THE NHS IN CRISIS

With services reported to be at breaking point, it is clear the NHS is struggling to cope with demand. But what is driving the crisis? Alison Moore looks at the facts behind the headlines

How serious is the situation in emergency departments?
Figures for England showing how many patients were discharged, transferred or admitted within four hours in January were the worst on record, at 85.1%. Add to this very high attendances at emergency departments and admissions, and a growing number of 12-hour waits for a bed and this does look like an unprecedented crisis. There is also a large number of trusts declaring Opel 3 and 4 alerts (the new black and red alerts). Attendances at major A&Es increased by 5.5% from 2015 to 2016, and many hospitals and ambulance services reported their busiest-ever days in January this year.

Are ‘winter pressures’ to blame?
Emergency admissions per day have been rising steadily, and they don’t dip much, if at all, in the summer months.

This suggests the pressure on emergency departments is not just from minor cases that could be treated elsewhere: it is extremely sick people who need acute hospital care. Pressures on A&E are likely to continue into spring and beyond.

Are problems in social care driving the crisis?
The two are intricately linked. Trolley waits in emergency departments and delayed discharges from hospital can often be explained by problems in social care. The number of patients stuck in hospital when they are medically fit for discharge has increased by more than 70% since the end of 2013. In December 2016, there were more than 195,000 ‘delayed days’.

Some patients will be waiting for a social care
package to be put in place at home, while others wait for a transfer to a community hospital or intermediate care bed. While the majority of delays are still in the NHS, the numbers due to delays in social care, especially home care packages, have increased significantly. In addition, councils are struggling to fund social care.

An Age UK review published last month found nearly 1.2 million people are not getting the care they need, an increase of 48% since 2010. The review also highlighted the pressures on the underfunded residential care industry, with reports of closures among homes and home care agencies. If social care does not work well – and it is not working well – the NHS is severely affected.

How do pressures in emergency departments and social care affect elective care in hospitals?

The number of operations cancelled at the last minute has been increasing (up by more than 21,000 from October to December 2016). Hospitals were told to free up beds by doing fewer elective operations over Christmas and in January to help cope with winter pressures. That is contributing to longer waiting times for elective procedures, and means more people on the waiting list.

Trusts are also operating at high levels of bed occupancy. While an 85% bed occupancy is usually seen as optimum, trusts have been operating at 95%, and in some cases 99.9%; that’s one free bed in a 1,000-bed trust. An analysis by the BMA found that in the first week of January this year, almost three quarters of trusts had a bed occupancy rate of 95% on at least one day.

The analysis also highlighted a steep decline in the number of beds in hospitals in England, down a fifth between 2006-07 and 2015-16. BMA chairman Mark Porter pointed out that the UK already has the second-lowest number of hospital beds per head in Europe: ‘These figures paint an even bleaker picture of an NHS that is at breaking point,’ he said.

Many hospitals have opened additional beds to cope, but those require staffing, and that usually means agency staff. That’s putting pressure on hospital finances just as they cancel lucrative elective surgery.

What about the rest of the NHS?

GP s have been vocal about the pressures their services are under, and these pressures affect practice nurses. Community and mental health services are also stretched: some of the longest waits in emergency departments tend to be patients waiting for a mental health bed. The BMA analysis highlighted that the number of mental health beds in the UK has fallen by 44% since 2001. Ambulance services are seeing increased demand and their response rates for urgent calls have plummeted, hindered by not being able to drop patients off at busy emergency departments.

In all parts of the NHS, nurses are feeling the pressure. ‘Our members are telling us on a daily basis that they are under a lot of stress,’ says the RCN’s head of nursing practice Wendy Preston. ‘It is no longer a matter of peaks and troughs, it is all the time.’

The consequences of constant pressure include higher sickness rates, nurses struggling to take breaks or even have something to drink during their shift, and also being unable to finish work on time.

Could the crisis lead to another major care scandal?

Many of the current pressures are worryingly similar to those that existed at the time of the care failures at Mid Staffordshire NHS Foundation Trust, from 2005-09.

Sir Robert Francis, who led the inquiry into the Mid Staffs scandal, has warned that the NHS is ‘manifestly failing’ to keep up with demand and that staff feel they are not being listened to. Asked by Health Service Journal if the mistakes at Mid Staffs could happen again, he said: ‘I think it is inevitable.’

Writing exclusively for Nursing Standard this week, in a personal capacity, the former chair of Mid Staffs, Sir Stephen Moss, said he is ‘genuinely fearful’ of further care scandals.

How bad are the NHS’s financial problems?

Very bad. On 20 February, NHS Improvement released figures showing that NHS trusts in England ran up a deficit of £886 million in the first nine months of this
financial year. The maximum figure the regulator had previously set for the entire year was £580 million.

NHS Providers chief executive Chris Hopson said the figures showed the dangers of running NHS finances on ‘wafer-thin margins, year after year’.

‘We shouldn’t kid ourselves,’ he said. ‘The NHS’ underlying financial position is not sustainable.’

Is underfunding behind the crisis?
The amount of money spent on the NHS is not keeping up with the rising demand due to an increasingly older population in the UK. The government recently admitted that spending per person in the NHS would fall in real terms in 2018-19.

Claims that the NHS has been given an extra £10 billion have been challenged. The Nuffield Trust has calculated the real terms increase between 2015-16 and 2020-21 will be £4.5 billion, but because the NHS faces higher inflation than other sectors, this could reduce to just £800 million. At a time of increasing demand, that looks like a very tight financial settlement for the NHS.

And workforce decisions taken years ago are coming back to bite the NHS. This is most evident in the shortage of front-line staff, causing NHS organisations to rely on agency nurses and to recruit from abroad. Filling these gaps is expensive and is not always possible. Ms Preston also points to the uncertainty EU nurses face due to Brexit.

For the NHS to move to a sustainable footing, health and social care services need to work in more integrated, innovative ways

Would more money fix the NHS?
Many expert commentators agree that more money has to be found, but there is also agreement that a funding boost is not the whole answer. For the NHS to move to a sustainable footing, health and social care services need to work in more integrated, innovative ways, with much more focus on improving the health of the population to limit demand.

Nor can the problems be solved quickly. Even if the chancellor does decide to throw money at the NHS, increasing capacity takes time. It requires more trained staff and, in some cases, new buildings. Improving performance against the 18 week referral-to-treatment target will be a particular challenge and could involve asking the private sector to do more work.

What does the financial shortfall mean for nurses?
The crisis may limit nurses’ chances of a pay rise, as any ‘spare’ cash may be earmarked for service transformation. The RCN has argued that if the government does stick to the 1% cap on pay increases, it is likely to further demoralise the workforce and increase problems in the NHS.

The RCN’s Wendy Preston points out that since 2010 the restricted pay rises for nurses amount to a 14% drop in real terms. ‘More and more nurses are struggling,’ she says.

This relatively low pay may make it harder to attract people into nursing or to tempt back those who have left. The number of applications for degree courses has fallen by 23% this year in advance of tuition fees being introduced. This may leave trusts dependent on overseas recruitment to fill gaps, and that could be politically difficult.

What is clear is that an NHS in crisis means many nurses are working in extremely difficult circumstances, struggling to provide the quality of care their patients need and exhausted by excessive workloads.

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