

FTN calls for action on A&E 15/05/2013

Commenting on the current state of accident and emergency services, Chris Hopson, Chief Executive of the Foundation Trust Network, said today:

“A&E services have been under huge pressure and although performance is now stabilising, there is a danger the system will fall over in six months’ time unless we plan effectively for next Winter.

“A&E units are facing three main problems.

“The number of people attending A&E is rising in many places and even where the increases are small, the number of frail elderly patients with complex conditions is increasing so more patients are being admitted. Hospitals are already running close to capacity in winter so small changes in the number of patients needing to be admitted creates major problems.

“The wider NHS system isn’t working effectively. Patients can’t get the GP appointments they need, many doctors out of hours’ services aren’t working in the way they should and patients simply don’t know where they should be going to get the right emergency care. So up to 30% of people in A&E shouldn’t even be there in the first place.

“The way the NHS pays hospitals for admitted A&E patients is broken. Under current rules, if a hospital admits more A&E patients than it did five years ago, they only get paid 30% of the cost of treating those patients. Two thirds of hospitals are admitting more patients than they did five years ago, some as many as 40% more. This means re-opening wards and employing more staff to cope with this extra demand. Yet hospitals only get paid 30% of these costs. Some are losing more than £5 million a year as a result, on top of the 5% savings they’re already being required to make. This can’t be right.

“The plan announced by NHS England last week is a good start but we need the Government and the NHS to clearly commit to four things now.

“First, we need to stop blaming hospitals for what is a whole system problem. The four hour A&E wait target isn’t just a measure of hospital performance, it’s a thermometer for the whole urgent and emergency care system.

“Second, whilst the plan was right to highlight the importance of each local NHS coming together to plan for next Winter, it was too vague about the resources that will be available. Hospital, ambulance and community service trusts need to plan with certainty. We need to know by end June at the latest exactly how much money will be committed from the NHS’s risk reserves to addressing what Jeremy Hunt has correctly identified as “the biggest operational problem facing the NHS”. We also need a guarantee that the NHS will use its risk reserve to allocate the funding required by each area even if that area is facing a funding shortfall.

“Third, we need a commitment that the NHS will abandon, as quickly as possible, its current approach of only paying hospitals 30% of the cost of treating some admitted A&E patients.

“Fourth, we know that the current model of urgent and emergency care is clinically and financially unsustainable. NHS England has already done good work on developing a new model. We need Jeremy Hunt to commit to completing and then implementing the results of that work as quickly as possible, even though it’s likely to involve difficult decisions in the run up to the General Election. These include re-looking at the GP contract, reconfiguring some hospital A&E Departments and investing more in community facilities”.

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