

## Pressures facing accident and emergency services

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House of Lords Short Debate  
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The British Medical Association (BMA) is an apolitical professional association and independent trade union, representing doctors and medical students from all branches of medicine across the UK and supporting them to deliver the highest standards of patient care. We have a membership of over 153,000, which continues to grow each year.

### Introduction

Accident and Emergency services are facing unprecedented levels of demand and are currently struggling to meet the waiting time performance target of seeing, admitting or discharging 95% of patients within four hours of arrival at A&E. This is mirrored by similar problems in General Practice where the high levels of demand outstrips capacity. Clinicians working in the NHS have been working hard, ensuring high levels of safe care are received by patients. However, the service is working under considerable pressure at the moment and solutions need to be found to ensure the NHS can continue to meet sustain safe and quality services for patients.

This briefing outlines the BMA's views on the pressures facing accident and emergency services.

### Key points

- **The BMA believes that the pressures facing accident and emergency services are symptomatic of a wider pressures within the NHS and require effective long-term solutions.**
- **There needs to be a sustained investment in the NHS, in both services and staff, a long-term solution to social care, and support for the delivery of more care in the community.**

### A&E waiting time performance targets

The recently published figures on A&E attendances and emergency admissions<sup>1</sup> highlight the considerable pressure which the NHS is currently facing. These figures show that waiting time target performance in England's A&E departments has dropped to its lowest in 10 years. The BMA has concerns that these ongoing challenges are placing patient care and safety at risk.

The NHS is experiencing unprecedented levels of pressure and struggling to cope with the sheer volume of patients. Growing pressure on services throughout the year has meant that hospitals have no spare capacity to deal with the winter spike in demand. These problems could be exacerbated if weather conditions worsen in coming months. The growing demand in A&E was once of the reasons cited by Circle health for pulling out of the management of Hitchingbrooke hospital in January 2015.<sup>2</sup>

The BMA is concerned that the increasing number of major incidents being declared at hospitals across the country will have an impact on the wider health system as it responds, and



provides assistance, to cope with added pressures. Hospital staff are also striving to meet a waiting time performance target of admitting or discharging 95% of patients within four hours of arrival at A&E. Whilst the BMA recognizes the important role of targets, clinicians believe that patients should be their primary focus as opposed to struggling to adhere to arbitrary targets.

### **Pressures in General Practice**

The situation in A&E has been exacerbated by the extraordinary pressures in general practice. GPs are offering 40 million more appointments than they did five years ago, but continue to struggle in the face of rising demand, falling funding and a recruitment and retention crisis.

A recent Public Accounts Committee report on healthcare funding allocations to local areas<sup>3</sup> highlighted that investment in general practice has been falling at the same time as patient demand has grown exponentially. Underinvestment is having a major impact on GPs' ability to cope with rising demand and the growing needs of an ageing population.

### **NHS 111**

The BMA believes that an effective telephone service that deals with out of hours and non-emergency medical enquiries is vital to reduce unnecessary A&E admissions. However, the current NHS 111 system is not a doctor or nurse led service. It is our view that this has to change to ensure that patients and the public get advice from a clinically qualified advisor.

### **Exit block**

The lack of availability of beds in hospitals is causing delays in patients being moved from A&E into acute care wards. This congestion is attributable in part to the reduction of the number of beds in hospitals and in part to the inability to discharge vulnerable patients, particularly the elderly, back into the community, due to cuts in social services funding.<sup>4</sup> Figures published by NHS England earlier this year highlight that for week 1 of 2014/15 there was an average of 3577 beds unavailable per day as a result of exit block, up from an average of 2524 over the past three years.<sup>5</sup>

### **Recruitment issues**

Despite the increased numbers of doctors working in the NHS, there are clear problems in the recruitment and retention of staff in emergency care and in general practice. The College of Emergency Medicine highlights that despite increased recruitment of trainee doctors in emergency medicine in 2014, less than 50 per cent of trainee posts were filled in the previous three years which has contributed to a shortage of doctors working in A&E. These shortages are being met in part by locum doctors, costing the NHS in excess of £120million per year.<sup>6</sup>

Difficulties in the recruitment and retention of doctors in general practice are also having an impact on the wider health service. In 2014, 10 per cent of the available GP training placements went unfilled, resulting in 388 vacant posts. A 2014 BMA survey found that almost six out of ten GPs said that they had considered early retirement with over a third actively planning for the decision.<sup>7</sup> It is crucial that the government prioritises workforce planning, tackling these recruitment and retention issues to ensure that the health service can meet the level and type of need required whilst delivering safe and high quality patient care.

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## References

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<sup>1</sup> NHS England, 6 January 2015, [A&E attendances and emergency admissions, week ending 21 and 28 December](#)

<sup>2</sup> Circle partnership, 9 January 2015, [A statement on Hitchingbrooke](#)

<sup>3</sup> House of Commons Committee of Public Accounts, Twenty-fifth Report of Session 2014-15 (December 2014) [Funding healthcare: making allocations to local areas](#)

<sup>4</sup> National Audit Office, 31 October 2013, [Emergency admissions to hospital: managing the demand](#)

<sup>5</sup> NHS England, 9 January 2015, [NHS England's winter health check](#)

<sup>6</sup> College of Emergency Medicine, 25 November 2014, [STEP Campaign: Rebuilding the emergency medicine service step by step](#)

<sup>7</sup> BMA, February 2014, [BMA quarterly tracker survey; An extract of responses from GPs](#)