has consistently had a higher percentage of incidents where the response is to transport to a non-ED facility than the England average. However, it has a notably smaller percentage of incidents where the response is to 'see and treat.'

Both nationally and in the NEAS, there was a large dip in April 2020 in the percentage of incidents where the response was to transport to ED, coinciding with an increase in responses of 'see and treat.' Although this change was short-lived, the 'transport to ED' rate has not quite returned to pre-pandemic levels. On the other hand, the 'Hear and Treat' rate has been steadily increasing both nationally and in the NEAS since July 2020, although still represents a relatively small percentage of all incidents.

## 55. Ambulance Quality Indicators - Average and 90th centile response times

Average (mean) and 90th centile response time, from clock start to clock stop, for ambulance service responses by incident category - C1 and C1T.



Data source: NHS England. Ambulance Quality Indicators. https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/

#### Definitions / Notes

This indicator looks at the variation in the average and 90th centile response times for category 1 (C1), category 1T (C1T), category 2 (C2), category 3 (C3) and category 4 (C4) incidents. An ambulance incident is a call to the ambulance control room that, following initial triage, requires either a face to face response from the Ambulance service or one that can be resolved with telephone advice and any appropriate actions agreed with the patient.

**C1** is for calls about people with life threatening conditions/ injuries<sup>14</sup>. The national standard sets out that all ambulance trusts must respond to Category 1 calls in 7 minutes or less on average, and respond to 90% of Category 1 calls in 15 minutes or less (commonly referred to as the 90th centile response time)<sup>13</sup>.

**C1T** measures the response time for C1 incidents where any patients were transported by an ambulance service emergency vehicle. C1T was introduced to encourage the rapid transportation of C1 patients by retaining a measure for the arrival of the conveying resource<sup>13</sup>. There are no formal standards for C1T, however in the data collection specification it is stated that services should aim to respond to 90% of calls in 30 minutes<sup>13</sup>.

**C2** is for calls about people with serious conditions, such as a stoke or chest pain, that require rapid assessment and/or urgent transport<sup>14</sup>. All ambulance trusts should respond to Category 2 calls in 18 minutes or less on average, and respond to 90% of Category 2 calls in 40 minutes or less<sup>13</sup>.

**C3** is for calls about people with urgent problems (not immediately life-threatening) which require treatment and transport to an acute setting<sup>14</sup>. The national standard states that all ambulance trusts must respond to 90% of Category 3 calls in 120 minutes or less<sup>13</sup>. There is no target for the average response time.

**C4** is for calls about people with non-urgent problems, like stable clinical cases<sup>14</sup>. According to the national standard, 90% of Category 4 calls should be responded to in 180 minutes or less. There is no target for the average response time<sup>13</sup>.

For details as to when the response clock starts and when the clock stops for each category please see the detailed AmbSYS specification<sup>13</sup>.

#### What is the data telling us?

**C1**: Over the entire time period shown above (April 2019 to January 2022), the North East Ambulance Service (NEAS) has better average monthly response times for C1 calls than the England average. Over this period, the NEAS average C1 response time has fluctuated between a high of 7 minutes and 14 seconds (October and December 2021) and a low of 5 minutes 59 seconds (June 2020). Unlike the national average, for the majority of the time period NEAS met the C1 standard (7 minutes). The only exception occurred between August and December 2021. However, during this peak, NEAS at worst is 14 seconds (October 2021) over the standard, whilst the national average is two minutes 20 seconds (October 2021) above the standard.

Throughout the time period (April 2019 to January 2022), NEAS has consistently met the 90th centile standard (15 minutes) and has consistently better 90th centile response times than the national average. While there was a substantial increase in C1 90th centile response times nationally since the start of the 2021/22 financial year, NEAS response times only marginally increased.

In January 2022, the 90th centile response time for NEAS was 11 minutes and 45 seconds, compared to the national average (15 minutes and 5 seconds).

**C1T**: The time taken for the arrival of the first vehicle of the type that transports the patient (category 1T) for incidents categorised as C1 is consistently lower than the average response time for C1 incidents nationally but higher for NEAS, suggesting that there are different strategies in the management of incidents.

National and NEAS C1T 90th centile response times have consistently met the aim set out in the AmbSYS specification.

14. NEAS. Understanding ambulance response categories. https://www.neas.nhs.uk/our-services/accident-emergency/ambulance-response-categories.aspx

## 55. Ambulance Quality Indicators - Average and 90th centile response times

Average (mean) and 90th centile response time, from clock start to clock stop, for ambulance service responses by incident category - C2, C3 and C4.

