

## NHS (UK)

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### 2. National Health (dis)Service?

I am sure many, like me, will have been dismayed but unsurprised at the recent news about the complications of emergency surgery. Statistics from a recent report show that of the 170,000 such surgeries each year, as many as 100,000 will have complications and 25,000 patients will die.

This makes uncomfortable reading.

The media coverage is emphasising the lack of critical beds as being part of the problem.

I wonder if some of the cases are happening because no-one is picking up the seriousness of the condition until it is life-threatening? This would point the finger not just at secondary care, but also at primary care (GPs).

As the Daily Telegraph reported on September 29th, emergency NHS surgery for the elderly is "at point of neglect". The Royal College of Surgeons admits that up to half of the very oldest patients undergoing some types of urgent operations die each year because of poor treatment.

Blame is falling on the waiting list targets for elective (non-urgent) surgery. I think that is too simplistic.

Iain Anderson, Consultant General Surgeon at Salford Royal NHS Foundation Trust, was reported to have said: "Every single emergency patient who comes through the door of an NHS hospital should have an individual risk assessment, diagnosis, treatment plan and post-operative care plan prioritised according to need." That's all fine and well, but the resources simply aren't there to meet those needs.

The Telegraph also reported on 16th September that half of nursing homes and NHS hospitals are at risk of providing poor and unsafe care and that the Care Quality Commission (CQC) have found that a third of hospitals are failing to meet standards on handling medicine safely, while a fifth are not treating elderly patients with dignity or ensuring they have enough to eat and drink.

And then there is the report that nurses are saying that relatives should come in to provide basic care (e.g. help with eating/drinking) as there aren't enough nursing staff to do it.

Three-quarters of those questioned in a poll carried out by the Townwomen's Guilds said they or an elderly relative had been treated in an unsatisfactory way by the NHS. Hardly surprising then that the survey found that two-thirds of women would want to avoid going to hospital and would rather suffer at home, because they fear substandard care.

Any business offering this level of service would have gone bankrupt a long time ago and would certainly have featured on Watchdog...

2. (on a lighter note!) 🍌

Oldies are still goldies

Watching the 2009 film Star Trek last night, it was all fantastic CGI, clever casting, rousing soundtrack, crisp script and reasonably paced action: but to me it lacked heart. I am something of a film buff but no expert critic. I love films and am often quite content to suspend my disbelief for anything up to 3 hours in order to be entertained by being whisked away from reality. But I have to care about the characters in order to become involved.

Lots of scenes in the film (which I saw at the cinema when it was released) were completely unfamiliar to me, I had totally forgotten them, as they had clearly left no lasting impression on me. At the end of the film, I felt no connection to it. I couldn't have cared less how the story turned out.

The same goes for Dr Who, which I have been watching after encouragement by my step-daughter. I guess not having seen previous series made the complex plot even more impenetrable, but even she (a true devotee) found it confusing. Again, technology made it a spectacular programme to watch, but curiously void of real impact.

Give me the old, creaky, plastic sets of Star Trek original episodes and the much more scary Dr Who from my childhood. Whilst obviously fake and admittedly very cheesy, they are still more engaging than the new stuff. For some reason, the cleverer the illusion we are presented with, somehow it's actually less believable.

Call me old-fashioned, but the oldies are still the best!

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