

## *Our NHS is in Crisis*

### **Can you add your name or the name of your organisation to this statement?**

The NHS is falling apart. We know the NHS is struggling across the country – but for urgent and emergency care, Shropshire, Telford and Wrekin is one of the worst performing areas in England.

People are dying. In the three months from March to May this year, 38 people in the West Midlands died waiting for an ambulance to arrive. (Last year, the number was two).

On Monday 11<sup>th</sup> July, at one point over half of all ambulances in the West Midlands were queuing outside hospitals. There were over 700 patients across the region waiting for an emergency response. The following afternoon, 12<sup>th</sup> July, there were 35 emergency patients in Shropshire, Telford and Wrekin waiting for an ambulance – but not a single ambulance was available anywhere in the West Midlands.

West Midlands call handlers have a new script for busy periods. ‘Category 2’ emergencies – often people with a suspected heart attack or stroke - are being told that they need an emergency ambulance but it may take ‘several hours’ before one is available.

This is a level of crisis that has **never** been seen before in the NHS. The catastrophe in ambulance provision has been the most visible symptom of a severe system-wide problem. Ambulances queue outside our A&Es at Shrewsbury and Telford because the A&Es are full. The A&Es are full because there are not enough hospital beds to which very unwell patients can be moved. Shropshire, Telford and Wrekin has too few hospital beds in the first place – and a lack of social care and community NHS provision means that many patients remain in those beds after they are medically fit for discharge.

NHS England has now instructed hospitals to take pressure off the ambulance service by moving patients from Emergency Departments into ‘observation areas’ or other ‘additional beds’. This might move the problem around – but is **not** a solution. Our hospitals are stretched to the limit already. Beds and staff cannot simply be conjured up. There is a strong risk of a return to unsafe ‘corridor care’ and the previous (discredited) SaTH practice of ‘boarding’ patients in extra beds squeezed into any available space.

This statement is absolutely not about blaming frontline health workers for the failure of the services they work so hard to provide. Nor is it about blaming local NHS leaders, who are doing what they can – within rigid financial constraints – to resolve this unacceptable situation. To date, their efforts have not reversed a worsening situation. We particularly commend the honesty of the West Midlands Ambulance Service leadership, who have described what is happening now as ‘catastrophic for patients and staff’. They have spoken openly of patients being harmed and dying as a result of the current NHS crisis.

## What do we need?

The most urgent and immediate need is to restore 'flow' in the system: to get patients moving from ambulances through to A&E, from A&E to the hospital beds they need, and then back home or to another setting with the right social care and community NHS services in place.

From April 2021 through to March 2022, the government funded a 'Hospital Discharge Programme'. This supported 'flow' through the system because the money was there to pay for four weeks or six weeks support for patients when it was needed. Shropshire, Telford and Wrekin was allocated £5,117 K for the first six months of the scheme and £4480 K for the remaining six months. This level of funding was significant and will have saved lives.

**We urge all Shropshire, Telford and Wrekin MPs – irrespective of political affiliations – to lobby the government for the Hospital Discharge Programme and related funding to be given a secure medium to long-term future. If they are unsuccessful in this, we urge them to lobby the government for an alternative source of funding for additional social care or other community-based provision to support hospital discharge in Shropshire, Telford and Wrekin. Addressing the pay and conditions of social care staff is also now urgent, particularly for those domiciliary care staff who are unpaid for travel time between home visits and who may pay their own petrol costs. Working in social care risks becoming unaffordable, particularly in rural areas.**

**Investment in social care is the closest thing we have to a 'quick fix' that will restore flow throughout the urgent and emergency care system. This is not a total solution to complex problems with multifactorial causation – but this is the fastest and cheapest route to start to get ambulances back on the road, hospital patients into hospital beds for the care they need, and those patients then leaving hospital safely because they will be supported when they go home.**

## Is this enough? No.

**We also request a CQC investigation into the causes of failing healthcare in Shropshire, Telford and Wrekin. We note one of our MPs has already asked for this. We hope that every MP and both our Councils, Shropshire and Telford and Wrekin, will support this call.**

There are particular factors in this crisis that we invite the CQC to take into consideration:

**Beds:** The NHS has 2.5 beds per 1000 population, a figure acknowledged by almost every commentator – including the Chief Executive of NHS England – to be too low. In Shropshire, Telford and Wrekin, we have even fewer beds, with just under 2 beds per 1000 population. Disregarding intermediate care beds, no longer 'counted' by NHS England, this falls to 1.8 beds per 1000 population. The lack of beds has contributed very directly to the backlog of patients in our A&Es and to ambulances being held in queues outside the A&Es.

**Funding:** There are historic problems with NHS funding in our area, and with the public health allocation to Shropshire Council. The transition to an Integrated Care System has not changed the historic mismatch between income and health need in Shropshire, Telford and

Wrekin. The Integrated Care Board, the ‘commissioners’ under new arrangements, have slashed their planned spend on our healthcare in 2022/23 by £54 million, as required by NHS England. Despite this, there will still be an in-year deficit of at least £19 million, and NHS Shropshire, Telford and Wrekin now faces ‘additional restrictions on spending’ – again, imposed by NHS England.

There is nothing new here. There has been a prolonged and unprecedented squeeze on NHS funding across England. Within that wider picture, there continue to be long-standing concerns regarding NHS funding for rural areas and areas with an older-than-average population. Telford and Wrekin, of course, has the increased health needs associated with social deprivation. Is it the case that NHS income for our area is simply not enough? This is a legitimate question to ask – and it is a legitimate area for an independent review. Our health, well-being and lives depend on getting this right.

**Recruitment:** For very many years, there have been difficulties with the recruitment of NHS staff in Shropshire, Telford and Wrekin. This has been the case across SaTH, community hospitals and community-based NHS services. Hard-to-recruit professions have included specialist doctors, registered nurses, and allied health professionals. This has led to increased expenditure on agency and locum staff, and at times to staff shortages being used as the rationale for service cuts or closures. There is a need now for an independent look at the causes of recruitment and retention problems in our area, by the CQC if possible.

Importantly, we need solutions. These might include, for example, a networked/collaborative approach to staffing at regional level; a stronger focus on training and career development; funded recruitment and retention premia for particular ‘hot spots’; and a stronger emphasis on key worker housing. It is not in the interests of local people that we continue with missed assessment and treatment times for cancer care because specialist staff are unavailable, or with the loss of rural healthcare because it can be hard to recruit to community nursing or therapist posts.

**This statement is a sincere attempt to achieve unity and to create a broad consensus for change. It is a starting point, not an end point. Our concern is that the NHS that all of us need – for ourselves, our families, and our communities – is now being eroded to a frightening extent. Please consider supporting this initiative.**

### **Signatories**

Darren Childes, on behalf of Shropshire Needs Ambulances

Gill George, for Shropshire, Telford and Wrekin Defend Our NHS

(More to be added)