	Response times (hours)				
	North East Ambulance Service	England	Standard		
C2 Average	00:31:22	00:38:04	≤ 00:18:00		
C2 90th Centile	01:06:35	01:23:35	≤ 00:40:00		
C3 Average	01:16:26	01:56:52	N/A		
C3 90th Centile	03:16:10	04:47:18	≤ 02:00:00		
C4 Average	01:16:10	02:34:48	N/A		
C4 90th Centile	02:40:42	05.52.28	< 03.00.00		



Data source: NHS England. Ambulance Quality Indicators. https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/

#### What is the data telling us?

**Category 2 (C2):** Over the period shown above (April 2019 to January 2022), NEAS has not met the standard (18 minutes) for C2 response times and for the majority of the time period has had a longer response time than the national average. The NEAS average C2 response time has fluctuated between a high of 48 minutes and 17 seconds (October 2021) and a low of 18 minutes 10 seconds (May 2020), with a slight seasonal trend. Average monthly response times, both for NEAS and nationally, have been particularly high in the second half of 2021 (July - December 2021), although it should be noted that since August 2021 NEAS average response times have been better than those reported nationally.

C2 90th centile response times do not meet the standard (40 minutes) for the majority of the time period (April 2019 to January 2022) and have notably worsened over time. Although they have been generally worse than the national average over the period, it should be noted that NEAS response times have been better than those reported nationally since August 2021.

**Category 3 (C3):** Average response times for C3 calls closely match the pattern for C2 calls. Over the period shown (April 2019 to January 2022), the NEAS average C3 response time has fluctuated between a high of 2 hours 52 minutes (October 2021) and a low of 37 minutes (May 2020). It is clear that the 90th centile national standard response time (2 hours) was only achieved by NEAS in the few months at the start of the pandemic, similar to what occurred nationally. 90th centile response times have lengthened since Autumn 2021 and peaked in December 2021 at just over 7 hours 11 minutes (for NEAS), more than 5 hours longer than the standard expected. However, in January 2022 they had reduced to just over 4 hours 47 minutes.

**Category 4 (C4):** NEAS average response times for these calls have, for most of the period shown in the above chart, been better than the national average. In January 2022 the average response time reported by NEAS was just over 1 hour 16 minutes, an hour and 18 minutes quicker than the national average.

In the year prior to the pandemic NEAS 90th centile response times for category 4 incidents generally hovered above the standard (3 hours). There was an improvement between April and August 2020 when the standard was achieved both nationally and by NEAS. At the start of 2021/22, NEAS response times deteriorated and have generally remained above the standard since although the standard was achieved in January 2022. However, the recent NEAS response times have been much better than the national average which has been deteriorating rapidly since March 2021.



#### 57. Percentage of NHS 111 Calls that were abandoned after call steering IVR

The percentage of NHS 111 calls that, following call steering Interactive Voice Response (IVR), were abandoned.

![](_page_14_Figure_3.jpeg)

Data source: NHS England. Integrated Urgent Care Aggregate Data Collection (IUCADC including NHS111) – new from April 2021

https://www.england.nhs.uk/statistics/statistical-work-areas/iucadc-new-from-april-2021/ NHS England. Integrated Urgent Care Aggregate Data Collection (IUC ADC) Experimental Statistics 2020-21

https://www.england.nhs.uk/statistics/statistical-work-areas/nhs-111-minimum-data-set/integrated-urgent-care-aggregate-data-collection-iuc-adc-experimental-statistics-2020-21/

#### Definitions / Notes

With non-essential movement restricted, in the early stages of the pandemic NHS 111 was key in helping people with medical problems without the risk of unnecessary exposure to the virus<sup>15</sup>.

Callers to NHS 111 are routed via a national telephony system to the organisation commissioned to receive NHS 111 in the area and use Interactive Voice Response (IVR) approaches to stream callers to the most appropriate service<sup>16</sup>, referred to as 'Call Steering IVR.' The provider of the NHS 111 service in the North East is the North East Ambulance Service (NEAS).

Indicator 56 looks at the number of calls received by the provider via the designated NHS 111 receiving numbers<sup>16</sup>. A call is considered received at the point at which it is delivered to the provider. As well as calls made to the 111 number, those made by healthcare professionals to the Clinical Assessment Service (CAS) via dedicated numbers other than 111 are included. CAS is a collection of clinicians working with Integrated Urgent Care who assess NHS 111 calls.

Indicator 57 looks at the percentage of calls abandoned (after call steering IVR). Abandoned calls represent an unquantifiable clinical risk since, by definition, the needs of the caller are not established<sup>17</sup>. The national standard sets out that providers should only have a maximum abandonment rate of 3%<sup>17</sup>.

