

MEDICINE BALLS



Mind the rota gaps

THE NHS is facing a £30bn black hole by 2020, caused by 10 years of flat-line funding and a 4 percent year-on-year increase in demand for its services as people persist in living longer.

Before the last general election, NHS England chief Simon Stevens said the NHS could – in the best-case scenario – recoup £22bn in efficiency savings without damaging patient care, something MD (and many others) said was highly unlikely. This would leave the government with just £8bn extra to provide over five years – enough to (just about) keep the lights on. Lib Dem expenses expert David Laws now alleges that Stevens asked for £16bn and was sent packing. True or false, the NHS is being sucked into a huge black hole of debt and services and waiting times are suffering.

Demand on the NHS is made worse by 20 percent cuts in social care as patients can't be discharged from hospital or stay healthy outside it. Poverty causes ill health too, and cuts in welfare payments add to the burden. A sure sign the NHS isn't coping is the chaos at its front door. General practice has faced huge cuts and is at least 5,000 GPs short in England. But there aren't enough doctors wanting to be GPs even if there were money to pay them. David Cameron made an inane manifesto pledge that "everyone over 75 will see a GP on the same day if they need to", when anyone should be able to see a GP when they need to. With a dire shortage of GPs, many can't.

The knock-on effect on emergency departments is equally alarming. The emergency medicine workload is so unremitting it has the greatest attrition rate of any NHS specialty, with

almost half year-three and -four registrars resigning. Dr Clifford Mann, president of the Royal College of Emergency Medicine, has warned of "unprecedented levels of pressure, overcrowding and a desperate shortage of medics", with 20 percent of posts unfilled. He has asked for doctors from other specialties to be diverted to A&E to keep the public safe. "There have been some reports of harm to patients, and a collapse in the morale and resilience of the medical and nursing staff."

Unsafe staff levels among nurses was a key finding of the Mid Staffs review, and the National Institute for Health and Care Excellence (Nice) was asked to gather best evidence for the safest ratio of patients to nurses in different healthcare settings, with the aim of moving on to other staff groups. Alarmingly this work was stopped by the government and NHS England, who then tried to bury Nice's findings before being forced to publish them under Freedom of Information rules. It seems the government wasn't prepared to commit the funding to safe staffing, despite its manifesto promise to make the NHS the world's safest health system. Thus many nurses care for more than eight very sick patients at once.

Unsafe staff levels are bad for patients, but so stressful for staff who cover rota and shift gaps that they either give up themselves after a few years or opt to work part-time. In the annual census for the Royal College of Physicians, 21 percent of respondents said gaps in trainee rotas were so frequent "they cause significant problems for patient safety". This problem is greatest for specialties that provide emergency cover.

Further up the ladder the picture is equally bleak. Across the UK 40 percent of advertised consultant appointments could not be filled – due almost entirely to a lack of trained applicants. Many jobs attracted no applicant at all; and vacancies are most acute in the North-west and West Midlands.

In the vain hope of making £22bn in

Fallen angels



efficiency savings, the government has capped NHS locum pay rates. Locums are simply refusing to do the most stressful jobs for less money. Hospitals have now been forced to reduce medical cover on wards at night and reduce training for junior doctors. Out-of-hours care is stretched to breaking; and the government knows it doesn't have the staff for its fantasy pledge of an extended "truly seven-day NHS" even if it were able to bully junior doctors into submission. Which it isn't.

As with every other NHS policy, workforce planning is driven by the need to save money, not what patients need. Despite the challenge of an ageing population, the NHS is training 19 percent fewer nurses in 2014-15 than in 2004-05. Unsurprisingly there was a 25 percent growth above inflation in temporary and agency costs between 2013-14 and 2014-15. The solution is to train and retain more staff, not spread existing staff thinner until they break. The National Audit Office found that in 2014, the NHS in England was short of 50,000 clinical staff. The twin obsessions of austerity and profitability will only make this worse. Far from being the safest health service in the world by 2020, the NHS is fast becoming the least safely staffed.