

## The Degradation of Health and Social Care Services in England

### A. Conference notes with concern;

- I. The report by the Royal College of Emergency Medicine, 'Crowding and Its Consequences', which estimated that over 4500 patients died as a result of overcrowding and delays, often of 12 hours or more, in Emergency Departments in England in 2020-2021.
- II. Their more recent estimate that between 300 and 500 excess deaths a week are occurring due to delays in A & E.
- III. That, prior to any industrial action, over 40% of patients arriving at hospitals by ambulance waiting more than 30 minutes to be seen.
- IV. The BMJ report in December 2021 of 11,000 ambulances per week waiting for more than an hour to handover patients.
- V. The Liberal Democrats' series of freedom of information requests to England's 10 ambulance trusts which revealed that, prior to any industrial action or the current winter crisis, category one calls, which should be responded to within seven minutes, were taking up to 14 minutes or more.
- VI. The continuing scandal, now evident over a period of years, of 12,000 or more persons in England occupying acute hospital beds when they are ready for discharge, but with no suitable care arrangements to permit this.
- VII. Discharge delays are very often also to the detriment of the patients concerned whose health and mobility can suffer from remaining bedridden for longer than is necessary.
- VIII. There is an acute lack of dedicated facilities to support the convalescence and rehabilitation of those principal health issue is frailty.
- IX. The BMJ report of December 29, 2022 to the effect that 33% of junior doctors are planning to begin work in another country within the next 12 months and that a further 7% are seeking alternative employment.

### B. Conference believes;

- a. That whatever disputes there may be over exact numbers, each week many hundreds of people who should have years of life ahead of them are dying unnecessarily.
- b. Hundreds of people each week face hours of avoidable pain and distress as they await the arrival of a long overdue ambulance with many of those who survive facing avoidable life-changing consequences of accident or illness as a result of further delays in treatment on arrival at hospital. This is a national tragedy for which the Government should be held to account.
- c. A significant factor in the serious structural and financial problems afflicting our Social Care Services is the Government's failure to implement the 2014 Social Care Act or introduce any comparable alternative.
- d. While we should extend a warm and grateful welcome to medical and social care practitioners from around the world, it is a matter of national shame that, having denied suitably qualified people access to rationed training places at home, we are often poaching staff trained at significant expense by countries who can ill afford to lose them.
- e. Although developed countries such as those in the EU are themselves facing some staffing issues the failure to recruit and retain Health and Social Care staff is especially acute in the UK.
- f. That while "here today gone tomorrow" Ministers may be needed for crisis management there would be fewer and less serious crises if all parties could agree the

basis of an enduring Strategy for Health and Social Care, so that those with the experience and expertise to manage services can look beyond the next election and plan for the long-term.

- g. That, with suitable concern for privacy, new technologies and devices can, now and in the future, play a significant and laudable role in helping those with disability or infirmity to maintain their independence, and investment in research and staff development should be encouraged. So-called “virtual wards” may have a role to play as part of a care package but should only be used as part of a suitable care setting and not as a substitute for one.

**C. Conference condemns**

Government incompetence in failing to address predictable additional pressures arising from COVID and a Winter Flu peak, taking actions that were far too little and far too late and precipitating a near collapse of the NHS.

**D. Conference commends**

- i. The Party’s call to improve social care workers’ recruitment and retention by increasing pay with a £2 per hour uplift over National Minimum Wage rates funded through increasing taxes on the profits of online gambling providers.
- ii. The work of all concerned in the development of Policy Paper F 30 ‘A More Caring Society’ and looks forward to the formal adoption as party policy of its key findings and recommendations.
- iii. The recognition by the party and its spokespersons over several years that both the NHS and Social Care Services require a long-term strategic framework covering structures finance and management.

- E. Conference reaffirms** its belief that an all-party, all stakeholder Convention should determine an enduring framework for the long-term future structure, staffing, funding and management of the NHS and Social Care in England.

**F. Conference Calls for;**

1. A Public Enquiry into the failure of the NHS and Social Care system during the winter of 2022/23.
2. The formation of an all-party, all stakeholder, National Health and Social Care Convention on securing and planning for the long-term future of these services, with the Invitation to Participate to be extended also to the devolved administrations.
3. Emergency Action Committees, covering the areas of each local acute hospital trust, with representatives of relevant stakeholders and local authorities. These EACs to be tasked with producing, by August 2023, a local plan for the elimination of acute bed occupancy by those with no further clinical need through the better integration of health and social care provision. These plans should include the identification of permanent facilities for the short-term convalescence and rehabilitation of the frail and infirm while their care package is developed.
4. A review of medical, nursing and social care practitioner training and research with the aim of establishing care for the frail as a speciality that is adequately supported.
5. An offer of freedom of movement into the UK for suitably qualified medical and social care practitioners from EU member states.
6. Action on the elimination of the pensions taxation anomaly that is causing experienced doctors to leave the NHS.
7. The implementation within three months to remedy the projected loss to the NHS of up to 40% of junior doctors.