Although the dataset was new in April 2021 some indicators can be directly mapped to the Integrated Urgent Care Aggregate Data Collection (IUC ADC) Experimental Statistics<sup>18</sup>.

## What is the data telling us?

#### Indicator 56

In December 2021, NEAS received, on average, 3245 calls a day. For the majority of the time period (April 2019 to December 2021), the overall trend in the number of calls to the NHS 111 service within NEAS closely matches that of the national trend. Both have peaks in the number of calls in March 2020. Between September 2020 and January 2021, the number of calls to the NHS 111 service within NEAS fell considerably contrasting with a relatively steady national trend.

#### Indicator 57

In December 2021, the North East and Yorkshire region had the second highest proportion of calls abandoned after call steering IVR. Since July 2019, NEAS has consistently not met the standard (less than or equal to 3%) for the proportion of calls abandoned. From May 2020 onwards, the percentage of calls to NEAS which were then abandoned has been higher than the national average and has been increasing, peaking at 60% in October 2021 (compared to 28% nationally).

15. The Health Foundation. (2020) How has NHS 111 shaped public demand for the NHS in England during the pandemic? https://www.health.org.uk/news-and-comment/charts-and-infographics/how-has-nhs-111-shaped-public-demand-for-the-nhs-in-england

16. NHS England. (2021) Integrated Urgent Care Aggregate Data Collection Specification 2021-22. https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2021/06/IUC-ADC-Specification-2021-22-v1.3-Final-DRAFT.pdf

17. NH5 England. (2021). Integrated Urgent Care - Key performance indicators and quality standards 2021-22. https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2021/06/80652\_ii\_NHSE-IUC-XPIs-2021-22-version-1.1-25-June-2021.pdf

18. NHS England. (2021). Mapping ADC & MDS Changes from April 2021, https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2021/07/Mapping-ADC-MDS-changes-from-April-2021v2.xlsx

## 58. NHS 111 calls- Time taken to answer call (December 2021) Time taken to answer NHS 111 calls (Average and 95th centile).

![](_page_15_Figure_1.jpeg)

Apr-22 Nav-22 Jul-22 Jul-22 AU8-22 Sep-22 Oct-22 Nov-22 Dec-22

Data source: NHS England. Integrated Urgent Care Aggregate Data Collection (IUCADC including NHS111) – new from April 2021

https://www.england.nhs.uk/statistics/statistical-work-areas/iucadc-new-from-april-2021/

NHS England. Integrated Urgent Care Aggregate Data Collection (IUC ADC) Experimental Statistics 2020-21 https://www.england.nhs.uk/statistics/statistical-work-areas/nhs-111-minimum-data-set/integrated-urgent-care-aggregate-data-collection-iuc-adc-experimental-statistics-2020-21/

## Definitions / Notes

The length of time before a call is answered is an important contributor to the overall patient experience. Prolonged delays in call answer time result in increasing rates of calls being abandoned which generates clinical risk<sup>17</sup>.

This indicator looks at the variation in the average and 95th centile time taken to answer NHS 111 calls. The clock starts at the moment the call is queued to skill set and after call steering IVR.

Average answer times are compared to a standard of less than or equal to 20 seconds<sup>17</sup>.

95% of calls (commonly referred to as the 95th centile time) are expected to be answered in two minutes or less<sup>17</sup>. Unlike the average time for the call to be answered, data on the 95th centile is only published at individual contract area level, with national, regional and provider level data unavailable. The North East Ambulance Service NHS FT is the lead data provider for the North East contract.

Please note: Although the dataset was new in April 2021 some indicators can be directly mapped to the Integrated Urgent Care Aggregate Data Collection (IUC ADC) Experimental Statistics<sup>18</sup>. 95th Centile data prior to April 2021 is unavailable.

#### What is the data telling us?

The data show that all NHS regions took substantially longer than the standard to answer NHS 111 calls in 20 seconds or less in December 2021. The North East and Yorkshire has the worst average time across all the NHS regions, averaging at over 13 minutes compared to an England average of around nine and a half minutes.

The average time taken to answer NHS 111 calls spiked in March 2020 and this was apparent both nationally and for those calls answered by NEAS. This coincided with a peak in the number of calls received, nationally and by NEAS, as shown by indicator 60. By April 2020 they had reduced again, but between August 2020 and October 2021 the NEAS average answer times rose rapidly, reaching a peak of almost 38 minutes in October 2021. The England average also rose during this time period but not as rapidly with the national average peaking at just over 11 minutes in October 2021. More recent trends show a decrease in the average time to answer NHS 111 calls within the NEAS.

