ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW

NHS in crisis, or adapting to change?

July 2013

The past year has seen the health service feature heavily in the news across the UK. The Francis Report stressed the need to put patients before numbers, the British Government put forward controversial proposals to open the NHS in England to private tenders, and, most recently, the College of Emergency Medicine expressed concern over the capacity of Accident and Emergency Departments in UK hospitals. Some have reported that the NHS is in a crisis. All of this in a year when the NHS turned 65.

Is there a crisis in the NHS? The population of the UK is growing, and this population is aging. Levels of obesity are on the increase and along with it the range of associated health problems it brings. Changes in society demand changes in services and the NHS is no exception. It must be an adaptable machine capable of developing and improving to reflect the changing demands placed upon it. But this is nothing new. The NHS, along with the education and training of the medical profession, is constantly under review, monitored and developed to meet changes in technology, advances in science and different patient needs.

Struggling accident and emergency departments are currently a major concern across the UK. In Scotland, there is a national target that 98% of new and unplanned attendances to A&E should be seen, treated, admitted or discharged within 4 hours of arriving at A&E. In March 2013, approximately 92% of patients were seen within 4 hours, compared to March 2012 when 95.3% were seen within 4 hours. These figures reflect averages across Scottish Health Boards. It is worth noting that of 14 NHS Boards, 8 achieved a target above 98%, while 4 achieved a target below 90%. In February 2013, the government wrote to all Health Boards in Scotland setting an interim target of 95% to be met by all Boards by September 2014. This new target commenced in April 2013 and figures are not yet available.

In England, the medical director of the NHS in England, Professor Sir Bruce Keogh, recently announced a review into urgent and emergency care. All those working in the NHS in England have been asked to feedback on their experiences by 18 August 2013. The aim is to develop a national framework based on the evidence to build a safe and more efficient system.

Problems being faced by emergency departments are not confined to these units and must be considered as one component of a much larger system.

Reduced hospital bed numbers, for example, without question add to the pressure on A&E departments, as do the challenges of discharging patients who need support in the community which is not available on a 24/7 basis. Figures from the Information Services Division released in June 2013 illustrate a decline in the number of available staffed beds in acute units in Scotland in the second half of 2012. This figure has recovered in the first quarter of 2013, though still falls short of the equivalent period in 2012 (16,436 compared to 16,704). The issue of bed shortages is just one of many issues that are putting a strain on hospitals.

The recruitment of young doctors into the specialist field of emergency medicine is another sticking point. Both the College of Emergency Medicine and the General Medical Council have recently expressed concern about inadequate numbers of specialist trainees in emergency medicine across the UK. The primary reasons for this are relatively simple – work in emergency medicine is intense and involves unsocial working hours.

Junior doctors get to experience the demands of working in an emergency department during their foundation training, which they are required to complete in the two years after graduating from medical school and involves rotations around different units in their hospital. On the completion of foundation training, young doctors typically apply for positions within the various medical or surgical specialties. Emergency Medicine has the second lowest uptake of any specialty – less than half of young doctors offered a specialty training place in emergency medicine in the UK take up the post.

A low uptake of trainees into the specialty has a knock on effect across emergency departments and in the training of the next generation of foundation doctors. Consultants find themselves stretched by filling the gaps made by a lack of trainees, while foundation doctors do not get the supervision, training and support that are so critical to them at this early stage in their career.

The GMC and CEM have expressed concern regarding the rising workload, intensity of work and unsocial hours in emergency medicine. Indeed, trainees and consultants across the specialties are struggling to maintain safe and sustainable working patterns that both enable them to provide clinical care and time for education and supervision. We are currently involved in discussions with the Academy of Medical Royal Colleges and the Federation of Royal Colleges of Physicians of the UK to find a course of action to deal with these issues.

Many patients who are referred to, or present at, A&E departments do not need to be there. Both the Scottish and UK Governments have established policies or targets that aim to promote healthier lifestyles and improve the integration of health and social care. The intention of these measures, along with many others, is to reduce the number of attendances at emergency departments and shift the balance of care.

We applaud an excellent initiative in Lanarkshire where patients are prevented from unnecessary hospital admission by investigation and treatment in their home with appropriate medical and nursing support. We can also learn from success within palliative care, which provides all care at home or in a hospice at the end of life. Previously, these patients were admitted through emergency departments because no alternative was available.

It is widely accepted that the aging population will put additional and continuous strain on the health service. Better community support, access to specialist help and treatment at home, and better coordination of social care will contribute to a reduction in unnecessary emergency admissions in this age group. In Scotland, there is a target to reduce the number of emergency beds occupied by those over the age of 75 by 12% between 2009/10 and 2014/15. In the 2011/2012 reporting period, a 6.8% reduction was reported.

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Cancer, coronary heart disease and stroke are three of the biggest killers in the UK. It is well known that unhealthy lifestyles, obesity and a lack of physical activity are leading causes of these illnesses. They contribute to a healthy life expectancy of only 59.5 years for men and 61.9 years for women in Scotland. The remaining 10-20 years of a person's life are, therefore, too often spent in poor health.

We must continue to tackle the issues of diet and lifestyle in order to reduce the burden on our hospitals and emergency departments. This includes targeting our culture of excessive alcohol consumption, smoking, lack of exercise and poor dental health, along with improvements in the early detection of cancer.

Tobacco use is the primary preventable cause of ill health and premature death in the UK. Around one quarter of all deaths in Scotland each year are associated with tobacco use. Almost one quarter of the population smoke and tobacco-related illnesses are estimated to cost Scotland's health service more than £300million each year. We support the Scottish Government's Tobacco Control Strategy, which sets out a multi-faceted approach requiring the support of government, the NHS, local authorities and communities.

The obesity epidemic is one of the greatest public health crises facing the UK. The consequences of obesity include diabetes, hypertension, heart disease, arthritis, cancer and mental illness. There are also profound significant psychological and social implications of obesity as well as implications in the workplace. The cost implications for the Health Service are substantial and it is estimated that by 2050 this will reach £ 10billion. In February 2013, the Academy of Medical Royal Colleges, which we are a member of, produced a report outlining the responsibility of healthcare professionals, government, the food industry, educators and individuals to address the obesity crisis head on.

Excessive alcohol consumption has a significant negative impact on public health. It damages health, harms children and families and drives antisocial behaviour. A link between alcohol and cancer is well established. We have supported measures and recommendations by the Alcohol Health Alliance (AHA), of which we are a contributing partner, to establish a minimum unit price for alcohol and provide better information around the risks of alcohol.

The issues around the challenges being faced by hospitals are complex and multi-factorial. They will not be resolved with a single measure. A combined approach including better integration of health and social care, attracting more doctors to the specialties, and earlier detection of illness and better preventative strategies are needed to reduce the strain on our hospitals.

While there are many issues that continue to be addressed, monitored and developed to meet the changing demands of society, we must not lose sight of the outstanding contribution that the NHS makes to all our lives. We must keep the patient central to the service and not divert from that focus. We must also continue to appreciate the outstanding and unrelenting work of the doctors, surgeons and nurses that keep the system moving even during times of great pressure.

While there are major quality, financial and workforce issues at present, there is a will among the public, within the Royal Colleges and other medical institutions to maintain this most important beacon of health delivery at the heart of British society.