

Statistics of the health crisis

The word crisis is often over-used, but the NHS is facing a genuine crisis in which its component parts are struggling with the amount of work they face and the financial and human resources which they have at their disposal. A House of Commons Briefing Paper, *NHS Indicators: England January 2017*, shows the scale of the crisis engulfing the NHS.

- 1) Amalgamating health and social care services has long been spoken of as an objective, in the light of the so-called 'bed-blocking' phenomenon; largely elderly people deemed fit enough to leave hospital but who cannot be accommodated with support in their home or a care-home. Yet this objective is impossible in a situation where both the NHS and care services are under-funded. The connection and feedback with the social care crisis is reflected in the 26% increase in delayed transfers of patients from hospitals from November 2015 to November 2016. Delay because of the inability to provide care at home or in a nursing home increased by 47%. In the twelve months to November 2016 there were 2.12 million 'delayed days' when patients who should have been released were still in a hospital bed. This was 22% higher than in the 12 months to November 2015. Over this period, delays where the NHS was at least partially responsible rose by 15%, and those where social care organisations were at least partially responsible rose by 35%. In October 2016 there was a daily average of 3,692 delays attributable to the NHS, 2,249 to social care, and 515 to both.

Table A: Delayed transfers of care by reason

Total delayed days November 2016

Reason for delay	Total delayed days	Year-on-year change
Awaiting care package in own home	39,457	+47%
Awaiting nursing home placement or availability	32,038	+48%
Awaiting completion of assessment	31,918	+26%
Awaiting further non-acute NHS care	29,903	+9%
Patient or family choice	22,504	+7%
Awaiting residential home placement or availability	19,629	+36%
Awaiting public funding	6,962	+15%
Housing (patients not covered by NHS & Community Care Act)	4,585	+10%
Awaiting community equipment and adaptations	4,352	+9%
Disputes	2,332	+20%

- 2) The number of beds has fallen over the last five years by 3.2 though this includes day care beds. In-patient bed numbers have fallen by 4.8%, more than 6,000. The rationale for cutting beds over a long period has been the increase in the number of day patients as some procedures do not require patients to stay overnight. However, it's quite clear that there are insufficient beds to prevent the build up of pressure. That's indicated in the current situation by an increase in numbers waiting on trolleys because no bed is available. You can see in the table below the rise in bed occupancy rates, which have reached 90% in general and acute departments as well as mental illness. It's clear that there is insufficient spare capacity to deal with spikes in activity. Matching beds to patients is not like matching the production of a

product to market demand. People don't chose to come into a hospital, they have fallen ill. 17% of patients waited more than 4 hours in A&E departments in November 2016 as compared to 13% the previous year and 5% in 2011. The number of 'trolley waits' where patients are waiting more than 4 hours for a bed after the decision has been made to admit them was an average of 1,744 a day in November 2016. The number of long waits up to that point in 2016 was 55% up on 2015 and over **5 times higher** than it was 5 years ago.

Table F: Bed Availability and Occupancy, 2011-2016

Period	TOTAL	Open Overnight					Open Day Only
		Total	General & Acute	Learning Disabilities	Maternity	Mental Illness	Total
Average Beds Available							
Apr-Jun 2011	148,046	137,354	104,574	1,721	7,805	23,253	10,692
Apr-Jun 2015	144,062	131,795	104,096	1,322	7,809	18,569	12,266
Apr-Jun 2016	143,239	130,717	102,805	1,241	7,752	18,919	12,521
Change 2011-2016	-3.2%	-4.8%	-1.7%	-27.9%	-0.7%	-18.6%	+17.1%
Average Occupancy							
Apr-Jun 2011	84.8%	84.8%	86.4%	77.9%	59.1%	86.8%	84.7%
Apr-Jun 2015	86.8%	86.9%	88.4%	80.0%	60.8%	89.9%	86.3%
Apr-Jun 2016	88.0%	88.2%	90.1%	73.6%	60.6%	90.4%	86.3%

- 3) Getting seriously ill people into hospital depends on the ambulance service which is being placed under intolerable pressure. We have seen pictures of ambulances queuing outside hospitals. The 8 minute ambulance response time with a target of 75% within that time has not been met since May 2015 and is now down to 68%. Less urgent calls have a target of 95% being reached within 19 minutes and performance is below that at 90%.
- 4) A number of trusts currently aren't reporting waiting list data, It's estimated that the waiting list is 3.86 million with those trusts included. The recorded figure currently stands at 3.72 million people (as of the end of October 2016), up from 3.30 million at the end of November 2015 and 2.38 million at the end of November 2009.³ Between June 2012 and June 2015, the waiting list grew 18% faster than population increases.
- 5) The number of GPs is estimated to have fallen by 3% between 2014 and 2015. The most recent data shows that there were 29,271 GPs in England in 2015 (excluding trainees and those undertaking only a small amount of clinical work). This is 3.2% lower than the estimated figure for September 2014 of 30,251. So there are less GPs to cover the increasing workload.
- 6) The performance for treatment of cancer patients has been comparatively good. As the number one disease (many different types of course) a large proportion of resources are devoted to its treatment. In October 2016 95% of patients referred as urgent cases by a GP were seen in two weeks, though still down on 96.8% in February 2011. In November 2016 97.3% of patients were treated within 31 days of a

decision to treat. The Table below shows the scale of the increase in workload. Worryingly reports in the media this weekend report that cancer surgery cancellations, previously virtually unknown, are occurring because of a shortage of beds.

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January 15th 2017