95th centile call answer times, only available at contract area level, are also substantially higher than the target of 120 seconds within the North East. In December 2021, the 95th percentile time in the North East was 4109 seconds equating to roughly a wait of one hour and eight minutes.

![](_page_16_Figure_0.jpeg)

60. Percentage of triaged NHS 111 calls recommended to attend an Emergency Department (December 2021) The percentage of NHS 111 calls that are recommended to attend an Emergency Department (ED) following triage.

![](_page_16_Figure_2.jpeg)

Data source: NHS England. Integrated Urgent Care Aggregate Data Collection (IUCADC including NHS111) – new from April 2021

https://www.enaland.nhs.uk/statistics/statistical-work-areas/iucadc-new-from-april-2021/ NHS England. Integrated Urgent Care Aggregate Data Collection (IUC ADC) Experimental Statistics 2020-21

https://www.england.nhs.uk/statistics/statistical-work-areas/nhs-111-minimum-data-set/integrated-urgent-care-aggregate-data-collection-iuc-adc-experimental-statistics-2020-21/

#### **Definitions / Notes**

With non-essential movement restricted in the early stages of the pandemic, NHS 111 was key in helping people with medical problems, without the risk of unnecessary exposure to the virus<sup>15</sup>. NHS 111 can give health advice, dispatch ambulances or recommend that people should attend A&E, primary care, or other services.

Triage is where an assessment is undertaken on a patient to ascertain the severity of their health concern. Answers given in this assessment help determine the most appropriate clinical response, which may include referral to the Ambulance Service of recommendation to attend an Emergency Department (ED).

Indicator 59 looks at the percentage of calls which following triage are referred to the Ambulance Service.

Indicator 60 looks at the percentage of calls which following triage are recommended to attend an ED.

Please note: Although the dataset was new in April 2021 some indicators can be directly mapped to the Integrated Urgent Care Aggregate Data Collection (IUC ADC) Experimental Statistics<sup>18</sup>.

#### What is the data telling us?

## Indicator 59

Over the entire time period shown (April 2019 to December 2021), the North East Ambulance Service (NEAS) has a higher percentage of calls referred to the Ambulance Service following triage than the national average. Since April 2021, the percentage of calls referred to the Ambulance Service by NEAS has steadily risen, contrasting a relatively stable national trend. 17.3% of calls in December 2021 were referred to an Ambulance Service following triage, representing the highest percentage of calls referred to an Ambulance Service by NEAS for the entire time period shown (April 2019 to December 2021). In March 2020, the percentage referred to an Ambulance Service notably fell, both in NEAS and nationally, and again in September 2020. However, the latter was considerably more pronounced in NEAS than nationally. NEAS also experienced a notable dip in the percentage of calls referred to an Ambulance Service between February 2021 and April 2021 which again was not as pronounced nationally.

## Indicator 60

In December 2021, NEAS had a smaller percentage of calls (9.8%) that were recommended to attend an ED following triage than the national average (10.5%). However, for the majority of the time period shown (April 2019 to December 2021), NEAS had a higher percentage recommended to attend an ED than the national average. Although it should be noted that since August 2021, NEAS has had a smaller percentage than the national average. The percentage fell considerably, both nationally and in NEAS, in March 2020, but then rose rapidly peaking in July 2020 at percentages of 14.1% (NEAS) and 13.1% (national average). Since July 2020 the percentage of calls recommended to attend an ED by NEAS has, on the whole, steadily reduced.

## Improving Access to Psychological Therapies (IAPT) - Treatment waiting times

61. Referrals that finished a Course of Treatment where first treatment was in 6 weeks or less (%) (September 2021) % of referrals that finished a course of treatment in the month that waited 42 days or less for the first treatment.

![](_page_17_Figure_2.jpeg)

62. Referrals that finished a Course of Treatment where first treatment was in 18 weeks or less (%) (September 2021) % of referrals that finished a course of treatment in the month that waited 126 days or less for the first treatment.

![](_page_17_Figure_4.jpeg)

Data source: NHS Digital (https://digital.nhs.uk/data-and-information/publications/statistical/psychological-therapies-report-on-the-use-of-iapt-services) Copyright © 2022 Health and Social Care Information Centre

#### **Definitions / Notes**

IAPT is run by the NHS in England and offers NICE-approved therapies for treating people with depression or anxiety. The pandemic will have had profound effects on the public's mental health<sup>19</sup>. The indicators above look at waiting times. However, other indicators within the IAPT data set also highlight how the pandemic impacted the number of referrals received and the referral method, with GP referrals notably dropping<sup>20</sup>.

