

## **The NHS is failing us, but we are failing it too**

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In October, Kit Yates and I wrote about how the NHS was facing its bleakest midwinter. [1] We highlighted how things were bleak and getting worse across the board, from emergency care, to secondary care, to primary care. Two months later and the situation has continued to worsen. Amid record waiting lists and full hospitals, there are rapidly rising covid hospital admissions and—for the first time in three years— hospital admissions for flu in England are matching those with covid-19. [2,3]. A recent large wave of RSV also added pressure and is only now declining [2].

Emergency care is grinding to a halt. Ambulance handover delays are getting ever longer. Pre pandemic the percentage of handovers taking longer than an hour (the target is 15 minutes) rarely rose above 5%. During the worst of the pandemic in January 2021, the percentage rose to 7%. Since the summer of 2021, emergency care has been increasingly stretched and as of this week almost a quarter of handovers take over an hour and this is getting worse, not better [4]. The longer handovers take, the worse it is for that patient, but also for the next patient waiting for the ambulance crew to help them. Meanwhile, the proportion of people waiting in A&E for more than 12 hours has risen from close to 0% pre pandemic to almost 9% in November 2022 [5,6]. Several hospitals have declared critical incidents over the past week [7].

At the most basic of levels—life and death—this has consequences. Paramedics report patients dying in the back of the ambulance waiting to be admitted or dying before the ambulance arrives, with average waits for suspected heart attacks or strokes now over an hour (18 minute target)[8–11]. This is borne out in the statistics even just going up to this autumn. West Midlands Ambulance Services reported 37 deaths caused by ambulance delays up to September this year, compared to 1 for the whole of 2020 [11]. How many patients survive, but are much worse off because of delays in receiving emergency care? The most basic contract between us and the NHS—that in our moment of need an ambulance will come and we will be cared for in hospital—is being increasingly broken.

But our government is breaking the contract too. That is to enable the funding, infrastructure, and long term investment to allow NHS staff to do their jobs to the best of their ability. Working in healthcare is becoming increasingly unbearable. One in 10 paramedics left the profession in the year to June 2022—more than were recruited. [12] Another 1 in 4 say they will leave as soon as they can find another job. [12] Paramedics talk movingly of the psychological burden of always feeling like they are arriving too late. [9] Sickness among healthcare staff is increasing [13] and 60% of paramedics report

experiencing bullying, harassment, or abuse while at work in 2021 [14]. No wonder so many wish to leave. The situation is barely better for nurses, where 1 in 5 plan to leave and there is an average shortfall of 17,000 nurses on any given day. [15] While 2022 has seen a welcome record recruitment of nurses to the NHS, persuading experienced nurses to stay is proving much harder with 1 in 9 nurses leaving in the year to June 2022 [15]. The unprecedented ambulance and nurses strikes show the level of unhappiness among staff and how concerned staff are about ensuring patient safety in a broken system.

Public satisfaction in the NHS peaked in 2010. [16] But the last decade has seen historically low levels of new funding for the NHS. As our population has grown older and sicker, demand for healthcare is outpacing any new supply. [17–19] Social care is crumbling, piling the pressure on the NHS to care for people who have nowhere else to go. [17] The government has actively disinvested in public health, with particularly substantial falls in realterm funding for tobacco control (41%) and drug and alcohol services (28%) since 2015, [20] further driving ill health and increasing demand for NHS services. A decade of austerity and continued poor mental healthcare provision has again only acted to make things worse [1].

There are no easy solutions. Even if we had unlimited money—which we don't—that alone is only part of the problem. Staff are burnt out, healthcare buildings, estates and other infrastructure are old and crumbling, population health is worsening. You can't just buy yourself out of those years of underinvestment. We too bear some responsibility for letting politicians of all parties get away with simplistic messages and empty slogans. We urgently need a grown up national conversation about our contract with the NHS and our commitment to our own population health. How much are we are willing to invest—and yes, meaningful investment would require more taxes from many? How will we balance investment between funding to fight poverty, fight the climate emergency, improve education or improve health? How do we allocate funding between treatment and prevention? Between social care and healthcare? In the short term, how do we balance what resources we have between emergency and chronic care? How do we improve the working conditions and psychological support for frontline NHS staff? These are questions that our leaders and government have to resolve, but we also need to be part of that national conversation.

The worst we can do is pretend that everything would be fine if only NHS staff stopped striking, or elusive efficiencies could be found, or that AI will come to the rescue or that everything would be fine if only a different government were in power. Before we can find solutions, we need to ask the basic questions about why our NHS is failing, acknowledge that the provision of care over at least the coming year will be meaningfully worse and discuss the difficult trade offs in determining where our priorities lie. The NHS may be failing us now, but we failed it first.

- 1 [Britain's winter of discontent is the inevitable result of austerity](#). Financial Times. 2022.

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