NHS standing on burning platform, inspectors warn

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By Nick Triggle Health correspondent

Safety at four in five hospital trusts in England is not good enough, a leading hospital inspector has warned.

Professor Sir Mike Richards says that the NHS stands on a "burning platform" and that the need for change is clear.

His warning follows a review which said staffing and overcrowding were major concerns and that unprecedented pressures on hospitals were putting patients at risk.

Ministers said the findings should be used to root out poor practices.

The Care Quality Commission review also highlighted delays getting tests and treatments, and poor care of life-threatening conditions such as sepsis.

But inspectors warned some of the problems were beyond the control of hospitals because of rising demands being placed on them.

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The review of all 136 hospital trusts in the country found 11% were rated as inadequate on safety and 70% required improvement.

Among the problems highlighted were:

- Bed occupancy rates routinely above recommended levels
- Poor care given to patients with life-threatening conditions such as sepsis and kidney injuries
- Too many long waits for operations, such as knee and hip replacements
- Too few nurses in medical and elderly care wards, midwives in maternity units and doctors in A&Es
- Temporary escalation wards - set up during busy periods - predominantly staffed by agency workers who were not familiar with the hospital practices
- Poor control of infections because of insufficient hand hygiene and patients with infections not being isolated properly
- Problems with medicines management, including out-of-date drugs, and maintenance of equipment
- Tests being delayed because of poor information-sharing and record-keeping

Hospital chief inspector Professor Sir Mike said: "The NHS now stands on a burning platform - the need for change is clear, but finding the resources and energy to deliver that change while simultaneously providing safe patient care can seem almost impossible."

But he said "transformational change" was possible, even in "the most challenging of circumstances".

He went on to say that safety remained a "real concern" with many trusts failing to learn when things go wrong.

But he also said he had some sympathy for hospitals given the rising demands being placed on them.

"The scale of the challenge that hospitals are now facing is unprecedented - rising demand coupled with economic pressures are creating difficult-to-manage situations that are putting patient care at risk.

"What is clear is that while staff continue to work hard to deliver good care, the model of care that once worked well cannot continue to meet the needs of today's population."

He also highlighted strengths, saying staff were good at providing care with compassion and leadership remained strong in many places.

Ministers want to overhaul the system after families complained they were being tied up in litigation for years after mistakes are made.

The NHS safely delivers nearly 2,000 babies every day, but each year there are around 500 cases where things go wrong and babies are left with serious injuries.

10 charts that show why the NHS is in trouble

Nick Triggle
Health correspondent

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The NHS faces unrelenting pressure despite funding rising. Why?

The sheer scale of the NHS can take the breath away. Every 24 hours it sees one million patients, and with 1.7 million staff it's the fifth biggest employer in the world.

This vast enterprise absorbs eye-watering amounts of money.

1. We spend more on the NHS than ever before

Last year £140bn was spent on health across the UK - more than 10 times the figure that was ploughed in 60 years ago.

And that's after you adjust it for inflation.

2. A bigger proportion of public spending goes on health

Governments over the years have had to invest more and more of the public purse into it. Today 30p out of every £1 spent on services goes on health.

Even during the years of deep austerity, extra money has been found for the health service - £8bn more this Parliament in England alone.

Yet it seems no matter how much is invested, it's still not enough. The NHS is creaking at the seams.

3. Key A&E targets are being missed

The best barometer of this is the four-hour A&E target. We often think of it as an indication of how good an emergency department is. But it's not. It doesn't tell you about the quality of care - how quickly you get pain relief or whether the unit is good at spotting the signs of a heart attack.

Instead it's a sign of whether the system is under stress - both in the community and in the hospital.

Which local services are under threat?

Upfront charges for foreign patients

When there's perfect harmony between the numbers arriving and leaving 95% of patients will be dealt with in four hours.

But this isn't happening. You have to go back to the summer of 2015 for the last time it was met in England, with performance deteriorating markedly year on year.

The rest of the UK is not immune either. Four-hour performance is worse in Wales and Northern Ireland. Scotland is performing a little better, but is still some way short of the target - its major hospitals have been hovering around the 90% mark in recent weeks.

4. The UK's population is ageing

The ageing population is certainly a major factor - and it's one that all health systems in the world are struggling with. Medical advances have meant that people are living longer. When the NHS was created, life expectancy was 13 years shorter than it is now.

