Waiting times in A&E units are at their worst for a decade and targets have been missed on surgery, ambulance responses and cancer care, figures show

CHRISTOPHER FURLONG/GETTY IMAGES

The NHS faces an “existential crisis” and a repeat of the Mid Staffordshire hospital scandal is inevitable, the man who led the public inquiry into the trust’s failings has warned.

Sir Robert Francis, QC, said the government could no longer pretend that the health service was coping. Pressure to cut costs would again lead to the neglect of patients, he added, and public confidence was at risk of collapse.

The warning comes in the midst of a winter crisis that has exposed a rift between NHS leaders and the government. Figures showed
yesterday that waiting times in A&E units were at their worst for more than a decade and revealed missed targets on surgery, ambulance responses and cancer care.

Jeremy Hunt, the health secretary, described waits of up to 13 hours seen in parts of the country as “totally unacceptable” but said that the government’s plan would “take time to deliver”. He added that there were “no excuses” for cases where lack of social care places left elderly patients stuck in hospital for months.

Sir Robert said that the NHS was manifestly failing and dismissed savings plans as unrealistic.

His inquiry into the suffering of hundreds of patients at Stafford Hospital, published four years ago, concluded that bosses became obsessed with cutting costs and government targets at the expense of care. Frail elderly patients were left without food or water. It was one of the biggest scandals in the history of the NHS. Sir Robert told the Health Service Journal that ministers were again trying to ignore warnings.

“Politically, with a small ‘p’, the message is put out we are putting more money in the service than we ever did and it is the best health service around, but against that there is a frontline feeling that things have never been as bad as they are now and we can’t deal with the pressures,” he said.

Last month 60,000 people arriving at A&E had to wait four to 12 hours for a bed and a record 780 waited longer, according to data leaked to the BBC. Of 1.4 million A&E visits last month, 82 per cent were dealt with in four hours, below the target of 95 per cent, which has not been met nationally since summer 2015. Official figures on hospital performance in December also painted a bleak picture. By the end of last year, 376,877 patients had been waiting more than 18 weeks for surgery, 100,000 more than in 2015.

Theresa May responded by pointing to “record funding” and higher numbers of doctors and nurses. Sir Robert said: “We are told, ‘Oh,
well we have got more nurses’ — no nursing director I have come across seems to agree with that and they can’t find them.”

In the interview, to be published today, he said: “Let’s make no bones about it, the NHS is facing an existential crisis . . . The service is running faster and faster to try and keep up and is failing, manifestly failing. The danger is that we reach a tipping point, we haven’t reached it yet, but there will come a point where public confidence in the service dissipates.”

Asked if the same mistakes that led to the Stafford hospital scandal could happen again, Sir Robert said: “I think it is inevitable.”

Last night Lord Carter of Coles, a government adviser on the NHS, admitted that hospitals were operating in a state of “war”. In a speech to the Royal College of Anaesthetists in London, he said that the health service was facing “a very, very difficult” time until 2020, adding: “Our hospitals are running so hot, and yet they haven’t broken. This is like being [in] a war actually and we should be extraordinarily proud of it. But you can’t continue on a war basis for ever, as we know.”

The Department of Health acknowledged that NHS staff were under pressure but said that, after the Stafford report, a record number of people were receiving harm-free care and that there would be “no return to the days of problems being swept under the carpet”.

In an interview with the BBC, Mr Hunt was challenged over conditions at Royal Blackburn Hospital, where some patients have been forced to wait up to 13 hours in A&E. He said: “It is incredibly frustrating for me. I am doing this job because I want NHS care to be the safest and best in the world. That kind of care is completely unacceptable. No one would want it for members of their own family.”

Presented with the case of Iris Sibley, 89, who has spent more than six months at Bristol Royal Infirmary waiting for a bed in a nursing home, he said it was “terrible for Mrs Sibley but it’s also very bad for the NHS”.

Mr Hunt said that other developed countries were struggling to care for an ageing population, adding: “It’s wrong to suggest to people that these profound challenges . . . are ones where there’s a silver bullet.

“We have a very good plan, it has the support of the NHS, [but] it will take time to deliver. In terms of immediate support, we’re doing what we can with extra financial support to the NHS this year.”

