

Two thirds of doctors not consulted on NHS plans to cut A&Es and beds

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Laura Donnelly , Health Editor

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Two in three doctors have not been consulted over NHS plans which could see bed cuts and closures of Accident & Emergency departments, a survey by the British Medical Association has found.

It comes as research shows the proposals, being drawn up across the NHS, will mean at least £22bn in cuts.

The union's head, Dr Mark Porter, said there is a danger the plans are being "used as a cover for delivering cuts, starving services of resource and patients of vital care".

Health managers in 44 areas of England have been ordered to draw up the strategies, setting out how they will reduce costs, change services and improve care in the wake of a record £2.45 billion deficit for the last financial year.

The sustainability and transformation plans (STPs), some of which have been published or leaked, could see some hospitals, A&E units or maternity units close, and other services merged.

Polls of NHS leaders show half intend bed cuts, while one third anticipate A&E closures.

The proposal for Cheshire and Mersey includes the downgrade of at least one A&E department, while in north-west London, there are plans to reduce the number of sites offering a full range of services.

The new analysis by the BMA is based on savings figures found in documents from 42 of the 44 areas.



The head of the BMA raised fears that the plans will be used as a "cover for cuts"

An accompanying survey of 310 doctors in England found 64 per cent had not been consulted on STPs. A third

of doctors had never heard of STPs and a fifth did not support their introduction, the BMA poll found.

Earlier this month, analysis by the King's Fund think tank said the plans had been kept secret from the public and barely involved frontline staff or patients.

It said NHS England had told local health leaders not to reveal the plans until they were finalised and had been approved by their own officials.

The national body even told local managers to refuse applications from the media or the public wanting to see the proposals under the Freedom of Information Act.

NHS England says STPs will improve patient care amid rising demand.

But campaigners say they are **just a way of cutting services.**

Dr Porter, chairman of the BMA's council, said: "Improving patient care must be the number one priority for these plans. Given the scale of the savings required in each area, there is a real risk that these transformation plans will be used as a cover for delivering cuts, starving services of resource and patients of vital care.

"It is extremely concerning that the majority of doctors have not been consulted on the plans, particularly as ministers have been so keen to insist that all stakeholders would be involved.

"STPs have the potential to generate more collaboration and the longer-term planning of services based on local need. But it is crucial that any plans about the future of the NHS must be drawn up in an open and transparent way, and have the support and involvement of clinicians, patients and the public from the outset.

"At this stage nobody can be confident that this has happened."

Almost half of NHS authorities are drawing up plans to cut hospital beds, and one third intend to close Accident & Emergency departments, research suggests.

Earlier this month, the Tory head of the influential [Commons health select committee](#) made an unprecedented plea to the Chancellor, calling for a major cash injection to prevent the collapse of the NHS.

[Dr Sarah Wollaston](#) urged the Treasury to step in, to ensure the long-term survival of the health service and tackle a "severe" crisis in social care.

Health officials have ordered every part of the country to draw up sustainability and transformation plans (STPs) in a bid to cope with mounting pressures across the NHS.

The health service recorded its [largest ever deficit last year, at £2.45billion](#), and in recent months, different areas have tightened restrictions on care, despite fears from surgeons that increasing numbers of patients will be left in "crippling pain".

Organisation for Economic Co-operation and Development statistics show that among 23 European countries, the UK now has the second lowest number of hospital beds per capita.

In the last decade, more than one quarter of hospital beds have been closed, with 37,000 fewer general and acute beds now than in 2006/7.

It follows warnings from Simon Stevens, the head of the health service, that "bloody tough" times lie ahead, with per capita health spending due to fall by the end of the decade.

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Rising numbers could face 'crippling pain' as NHS rationing spreads



The Royal College of Surgeons fears blanket bans on NHS rationing will become commonplace CREDIT: DOMINIC LIPINSKI/PA

By **Laura Donnelly**, HEALTH EDITOR

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Increasing numbers of patients will be left to endure “crippling pain” as rationing spreads across the NHS, one of Britain’s most senior surgeons has warned.

Stephen Cannon, Vice President of the Royal College of Surgeons said bans on all but the most urgent treatment would become “commonplace” without major changes to the funding of the health service.

The NHS is in the grip of the worst financial crisis in its history, with increasing restrictions on cataract surgery and lengthening waiting times for hip and knee operations in most areas.

Yesterday St Helens clinical commissioning group in Merseyside took the unprecedented step of making plans to suspend all non-urgent treatment for four months, in an attempt to tackle its overspend.

In a letter to *The Telegraph*, Mr Cannon, an orthopaedic surgeon, said such bans would become widespread without a “realistic” increase in funding.

He also called for changes in the way existing funds are spent, to divert more money away from bureaucracy towards front-line care.

