Funding cuts produce crisis in UK Accident and Emergency services

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Unprecedented attacks on the National Health Service (NHS) budgets and social care funding has led to a disastrous situation for Accident and Emergency units (A&Es) across the UK. Hospitals have declared Major Incidents or Significant Incidents in Staffordshire, Gloucestershire, Cambridgeshire, London and Surrey.

Major Incidents are declared when the hospitals are unable to function as normal due to pressures of high demand. This allows the hospital authorities to call in extra staff, postpone routine surgeries and outpatient appointments and free up beds and staff to look after the most ill patients.

Thousands of patients are forced to wait on trolleys and in ambulances for hours until they are seen, treated, admitted or discharged. Some reports have compared A&Es of the country to overcrowded pubs. From October to December nearly 21,000 patients had languished between 4 and 12 hours on trolleys because there were no beds.

Some hospitals have built makeshift treatment facilities to cope with the surge of admissions.

According to the NHS figures, A&E departments have missed their four-hour waiting-time target with performance dropping to its lowest level for a decade. From October to December, 92.6 percent of patients were seen in four hours—below the 95 percent target in England. This is the worst quarterly result since a target was introduced at the end of 2004.

Performance of A&Es in Wales and Northern Ireland are far below the expected target, with only 83.8 percent and 80.5 percent seen in November. Scotland's emergency departments saw only 93.5 percent of patients within four hours in September, despite their set target of 98 percent.

The Conservative/Liberal Democrat government adamantly refuses to accept that there is a crisis and argues that the A&Es are simply busy as normal in the winter and they perform as well or better than four years ago. Health Secretary Jeremy Hunt was trying to appease the public by saying that England A&Es are still doing better than other countries that monitor performance.

Many professionals including the A&E consultants, the Royal College of Emergency Medicines and Royal College of Nursing have refuted the government claims.

In a scathing open letter to Prime Minister David Cameron and Jeremy Hunt, Dr Rob Galloway, an A&E Consultant at Brighton and Sussex University Hospitals NHS Trust, questions how the government could say that there exists no crisis when:

- "[U]p and down the country thousands and thousands of patients are being looked after in corridors because there are no free cubicles for them to be seen in?"
- "[M]any hospitals are declaring major incidents (to just cope with normal winter pressures) and some are having tents built in their car parks?"
- "[P]atients who need discharging from the hospital can't because social services can't cope with demand? This means there are no free beds for the patients to go to and so they stay in A&E for hours upon hours?"
- "[T]housands of patients are having their operations cancelled because there are no beds for them to get into?"
- "[E]very department in the county cannot recruit A&E doctors and nurses because they are emigrating or changing specialty because of the relentless pressure?"
- "[E]very day A&E staff up and down the country thinks it is a good shift, if we get a cup of tea, no member of staff is in tears and no one dies in the corridor on our watch? (As opposed to deliver the

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standard and dignity of care we wish.)”

The government claims that it put in an extra £700 million last year to cope with the unprecedented demand, but some professionals in emergency departments say they have received no extra funding. Dr Clifford Mann, president of the College of Emergency Medicine, said that his own department at Musgrove Park Hospital in Taunton, Somerset, has received no extra funding.

This government has implemented the previous Labour government’s plan to slash £20 billion out of the NHS budget over the last five years and demands a further £10 billion so-called efficiency savings by 2021. £700 million is a pittance, even it has materialised, compared to the drastic cuts to the NHS budget and the billions spent on repayment of interests on Private Finance Initiatives (PFIs) to fund hospital construction.

Acrimonious blame games in parliament between the government and the Labour Party cannot hide the fact that both are equally culpable for the dire state of A&Es and the crisis in the NHS as a whole.

The attacks on NHS funding have created a massive crisis in hospitals across the country, with some hospitals saddled with massive deficits. Bed capacities, staff levels and services have been severely curtailed to cut the deficits placing patient safety and care in jeopardy. Dozens of A&E departments, maternity units, children heart units and NHS walk-in centres around the country have been either shut down or been downgraded.

As Royal College of Physicians 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.”

Most of all, present pressure on A&Es comes from the slashing of funds for the social services. Local authorities have cut their budgets by around one-fifth—almost £3.5billion—over last four years notwithstanding the government’s claim that they were going to look after the elderly and frail in the community rather than in the hospital settings. This leaves hospitals to look after vulnerable patients with complex physical, medical and mental health needs.

Domiciliary care or home care often does not put in place appropriate plans for patients, uses flying 15-minute visits, has poor training for staff and employs an extremely low wage workforce with some on zero-hour contracts. These deplorable conditions have a big impact on the surge of hospital admissions. According to official figures, more than 143,000 days in October alone, were accounted for by patients who should have been sent home or to care homes, but ended up stuck in hospital—a rise of 22 percent in just two years, from 116,881. Some hospitals blamed patients described as “bed blockers”, disregarding the crisis in social care and their own staff shortages in being unable to facilitate discharges.

The government replaced the clinicians-led NHS Direct telephone service with unqualified call handlers running the NHS 111 service as a cost-cutting and privatization measure. This too, has backfired, with the non-emergency call service referring more patients to A&Es. Figures show that NHS 111 sends an extra 50 percent more patientd to A&E at the weekend, when GP surgeries and other clinics are closed.

Shortage of General Practitioners (GPs) and funding cuts to GP surgeries have created long waits. As recruitment into the profession is at its lowest levels, many surgeries are struggling with GP vacancies. The latest GP Patient Survey, for July 2014, shows that more than 10 percent of patients had struggled to get an appointment. This leaves many patients using A&Es as the last resort.

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