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NHS plans fail to address a system in crisis

Coffey's plans offer nothing of substance to improve recruitment, retention, morale, or productivity

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The government's plan to get the NHS through this winter offers virtually nothing of substance and shows that ministers are in denial about the scale of the crisis. In her first big announcement as England's health and social care secretary, Thérèse Coffey unveiled Our Plan for Patients. Having promised in the opening lines of the document that "we will not paper over the problems that we face," she spends much of the following 4000 words doing precisely

The overwhelming pressures on services such as ambulances, emergency departments, and primary care are presented as the unfortunate side effects of poor performance and bureaucratic barriers such as too few phone lines for GP surgeries and too little data sharing between ambulance trusts. At no point does Coffey reference the fundamental problem that there are too few staff to meet the high and growing demand from an ageing population.

One of the few solid commitments is £500m to restart support for discharging patients into the community through improved social care, including more staff. But this too is far from adequate for the size of the task, with 165 000 vacancies in England's social care workforce.² It also repeats the mistake—often made by the NHS itself—of treating social care as a hospital discharge service rather than a community care service. HSJ has reported that the £500m will come from existing budgets, so it is not new money.3

In an attempt to establish some credibility with the public, Coffey is trying to position herself as the patients' champion, standing with them in opposition to the shortcomings of the service that her party has overseen for more than a decade. Her pronouncements on primary care exemplify this approach, raising unrealistic expectations about getting a GP appointment while failing to provide the resources to make it happen.

The plan was met with derision by the King's Fund ("tinkering around the edges"),4 the NHS Confederation ("complete and glaring absence of a workforce plan"),⁵ and the Royal College of General Practitioners ("minimal impact").4 Perhaps the most caustic response came from former health and social care secretary Jeremy Hunt in the Commons, who said of the instruction that GPs should offer patients an appointment within a fortnight: "GPs alone have 72 targets. Adding a 73rd won't help them or their patients because it's not more targets the NHS needs, it's more doctors."6

Coffey's plan was released the day after a Care Quality Commission report on urgent and emergency care described it as a system in crisis, pointing out that, among many other failures, the mean average time

in April from 999 call until arrival at hospital for a patient who has had a stroke was 1 hour 54 minutes.⁷ Evidence published in *Emergency Medical Journal* in January showed that delays to patient admission from emergency departments cause additional deaths.8 Nothing in Coffey's plan comes anywhere close to tackling these issues.

Even allowing for the fact that she has only just started the job, Coffey's announcement was threadbare and inconsequential. There was no indication that she has grasped the scale of the crisis in either the NHS or social care, and she offered almost nothing of substance to improve recruitment, retention, morale, or productivity. It's going to be a long winter.

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