

NHS London crisis deepens due to cuts, understaffing and privatisation

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The London Ambulance Service's two emergency operations centres (EOCs) were downgraded from "Good" to "Requires Improvement" by the Care Quality Commission (CQC) last week. EOCs handle 999 and 111 medical calls.

According to the inspectors' findings, workers are concerned about staffing levels, struggle to access clinical advice and cannot always send out enough paramedics.

Between May 2018 and May 2019, there were 43 treatment delays classed as serious incidents. In March 2019, just 70 percent of shifts in the EOCs were filled. The weekend before the CQC inspection, workers reported that at one time more than 50 people were in the queue waiting for their calls to be answered.

The inspectors warned that workers receiving 999 emergency calls were not "able to respond to incoming calls as quickly as they would like" and that "the staffing numbers and rota system in use did not enable calls to be responded to as quickly as expected and to a consistent level."

The centre handling less-serious 111 calls "remained short of substantive staff on a regular basis," leading to ambulances being dispatched unnecessarily in some cases and short of medical staff in others.

EOC workers were concerned "regarding their ability to cope with normal activity" and especially worried about the ability of the Ambulance Service "to cope with any major unplanned event."

These findings confirm that the health care structures serving nearly 10 million people in the capital city of one of the richest countries in the world are not fit for purpose and in danger of collapse.

Last December, the Labour Party examined the reports of UK hospital boards and found multiple significant risks at London National Health Service (NHS) trusts.

The Barts Health Trust, which manages the Royal London and St Bartholomew's hospitals in east London,

reported one "catastrophic" and six "extreme" risks, including funding gaps preventing fire safety improvement work. It also raised recruitment concerns and the consequent reliance on agency staff.

North Middlesex University Hospital Trust reported 14 "extreme" risks, including the regular breakdown of gamma cameras and a threat to its dermatology services created by the liquidation of private provider Concordia Specialist Care Services.

Imperial College Trust, which runs the Charing Cross, Queen Charlotte's and Chelsea, Hammersmith, St Mary's and Western Eye hospitals, reported a "catastrophic" risk of critical equipment and facility failure due to long-term underfunding and an "extreme" risk to Accident and Emergency (A&E) performance.

A *Guardian* investigation revealed messages between child intensive care doctors on December 17 saying, "There are no PICU beds in London and three ventilated patients awaiting a bed across London," and on December 20 showing that there were no beds available at either St George's or King's College hospitals in south London or in the NHS's entire North Thames region, covering east, central and north London and Cambridge. One consultant told the newspaper, "At one point over a weekend in December there were 11 intubated newborns or babies awaiting PICU beds, with none available anywhere. One of our patients went to Cambridge and another two were transferred out of London too. [This is] dangerous and rotten for the families."

Another set of CQC reports stated that Imperial College Healthcare "did not always have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment."

The Princess Royal University Hospital, managed by the capital's King's College Hospital Trust, was noted for its overcrowding problems, with patients kept on

trolleys in corridors and sometimes two patients being treated in single-person cubicles. The hospital also suffers significant handover delays for patients arriving by ambulance.

The King's College Hospital Trust is a case study in the impossible pressures placed on the NHS by over a decade of funding cuts, privatisation, so-called "efficiency savings" and consequent understaffing. In May of last year, the trust was expected to run a deficit for 2018-2019 of £182 million, the largest in NHS England.

The Trust is suffering from the disastrous consequences of a Private Finance Initiative, has been fined for missing four-hour A&E targets and is being forced to make extensive use of agency staff to cover a chronic lack of nurses. King's hospital has a vacancy rate of 19.4 percent for nursing posts in cancer care, 15.4 percent in children's care and 12 percent in operating theatres. At the Princess Royal hospital managed by the King's Trust, 26.3 percent of nursing posts in acute and emergency care and 12.4 percent in the children's care unit are vacant.

Sara Gorton, head of health at the Unison trade union, explained, "Such huge and sustained pressures on budgets are having a real impact on staff and patients at the hospital. Massive gaps in staffing mean sky-high agency bills, making it harder than ever for the trust to get back on an even keel, while demand on services is continually growing."

Even after emergency funds of roughly £374 million were made available to NHS trusts in the capital through the Provider Sustainability Fund (with heavy "efficiency" caveats attached), the situation in London was bleak. Data from NHS Improvement taken in October found that 20 out of London's 36 NHS trusts would run deficits and a further 12 would only just cover their costs.

The London North West University Healthcare Trust, Royal Free London Trust (looking after more than 1.6 million patients a year), Epsom and St Helier University Hospitals Trust (looking after nearly half a million people), Imperial College Trust, South London and Maudsley Trust, North Middlesex University Hospital Trust, Croydon Health Services Trust and Royal Brompton and Harefield Trust (the largest specialist heart and lung centre in the UK) all had deficits of between £1 million and £5 million.

The Lewisham and Greenwich Trust, Barking, Havering and Redbridge University Hospitals Trust and Hillingdon Hospitals Trust had deficits of between £6 million and £15 million.

Barts Health Trust (the largest in the country) had a

deficit of £27.9 million, and St George's University Hospitals Trust had one of £33.3 million. King's College Hospital Trust was still expected to see an annual shortfall of over £55 million.

Overall, the capital's NHS trusts are expected to post a combined deficit of over £150 million.

The same pressures are also impacting London's General Practice (GP) services. Hammersmith and Fulham Clinical Commissioning Group has a deficit of £37 million, exacerbated by the costs of hosting the "GP at Hand" mobile diagnosis service run by private health company Babylon. The trust plan cuts will affect overnight urgent care centres, out-of-hours GP services, diagnostics, cardiology, gynaecology, ophthalmology, radiology, dermatology, mental health and wellbeing, arts-based dementia services, stroke survivor support services, and rehabilitation facilities.

The North West London Collaboration of Clinical Commissioning Groups, responsible for more than 2 million people, has an expected overspend for 2019-2020 of £112 million and is planning severe restrictions on hospital referrals to cut £60 million in spending. This includes significantly reducing consultant-to-consultant referrals, follow-ups and outpatient procedures, reducing money spent on over-the counter medicines, reducing the use of intravenous feeds and cutting out-of-area referrals by 15 percent—saving money on the 30 percent tariff incurred by this process.

Dr. Gary Marlowe, the British Medical Association London regional council chair, warned, "By restricting referrals—be that from GP to hospital, or between consultants—patients are prevented from receiving the best treatment for their individual condition."



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