



## England's NHS Incapable of Meeting Patient Needs

England's National Health Service is struggling to handle the ever-growing demand for emergency care this winter, and more hospitals have had to declare "major incident" emergency plans.

Major incident plans are utilized when patient demand reaches a level that threatens a hospital's ability to deliver service. If bed capacity is reached or near being reached, resources are redirected to Accident and Emergency (A&E) departments, and patients are discharged in order to make hospital beds available.



The *Independent* writes, "Despite mild weather and without a serious outbreak of seasonal illness, this week at least 15 hospitals in England have had to cancel operations, call in extra staff or limit A&E services to only severely ill or injured patients."

According to the government, the decline in hospital performance results from an increasing number of older patients. "If you're over 80 and you turn up at an A&E department, the chances are you won't go home, you'll be admitted to the hospital and you'll probably stay in the hospital for a very long time.... Across the country [people] are saying that is the key problem because many of those people would be better looked after at home," said Health Secretary Jeremy Hunt.

Others are denying this, however, contending that the problem is cuts to council care budgets. Labour's Shadow Health Secretary Andy Burnham said that the Coalition Government's council budget cuts had a created "a crisis in social care" that was "dragging down the NHS."

"We have record numbers of older people trapped in hospital who can't go home because the nursing home places aren't there or care in the home isn't there," he told the BBC. "Because wards are staying full, A&E can't admit to the ward, pressure is backing up through A&E and ambulance services can't hand over patients at A&E. That is the root cause of what we are facing right now."

Caroline Abrahams, charity director of Age UK, which bills itself as "the country's largest charity dedicated to helping everyone make the most of later life," voiced similar sentiments, declaring that social care services were "overwhelmed," forcing older people to end up in A&E and stay in the hospital longer. "Politicians on all sides must recognize that there can be no long term solution to the NHS winter crisis until Government investment in social care — in the form of its central grant to councils — significantly rises," she said.

Data reveals just how much the NHS is struggling with its patient overload. Ninety-two percent of patients were seen in four hours at England's A&Es and minor injury units from October to December of last year, while only 83 percent of patients were seen in four hours at major A&Es in the week before Christmas.

Limited bed capacity has compelled 12 hospitals in England to declare major incidents and three others to declare significant incidents. Similarly, hospitals and ambulance services had to set up temporary



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treatment tents in the grounds of Great Western Hospital in Swindon as a “precautionary measure,” while a fire engine was used to transport a patient to a York hospital.

In December, approximately 39,000 sick patients had to wait on trolleys for nearly 12 hours after they were told that they were going to be admitted into the hospital.

Dr. Clifford Mann, president of the College of Emergency Medicine, indicated that A&Es are understaffed and that, coupled with the lack of hospital beds, threatens the safety of patients at the emergency department, adding that in some cases “mortality increases” because of heightened pressures.

Both parties in England are blaming one another for the numerous NHS issues, but an overburdened and often inept English healthcare system is nothing new.

A 2014 analysis of the Royal College of General Practitioners revealed that 47 million GP appointments in 2013 involved a wait of at least one week. That is an increase of seven million from 2012, indicating a trend that would mean that by 2015, 57 million appointments will involve an extended wait.

The U.K. *Telegraph* reported, “Senior doctors last night warned GPs were buckling under the demands of an aging population, and that too often only those who ‘shouted the loudest’ were able to secure help quickly. Experts said some patients were forced to wait even longer than a week, with delays of up to a month for appointments for some surgeries.”

Dr. Helen Stokes-Lampard of the Royal College of GPs voiced concerns that some patients were being overlooked: “My biggest fear is that those who are most vulnerable and least assertive are getting overlooked. The patients who shout the loudest will get the urgent appointments, but many others are left waiting for far too long.”

Anecdotal evidence further details the horrors of service from the NHS.

