The crisis we all saw coming

The British Red Cross is absolutely right to talk about a humanitarian crisis in the NHS (news online, 6 January; see analysis page 12). This strong, emotive terminology is sadly accurate.

Our hospitals have been in crisis for some time and it is crucial that leaders in health care across the professions take hold of the crisis and work with all the agencies available to ensure high-calibre care.

It has been obvious for years that a crisis in nurse staffing was inevitable, with an ageing workforce and large numbers taking early retirement. Nurses who might have worked longer are not doing so simply because they have to struggle against huge challenges to deliver the fundamentals of safe care.

It is clear we need to think differently, be imaginative and, more importantly, consider the future and not simply firefight the here and now. This takes strong leadership and our nurse leaders need to be at the forefront in meeting the challenge.

Kevin Davies, emeritus professor of nursing and disaster health care

Winter pressures have not diminished since last winter, there has been no break.

This is due to a lack of walk-in centres for those who need a GP rather than an emergency department, and not being able to discharge patients from wards due to lack of social care and family care.

Susan Jane Cameron

Emergency departments are said to be at breaking point

Staff are doing all they can, but it’s not enough as there is no capacity.
Kim Saunders

New plan for mental health

The prime minister’s announcements about her plans for mental health care are great (news online, 9 January). Or they would be if I hadn’t heard it before.

Politicians and public figures have been talking about parity of esteem for years.

It’s a wonderful idea to challenge, reduce and eventually remove the stigma around mental illness, but the reality is much harder.

I firmly believe that the best way to address stigma in mental health is through children and young people.

Yes, it’s a long-term plan. But if young people start to feel able to talk about their own mental health or talk to their friends then one day, in a generation or so, their own children won’t think twice about talking about it.
Dave Donovan, mental health nurse, eating disorders, child and adolescent mental health services

Adjusting the way in which waiting times are measured doesn’t create beds, just minimises the scale of the problem.
@__chlobo

I agree. It should be a four-hour target for the most in-need patients. Hopefully would put off time-wasters.
@giraffestarelli

The issue is NOT the 4hr target, it’s underfunding, lack of beds, of social care, and burnt-out staff.
@pirohy4me

A problem cannot be designated ‘less serious’ until the patient has been assessed by A&E staff. That’s the problem.
@DawnreginaDee

TWEETS OF THE WEEK

Join the @NurseStandard Twitterchat every Thursday from 1pm to 2pm using #NScomment

Last week we asked: Should the four-hour A&E waiting time target be scrapped?

Charles Milligan