“I am concerned that we could end up going back to the days when patients waited two or three years for operations”

Stephen Cannon, Vice President of the Royal College of Surgeons

“This is not a one-off, this is a growing problem across the NHS,” he said. “We are deeply concerned. It is bad enough having to put up with crippling arthritis as waiting times get longer, but these sorts of delays can mean the hip crumbling away so the patient can’t even take a step. It also means that when patients do have surgery, it is infinitely more complex,” the surgeon said.

“I am concerned that we could end up going back to the days when patients waited two or three years for operations,” he added, warning that many patients were being left in “severe discomfort and pain”.

Mr Cannon called for extra funding for the NHS to cope with rising demand from an ageing population. But he also said too much money was being spent on bureaucracy – including on long wrangles over which patients

would be funded.

“We are seeing decisions now being made purely on a financial basis, when these should be clinical judgements, made in the interests of patients,” he said.

“This is an unacceptable decision which highlights the incredible financial pressure facing general practice and its impact on patient care”

Dr Richard Vautrey, the British Medical Association

“These rationing processes are often adding in an extra layer of bureaucracy, which is using up more resources,” he said.

Dr Richard Vautrey, deputy chairman of the British Medical Association’s GP committee, said blanket suspensions of “non-urgent” treatment risked lives.

Diseases such as cancer were often only detected when doctors investigated ailments which had not been identified as urgent, he said.

“This is an unacceptable decision which highlights the incredible financial pressure facing general practice and its impact on patient care,” he said.

“What apparently may not be urgent at first presentation and is therefore not referred could turn out to be very serious in the long term. Many cases of cancer are subsequently diagnosed following routine referrals of patients who have undifferentiated symptoms early on in their illness.”

Geoffrey Appleton, lay chairman of St Helens CCG said: “We would prefer not to be in this position but we are by no means alone as an increasing number of CCG’s are reporting similar financial challenges. Our funding gap is so large we know these measures alone will not bring a resolution and we are faced with the prospect of proposing to suspend, reduce or withdraw certain services.”

Its proposals will now go to public consultation. Because the CCG was recently rated “inadequate” by NHS England, any plans will have to be agreed by its local health officials.

Last week, a think-tank said “unpalatable” decisions about rationing lie

ahead unless the NHS achieves unprecedented levels of efficiency savings, or receives a funding boost.

The Nuffield Trust said hospitals would have to achieve twice the level of efficiencies achieved in recent years, to have any hope of closing a £22bn funding gap by 2020.



Sally Gainsbury, author of a Nuffield Trust report which warned of 'unpalatable' decisions ahead

Three in four CCGs are now operating restrictions on cataract surgery, limiting them to those in most desperate need, using criteria such as whether the patient has suffered falls as a result of their vision loss.

Earlier this year the NHS declared a deficit of £2.45bn – the worst in its history.

As the NHS finances have deteriorated, health trusts have spent record sums on “turnaround” managers employed on “off-payroll” deals.

Earlier this month, an investigation by The Telegraph revealed that such managers have been paid rates of up to £60,000 a month by cash-strapped trusts.

An NHS England spokesman said: “Decisions when prioritising resources are always very difficult for commissioners but it is up to CCGs to make the best decisions for their area and work with hospitals to plan and manage demand over winter. St Helens CCG is actively engaging with its local population on the best way to ensure patients have their care prioritised over the busy months for the NHS. The 18 week target is a national objective which all CCGs and hospitals should be striving to meet.”

Meanwhile NHS managers at University Lincolnshire Hospitals NHS trust are considering closing an Accident & Emergency department at night after reaching "crisis point".

Grantham and District Hospital is considering plans to restrict its A&E hours after becoming "seriously affected" by a "national shortage of appropriately trained doctors to work in A&Es".

In a statement it said: "We have reached a crisis point and we may put patients at risk if we don't act."

Dr Clifford Mann, president of the Royal College of Emergency Medicine, said there were too few A&E doctors in the country to meet patient demand.

"The wider picture is there is a real crisis in emergency medicine as our workforce numbers are not growing fast enough to keep pace with rising numbers of patients attending A&E Departments," he said.

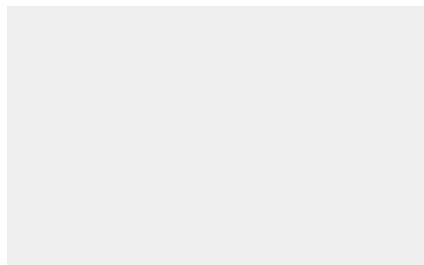
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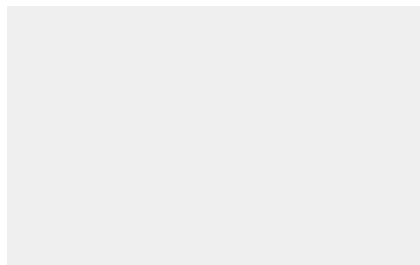
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