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## ACUTE PERSPECTIVE

## David Oliver: Hospitals are not “half empty”

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The pandemic has seen a recurring assertion in mainstream and social media that hospitals are empty. The implication is that earlier concerns about hospitals being overwhelmed were exaggerated or that clinical staff are workshy, while managers are incompetent or complacent about patients without covid-19 awaiting treatment. But the current low, if steadily rising, numbers of inpatients with covid-19 don't mean that hospitals are hibernating.

The *Daily Telegraph* reported recently that hospitals were “eerily quiet” and “literally half empty.” If you work in acute general hospitals it's hard to read this stuff and not get upset. Members of the public then engage in frustration with doctors, asking us to explain or defend this fake news.

I can see how the impression of “emptiness” might take hold for people who set foot in a hospital. They're not quite as full as they were before the pandemic, but there are valid reasons for this. For infection control and health protection purposes, we have very limited visiting. Some outpatient consultations have been moved to online or telephone. Lobby shops and cafes aren't running as usual. Car parks have spaces. Physical appointments, tests, and procedures are organised differently, to avoid crowded waiting areas or patient-to-patient transmission. But hospitals are not “literally half empty,” however much this is repeated.

NHS Wales reported on 1 October that bed occupancy in general and acute beds was back at 87%.<sup>2</sup> We're still waiting for NHS England's report for Q2 2020, but I've seen October data also showing rates of 87%. Attendances at type 1 emergency departments in September 2020 in England were around 13% lower and emergency admissions 9% lower than last year, but they're growing monthly.<sup>3</sup> With a second covid-19 surge now escalating and more infected patients attending or admitted once again—as well as a parallel push by NHS England for elective activity to catch up on a backlog of delayed work—teams around the country are noticing pressures on demand and bed capacity.

We're now into the usual seasonal surge of acute admissions for a host of other problems, including non-covid infection. Intensive care staff are gearing up for another potential rapid increase in their bed base, with NHS England issuing discharge guidance and additional funding to help move medically optimised patients from scarce acute beds to community health and social care support.

I'm hearing many reports of hospital wards or bays having to close because of proven or suspected covid outbreaks, with pressure upstream in emergency departments and beds taken temporarily out of

commission, which may then affect elective admissions for surgery and procedures. And escalation plans may again see hospitals organising front door streams and ward bases into “hot” and “cold” areas, to try to separate covid from non-covid patients.

The NHS entered the pandemic with one of the lowest numbers of acute beds per capita among developed nations<sup>4</sup> and was already struggling to meet waiting time standards for emergency departments, surgery, or outpatients. Overcrowding will be disastrous for infection control, but modelling from Edge Health, reported in the *Guardian*, suggested that over 100 hospital trusts in England would be overwhelmed, at 10% over usual capacity, if a second pandemic surge compounded the usual rise in seasonal admission this winter.<sup>5</sup>

Even the 90%-plus occupancy in general and acute beds pre-pandemic was too high for safe, flexible bed use, patient flow, and infection control, and it often left patients on trolleys in corridors or ambulances stacked outside.<sup>6,7</sup> It's surely not something to aspire to now. Nor do we want to return to large numbers of “stranded patients,” fit to leave but awaiting community services.

Finally, we must consider the impact on workforce availability when staff are sick, self-isolating, or awaiting covid-19 tests, in a system already struggling with unfilled posts. So no, hospitals are not “half empty,” and even when they're less full than usual there are very good reasons.

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