VIEWS AND REVIEWS

ACUTE PERSPECTIVE

David Oliver: What's wrong with being honest with the public about NHS pressures?

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In December I was on a conference panel discussing “How to save the NHS.” I said that we needed to be far more honest with the public and realistic about what the service can currently offer, given unprecedented demand, unfilled posts, and a widening gap in funding. We must make it clear to patients, I said, that they will often face longer waits in GP surgeries, emergency departments, and hospital clinics, and that they will be admitted to understaffed wards and often rushed out of hospital sooner than they might like, to free scarce beds for others.

The *Daily Mail* picked up on my comments, the subsequent headline screaming, “Top doctor slams A&E patients.”¹ That bore little relation to what I’d actually said. I have argued in *The BMJ* that we should never blame emergency patients.² But I stand by what I argued in my talk.

What I said to the conference was hardly novel. That same week, NHS England was discussing the inevitable slippage of waiting time targets and treatments after a budget that didn’t give the NHS the additional funding it needed,³ and NHS Improvement subsequently ordered suspension of routine surgery for winter.⁴ The serious gaps in every part of the healthcare and social care workforce are a matter of public record—not least in Health Education England’s draft workforce strategy.⁵

Deteriorating NHS performance across a range of indicators, and the growing gap between funding and the cost of treatment, have been set out clearly by the think tanks the King’s Fund and Nuffield Trust.^{6,7} Recently, emergency medicine consultants from 68 hospitals signed an open letter to the prime minister highlighting risks in services.⁸ None of this should be contentious.

I see no problem with NHS clinicians and managers being totally upfront about the sheer number of people coming through emergency departments every day, overcrowding and increasing delays, the unmanageable workload and pressure on GPs and ambulance crews, the crisis in social care funding, and the severe shortage of nurses or endemic gaps in doctors’ rotas. This is the lived reality for frontline practitioners. Of course it will affect

the experience of patients, as shown in a recent paper linking nurse staffing with patients’ satisfaction.⁹

But now our profession also has a statutory duty of candour and transparency when things go wrong—so, as individual practitioners speaking to patients and their families, we should also be rigorously honest. When formal complaints or concerns come our way, or when we face dissatisfaction with the service, that honesty is vital. In a recent story about a patient left on the emergency department floor for four hours at Hereford County Hospital, I was pleased to see the hospital being straightforwardly upfront about the impossible pressures the staff were under.¹⁰ More of this, please.

Formal NHS complaints are often copied to politicians. A candid, transparent response should be, “We agree, there aren’t enough staff, beds, or resources, and this is beyond our gift as practitioners to solve. Please write to your MP, the health secretary, or the prime minister—and copy it to us.”

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