- Patients could be made to wait up to two years longer for new drugs after Britain’s expected departure from the EU’s pharmaceutical regulator, the government has been warned. Sir Alasdair Breckenridge, former chairman of the Medicines and Healthcare products Regulatory Agencies (MHRA), said companies would prioritise getting their drugs into the larger European and US markets and could be put off by Britain’s separate regulatory regime.

Jeremy Hunt, the health secretary, has said that Britain is expected to leave the European Medicines Agency. Departure is likely to mean that the regulator leaves its headquarters in London, where it employs about 800 people.

David Jeffreys, of the Association of the British Pharmaceutical Industry, said that British patients “may be getting medicines, 12, 18, 24 months later than they would if we remained in the European system”.

[Image of a surgeon]
ED CONWAY
We’ve got hooked on needless healthcare

Ed Conway

When I tell friends our daughter was born at home, their response is usually the same: “By mistake?” As it happens...

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Bryhers
Why is Mid Staffs used as the baseline for poor care when despite the neglect no one died as The Francis Report admits, when Southern Health Trust has 1450 unexplained deaths. There was a time when the NHS couldn’t be mentioned without the Minister parroting Mid Staffs. Government apparatchiks are still doing it, but not the minister.

Lucy’s dad
@Bryhers At the same time you could add Morcambe Bay, Bassetlaw, and Tameside to name but a few.

Bryhers
@Lucy’s dad @Bryhers
I’m sure Mid Staffs was not uniquely terrible like the provinces.

Ralph Naderbolsinmattu
Wrong up to 1400 avoidable deaths occurred as Professor Jarman pointed out. In adityion the Trust was successfully prosecuted for
Griss Negligence Manslaughter. I don't known about Southern Health Trust but Mid Staffs is world wide refarded as the biggest disaster in modern health care. It all stemmed from a dysfunctional fake-CEO Martin Yeates who bullied staff and shredded complaints.

Bryhers
@Ralph Naderbolsinmattu
Not wishing to mislead or obfuscate it is likely that deaths did occur at Mid Staffs as a result of neglect. However unlike SHT where there has been successful prosecution in a case of individual neglect, as Jarman himself points out direct attribution of deaths due to neglect require case notes as well as statistical probabilities an example being the epileptic boy who drowned in his bath in the care of the SHT.

On this matter Jarman was cutious.
"In his evidence to the inquiry, Professor Jarman is not taking issue with the numbers, which he himself supplied. Instead, he's objecting to the use of the term "excess deaths": he makes it clear that a high HSMR like that recorded at Mid Staffs is not necessarily proof that people are dying unnecessarily.
In other words, we shouldn't understand these "excess" deaths as definitely avoidable, and the only way to judge whether or not a death is avoidable is to review an individual's case notes."

Gerry Mander
The "excess deaths" at Mid Staffs were a statistical calculation of actual versus expected mortality. They were not identifiable individuals who died when they shouldn't have.

Ralph Naderbolsinmattu
Patients don't have to be individually identifiable for the proof that there were excess deaths. There absolutely were excess and preventable deaths.

Bryhers
@Ralph Naderbolsinmattu
Jarman himself rejects the attribution of unnecessary deaths and it was his evidence you used. All we can say with certainty is it was likely the culture at Mid Staff produced excess deaths which would satisfy a statistician but not a judge. Nor does Francis make such an attribution but concentrates on culture and organization.

Stuart Oldham
@Ralph Naderbolsinmattu

So is Yeates now in prison..... as he obviously has blood on his hands?

Ralph Naderbolsinmattu
Martin Yeates was quickly retired, on enhanced benefits and pension due to ill health and declined appearing at the Francis review. In the meantime his chums fixed up a job as CEO of an alcohol charity. The uproar when this emerged, to ill to give evidence but well enough to work meant he had to resign from the alcohol charity. After Gross Negligence Manslaughter was proven at Mid Staffs he was not even charged. Go figure!