This is something to celebrate. Infectious diseases are no longer a significant threat. Heart attacks do not claim the lives of people early in the same numbers. Even cancer is not the death sentence it once was - half of people now survive for a decade or more.

But this progress has come at a cost. People are living with a growing number of long-term chronic conditions - diabetes, heart disease and dementia. These are more about care than cure - what patients usually need is support. By the

age of 65, most people will have at least one of these illnesses. By 75 they will have two.

5. Care for older people costs much more

The average 65-year-old costs the NHS 2.5 times more than the average 30-year-old. An 85-year-old costs more than five times as much.

As the numbers continue to rise so does the cost to the NHS. This is compounded by the rising cost of new drugs. The health service is currently considering capping the amount it will pay for new drugs at £20m each a year. A fifth of new treatments coming on stream cost more than this.

Then there's obesity. A third of adults are so overweight they are risking their health significantly.

All this contributes to what health economists call health inflation - the idea that the cost of providing care outstrips the normal rise in the cost of living across the economy.

This is why health has tended to get more generous rises than other areas of government spending.

Over the years this has been achievable through a combination of economic growth, which brings in more money through tax, and reducing spending in areas such as defence, which has led to the NHS taking an ever-greater share of the public purse.

6. Increases in NHS spending have slowed

But, of course, the economy goes through cycles and over the years governments have varied the amount they were willing or able to give.

Since the NHS was created in 1948, the average annual rise has been just over 4%. During the Labour years under Blair and Brown this was closer to 7%.

As you can see the period since 2010 has seen the tightest financial settlements. What is more, the spending squeeze is continuing during this Parliament at almost exactly the same rate, even with England's extra £8bn going in.

Ministers in England are right to say they are increasing funding - it's been frozen in Wales and Scotland - but it's just that it doesn't compare favourably

with what the NHS has traditionally got.

Indeed, the Institute for Fiscal Studies believes over the 10 years to 2020, the NHS budget across the UK will not have increased enough to keep pace with the ageing and growing population.

7. The UK spends a lower proportion on health than other EU countries

But is it just a matter of more money? Would an extra few billion make all the problems go away? If you look at other European nations the UK is certainly spending less as a proportion of GDP, which is a measure of the size of the economy.

The result, as you would expect, is fewer beds, doctors and nurses per patient in the UK than the big spenders.

But a number of these countries achieve that by taxing more. Would the UK public stomach that? If a poll by Ipsos MORI for the BBC this week is anything to go by, they are pretty split - 40% would back a rise in income tax and 53% would support National Insurance going up.

Nor does it seem there's appetite for a change in the system. A majority were against charging for services or moving to an insurance-based model like some of our European neighbours do.

But even if more money was spent or raised, that would not lead to an overnight improvement. More doctors and nurses would need training and that takes time and, crucially, there is not a flood of people wanting to work in key posts.

Trainee posts for GPs are being increased, but the NHS cannot fill them all.

There also remain big questions over whether the structure of the NHS is right for 21st Century healthcare.

The NHS is still centred on the network of district general hospitals that emerged during the hospital building boom of the 1960s.

But in an era where people are struggling with those chronic illnesses, what they really need is support in the community.

The problem is there's a serious shortage of this. The number of district nurses in England has been cut by 28% in the past five years, while getting a GP appointment is becoming increasingly difficult.

8. Demand for A&E is rising

The result is that people end up going to hospital. The numbers visiting A&E have risen by a third in 12 years.

Not all of this is down to people with these chronic conditions, but they tend to be the cases that take the most care. Two-thirds of hospitals beds are occupied by the one-third of the population with a long-term condition.

There are attempts to change this. To place more emphasis on care outside hospital. NHS England chief executive Simon Stevens has set out a five-year plan to create more integrated care, which involves hospital services working more closely with their local community teams. Similar moves are being made in Scotland, Wales and Northern Ireland.

There also an emphasis on prevention - getting people to be more active, eat better diets and drink less.

9. Fewer older people are getting help with social care

But perhaps the biggest problem is council-run social care. This encompasses day centres, help in the home for tasks such as washing and dressing, and good quality care in care homes during the final years of life. It is seen as essential to keep people well and living independently - and out of hospital.

In an era when the population is ageing you would expect more people to be getting help from the state.

