

Britain: Hospital patients face eviction for “bed blocking”

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Royal Bournemouth and Christchurch Hospital Foundation Trust (RBCH) management made national headlines last month for accusing patients of “bed blocking.”

The trust is trying to set a precedent for National Health Service hospitals across Britain that will lead to patients deemed “fit for discharge” to face eviction and legal proceedings. If a case went to court, families and patients could be liable for legal costs of up to £50,000.

RBCH has already made a name for itself as a laboratory for NHS “reforms,” i.e., cuts and privatisation, playing a crucial role in the South West Pay Cartel, which operated as a Trojan horse to cut down the wages and conditions of NHS workers. The pay cartel’s business plan was widely adopted by other NHS trusts and is being implemented step-by-step with the support of the unions.

RBCH spokesperson Katie Whiteside claimed “too many families were refusing to take their relatives home when they were fit to go,” making great play of one instance when a family asked the hospital to “keep hold” of a relative while they took a two-week holiday.

Whiteside then piled it on, declaring, “We have relatives coming back telling us they don’t like the decor of care homes, or they don’t like the member of staff who met them at the door.”

Nothing was said about the circumstances facing dozens of patients at RBCH, mainly elderly, who were assessed as medically fit to leave. This issue affects thousands across the country. According to official figures, in October alone, more than 143,000 days were accounted for by hospital patients who should have been sent home or to care homes—a rise of 22 percent rise in just two years, from 116,881.

Experts have correctly identified the real reasons for the growing crisis are insufficient NHS staff to spend

the necessary time to discharge patients properly, a lack of social care to help patients at home and the absence of good quality affordable care homes.

Many patients end up as emergency admissions into hospital due to lack of support in the community, lack of supervision in some care homes, the crisis in surgical services—including the inability to get appointments and poor out-of-hours services.

Local authorities have slashed their budgets by around one-fifth—almost £3.5 billion—over last four years. One result is that the local authorities are increasingly limiting home care visits to just 15 minutes at a time to save money, regardless of the actual care needs of patients.

Above all, there exists a massive bed crisis within the NHS. The Royal College of Physicians has pointed out that “there are a third fewer general and acute beds now than there were 25 years ago,” while “the last decade has seen a 37 percent increase in emergency admissions.”

It also notes that “hospitals have coped with this increase by reducing the average length of stay for patients”—that is by declaring patients fit for discharge earlier.

Patients languishing in hospital is not of their choosing. Most want to get out as soon as possible, provided they can receive the necessary support. However, arranging the necessary care packages for some patients is very difficult due to the funding crisis.

The bed crisis in RBCH Trust did not come out of the blue. It was entirely predictable. In order to meet the government demand of efficiency savings, the trust has reduced beds and cut down staffing levels, severely curtailing patient care. All the wards in Christchurch Hospital, except the cancer ward, were shut down a few years ago. Earlier this year, Bournemouth hospital was

criticised for inadequate care in some of its wards.

Intermediate care teams, district nursing teams, community matron teams run by the NHS and operating to facilitate discharges and to avoid hospital admissions in Dorset—the area RBCH serves—are stretched to the breaking point and are being shrunk to save money. These teams regularly go on red alert because they lack the capacity to take on more patients.

Dorset Health Care University NHS Foundation Trust cut down the hours of qualified staff coverage of its Bournemouth and Poole intermediate care teams by three hours a day from May this year. Clinical coverage by these teams was reduced from 7am to 10pm down to 8am to 8pm.

At the same time, charities, which are being called upon to provide more and more community support in the area, are struggling to cope with the demand.

RBCH's campaign against patients is not an isolated one. Recently the Devon Clinical Commissioning Group declared that it plans to ration treatment, including denying all planned operations to smokers and obese people (with a body mass index of more than 35), restricting hearing aids to one ear and cataract operations to one eye. More rationing is to follow.



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