

The never-ending n

Unfair, unsustainable, unsafe – the verdict of frontline doctors, who in a series of interviews with the BMA’s Peter Blackburn, give a harrowing account of providing care during the worst winter crisis in memory

‘There’s a constant niggle in your head – you come home with your brain ticking over and it’s very hard to get to sleep. There are still patients lying there in that corridor.’

For this emergency medicine consultant, whose voice cracks and breaks just recounting another day at work, the winter pressures crippling the NHS are more than just newspaper headlines or troubling statistics.

‘It’s really scary every day,’ says the doctor, who works in the north west of England. ‘We are frequently in a position of having every cubicle in emergency care full and having a queue of people in the corridor, and they are often very unwell.’

‘You can’t examine people there, you can’t really see how they are and you spend a lot of time going up and down that queue trying to make observations and speaking to paramedics.’

‘But you never really know how sick someone might be and what you might miss. There are people I thought would be OK and two hours later you get them into a ward and realise they could have arrested.’

‘If that was my Nan I would be horrified. And I’m making those decisions. It’s soul-destroying.’

‘You’re constantly worrying about what you might miss on the corridor.’

These hospital corridors were not designed to be places of life and death decisions – and these doctors were not trained to work in battlefield-like conditions.

The doctors contacted the BMA after we made an appeal for first-hand accounts of providing care. More than 160 doctors have so far used our online NHS pressures portal. We followed up some of

those who get in touch with the interviews which appear in this piece.

Well-being risk

Increasingly, this is the burden placed on frontline staff in the health service, and the unprecedented demands of this winter – the worst on record – have massively exacerbated what were once day-to-day stresses and strains of a very difficult job but now affect the health of doctors and the care given to patients.

As one clinical fellow in emergency medicine in the north east of England puts it: ‘My health has significantly deteriorated. Been trying to work through illness that led me to me being seen in my own emergency department while on shift (and then carrying on working afterwards). Been off work twice in the same month owing to severe health issues, causing more short staffing.’

He adds that he ‘leaves every shift terrified for my registration number, worrying about missing something, doing something wrong, or being blamed for someone else doing something wrong’.

The clinical fellow criticises the lack of senior support and leadership at his trust, believing they would ‘hang me out to dry’ if something went wrong.

It has left him feeling like a ‘clerking machine’, in a system which appears to care little for his well-being. And ever present is the spectre of legal retribution.

‘There’s always a worry about picking the wrong patient and where the

fault will be if you get it wrong or someone dies,’ the consultant, who, like many interviewed, said she feared reprisal from her trust if she gave her name, said. ‘Am I going to end up in a police station being interviewed, charged with gross negligence or medical manslaughter?’

‘There is no way out of this winter – it’s totally engulfing. I’m wondering if this can really be a long-term career choice. I wouldn’t pick this career again knowing what I know now.’

This doctor’s account is distressing. But this is not a special case. The truth is it’s just one of many similar stories across the country as soaring demand and crippling underfunding hit NHS, and staff, services hard.

Samir Lalitcumar, an elderly care specialist doctor at Upton Hospital in Berkshire, is all too familiar with the

‘It’s appalling. On a daily basis patient care is suffering owing to overcrowding. Increasing patient numbers and rota gaps mean safety is often compromised.’

Emergency medicine consultant, West Midlands

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personal impact working in an ever-tougher healthcare environment can have.

A combination of massive rise in demand – seeing patients with ever more complex and numerous conditions – and significant difficulties filling rota gaps and replacing senior staff left him stressed, burnt out, and unable to cope.

In January, Dr Lalitcumar started having heart palpitations and dizziness and was signed off work with stress until April.

'It's taken this to show just how much stress I am under,' he tells the BMA.

'I felt all alone – we were working so hard. It's just not realistic to cope in these conditions. Anything can happen and we are all afraid of what could

happen to us – doctors can be made scapegoats.'

Dr Lalitcumar adds: 'We doctors work and work and never think about stress. But that's a real problem. You will make mistakes.'

Berkshire Healthcare NHS Foundation Trust, which runs Upton Hospital, was approached for comment, but did not respond.

And Dr Lalitcumar is far from the only doctor concerned about his well-being.

