**NHS BED CRISIS**

**Introduction**

Bed crisis is one of the most critical challenges affecting many countries in the modern dispensation. Today, the United Kingdom is staring at a ‘humanitarian crisis’ in so far as bed shortage is concerned. Hospitals across the United Kingdom are struggling to cope with the inpatient beds as they continue to be slashed across the health services. It is imperative to underscore that many patients could be condemned to the periphery if the crisis persists. Due to the shortage of beds in healthcare facilities, the National Hospital Service has warned that patients could die as they wait for long hours in the ambulances. Even though bed crisis is not unique to the United Kingdom, it is crucial that policies are formulated as a consequence of dealing with the emerging humanitarian crisis.

**The Bed Crisis**

The causes of the bed crisis are extrinsic and intrinsic. For instance, an outbreak of influenza may cause an intrinsic bed crisis. The scenario may be termed as intrinsic because there may be insufficient employees to keep the wards open to the patients. The cause of this event might result in the reduction of the bed complement (Egan 1999: 145-146).  Some of the intrinsic causes of bed shortage may include the change of clinical practice, reduction of bed complements, staffing shortages, bed designations and change in the funding of emergency activities (Egan 1999: 145-146). Moreover, the change in management practices, as well as admission protocols, may cause shortages.

On the other hand, extrinsic causes of bed crisis include lack of referral protocols, government policies, inadequate funding of elective priorities and lack of care in the communities (Forster 2017). Provision of care in the communities has been missing, and that has escalated the problem manifest in the NHS hospitals today. Moreover, there are government policies that have condemned most NHS hospitals to the periphery. For instance, inadequate funding from the government has forced some hospitals to scale some operations or close down facilities. Such tendencies have pushed the bed crisis to unprecedented levels.

Healthcare facilities in the United Kingdon are short of beds to the extent that they may be unable to cope with the situation, especially during the winter. *The Guardian* reports that the one billion pounds set aside to help deal with situation failed to meet the intended goals and objectives. The initiative to free between 2000 to 3000 beds by September failed to a greater extent (Campbell 2017). There are some instances where the patients have been asked to stay in their accidents and emergency units (A&E) unless there is a genuine emergency. The initiatives taken by the National Health Service and other healthcare facilities are designed to ensure that more beds are left to the patients with dire emergency situations.

The bed-blocking crisis is becoming one of the most significant challenges in dealing with bed shortages in the UK. For instance, there are a soaring number of elderly patients in healthcare facilities who do not require any medical attention (Borland 2016). The elderly contribute to the already worsening situation because they do not have an effective care plan that can ensure they stay at home. The absence of adequate care plans for patients has ensured that the elderly patients stay in hospitals as a measure of receiving any necessary care critical for their well-being (Borland 2016).

The idea by hospitals to close wards and slash beds has also escalated the bed crisis in the UK. Borland (2016) reports that many hospitals have closed wards and slashed beds as a consequence of limiting the cost. Consequently, the closure of wards and slashing of beds reduce the number of personnel who can work in the healthcare facility (Birland 2016). Economic challenges and competition have compelled some hospitals to close down certain facilities that are deemed to inhibit profitability (Borland 2016). The desire to enhance profits and limit the costs has obligated some institutions to wind up services to avoid incurring any costs. The National Hospital Service has failed to initiate proposals that can ensure austerity measures are taken to caution hospitals scaling down their services. A proactive approach must be taken to help hospitals that play a critical role in providing medical services to the public (Birland 2016).

In 2016, the bed crisis was at its climax with many patients being left to languish in trolleys. *The Daily Mail* reports that in 2016 close to a third of the hospital beds in most social constructions in the UK were occupied (Borland 2016). Some of the desperate patients who needed an admission from A&E were left to languish in trolleys for many hours. Such tendencies led to overcrowding and the NHS deemed the situation as unsafe for patients (Borland 2016). Ideally, most of the patients had to wait for the occupied beds to be empty before they could gain admission. The Daily Mail further intimates that 143 out of the 154 hospital trusts in the UK were 85% occupied. Some of the hospitals ran out of beds and had to turn away some patients (Borland 2016).

In the recent years, the National Health Service (NHS) introduced specific measures meant to address the bed shortage in various locations in the UK. Jones (2001: 28-31) states that in the year leading to the current crisis, there was a widely established supposition that 85% average bed occupancy was optimum for an effective and efficient hospital. Moreover, the occupancy allowed suitable margins for the peaks as well as troughs in demand. Jones (2001: 28-31) further notes that beds in many healthcare facilities were closed to meet the demands. Recently, National Health Service introduced a guidance that stipulates no Trust should go beyond the 82% average occupancy (Jones 2001: 28-31). The NHS guidelines also provided for the availability of extra 2,100 general and acute beds. The regulation increasing the number of beds in hospitals arose as a result of the emerging bed crisis in the UK.

