

Flu outbreak highlights crisis in Britain's health service

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The old, the poor and those with respiratory problems have been the first casualties of the flu outbreaks that have swept Britain since Christmas. So many people have been rushed to hospital that many units are struggling to cope. Sixteen percent of hospitals have been forced to close their emergency departments and turn away patients.

Three strains of flu are affecting two out of five households in the North West and the Midlands. Ambulance crews have been flooded with calls. The Greater Manchester Ambulance Service has been handling more than 1,500 emergency calls a day, more than double the normal load. The crisis was exacerbated because many doctors' surgeries were closed altogether over Christmas, so that people seeking help went directly to the emergency services and hospital Accident & Emergency departments.

Medical wards specialising in respiratory problems are full and patients admitted with flu are being transferred to cardiac and gynaecological wards. Many patients have spent up to 16 hours on trolleys waiting for a bed. In several parts of the country all non-emergency operations were cancelled as emergency admissions soared by 50 percent. By Wednesday there were only 16 free emergency beds left in the whole of England. For the first time ever, the Emergency Bed Service Monitoring Unit warned hospitals that if they do not have any intensive care beds, it would be impossible to transfer patients elsewhere.

At Kettering General hospital, by no means an extreme case, the situation is critical. Stocks of the "nebules" used to administer drugs through oxygen have run out on the chest wards and staff have been forced to borrow from other parts of the hospital.

In East Anglia, the Norfolk and Norwich hospital hired a refrigerated lorry to store 36 bodies, after its 80-place mortuary reached capacity. A hospital spokesman said, "We had an unexpected surge of deaths over the Christmas period and so we had to put emergency measures in place."

Steven Thornton, chief executive of the National Health Service Confederation, which represents the hospitals, said, "What we see is just the tip of the iceberg. There are

underlying problems of poverty and poor housing that mean that, when something like this happens, it is always the oldest and poorest that suffer the most."

In contrast Dr. Douglas Fleming, head of the Royal College of General Practitioners Infectious diseases monitoring unit, blamed some of the NHS crisis on selfishness. "There is no curative treatment for flu and there is no point going to see your doctor, let alone going to hospital, unless you have a serious chest disease or are elderly or living on your own," he said. Similarly Ian Bogle, chairman of the British Medical Association, speaking on the BBC Radio 4 programme *Today*, implied that people going to hospital with flu symptoms were wasting the hospitals' time. Such official opposition to hospital visits has grave implications. Various strains of meningitis, which has flu-like symptoms, have caused the deaths of several teenagers and young children in Yorkshire and the North East during the last few weeks.

Health Secretary Frank Dobson has announced a £159 million package of measures, mostly designed to keep elderly patients out of hospital by treating them at home rather than at overstrained hospitals. A further £50 million is being held in reserve in case the crisis deepens. It is not new money, but was first announced last year. Dobson claimed that "the government has done its bit by finding millions of pounds of extra money to target effort and resources where it is needed most".

The current crisis in Britain's hospitals could have been anticipated. Announcing the extra £300 million earmarked for the annual winter beds crisis last November, Dobson said, "Unless the weather is exceptionally harsh [so far it has been one of the mildest winters on record] or there is a major flu epidemic, the NHS can face this winter with confidence."

Despite the mounting crisis, the Department of Health claimed that the country was "a long way short of an epidemic. The incidence of flu was 104 per 100,000. Only if the figure rose to over 200 cases per 100,000 would it be above average and only above 400 would it constitute an epidemic." The present flu outbreak is lower than the 180

cases per 100,000 in 1993 and 580 per 100,000 in 1989 when there were 550,000 cases in a single week. This reveals that Britain's hospitals would be incapable of dealing with a "real" epidemic.

This winter's crisis is not simply the result of the flu outbreaks. It is the outcome of pressures that have been building up for more than a decade. The number of hospital beds has been cut by more than one-third over the last 10 years. Patients have been discharged earlier and day surgery now constitutes 25 percent of elective surgery.

This, together with the persistent underfunding of the social services that provide vital backup to the sick and the elderly, has put extra burdens on the hospitals. Over the last few years, emergency admissions have been rising by 2 to 3 percent a year, as waiting lists have risen. This has left the NHS with virtually no capacity to cope with even relatively small surges in demand.

Hospitals previously ran at 70 to 75 percent capacity so there was always slack in the system to meet an influx of admissions. Demands for greater "efficiency" mean that hospitals today operate at 95 percent occupancy rates, so that a bad outbreak of flu or icy weather is enough to push them over the edge.

In addition, a combination of factors has produced a desperate shortage of nurses, leading to ward closures. At South Manchester University hospital a new ward could not open due to lack of staff. The Royal College of Nursing said, "There used to be regional shortages, but now it is nationwide. Applications are down. It is not just an issue of pay, although wages have fallen short of inflation for four years. The focus is on pay because it is a reflection of how nurses are valued. People are leaving because not only are they not being paid well, but their jobs are so difficult to do well in this environment. It makes it even harder for those who are left."

As one nurse told a reporter for the *World Socialist Web Site*, "It's crazy. There are just not enough beds and not enough nurses. Hospitals are just businesses now. No one wants to work under these conditions--the constant pressure, the financial crises and the ward and hospital closures. Morale is very low. Everything changed once the reforms were brought in during the 1990s and the hospitals were run as businesses. No one realised how bad it would get."

The health authorities have increasingly resorted to the nursing banks. These were traditionally the last line of defence for emergencies. The NHS bill for agency nurses reached £216 million in 1997, compared with £121 million in 1992. The director of one nursing agency, with 25 years nursing experience, said that the crisis was the worst she had ever seen. "The bottom line is that there are not enough nurses, and this is due to lots of reasons, not just pay. We

used to be called to provide cover, but now we are staffing wards for months at a time. For the first time ever, even hospices cannot find enough staff."

Student nurses, once a key part of hospital staffing, now do more of their training at college. When they do get on the wards, they are so shocked by what they see that they leave as soon as they qualify. Fewer young people are taking up nursing as a profession. Many nurses come from overseas, but recent changes in immigration law mean that even those from the British Commonwealth can only stay one year instead of two.

Few of the media commentators have examined the causes of the present crisis and no one has challenged the government's plans for its new privately financed hospitals, which will cut beds by a further 3,000 in England alone. When Jonathan Michael, the chief executive of Birmingham University Hospital Trust (BUHT), was interviewed on television about the shortages, he said, "We would like more beds and more nurses, but it wouldn't be very efficient." BUHT is proposing to replace its hospitals with a smaller hospital with nearly 50 percent fewer beds.

These events are not unique to Britain, but are part of an international trend as public healthcare provision is cut back, the giant pharmaceutical corporations take an ever increasing proportion of the healthcare bill, "individual and family responsibility" is emphasised and private medicine is promoted.

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