Geoff
Am I alone in thinking that even the four hour target is an awful long time if you are sitting in A&E in real pain?
NB My father waited 11 hours to be admitted in November when it was suspected he was having a series of mini strokes. He is over 90 and could easily have died or suffered permanent damage. Once admitted the care was good but there was no hurry to discharge him. He wanted to leave, the family wanted him to leave but the hospital took a week longer than necessary to coordinate two departments to complete a simple test. The staff responsible for this and the lengthy discharge process operated as if they were oblivious to the crisis in the admissions area. That is poor basic management, and the people that suffer are not just the patients but the very overstretched and caring staff in the admissions area.

Gerry Mander
4 hours has no clinical significance whatsoever, as clinical staff have been saying since the target was introduced. This has fallen on deaf ears. It is an arbitrary period of time that primarily serves the needs of politicians but affected real patients who would sometimes be inappropriately admitted to an inpatient bed or sent home at 3hrs 59 mins in order to appease the manager with the clipboard screaming "he's about to breach", while other patients in greater need waited to be attended to because they were further away from the magic time.

Hem Laljee
NHS was established in 1948 on the Welfare basis where every one contributed according to their means. It used to be well balanced until Mrs. Thatcher introduced Business approach with managers and Chief Executives at the helm. Most of the countries you mention is based on Health Insurance based with profit at the top end. All the working population contributes so what happens to the money? Like Road License fee it disappears.

Mark Slater
Danny Finkelstein made a point a few weeks ago about reciprocity. 
http://www.thetimes.co.uk/edition/comment/why-the-left-will-never-understand-populism-0n7rk3wr

It goes to the heart of the problem with the NHS. Let's say that the government raised income tax by 5% and reduced the tax free allowance by £2k across the board to pay for better NHS funding.

Does anyone actually believe the NHS would spend the extra money delivering better services and provide meaningful guarantees about healthcare? Or would NHS bigwigs pay down debt, hire more consultants at vast expense and give overpaid doctors another inflation busting pay rise? Then start another overspend ending in cuts and more rationing?

If we are to pay more for health, we should be able to expect something for it. That's reciprocity for you. Perfectly reasonable and utterly normal in other health systems.

But the NHS simply cannot and will not provide such a basic understanding with those its supposed to serve. For that reason it is not fit for purpose.

Bryhers
@Mark Slater
Yeah Yeah.

RPS
When did doctors get an inflation busting pay Rise?!

Nigel Boyle
All the fly on the wall documentaries say the same thing. If those sufficiently well were to leave the hospitals then the hospitals
would work. It is social care outside the hospitals that needs fixing; then the NHS will be in a better place and possibly thriving/

Centerish
@Nigel Boyle The whole issue of social care is extremely thorny. Somehow, millions of people have decided that they will not provide for themselves in late old age, or if they do, that they expect frequent and expensive home visits from state employees or similar in order to survive. And then there are millions more who have had to or will have to sell their assets, including their homes, without option. There have been several high level reports on what to do about this tangled social mess. All of them seem to founder (even the ones making quite mild and sensible recommendations) on cost. The cost issue has two dimensions. First, the cohort that has been led to believe that its contributions and taxes entitle it to 'free' care needs to be looked after. No government has ever spelled out to them that their financial input in effect looked after the generation above, not them. That will be very expensive for the middle aged taxpayer but there is no other choice. The second is what to do longer term. Some kind of additional and this time genuine old age insurance is needed. That will also be expensive because it is an additional layer on top of personal pensions - that a lot of people simply don't have. So living standards will fall in middle age to support people as they move towards the end of their lives.

**We do this sort of thing very badly in the UK.** Our state pensions are the lowest in the EU. How did that happen? We fund social care so badly that its deficiencies are gravely affecting our health care. Why is that allowed to happen? Is no government sufficiently
confident of its standing that it can resolve these fundamental issues?

Mr Ian Lewis-Hinde
@Nigel Boyle  It not just that. Patient responsibility is also in great need of being revived. people go to wrong places, especially A&E for their treatment just because frequently in easier, they talk risks with their health, alcohol, drugs etc ., they miss appointments in significant numbers and much more.

Dr. Helga Lees
Ah, but Brexit will plug the financial holes by the time we have negotiated our exit to death.

Go to any European country, even the newer ones from the East and you will be looked after, as and when you need treatment. We are fast progressing towards third world conditions.

Donald Stickland
@Dr. Helga Lees ... due to excessive immigration into UK under Labour's Blair etc ?

