



Royal College
of Physicians

Coleg Brenhinol
y Meddygon (Cymru)



Feeling the pressure

Patient care in
an overstretched
NHS in Wales

**Mission:
Health**

April 2017

‘It seems to get worse, year on year. This January has certainly been worse than I’ve ever seen it and I worry that we won’t be able to sustain things for much longer.’

Consultant physician in acute medicine, NHS Wales

The Royal College of Physicians (RCP) recently ran a snapshot survey in which we asked our members to tell us about their experiences on the front line. Across Wales, consultant and trainee physicians are working at the hospital front door and on the wards, managing acutely sick patients across 30 medical specialties, including diabetes, stroke, cardiology and respiratory medicine. These physicians are leading the multidisciplinary care of thousands of people every day, working with colleagues in primary and social care to put patients at the very centre of our NHS. Despite their hard work, these doctors are struggling to cope.

In all our hospitals, we are now seeing the impact of a historically underfunded social care system. We must transform a fragmented NHS by improving joined-up planning across health and social care. Above all, we need to give front-line clinicians – and their partners in social care – the time and space to innovate, and the freedom and support to step beyond organisational walls.

Keeping patients safe



Patient safety. More than half of respondents told us that patient safety in their hospital has deteriorated over the past 12 months.^a

‘An increasing demand [alongside] an increasing lack of beds means that patients are often nursed on trolleys in the A&E corridors. It is also often very difficult to find a suitable space in which to see a patient, meaning that they wait longer to be seen. Two years ago, several community beds were closed by the health board, which has also exacerbated the situation.’

Consultant physician in acute medicine, NHS Wales



Bed closures. More than one-third of respondents told us that they had experienced bed closures in their hospital in the past 12 months, despite demand being high.^b

‘Bed numbers have been reducing steadily, with the result that patients are often sent to unsuitable locations or inappropriate wards. Staff shortages (affecting not only numbers, but also the skill mix) and the pressure to discharge patients further contribute [to the challenge].’

Consultant physician in geriatric medicine, NHS Wales

^a 49 of 94 respondents

^b 34 of 94 respondents



Understaffing and workforce morale.

Four out of five respondents told us that they had experienced staff shortages across the team in the past 12 months,^c and three-quarters told us that the NHS workforce is demoralised.^d Three in ten respondents told us of their concerns that this had contributed to lower-quality patient care.^e

‘We already have fewer than the recommended number of consultant oncologists. In 2016, we advertised posts and had no applicants. I am pessimistic regarding the ability of the health board to fill vacant consultant posts. With the increasing complexity of treatment for cancer, our services will be stretched to the limit.’

Consultant physician in medical oncology, NHS Wales



Demand for services.

Almost three-quarters of respondents said that there had been a big rise in NHS demand in the past 12 months.^f

‘Unprecedented demand means that some patients receive substandard care. Delays at the front door caused by lack of community beds mean that lives are put at risk, with sick people waiting in ambulances.’

Consultant physician in cardiology, NHS Wales

Getting patients home



Delayed transfers of care.

Half of respondents said that these had risen over the past 12 months^g and more than three-quarters had experienced delays caused by a lack of capacity in social care services.^h

‘We are currently running an emergency service from a waiting room or in trolleys in the corridor. This compromises the care we’re delivering and it demoralises the workforce. Despite recruitment drives, empty senior posts are unfilled and this is likely to get worse ... Unless working conditions improve for everyone working across the NHS, it will collapse beyond repair.’

Consultant physician in acute medicine, NHS Wales

Speaking up for patients



Whistleblowing.

Worryingly, more than half of respondents told us that they did not feel confident in raising concerns and issues in their organisation, including those around transparency and patient safety.ⁱ More than two-thirds told us that they were worried or very worried about the ability of their service to provide safe patient care.^j

‘It’s very much a culture of blaming those who speak out, and inaction at best or hostility at worst from administrative and management staff.’

Junior doctor, NHS Wales

^c 78 of 94 respondents, ^d 69 of 94 respondents
^e 29 of 94 respondents, ^f 68 of 94 respondents

^g 48 of 94 respondents, ^h 73 of 94 respondents
ⁱ 50 of 94 respondents, ^j 65 of 94 respondents

Time for action



More specialist care delivered in the community. Physicians and specialist medical teams should spend more time working in the community in order to deliver more specialist care in, or close to, the patient's home. The role of the community physician should be developed.



New ways of communicating. More patients should be able to communicate with healthcare professionals from their homes using telemedicine, in order to reduce pressure on hospital beds. Communication links between primary, secondary, community and social care should be drastically improved, with electronic patient records introduced to save time and improve patient safety.



Breaking down barriers to deliver patient care. Wales should actively promote itself as a place to develop specialist skills in rural and community-based medicine, with doctors working in collaboration with their partners in social care and community teams. A whole-system approach across health and social care is now required to deal with the impact of unscheduled care pressures.

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Get involved

On the RCP website, you can read about existing examples of innovative practice and listen to doctors talking about how they achieved change in their hospital. You can also inform the RCP's work in Wales by sending us your comments, ideas and examples of good practice.

To help shape the future of medical care in Wales, visit

www.rcplondon.ac.uk/wales

To tell us what you think – or to request more information – email
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