Jones (2001: 28-31) states that the average bed occupancy has been reviewed downwards in the past few years. The limitations of the National Health Service bed statistics have been blamed for the decline of the average bed occupancy. Some of the data employed by the NHS have specific limitations to the extent that they do not represent the reality manifest in health care facilities. The limitations of the statistics have failed to provide stakeholders and the concerned agencies to come up with credible programs aimed at dealing with the crisis in hospitals (Jones 2001: 28-31). It is critical that the existing data is reviewed as a measure of coming up with effective steps aimed at setting appropriate average occupancy in hospitals.

Inefficient bed management has been one of the causes of bed crisis in most hospitals. Jones (2001: 28-31) argues that there is always a notion that high bed occupancy correlates with higher efficiency. However, such a view is simplistic to the extent that it ignores the fact that demand is what determines the level of occupancy. When the hospitals have limited demands, then the number of beds occupied will meet the needs and the expectations of the patients. Efficient bed management is determined by how a healthcare facility can deal with the bed shortage when demand is high. The dire situation in most hospitals has sometimes forced some patients to wait for long hours in queues. The essence of queuing is to ensure that the patient occupies the appropriate bed and in the right setting. When the demand is high, the number of patients turned away increases (Jones 2001: 28-31). Waiting in queues is detrimental to the patients. Some of the people brought to the hospital require emergency treatment or examination. The absence of bed to accommodate the patient may lead to death. Efficient bed management must be enhanced to deal with the emerging crisis in most healthcare facilities. Besides the average bed occupancy in hospitals, it is critical that efficiency in the management of these facilities is improved. Without such initiatives, it may be difficult to solve the bed shortages in hospitals.

The bed shortage in most UK healthcare facilities has emerged due to the longer stay of patients in hospitals. Cromb et al. (2017: 1) argue that some patients stay longer in hospitals beyond the stipulated time frame. Such tendencies have sometimes hindered the ability of hospitals to cope with the high demand for inpatient admission. When patients stay longer than expected, hospitals are confronted with the limitations that compel them to turn other people away. The crisis has persisted and remains a serious crisis in the UK. The length of stay is one of the factors that contribute to the bed crisis in the UK (Cromb et al. (2017: 1).

Bed shortages have been reported in intensive care units and the emergency centres. Broomfield (2017) reports that many doctors have been forced to choose who survives and who lives due to the shortage of beds in intensive care departments. Some of the NHS hospitals are overstretched to the extent that a patient can only be admitted to the ICU when somebody dies. Many patients get locked out because the intensive care units have limited capacity and space to intake new patients. The Independent reports that the NHS has recently given out an alert that their services are overstretched, and patients could die (Broomfield 2017). The demand for ICU beds has gone hope, and most National Health Service hospitals are struggling to deal with the situation.

The emergency departments in most NHS hospitals have also been hit by the bed crisis. Today, most hospitals cannot deal with emergency situations because of the bed crisis. The beds in the emergency sections are either limited or fully occupied. Patients that require emergency services have to be treated in the ambulances or other areas while awaiting admission. When the wait goes beyond a certain limit, then death becomes a reality. The NHS hospitals have to deal with the bed crisis that affects multiple areas. The wards, emergency units and ICU have a shortage of beds, and that remains a critical challenge that must be corrected by concerned authorities (Broomfield 2017). Without proper solutions, many deaths will be recorded in the days to come.

**Implications for NHS Bed Crisis**

The negative impacts of the bed crisis in NHS hospitals in the UK cannot be overstated. First, the bed crisis negatively affects the work done by the doctors. Doctors often require well-established workstations that can allow them to perform their duties. For instance, doctors in ICC, emergency units and theatres require patients to have their beds to ensure successful treatment and any surgical procedures. However, when there is no bed, the doctors are confronted with certain limitations that may hinder their ability to perform their functions (Irvine 2003: 169). Moreover, doctors cannot attend to the patients accordingly when they have no areas of carrying out examinations or seeing the patient.

Patients are the other people affected by the bed crisis. When patients are brought to the hospital and find full bed occupancy, they are turned back or remain in ambulances. Moreover, some may be forced to queue for long hours before gaining admission. Such tendencies affect the patients and their well-being. Some patients fail to get medical attention because of the failure of the hospitals to guarantee inpatient treatment. Patients are sometimes forced to seek other alternatives which may not be viable.

Death is another negative impact of the NHS bed crisis. Patients die while in queues or waiting to gain admission to a hospital. The fact that patients have to wait before they can get a bed is a critical challenge. The idea that patients have to be treated or held in ambulances before they can be admitted may lead to death. Patients can only be in the queues or ambulances for a limited time. Additionally, patients brought to the emergency units may die especially if no bed can guarantee them comfort as they undergo the treatment. Policies and reforms are needed to solve the NHS bed crisis.

