

UK: Tory health secretary signals ditching Accident and Emergency targets as crisis in NHS worsens

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Conservative government Health Secretary Matt Hancock recently hinted that he would scrap Accident and Emergency (A&E) targets in England. This comes amid a dire crisis in which many hospitals are forced to deploy “corridor nurses” to look after the queues of patients in corridors.

In a desperate attempt to justify the worst-ever performance in A&E units across England last month since the targets began, Hancock said that it would be better if targets were “clinically appropriate” and the “right targets.”

He said, “We will be judged by the right targets. Targets have to be clinically appropriate. The four-hour target in A&E—which is often taken as the top way of measuring what’s going on in hospitals—the problem with that target is that increasingly people are treated on the day and are able to go home. It’s much better for the patient and also better for the NHS [National Health Service] and yet the way that’s counted in the target doesn’t work.”

In order to wash his hands from any responsibility, Hancock said that there were 1 million additional A&E visits in 2019. This figure is a lie. A&E departments have seen a 400,000 increase in attendances since December 2010. A&Es are struggling to cope, however, because of relentless attacks on services since 2010 due to austerity measures and cuts to NHS frontline services.

A&E targets began in 2004 during the Blair Labour government. Hospitals in England required treating and then discharging, admitting or transferring 98 percent of all patients within four hours of their arrival at an A&E unit. In 2010, the Tory/Liberal Democrat coalition cut that target to 95 percent, knowing well

that with their £20 billion “efficiency savings” cuts to the NHS budget, 98 percent targets were unachievable.

A&E departments in England have failed to meet the downgraded target since 2015.

December 2019 saw the worst-ever A&E performance since targets began, with only 68.6 percent patients treated, admitted or discharged within four hours. The *Guardian* reported that “in all, 98,452 patients spent at least four hours on a trolley in A&E as they waited for a bed.”

Research by the Patient Association, published by the *Guardian*, found that 5,500 NHS patients died over the past three years due to spending so long on a trolley in overcrowded hospital A&E units.

Hancock’s remarks highlight his government’s indifference to patients languishing on trolleys in hospital corridors for hours before they get seen, treated, admitted to a ward or discharged from A&E units.

In December, during the General Election campaign, Prime Minister Boris Johnson refused to look at a photo—after being asked by an ITV reporter—of a four-year-old boy with suspected pneumonia lying on the floor of Leeds General Infirmary due to lack of beds.

The period 2010 to 2018 saw the lowest-ever funding increase for the NHS in its entire history, with a meagre 1.3 percent on average. The inevitable outcome of slashing funds was the erosion of services across the country, severely jeopardising patient care and safety.

The Tory government is promising to increase the NHS budget by £33.9 billion over the next four years, calling it the “biggest cash increase ever.” After inflation, however, the increase is just £20 billion. Experts have pointed out that this represents 3.4 percent

increase a year despite the funding allotted to the NHS increasing by 4 percent a year on average since its post-war foundation. Even if the funding promise materialises, this will be grossly inadequate as year-on-year cuts for nearly a decade have crippled many services nationwide.

Many services have already been hived off, and billions of pounds worth of NHS contracts are now controlled by private health care companies. This process accelerated following the 2012 Health and Social Care Act. Much of the announced funding by the governments will end up lining the pockets of their corporate backers.

The starving of funds, massive staff shortages, shutting down or downgrading dozens of A&E units, severe reduction of bed capacity in hospitals, and above all the attacks on primary care and the chronic lack of social care have piled enormous pressure on emergency services.

England alone has an NHS staff shortage of more than 100,000, which includes more than 40,000 nursing staff vacancies.

The hospital bed occupancy rate is running at a dangerous level of above 85 percent in many NHS trusts as a result of the drastic reduction of bed capacity. In England, total bed capacity has been slashed from 160,254 in 2009 to 129,992 in 2019, according to NHS England figures. Over the same period, available beds for mental illness and learning disability have been cut by a third, from 29,330 to 19,368.

Many patients across the country are compelled to go to an A&E department as they struggle to get timely appointments with their family doctors (GPs). The crisis in adult social care is such that there will be funding gap of £4.4 billion in England by 2023/2024 according to an independent charity, The Health Foundation. Adult social care alone has 110,000 vacancies, dangerously putting most vulnerable people's lives at risk and leaving busy A&Es as their lifeline.

The A&E crisis has a detrimental knock-on effect on other services. Ambulance services are severely affected as the handing over of patients to A&E is delayed. A recent BBC investigation showed that some patients are waiting over an hour for an ambulance to arrive in England and Wales. In some cases, seriously

ill and injured patients who are having a heart attack, stroke and burns are among them.

Spending cuts to health and social care by devolved governments have created a similar crisis in A&Es across the UK. A&Es in Scotland have not hit the target of 95 percent patients who come to emergency services to be treated, discharged or admitted to a ward within four hours since 2017. A&E units in Wales have not managed to reach even 85 percent since 2015, while Northern Ireland A&Es have only reached 80 percent for a few brief periods since 2012. These numbers highlight the unsafe and intolerable situation facing millions of people.

Medical professionals continuously warn of the risks to patient care and safety caused by underfunding and understaffing.

Dr. Taj Hassan, the president of the Royal College of Emergency Medicine, warned last year: "In our expert opinion, scrapping the four-hour target will have a near-catastrophic impact on patient safety in many emergency departments that are already struggling to deliver safe patient care in a wider system that is failing badly."



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