On March 6, 2010 [Telegraph.co.uk](#) published an [article by Pippa Kelly](#), who told the story of how her father was victimized by NHS. According to Kelly, her parents worked hard their entire lives and accumulated a substantial amount of savings, but had to spend nearly 300,000 euros of their own money on her father’s healthcare after he suffered a series of strokes that required a great deal of treatment. Once his savings dwindled to below a 23,000-threshold, he qualified for state help. Kelly was advised that her father qualified for non-means tested NHS funds known as “continuing healthcare,” which, according to Kelly, was “a highly contentious form of state aid for which it seems almost impossible to qualify.”

To qualify, Kelly’s father needed to be assessed, and with her father bedridden, tube-fed, and sleeping much of the day, she believed the assessment would end in her father’s qualification. However, the assessor purposely showed up when Kelly was absent, despite Kelly’s request to be present, and claimed that Kelly’s father was alert.

After a long appeals process, Kelly’s father was finally granted the funds for his healthcare, with no apology for the previous decisions or explanations for why he suddenly qualified. The funds made him eligible to receive treatment while in the comfort of his own home, and the family was assured they would receive back-dated payments to the first time he was wrongly assessed.

But four months later, Kelly’s father died. No such back funds ever appeared.

In another article published by [Telegraph.co.uk](#), Alastair Jamieson reported on a horrific story of a 22-year-old man named Kane Gorny who died of dehydration while in the hospital, despite repeated



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requests for water that were unheeded. The same 22-year-old “was not given vital medication after an operation at St. George’s Hospital in Tooting, south London,” according to his mother. Gorny was diagnosed with a brain tumor and the treatment he received caused his bones to become brittle. He was hospitalized for hip replacement in May 2009, but was not given the drugs he needed three times daily to regulate his hormones.

Mr. Gorny’s mother, Rita Cronin, explained that her son become severely dehydrated but was denied water by hospital staff. Eventually, Gorny became angry when his requests were continually denied, and the nurses called for security to restrain him. The situation became so severe that Gorny called the police to tell them that he was dehydrating and desperately needed water. When the police arrived, hospital staff assured the officers that Mr. Gorny was just “badly behaved.”

Medical care under the NHS has never given England a competitive edge in the healthcare field.

According to a 2013 report conducted by Professor Sir Brian Jarman, emeritus professor of medicine at Imperial College in London, using hospital standardized mortality ratios from 2004, health service patients were 45-percent more likely to die in hospitals than in the United States, where the mortality rate was the lowest.

Jarman attributed the vast difference to the staff shortages in England. “If you go to the States doctors can talk about problems, nurses can raise problems and listen to patient complaints,” Professor Jarman said. “We have a system whereby for written hospital complaints only one in 375 is actually formally investigated. That is appalling, absolutely appalling.”

Daniel Mitchell of the Cato Institute used Jarman’s findings to make comparisons to American healthcare. Noting that the American system of healthcare was far from perfect because of direct government intervention in the form of Medicare and Medicaid, and indirect government intervention using the tax code, Mitchell contends that American healthcare still remains superior to that of England.

While England’s big-government approach puts people on [waiting lines](#) and causes needless deaths, America’s big-government approach causes [third-party payer](#) which cripples the free market and leads to high prices and [inefficiency](#).

But if I have to choose between the United States and the United Kingdom, it’s not even close. The American system is not as screwed up as the British system, though I realize that’s damning with faint praise.

But politicians in England continue to defend the existence of the NHS. Meanwhile, *Forbes* reported in 2013 that approximately six million British citizens purchase private health insurance, including almost two-thirds of Brits earning more than \$78,700. According to the *Telegraph*, the number of people paying for their own private care is up 20 percent year-to-year, with about 250,000 now choosing to pay for private treatment out-of-pocket each year.

Writing for *Forbes*, Scott Atlas, M.D., opined, “Isn’t it notable that more than 50,000 Britons travel out of the country per year and spend £161 million to receive medical care due to lack of access, even though they are hemorrhaging money for their national pride? When given the choice, Brits shun the NHS, and rightfully so.”

And yet in 2011, President Obama lavished praise on the NHS, stating that it was “something that Brits take for granted — a healthcare system that ensures you don’t go bankrupt when you get sick.”



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