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EDITORIAL

NHS' annual scramble to avert winter crisis

The NHS is facing its toughest ever winter. There are fears that trusts may be forced to use beds in private nursing homes, reopen wards that have been disused and create new ones to enhance capacity. Trusts are attempting to recruit nurses from abroad to address staff shortages in a bid to cope with the expected impact of flu, norovirus and predicted bad weather. The NHS has allegedly 'pulled out all the stops', taking unprecedented steps to prepare for winter in an effort to avoid a crisis.

As the winter bed crisis hits health and social services up and down the UK, they are starting to feel the strain. So too are the people who use these services and the staff who work within them. Once again, accident and emergency departments are facing demanding workloads over the winter period, made worse by limited human and material resources along with acute funding pressures.

A Commons Health Committee alerted that accident and emergency departments in England are in the process of reaching 'crisis point' that can only be averted with urgent action. The Royal College of Nursing has described accident and emergency departments as 'dangerously overburdened'. In the 6 months to the end of October 87186 NHS patients were waiting in departments on trolleys for 4–12 hours. This is an increase of approximately 40000 on the previous period of 2011 (McSmith, 2013) and we have not yet even seen the busiest period in accident and emergency departments.

Governments (both current and previous) are acting too late, putting in place short-term resources for something that we know will come around every winter, just as sure as Christmas Day falls on 25 December. Short-term attempts to address this perennial problem will only tide us over. A sustainable and proactive solution is required.

Government rhetoric claiming that new money, £250 million, is being spent on attending to the winter pressures this year is being questioned by the British Medical Association (BMA) (2013). Sprinks (2013) reports that £500 million is being made available to ease winter pressures. The BMA (2013) suggests that this so-called extra cash being pumped into the NHS for additional staff along with extra beds to help the service get over the winter challenges is not new money at all, it is money that has been taken from one part of the NHS and given to another—a case of robbing Peter to pay Paul.

The Health Minister has announced that the money will be spent on 2500 extra beds and the equivalent of around 3000 extra staff engaged

to help the English NHS manage this winter (Department of Health (DH), 2013). There will be 320 doctors and nearly 2000 nurses, physiotherapists, social workers and other staff posts deployed across the country ahead of the traditionally busy winter period. I am wondering where the new nurses are going to come from. We struggle to recruit at the best of times let alone during the worst times. Punishing workloads, reduced resources and extreme pressure make an unsustainable work environment for a number of nurses and other staff, not to mention the effects on service users.

According to the DH (2013), there will be an increase in temporary staff, an extension to the hours of present staff and the creation of some new positions—a reactive response, not a proactive one. How can the NHS continue to meet rising demand (felt even more acutely during the winter months) when the Government is taking £20 billion out of the budget? The so-called new money is being syphoned from elsewhere within the system.

Any extra support to relieve the exhausting conditions patients and staff experience during the winter months should be welcomed, of course. But this is, yet again, a case of too little too late. It is a coping mechanism, rather than a solution. It is high time that the Government dealt with this issue of winter crisis in a more organised and sustainable manner, listening to those on the front line. Otherwise, winter will turn up again next year and we will be having the same discussion about how we are injecting cash into the system to deal with the anticipated crisis. Expecting nurses to put in that little extra during the winter months, yet again, might just be the straw that breaks the camel's back. There is an urgent need to look at long-term funding and the recruitment issues facing the NHS, and to address the pressures nurses feel on a daily

basis, year in year out,—not just during winter months.

BJN



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