More than 20 of around 160 doctors who provided the BMA with submissions regarding life on the frontline used the word 'stress' to describe their daily working life – and several talked about leaving to start a new career.

And these accounts do not just come from hospital doctors seeing the worst of

winter, but also from medical students, GPs and staff working in community settings and public health.

The litany of reports point to an unsafe, unsustainable health service being delivered at the cost of its workers' health.

We also heard from doctors who were working in orthopaedics wards converted to cope with spiralling demand in respiratory medicine, emergency care doctors unable to conduct basic assessments until hours after a patient's arrival and GPs left holding patients' hands with no ambulances available and staff working in crumbling buildings which have waited years for maintenance or renovation.

The reports and interviews also included community doctors comforting

patients terrified to go to hospital knowing they would face a long wait on a trolley, staff working in hospitals with no beds available anywhere and GPs with vacancies extending to years.

One doctor described the chaos as the 'constant struggle between resources and treating patients'.

Another simply said: 'Relentless pressure on appointments, phone calls and home visits. Exhausted.'

The BMA research also reveals several doctors considering moving to less-than-full-time roles or already reducing hours – and scores of frontline staff living in great fear of losing their registration, or even being pursued in court.

The problems across the frontline ...

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'Our emergency department is permanently overcrowded.'

Patients are also in the department for 12 to 16 hours frequently awaiting beds.

Foundation year 2, emergency medicine, West Midlands

'We have extra capacity beds all over the shop and not enough staff to look after all the extra patients. Nearly every shift and nearly every on-call, we start the shift short-staffed. It's not sustainable. It's not safe.'

Foundation year 1 in respiratory medicine, Yorkshire

'Huge risks to patients on the corridor due to treatment delays. I am personally responsible for these patients and worried about potential harm they may come to as we do not have space to treat them. I feel my GMC number is at constant risk.'

Emergency medicine consultant, north-west England

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raise questions for the future – as well as concerns about the present. Across the country junior doctors have lost training opportunities and increasingly worry about whether they are entering sustainable careers.

One West Midlands core surgery specialty trainee 1 says, owing to rota gaps and massive demand, there was 'little time for training and feedback. As a surgical trainee I am unable to get to theatre on most days'.

And while patients have noticed a climb in waiting times, an increase in delays and, occasionally, a deterioration of care during recent years of starved resource and climbing demand – the crisis in the NHS is sapping the morale of doctors and claiming their well-being.

An East Midlands GP – who wished to remain anonymous – told *BMA News* he was one of many who had suffered burn out, and had to take time off from work.

At his surgery each GP looks after more than 2,500 patients and the waiting time to see a doctor is at least four weeks. Patients are frustrated, doctors are managing expectations, and the situation is untenable, he says.

'I was mentally at a very low ebb at one stage but I recovered from that with a lot of support,' he says.

'I feel like a stock market trader stuck in front of the screen, dealing with correspondence, incoming phone calls, scans, emergency cases and organising referrals. I cannot see general practice continuing this way.'

It is a familiar story in general practice. GPs – traditionally the gatekeepers of the health service – are increasingly feeling like they are fighting for survival rather than providing an expert, and knowledgeable, first port of call.

Overdrive all the time

A GP from the south west of England says she has already hatched plans for an alternative career because the 'sheer volume of work no longer feels safe'.

For the experienced doctor, the number of interactions and processes needed every day was too much to cope with – and she has already dropped from nine locum sessions a week to four, to try to keep up.

'It's absolutely gutting,' she told *BMA News*. 'We all believe in the NHS but we are all being let down. There was a time when you had the potential to work extra hard if something went wrong; to go into overdrive – but that's not possible now. It's all the time.'

'It's a very claustrophobic, massively pressurised system to be in. You're doing 40 to 50 triage calls over the phone a day and nobody trained to do that.'

She adds: 'I just don't want to do it any more – I could be in jail with a criminal sentence or have to live with the fact that I made a wrong decision because I had complete brain fog. Is it worth the personal cost?'

'We all went into this for the human interaction, to do a bit of good. But now you're just dealing with people over the phone and those instances of having a good case that makes it all worthwhile are more and more infrequent.'