However, the opposite is true. In England over the past four years, the number of older people getting help has fallen by a quarter. The result is large numbers going without care or having to pay for it themselves.

The other parts of the UK can make a case for being more generous in this respect - home care is capped at £60 a week in Wales and free for the over-75s in Northern Ireland, while Scotland provides free personal care (washing and dressing) in both care homes and people's own homes.

10. Much more is spent on front-line healthcare than social care

But none of them has cracked it. Indeed, if you were setting up a health and care service today, ask yourself this - how would it be done?

Would you separate medical care from personal care? Give one service to a

national institution and the other to local councils? Would you provide one free at the point of need and charge for the other? Would you increase the budget of one, but cut the other?

Would you build more than 200 hospitals and spend over half of your budget on them when the biggest users of care are people with long-term illnesses that need care rather than medical intervention?

But as that is the system we have got at a time when money is limited, we are falling back on a typical British trait - making do.

Additional reporting by Rachel Schraer

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Stand by for a quiet revolution in the NHS

Hugh Pym
Health editor

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There is a quiet revolution happening in the NHS in England. It's under the radar and has been little commented on till now.

Details of the potentially radical changes will emerge at the end of March.

There is, apparently, no need for new legislation.

In effect, the controversial health reforms of 2012 will be bypassed in some parts of England.

Simon Stevens, head of NHS England, will unveil his thinking in late March but he has given some clues to MPs on the Public Accounts Committee.

His aim in some areas is to abolish a fundamental feature of the structure of the NHS in England - what's known as the purchaser/provider split.

Health reforms by the Conservative government in the early 1990s created a divide between "purchasers", which have evolved into the current Clinical Commissioning Groups, and "providers", which are the hospitals and other trusts.

Purchasers control budgets allocated by NHS England and commission care on behalf of their local patients. Providers deliver that care in return for a fee known as the tariff.

The theory was that the split would deliver value for money with purchasers shopping around for care provision.

Joined-up care

But critics now say that there are tensions which impede an efficient use of resources.

Simon Stevens has signalled the end of the purchaser-provider split

Hospitals, so they argue, are incentivised to get as many patients through their doors as they can to generate income. This pulls against moves to treat more people outside hospitals.

Mr Stevens wants to see local health economies run as single entities with no purchaser/provider split.

The pioneers will be the most successful Sustainability and Transformation Plans (STPs).

These plans have been put together in 44 areas of England involving health and social care chiefs trying to work out the best use of their joint resources in the face of rising patient demand.

Half a dozen, or possibly more STPs, which have already started evolving into

management bodies, will be unveiled as the first of this new breed of health organisations, which will both set local health priorities and manage local services.

Joined-up care will be the mantra. Crucially they will be given so called "capitation" budgets. This will be a set sum per person in that area, regardless of whether they need care or not.

This model is used in parts of other countries, including Valencia in Spain.

To use another piece of jargon, there are "accountable care organisations". A key feature is the built-in incentive to keep people out of hospitals.

If managers are receiving the same amount of money each year for every local resident whatever their state of health, so the theory goes, they will be more inclined to treat people away from hospitals where possible.

The Clinical Commissioning Groups, a key part of the structure set up by the then Health Secretary Andrew Lansley in 2012, will, in effect, be sidelined in these new local care models.

Decision-making power on health spending, covering hospital and community care, will be concentrated in single organisations.

The leadership of NHS England, it seems, is confident these changes can be implemented within the existing legal parameters.

No big bang new legislation will be required. So the health service in parts of England will look very different from how the NHS works in others.

The idea is that the fastest ships in the convoy will lead the way and other areas can catch up when appropriate.

No ideological barriers

Ministers, I am told, are ready to go along with this process as long as it can be shown to work effectively.

There are no ideological hang-ups in government, it seems, and pragmatic moves to make health and social care work better are the priority in Whitehall.

What we don't know is how MPs will react when it becomes clear that such important changes are happening without full parliamentary debate.

Some on the left of the health debate believe that accountable care

organisations are a Trojan horse for privatisation.

They argue that the process will lead to further fragmentation of the NHS. There has already been opposition to the STP process, seen by some as a cover for cuts.

It may all sound rather technical and interesting only to policy wonks.

But this is potentially the biggest change of its kind in a quarter of a century. Watch this space at the end of March.

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