Surviving the new normal

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This week in The BMJ there is much reflection on the “new normal” of NHS services— that is, the reality of life after the first brutal years of the global covid pandemic.

The NHS was already struggling with underfunding and rising demand. Now it is in deep trouble. Before the pandemic almost no one had to endure protracted delays in hospital emergency departments of more than 12 hours, unlike the estimated 7% of patients attending in England now (doi:10.1136/bmj.02550).1 There were more elective operations and fewer patients having their operations cancelled. There certainly weren’t seven million people waiting for elective treatment (doi:10.1136/bmj.02574).2 And, of course, there weren’t any patients with covid; now there are well over 10 000 a day in England’s hospitals.

Before covid the number of doctors working remotely, although growing, was small. Now almost a third of GP appointments are remote, and more than half of physicians work remotely in some capacity (doi:10.1136/bmj.02127).3 Video and telephone consultations in mental healthcare were also not the norm, as they are now (doi:10.1136/bmj.02122).4

And before 2020 bold senior clinicians and executives would occasionally speak out about frontline pressures, voices that have been muzzled by the heavy handed news management from Whitehall introduced during the heights of the covid crisis (doi:10.1136/bmj.02571).5

This forced, pandemic induced change isn’t all bad news. Evidence is emerging that many mental health patients prefer video calls to attending clinics because it saves them time and money. For other NHS patients, such as those at Great Ormond Street Hospital for Children in London, remote appointments mean more clinical interactions than before the rollout of virtual visits (doi:10.1136/bmj.02127).3

Before the pandemic, Brexit also began. Without a resolution over the Northern Ireland protocol, the UK continues to be denied access to European research funding. The latest salvo has seen UK scientists shut out of important European meetings (doi:10.1136/bmj.02604).6 another reason for confidence in UK science to ebb away and for talented people to seek opportunities elsewhere. The lack of a functioning government in Northern Ireland, where patients can wait as long as 11 years for a hip replacement, creates further misery for patients and staff (doi:10.1136/bmj.02581).7

All the more need, therefore, for a government that recognises the scale of the challenge and has credible policy solutions. Instead the attention of this current government is elsewhere, fighting political upheaval of its own making (doi:10.1136/bmj.02595).8 Good leadership exists: it is evident in the Health and Social Care Committee’s report on the future of general practice (doi:10.1136/bmj.02544),9 for example, and in the counsel of individual “wise” doctors (doi:10.1136/bmj.02570).10 But this is no substitute for strong national government. And for the NHS, staff, and patients to cope with the new normal, ministers’ attention is urgently required.