By failing older people we perpetuate the health service crisis

Kamran Abbasi editor in chief

The numbers speak for themselves—and yet they don’t. Over seven million people in England waiting for NHS treatment; 38 000 people in one month waiting for more than 12 hours for admission to a hospital bed, when it was 1000 people waiting in the same month two years ago; primary care short of 42 000 full time equivalent GPs; and deaths running 20% above the five year average (doi:10.1136/bmj.p88).

Yet behind each statistic more than one life is affected. Each waiting list delay, each prolonged admission or deferred GP consultation, each hunt for a social care bed, each excess death, each overworked shift in the health service is more than one life affected. It is a family, a friendship circle, a care network, a working environment, a society being stretched to its limits. Away from the numbers, beyond these horrific statistics, lies a burden that is undocumented and hidden. People in power, today’s aristocrats, seem oblivious to the statistics and even less concerned with the lives being disrupted behind each number.

Primary and secondary care staff across the UK talk of unprecedented pressure, of exhaustion, and of the unbearable burden of delivering suboptimal care in one of the world’s richest countries (doi:10.1136/bmj.p11). Training is in tatters (doi:10.1136/bmj.p116). A doctors’ strike is imminent (doi:10.1136/bmj.p95). A decade of “managed decline,” as featured in a government commissioned report (doi:10.1136/bmj.p71), is exacting a harsh toll. Of course, there can be improvements in clinical practice and processes, but the clear sense from voices at the front line of the health service is of a system-wide collapse.

Amid this mayhem, staff bring solutions: ideas to tackle the immediate and medium term challenges they face (doi:10.1136/bmj.p88). They bring self-sacrifice, although self-sacrifice isn’t a viable long term strategy (doi:10.1136/bmj.p41). Methodologists bring new concepts, such as clinicians’ time needed to treat (doi:10.1136/bmj-2022-072953), that will allow better workload management. People also cling to hope that, as Helen Salisbury describes, “the year will turn, the viruses will retreat, and all governments eventually fall” (doi:10.1136/bmj.p111).

The toll falls mostly on vulnerable people, especially older people. More than any other group they have become mere statistics. Bed blockers in hospital and bed blockers in social care—whether another older person dies in social care, in hospital, or at home, it has regrettably become just a number. We must ask ourselves whether as a society we are offering older people the care, dignity, and consideration they deserve.

Older people are the most vulnerable to covid-19 and other respiratory infections; they are the most affected by waiting lists and delays in emergency departments; and they may well benefit the most from a properly functioning primary care service. Even as the clinical features of covid evolve (doi:10.1136/bmj.p3), delirium in older people remains a clinical challenge that is hard on patients and prolongs hospital admissions.

Resolving the NHS crisis, therefore, requires a sharp focus on care for older people (doi:10.1136/bmj.p97). And that focus involves a greater deal of complexity than simply providing an exit route from hospital care (doi:10.1136/bmj.p83). The numbers here do speak for themselves. A real terms funding cut of around £20bn across the NHS and social care is being met with a sticking plaster of anywhere between £200m and £500m (doi:10.1136/bmj.p71).

Unlike All’s Well that Ends Well, Shakespeare’s examination of the “love-hate relationship between medicine and the aristocracy” (doi:10.1136/bmj.p104), as things stand, all may not end well.

1 Stokel-Walker C. What can be done to ease today’s pressures in the NHS? BMJ 2023;380 doi: 10.1136/bmj.p88
2 Iacobucci G. Doctors in England say workload is unsustainable, as pressure hits morale. BMJ 2023;380 doi: 10.1136/bmj.p11 pmid: 36646460
4 Banerji C. Northern Irish medics speak out: “It feels like we’re going to war”. BMJ 2023;380 doi: 10.1136/bmj.p91 pmid: 36634958
5 Christie B. Pressures in Scotland: Dignity is a luxury and fatigue runs “bone deep”. BMJ 2023;380 doi: 10.1136/bmj.p79 pmid: 36639165
6 Richardson J. Doctors in Wales: “can’t see end in sight” as urgent care only becomes norm. BMJ 2023;380 doi: 10.1136/bmj.p119 pmid: 36634940
7 Mahase E. Training is in tatters as doctors prioritise urgent care and discharges. BMJ 2023;380 doi: 10.1136/bmj.p116
8 Iacobucci G. Industrial action looms for junior doctors after BMA talks to government. BMJ 2023;380 doi: 10.1136/bmj.p95 pmid: 36634932
10 Raven D. The NHS crisis shows the self-sacrifice of staff can no longer prop up the system. BMJ 2023;380 doi: 10.1136/bmj.p41 pmid: 36609406
14 Gordon AL, Dhesi J. Resolving the health and social care crisis requires a focus on care for older people. BMJ 2023;380. doi: 10.1136/bmj.p97 pmid: 36639153
15 Oliver D, David Oliver: Will block purchasing care home beds solve the urgent care crisis? BMJ 2023;380 doi: 10.1136/bmj.p83 pmid: 36634959
16 Launder J, John Launder: All’s well that ends well? BMJ 2023;380 doi: 10.1136/bmj.p104 pmid: 36649963