**Reforms and Policies**

The management of the emerging ‘humanitarian crisis’ in the UK needs to be understood based on the underlying causes. Some of the external causes mentioned above such as purchaser’s priorities, government policies and inadequate emergency funding as well as trusts’ policies have expounded the bed crisis to a greater extent. The factors that cause bed crisis are also influenced by other entities. Government policies are required to deal with the bed crisis before the problem degenerates into a critical humanitarian problem. Some of the government policies that can be considered include community-based health care, capital charges, control on the acute sector of the healthcare, and value for money standards (Egan 1999: 145-146). Moreover, Increased productivity and efficiency are the other government policies that can help in dealing with the bed crisis.

The government policies and reforms must focus on limiting or discarding the negative effects of the bed crisis in NHS hospitals. There needs to be accurate and reliable information concerning the bed states in the NHS hospitals (Alison 2005: 263-269). The availability of this information can aid the National Hospital Service or other government agencies to deal with the problem effectively. Consequently, the government must have a better policy that ensures the activation of contingency plans. Such a policy can be instrumental in ensuring that the government comes up with better strategies that can aid in solving the bed crisis whenever there is high demand.

The NHS hospitals should also be compelled to have internal plans to ensure that they deal with emergency situations or crisis effectively and efficiently. Each hospital must have contingency plans that help them to deal with major incidents or bed crisis. Some of the contingency plans should include patient evacuation plans, staffing contingency plans, as well as a reconciliation plan among others (Egan 1999: 145-146). When a hospital has these plans in place, it is possible to solve some of the issues without escalating the pressure to other NHS facilities. The policy should be designed in a manner that it allows all the health care facilities to have internal programs that aid in the resolution of crisis whenever they emerge.

Long-term management is essential in ensuring that the bed crisis has an amicable solution. A&E plays a vital role when it comes to the bed management. Egan (1999: 145-146) states that A&E may be the only unit or department that has to deal with bed shortages constantly. It is imperative that those in the A&E department become involved in the establishment of a long-term solution to the bed crisis. Some of the issues that can be considered in the A&E engagement include the involvement of clinicians, the lead involvement of A&E and redefining the discharge procedures. Moreover, patient placement procedures, admission policies, the length of a patient’s stay are the other issues that need to be considered (Egan 1999: 145-146). The failure to implement these policies and strategies can result in chaotic management of the beds. For example, the absence of a discharge policy can result in a delay in the discharge data further expounding the bed crisis.

The reduction of hospital beds used by frail or the elderly is a policy that must be pursued. It has been established that older people use hospital facilities due to the absence of proper care in their homes or community facilities (Philip et al. 2013: 13-48). Some of the older people do not have any medical conditions that would warrant the stay in hospitals. As a consequence, most beds occupied in the NHS hospitals are by older people. The government through NHS has to formulate a policy that would end the use of hospital beds by the elderly (Wade 2006: 7). However, the success of this policy requires an integrated approach. Philip et al. (2013: 13-48) state that evidence-based studies have shown that bed occupancy by older people has escalated the bed crisis and there is a need to develop an integrated plan that ensures healthcare provision is provided in the communities and homes. The local agencies need to work with the NHS to implement the interventions as a consequence of creating an environment that ensures a sustainable health care system for the elderly. Health care must be provided within the homes or the communities to prevent the prospects of the older people going to hospitals even when they do not require any medical attention (G. Meads & T. Meads 2001: 112).

Good bed management strategies need to be established to resolve the bed crisis. For instance, the NHS needs to come up with an elaborate plan that will ensure accident and emergency cases (A&E) take a specified number of hours. Proudlove et al. (2003: 149: 155) argue that reducing hours can be instrumental in dropping the trolley waits by patients. A limited time should be taken to attend to a patient in the emergency rooms.

Finally, the NHS should develop Freestanding emergency centres that are not physically connected to the hospitals. Such a move can aid in off-loading the burden from the main facilities. Moreover, patients with less-urgent conditions to be redirected to other facilities such as fast tracks, primary care clinics or urgent care centres (Humphris 2011). In other instances, hospitals should have an electronic health record that assists in tracking the resources. A transfer centre that coordinates the flow of patients and transfer should be established. Such initiatives can be crucial in easing the pressure on hospitals, especially the emergency units (Barish et al. 2012: 04–311).

**Conclusion**

Although bed crisis is not unique to the United Kingdom, it is imperative that policies are formulated as a consequence of dealing with the emerging humanitarian crisis. The causes of the bed crisis can be extrinsic or intrinsic. The change of clinical practice, reduction of bed complements, staffing shortages, bed designations and change in the funding of emergency activities are some of the causes of bed crisis. Some government policies have also led to the escalation of the bed crisis. Some of the solutions that can be employed in averting the bed crisis include limiting the use of hospital beds by the older people, establishing care centres within the communities and coming up with good management practices.

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