While hard to hear, the stories are not particularly surprising given this has been a political crisis played out in the public eye.

This year the situation was so drastic that NHS England told hospitals to delay any non-urgent operations for a month – leaving patients frustrated and in pain. In total around 55,000 procedures are thought to have been cancelled. The procedures resumed, with a significant backlog at the beginning of February.

In January a survey of BMA members, thousands of doctors across different specialties found that 71 per cent of hospital-based staff had rota gaps in the department where they worked – and only 17 per cent of doctors felt valued by the government and politicians.

And just last week health secretary Jeremy Hunt admitted the situation was 'unsustainable' – as new figures revealed hospitals across the country are still operating at unsafe levels with 95 per cent of beds full, on average.

It is often in emergency departments where the strain is particularly apparent.

The latest data for the month of January shows more than two million patients attended emergency departments during the month and 526,000 emergency admissions – the highest number of emergency patients admitted to hospital since records began.

During the month records were also set for trolley waits. In total 81,003 patients were left waiting for four hours on trolleys and 1,043 waiting for 12 hours. And just 85 per cent of patients who attended emergency care were seen, admitted or discharged before the four-hour target.

BMA council chair Chand Nagpaul describes the figures as highlighting the 'sustained and extreme pressure' on the NHS.

Unprecedented numbers

NHS Confederation chief executive Niall Dickson adds: 'The scale of what the system is dealing with is without precedent – hospitals had to deal with more than half a million emergency admissions last month, a record and almost 7 per cent higher than last year.'

'Toxic,' is how one emergency medicine consultant describes the situation in his department.

DICKSON:
Situation
extreme



'We are being asked to work ever-longer hours and just expected to do it. When we were on call we were not just being told to stay in for major trauma calls or things like that but to stay if we weren't hitting standard performance targets – now everyday problems.'

The consultant says he and colleagues have also felt pressured to 'fudge' performance figures. He said he was asked to take 'rapid handovers' of patients arriving in the emergency department and arrange diagnostics for them or give them prescriptions, without the time and space to make proper assessments.

The consultant says he has also been encouraged to push 'inadequately reviewed' patients into a 'clinical decisions unit' where the clock for performance targets stops.

Despite raising concerns about these issues – and rota gaps being filled by less qualified staff with no emergency department expertise – with his trust the consultant says he was ignored amidst a culture of 'bullying, aggression and fear'.

'The quality of care has not been good,' he says.

'You are not doing the right thing, you know it does not feel right, you have scores of patients who really need treatment but you are not given the resources to do it and you aren't supporting people in the way they need.'

He adds: 'It makes me feel overwhelmed. You end up taking these feelings home even though you don't want to.'

There are few specialties which have not been touched by the crisis.

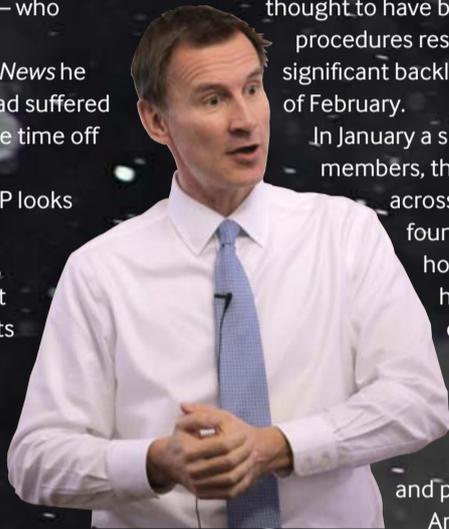
A consultant radiologist in the north-west of England said her workload had become 'untenable' during the winter and she has even had to take a day off work every week using annual leave to be able to cope.

'There is a massively increased demand for imaging which we struggle to keep on top of – how do you prioritise what is most urgent for reporting, and you have constant phone calls and colleagues checking things with you. It's very difficult to keep concentrated and it results in errors being made.'

She adds: 'I have had good spells and bad spells. I like what I do and I like my sub-specialty interest but when you're dealing with several things at once because there's not enough staff to cope it's not safe. You can't cover an ultrasound while reporting on three other scans. I do always have an overwhelming sense of impending doom at the moment.'