Information is released each month relating to activity, waiting times and outcomes such as recovery. The charts above aim to demonstrate activity relating to three of the key measures in IAPT services. As the time period shown contains a point at which a number of NENC CCGs merged, pre-merger CCGS for Tees Valley and County Durham have also been plotted.

Disruption to submissions during the COVID-19 period means that this data should be interpreted with care. There has also been a change to the way in which IAPT data is processed which came into effect in October 2020, for the full details and the impact this will have on the data please see the IAPT methodological change document<sup>21</sup>.

#### What is the data telling us?

Since October 2019 almost all NENC CCGs have maintained a high achievement rate for the percentage finishing a course of treatment where their first treatment was within 6 weeks. The main exception is Tees Valley CCG where, for the majority of the time period, the rate is considerably lower than the rest of the NENC region and the England average. However, further investigation is required to understand the reasons behind this. Other exceptions include Newcastle Gateshead CCG and North Tyneside CCG where in some months the performance is below 80%, namely at the beginning of the time period and between September and October 2020 for Newcastle Gateshead CCG and in May 2021 for North Tyneside.

A similar picture is observed for the percentage finishing a course of treatment where their first treatment was within 18 weeks, with high achievement rates in the majority of the NENC CCGs. However, Tees Valley CCG again has a considerably lower rate which, as shown in the latest time period, is continuing to decrease. North Tyneside CCG also has notably lower values in comparison to the rest of the NENC CCGs and the England average particularly between September 2020 and June 2021.

19. Office for Health Improvement and Disparities. (2021). COVID-19 mental health and wellbeing surveillance: report. https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report

20. NHS Digital. Psychological Therapies, Reports on the use of IAPT services. https://digital.nhs.uk/data-and-information/publications/statistical/psychological-therapies-report-on-the-use-of-lapt-services

21. NHS Digital. Methodological changes. https://digital.nhs.uk/data-and-information/find-data-and-publications/statement-of-administrative-sources/methodological-changes#mental-health

![](_page_18_Figure_0.jpeg)

Data source: NHS Digital (https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates). This data is classed as provisional.

### **Definitions / Notes**

NHS sickness absence statistics are compiled from data recorded on the Electronic Staff Record (ESR) system as part of the day to day activities in running NHS organisations. They provide details by staff group, type of organisation and sickness absence reason. The NHS workforce is extremely diverse in terms of occupations and skills compared to many other public sector employers, and NHS work is often physically and psychologically demanding which increases the risk of illness and injury.

Sickness absence rates for English NHS staff are calculated by dividing the 'Full Time Equivalent (FTE) number of days sick' by the 'FTE number of days available' for each month. Please also note, while lower sickness absence rates, in general, indicate lower levels of sickness absence it should be noted that lower rates can also indicate under reporting of sickness absence.

The North East and North Cumbria providers line in the first chart above contains data relating to staff employed at the NENC hospital Trusts (including two mental health Trusts) in the region, and also includes NEAS staff. This information can be produced at separate organisational level on request.

#### What is the data telling us?

Throughout the time period shown (January 2017 to July 2021), sickness absence rates across NENC providers tend to be higher than the national average. Prior to the COVID-19 pandemic, sickness absence rates for England overall and for the providers in the region show seasonal variation, with higher absence rates in winter than summer. However, this pattern changed in 2020, and 2021 (based on data for January - July) also looks set to buck the historical trend. While rates in January and February 2020 were similar to those in previous years, in March 2020 rates started to increase peaking in April at 6.2% (both in the North East and England), before decreasing again in late Spring. An upward trend became apparent again from September 2020. In November and December 2020 rates were higher than in the previous three years, particularly amongst NENC providers. In January 2021 the NENC rate was similar to that at the start of the pandemic, and although it fell through February and March, started to increase again in April 2021. Although the England average also started to increase in April 2021, the increase was more pronounced in the NENC. By July 2021 the rate in the region (6.1%) was close to the level it had been at the start of the pandemic, and statistically significantly higher than the England average (5.1%).

Sickness absence rates by Staff Group are also available, but only at England level, as shown in the second chart. Staff groups with the highest absence rates in July 2021 are those classed as 'ambulance staff,' 'support to clinical staff' and 'midwives'.

Additional data is available, at England level, which shows the reasons for sickness absence by staff group (25 reasons available). The main reason for absence is currently due to anxiety/stress/depression/other psychiatric illnesses (27.8%).