Bryhers
@Donald Stickland @Dr. Helga Lees
Immigrants tend to be young and healthy not old and sick. You are talking nonsense

OldVic
@Bryhers @Donald Stickland @Dr. Helga Lees They (immigrants) are fecund and breeding faster than the indigenous population. They are bringing in their elderly relatives or sending funds back to the country of origin. Not all factors are being taken into account by politically motivated experts - very un scientific;
as politicians! Where are the base lines and the comparisons with what matters to those who formed and maintain the various provisions?

May we have objective assessments please if we are to advance the argument and make progress.

Donald Stickland
@Bryhers @Donald Stickland @Dr. Helga Lees ... and are those same ... *Immigrants*  
*always* young and healthy not old and sick ... when they stay in UK?

*You* [were] *talking nonsense*, Bryhers, baby.

Bryhers
@OldVic @Bryhers @Donald Stickland @Dr. Helga Lees
All for objective assessment. Those I have seen show net migrant contribution to the exchequer exceeds their social cost.

Bryhers
@Donald Stickland @Bryhers @Dr. Helga Lees
Generalizations based on statistics are averages so let me rephrase what I said so it is unequivocal. On average migrants are young and healthy and come here to work. The claim they are a burden on the NHS when they pay more tax than they receive in public services is a get out. The elderly care crisis is due to political agency, especially cut in LA funding.

Lucy's dad
@Bryhers @Donald Stickland @Dr. Helga Lees Proof or evidence, so the young don't have health issues, involved in accidents or violence?
seen it all
@Bryhers @OldVic @Donald Stickland @Dr. Helga Lees You have seen nothing

seen it all 3

@Lucy's dad @Bryhers @Donald Stickland @Dr. Helga Lees Or drugs? Druggies fill up the A&E

THERESE PRIEUR
I do not see a lot of elderly EU migrants in hospital wards and GPs waiting rooms.
THERESE PRIEUR
Objectively as a GP when it comes to EU migrants I have in mind only 2 young ppl having what I call serious issues. Otherwise it is mainly gynaecological and paediatrics. Regarding violence to which you mean rightly trauma, accidents this is more the domain of A&E. Otherwise my older EU migrants are elderly spouses of British born citizens having lived decades in Britain and having become British citizens too. When it comes to non EU migrants yes they have more children. And they have more older members of the family with them. Just like in British born OAPs the older you are the more chances you have to develop cancer diabetes and all the cardiovascular vascular sequences. Do they have more health issues. No. But they certainly have a lot of expectations.

Lucy's dad
@Donald Stickland @Dr. Helga Lees 4,000,000

Lucy's dad
@Dr. Helga Lees Been to Greece or seen the A/E queues in Spain recently, I've seen them.

Dr. Helga Lees
@Lucy's dad @Dr. Helga Lees Yes to your comment on A-E, but I referred to the horrendous waiting times here for hip-replacements etc. as well as many other procedures for which you get treated reasonably quickly in EU countries.

Lucy's dad
@Dr. Helga Lees @Lucy's dad When you had CCGs and prior to that PCTs paying for operations that never happened in particular as the cases where bulk bought from the ISTCs, that's where some of the money went. You also have patients requiring surgery with multiple co-morbidities who require a longer recovery period.

seen it all 3
@Dr. Helga Lees @Lucy's dad Only if you supply your credit or debit card

seen it all
@Dr. Helga Lees However regardless of whether you have EU insurance or not they will not treat you without a credit or debit card

Swinley Bottom
Paying 10% of the costs (insurance pays the rest) and 100% of the first £250 (one can opt for a higher figure versus lower premium), makes people in Switzerland think twice before running to the doctor/chemist. NB. the very poorest in society can, with some difficulty, reclaim that. Seems no country has found the perfect system, but basic economics - cost at the margin zero implies infinite demand - indicates the NHS system is unsustainable, not to say crazy.
Crista Lyon
Charge the heaviest users, i.e. pensioners, on a means tested basis, deducted from income, pension or other. Start compulsory payments into care fund for all adults, ten quid or so monthly. Both measures are done on the continent, where medical and social care is in much better shape. No whinging there as to "we already paid N.I. in our working lives.." You need care, you pay towards it.