'It's very hard work, it's very tiring.'

'There's a constant fear of making a mistake.'



HUNT: 'Situation unsustainable'

Voices

'Horrendous. Work permanently short. We are cutting corners. Things done.'

Clinical oncology

'Two dates in last year. junior covering was registrar in post for'

Junior clinical fellow, care of

'I have stopped working as a partner or salaried. manage the clinic working as a locum'

'ITU running at very high occupancy rates. discharging ITU patients wards. At times di'



'More unsustainable'

From the brink

patients with complex needs home directly from ITU. After surgery, recovery dangerously full at times having to recover patients in theatre.'

Clinical fellow, anaesthetics, East of England

'Due to bed waits the department is often full. This leaves no room to put new patients so assessment is sometimes done in areas which are not ideal. As a senior doctor this makes shifts increasingly stressful.'

Specialty doctor, emergency care, North East

'We have been asked by management to take on patients we are not competent to manage to take pressure off acute medical admissions.'

Cardiology consultant, North East

'ED overcrowding makes most EDs unsafe for a bulk of working hours. Pressure to offload ambulances into overcrowded departments with no prospect of beds appearing on wards is unsafe.'

Emergency medicine consultant, North West

Find out more about the pressure the NHS is under at bma.org.uk/nhspressures



'Our NHS at risk of collapse'

Delivering care in unsafe working conditions under threat of being struck off in one of the 'world's greatest social contracts' is unacceptable, argues BMA council chair Chaand Nagpaal

The statistics have been stark, the newspaper clippings have made difficult reading and the anecdotes of friends and colleagues have been tough to hear during recent months.

Revelations from the frontline further expose the true extent of the chaotic and challenging conditions staff have faced in England's NHS during the service's worst winter on record.

While politicians struggle to drag their focus away from Brexit obsession, doctors and healthcare staff across the country have desperately fought to keep the NHS afloat, somehow managing to provide high-quality and crucial care to millions of patients in utterly unacceptable conditions.

Even today, eight

weeks into the New Year,

hospital doctors are being forced to make life-or-death decisions in corridors and waiting rooms converted into wards; GPs are working 14-hour days juggling unsafe patient lists and medical students and junior doctors are looking ahead to decades working in a health service under crippling strain, wondering how long they will last until they burn out.

Criminal charges

This is simply unacceptable. It is unacceptable for doctors to worry about losing their registration or face criminal proceedings as they go through their daily work – in case the pressure on the system forces a costly mistake.

It is unacceptable for patients to fear admission to hospital worried they may be stuck in corridors waiting hours for the treatment that could take their pain away.

It is unacceptable that our NHS – one of the world's greatest social contracts which binds our communities together and promises healthcare free at the point of use for us all – should be

at risk of collapse with little more than the goodwill of committed staff holding it together.

This showcase of the real stories of many doctors on the frontline sends an urgent message. The message is that the crisis in our health service cannot be ignored any longer. It is time for solutions. It is time for action.

Public confidence

First and foremost, the Government and health leaders must act immediately to bring about a funding solution which takes account of the importance of the NHS – and its place in the hearts of the public.

The BMA is demanding that in England the Government plugs the £10bn funding gap that separates us from EU averages.

After all, this is not just a number, £10bn could transform services by paying for 35,000 extra beds or 10,000

more doctors. Swift action to mitigate against

dreadful cuts in social care would also have a dramatic impact on the performance of the health service – and the experience of patients, with care packages desperately needed for those medically fit to leave hospital.

Perhaps most immediately a change in attitudes is vital. Staff across the country feel – and are – undervalued and underappreciated and hospital managers and commissioners face intimidation and bullying from those above them in the health service hierarchy. This must change.

Goodwill

A successful NHS requires the goodwill of frontline staff, but it cannot abuse that goodwill, as it has for so many years. It also requires the headroom for managers and doctors to innovate and collaborate.

It cannot thrive while central leaders have their boots on its throat – drawing up unthinkable control totals, rationing care and cutting services.

Our NHS is in danger of crumbling under the pressure.



NAGPAAL: 'The crisis in our NHS cannot be ignored any longer'