

How Much Worse Can It Get For NHS? Chief Inspector Says ‘Not Fit For 21st Century’



By *Jamie Wells, M.D.* — October 3, 2017



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The bad news just keeps coming out of England with respect to the state of the National Health Service (NHS) and its rapidly eroding quality of care. Most recently, [Professor Ted Baker-- the new chief hospital inspector](#) [2]-- declared it was “not fit for the 21st century.”

[His first interview](#) [3] revealed his sense of urgency regarding the need to reverse the so-called “normalization” of “wholly unsatisfactory” treatment that endangers patients and guard against unacceptable and unsafe practices of “piling patients into corridors” that lack staffing for sufficient oversight as well as undermine patient privacy and dignity. He further cites a lack of proper monitoring and basic oxygen or requisite supplies.

[In his estimation](#) [2], partly to blame is using a 1960s and 70s model of care that has become a relic incapable of meeting today’s demands. He cautions with ever-increasing populations the NHS has been overwhelmed and will further worsen. With half of the hospital beds filled by people who shouldn’t be there, he attributes this to patient deterioration due to inappropriate, poor care that could have been avoided and a deficient pool to help with discharge for those who could leave.

A year since the Care Quality Commission (CQC) warned of [NHS reaching a “tipping point,”](#) [4] Prof. Baker’s CQC will publish their official report next month. Recognizing the money was there years ago to transform the care model, such is not the case now as he concludes, “Capacity is being squeezed all the time...That is a real concern going forward - because there comes a point at which the capacity isn’t there.”

Whether his call to action for radical reform is heard by hospital leaders, it is evident that high quality care is evaporating under their current system. In July, a [report](#) [5] generated out of London

by the National Health Service (NHS) painted a grim picture about systemic failings in health care of the sickest patients, those requiring acute oxygen and breathing assistance (or non-invasive ventilation (NIV)). Also known as basic or fundamental life support.

Citing high mortality rates —more than one in three died— due to substandard practices, [The National Confidential Enquiry into Patient Outcome and Death](#) [5]. Inspiring Change reveals the sad reality of care quality reduction when resources limit appropriate staffing and equipment supply for ever increasing patient volumes. The care was rated as less than good for every four out of five cases. (See [here](#) [6] for more comprehensive understanding of profound deficiencies found).

Stretching sometimes inadequately prepared staff beyond the scope of their individual training, under-supplying vital lifesaving materials and perpetuating poor nurse to patient ratios translates to diminished quality of care and, ultimately, higher costs— from financial to moral ones. This appears to be the trend there and reflects penny-wise, pound foolish policy measures.

In August, news came out from NHS England that the number of people waiting for routine surgery exceeded 4 million. The highest in a decade. The [BBC went on to report](#) [7] “Other targets missed include the four-hour target in A&E and urgent referrals for cancer care.” [Sky News wrote](#) [8] “Dr Mark Holland, president of the Society for Acute Medicine, said the latest figures were “shocking” and represent “another damning indictment of the crisis we are experiencing in the NHS.” The sentiment further echoed by “Danny Mortimer, deputy chief executive of the NHS Confederation, which represents health organizations in England, Wales and Northern Ireland, and chief executive of NHS Employers, called the system “unsustainable.””

In March 2017, NHS England head [Simon Stevens told BBC News](#) [9] people with certain types of pain would need to wait for surgery in a “trade off” for improved care in other areas. This is called rationing of care. It is antithetical to the oath a physician takes to do the absolute best for his/her patient. The [response at the time by Clare Marx](#) [9], president of the Royal College of Surgeons in England, was “Our concern is not only for hip and knee patients but those patients who perhaps are waiting for heart surgery. They may have a heart attack whilst they are waiting.”

Translation: Delays can contribute to a cascade of even more serious consequences. And, this escalates costs--avoidable and unnecessary ones. Doing things right the first time around in medicine not only assuages suffering and is one’s best chance at an optimal recovery, but it also prevents complications which take emotional and financial tolls. (See [Rough Week for Government-Run Healthcare](#) [10]).

Even childbirth had catastrophic ramifications leading to a reversal of the “normal” or “natural birth” campaign in the United Kingdom (UK) by the Royal College of Midwives. Infant and maternal morbidity and mortality cannot best be avoided when training is disparate and physician involvement or obstetric care is withheld. See [here](#) [11] to learn more about the investigations into unnecessary deaths and the perpetuation of dangerous deliveries.

Bottom Line...

Unless the highest quality of care is considered of equal import to access, there will be no “saving”

of health care. Without it, there is no health care. A bed is not access. Neither is a wait list.

Note(s):

The Canadian system is also experiencing challenging times, see [Canadian Health System, Like UK, 'Stretched To Max Capacity.'](#) ^[12]

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Links

[1] https://commons.wikimedia.org/wiki/National_Health_Service#/media/File:NHS_NNUH_entrance.jpg

[2] <http://www.telegraph.co.uk/news/2017/09/29/nhs-not-fit-21st-century-hospital-chief-inspector-warns/>

[3] <https://www.bbc.co.uk/news/amp/uk-41451162>

[4] <http://www.telegraph.co.uk/news/2016/10/13/eight-in-10-nhs-hospitals-not-safe-enough-amid-warnings-that-car/>

[5] <http://www.ncepod.org.uk/2017niv.html>

[6] <https://www.acsh.org/news/2017/08/10/more-bad-news-single-payer-health-system-11673>

[7] <http://www.bbc.com/news/health-40886598>

[8] <http://news.sky.com/story/nhs-england-missed-ae-waiting-times-target-every-month-for-last-two-years-10982112>

[9] <http://www.bbc.com/news/health-39420662>

[10] <https://www.acsh.org/news/2017/08/11/rough-week-government-run-healthcare-11682>

[11] <https://www.acsh.org/news/2017/08/21/%E2%80%98all-costs%E2%80%99-health-campaigns-undermine-women-11721>

[12] <https://www.acsh.org/news/2017/08/28/canadian-health-system-uk-stretched-max-capacity-11753>