Lucy's dad
@Crista Lyon Are you retired or just an immature youth?

Iolar Mara
@Crista Lyon
Fat children, not the elderly, are fuelling the NHS crisis, a leading doctor has said.
Lord McColl of Dulwich, a former surgeon, said "grotesque" changes to the nation's diet were putting needless pressures on health services.
The intervention came as leaked documents showed Accident & Emergency patients in England experienced the worst month of delays this winter in the 13 years since the four-hour target was introduced.
Provisional data passed to the BBC says a record number of patients spent longer than the target time waiting to be seen in A&E in January.

The Telegraph

Otto Leipzig
@Iolar Mara @Crista Lyon You believe stuff published by the BBC and the Telegraph - oh dear.
Iolar Mara
@Otto Leipzig @Iolar Mara @Crista Lyon
You stick with The Sun Otto!
Professor Don Berwick who is advising the Government, spoke of a "Tsunami" of Type 2 diabetes, particularly amongst the young. That is what is swamping the NHS!

MJHH
It is interesting that in the fifties the governments of the day recognised that there would be a bulge in the population of older people needing care this century. This has been foreseeable ever since, but no government of any persuasion has done any planning to meet what is now a crisis. This shows the unfit for purpose election system in this country, where, whoever gets in only thinks in terms of five years. What can they do to get re-elected? A government elected under proportional representation would be able to look at the long term needs of the country, not just the short term needs of the party. If our Prime Ministers and MPs had had any gumption they would have pressed for this after the war and not allowed us to suffer the existing system for so long, and for the foreseeable future. If you plan for the future, you plan the funding of the changes you want as well, and we wouldn't have had government give aways in tax breaks just to win votes.

Lucy's dad
@MJHH No government ever planned for the baby boomers like me retiring from the NHS either.

Alan Thorpe
They have to find a different way of financing health care but nobody dares to discuss it. Some treatments should be made private
only and others such as injuries from sporting activities should be through insurance. They must make a start on changes as quickly as possible.

OldVic
@Alan Thorpe Totally agree; there are parallels; make the polluter pay. There is so much money involved in sporting activities and other high risk activities and much subsided by those who should know no better. To put it bluntly, I suggest those with a death wish should pay for their own funerals; metaphorically speaking.

Ken Adams
The NHS is DOOMED I tell ee. Bloody doomed. If only by the egocentric, grasping lot that are supposed to be running it, and I don't mean the Minister.

Ralph Naderbolsinmattu
What no more lumpy gravey and honors for being useless and overpaid. Surely shom mistook??

Ali Murray
Leaving elderly patients thirsty had nothing to do with money & this was well documented.

I repeat that clinics are overstaffed because of negotiated staffing ratios with the unions. If the staff are so keen to improve care (if it is about money), why not stop ICU qualified nurses doing workless shifts at clinics?

Staff are not enthusiastically pursuing a more efficient process. In fact it is more like work to rule, as every failure turns up the
pressure of the inefficient money hose. This is often politically motivated and led.

Conservative strategy is that the NHS needs to be neutralised politically by means of much higher taxes, money which could be more productive elsewhere in the economy. However, this is increasingly unsustainable and close to a harsh meeting with reality.

RPS
We have the fewest numbers of doctors and nurses per capita compared to most western systems and you think we're overstaffed?!

Freddie Crawford-grundy
@RPS I certainly do not subscribe to that view. It is all of the "leeches" or admin staff who are bleeding the life out of the system. Check this example for yourself at an NHS board near you. The latest initiatives for 2017 are broadcast to great fanfare & support of the good & the great.. The subtle point is that this is to hide that last year's initiative failed to deliver, the year before is running late & several other great ideas of yesteryear have quietly been dropped. The dedicated professionals, increasingly frustrated are having to support an army of bureaucrats usually on bombproof contracts. That Mr Hunt is the real NHS at work. (& play).
Give me the chance & I will prove the veracity of my comments.

Latest joke the chair of a board (known to myself) claims the title Dr, which he uses on all correspondence & newsflashes.. however his qualification is "honorary" although he never mentions that point.. the truth stranger than fiction...definitely!!