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PRIMARY COLOUR

Helen Salisbury: A feeling of safety

Helen Salisbury *GP*

Recently, I consulted with a satisfied patient. An unexpected abnormality had shown up on a blood test, and further tests at the GP surgery led to an urgent referral to a hospital clinic. The patient was seen within a few days, more tests organised, and explanations given, with a promise of telephone follow-up and a treatment plan in 10 days. At a time of great uncertainty my patient reported feeling safe and looked after, knowing that the doctor she saw was fully engaged with her case and care.

As individuals, we aspire to be that clinician—the one who earns the trust of their patients and makes them feel confident that all of the right things are being done. We can't always cure, and our ability to relieve suffering also has its limits, but we should be able to reassure patients that we'll do all we can, that the very best of 21st century western medicine is at their disposal. This does still happen in today's NHS, but the fact that this consultation stood out in my mind shows how my expectations have fallen. That my patient received good care didn't surprise me, as I know that the doctors in our local hospitals are expert and attentive; it was more that the system had operated as it should, springing into action like a well oiled machine.

In other parts of the service, the combined effects of underfunding and understaffing—the latter exacerbated by covid absences and the Brexit exodus—have led to long delays for both social and health care.¹ Some of our outpatient clinics are barely functioning: another of my patients, who is in considerable pain, has had a follow-up appointment postponed twice, the date shifting into 2023.

Seeing the latest ambulance waiting times,² I understand why people may no longer feel safe: against a target time of 18 minutes, patients wait an average of 51 minutes for help to arrive after a stroke or heart attack. Some areas have reports of nine hour waits after a fall, and 13 hours before being seen on arrival at the emergency department.³ The reasons for these delays have been well rehearsed, one of the root causes being a lack of capacity in the social care system.⁴ There are logjams tailing back from medically fit patients who can't be discharged, through to the patients waiting on trolleys in the emergency department, out to the queuing ambulances that can't unload.

We have fallen. The question is, can we get up again? Can we reach a place where patients feel confident that our NHS will treat them quickly, safely, and effectively and that it will do the same for their relatives and neighbours?

In response to those who regard cracks in the health service as evidence that the NHS model is

fundamentally broken, I'd suggest that we apply some of the rules of the market to fix it. In this time of labour shortage, we could start by significantly increasing the pay of social care workers and see how quickly that unblocks the system.

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Patient consent obtained.

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- 2 NHS England. Ambulance quality indicators data 2022-23. 2022. <https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/ambulance-quality-indicators-data-2022-23/>
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