

# Britain's Accident and Emergency services reach breaking point

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Reports that National Health Service (NHS) Accident and Emergency (A&E) services across the UK are reaching the breaking point have forced the House of Commons health committee to start an investigation.

The heads of A&E units across the West Midlands region, which has a population of 5.4 million, were the latest to voice their concerns. They called on the government to fix “an emergency system failing to cope”, in which employees are “exhausted and overwhelmed” because of relentless workloads and patient safety is being put at risk from “toxic overcrowding”.

Scenes of A&E units with patients waiting to be seen lying on trolleys in corridors for hours have become commonplace in UK hospitals.

Dr. Bernadette Garrihy, the West Midlands representative for the College of Emergency Medicine and a consultant at Russells Hall hospital's A&E unit, said, “It became obvious during the course of [our meetings] that we were all suffering with the same unrelenting, unremitting pressures in our emergency units and we felt we were bordering on it becoming unsafe.... What we're seeing in our emergency units reflects a problem throughout the whole system.”

“This hasn't come around in the last six months, this has been building for years but I feel this year we reached the tipping point,” Garrihy added.

Current health legislation stipulates that 98 percent of patients attending A&E should be seen, treated, admitted or discharged in less than four hours. Recent figures published by the Unit of Health show the number of patients forced to wait more than the four hours standard has instead doubled over the past 12 months.

In the North East of England A&E unit, waiting times have almost trebled in the last 12 months. In County

Durham and Darlington, the increase in patients waiting more than four hours for emergency treatment has increased by 240 percent. In South Tees, the increase has been 263 percent, and in York, 295 percent. In Newcastle, waiting times have risen a staggering 630 percent.

The crisis in A&E units is, in large part, due to attendances rising by 50 percent over the past decade. There are a number of reasons for this, which were entirely predictable, particularly the cutting down of general practitioner s' (GPs') surgery times and out-of-hours services and attacks on other social care and support services, leading to more reliance on A&E when things goes wrong. In addition, front-line jobs have been cut, producing a shortage in both middle-grade and senior doctors. The number of vacant beds in wards has been cut at the same time as difficulties in discharging patients due to cuts in social care provision have increased.

Last September, the Royal College of Physicians was already warning in its report, “Hospitals on the Edge?” that there were a third fewer general and acute beds than there were 25 years ago and that “three quarters of hospital consultants reported being under more pressure than three years ago and over a quarter of medical registrars report an unmanageable workload.”

This period corresponded with the £20 billion of “efficiency savings” to the £108 billion NHS budget begun under the previous Labour government and escalated by the present Conservative/Liberal Democrat coalition.

Patients have resorted to attending A&E as a result of the problems getting medical advice outside of normal hours, or finding the next available appointment at a GP surgery is days ahead. The change to GP contracts in 2004 allowed them to opt out of providing night and

weekend cover, leaving it to other agencies such as NHS Direct to provide care.

The government has pushed ahead with the recently launched NHS 111 non-emergency phone call system, which is not manned by clinicians, unlike even the wholly inadequate NHS Direct service it replaced. It has proven to be a disastrous failure, with doctors at a British Medical Association conference this month voting unanimously for an inquiry into the service, complaining that calls were not answered, poor advice was given and their own workloads had actually increased.

About 70 percent of NHS spending is on patients with currently incurable problems such as dementia and heart disease, much of the time resulting in care having to be provided in residential homes. But when that system fails—as it does too often—they can have crises and inevitably end up at A&E.

Despite this overwhelming evidence indicating a service on the point of collapse, the Conservative/Liberal Democrat government remains committed to plans to close a further 34 or more NHS hospitals and A&E units across the country, five out of nine in North West London alone. They are ignoring the massive opposition from the working people living in the surrounding areas and health workers who work in those hospitals.

The government's unprecedented slashing of NHS funding and its privatisation strategy has been justified with arguments that streamlining of A&E units and concentrating them in fewer specialised hospitals would bring down mortality rates. This is the same argument used to close down children's heart units, maternity units and other specialised services across the country.

That reasoning goes against all the evidence. Research led by Professor Jon Nicholl at Sheffield University shows that mortality increases with the distance needed for treatment. His study shows that 5.8 percent of patients who travelled less than 6.2 miles to A&E died before being discharged from hospital, whilst among patients who travelled more than 13 miles, almost 9 percent died.

A recent *Mail on Sunday* report revealed shocking evidence that the closure of A&E units costs hundreds of lives a year. Official figures obtained through the Freedom of Information Act show there has been a 37

percent rise in death rates for emergency treatment—an extra 72 people have needlessly died—in the town of Newark, where the A&E unit closed two years ago.

The crisis in NHS A&E treatment is bound to intensify. Last month, as part of the government's health reforms, 211 Clinical Commissioning Groups (CCGs) run by GPs took control of £65 billion of health spending, or two thirds of the NHS budget. It was an unprecedented step towards privatisation of the NHS, which opened the door for CCGs to buy care either from the NHS or private sector. The crisis in A&E provision is already being used by some GPs to claim the only solution is for private providers to take over the service.



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